

PROGRAMMING TO ADDRESS

VIOLENCE **AGAINST WOMEN**

10 CASE STUDIES

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Ms. Nan Oo Kyi, in the Culture, Gender and Human Rights Branch, coordinated the work of the consultants and followed up on the production process.

Ms. Lois Jensen edited the case studies.

FOREWORD

This review documents UNFPA's experience in the field in supporting projects that address many forms of violence against women, with the aim of disseminating lessons that can be used to confront the problem on a wider scale. It is intended primarily for development practitioners and others seeking to change attitudes and practices that have been passed on through generations. Breaking the cycle of violence is a necessary—and urgent—task, if the realization of women's human rights is to become a reality in *this* generation.

For millions of women, a visit to a health clinic may be the only opportunity they have to get the services and support they need to begin to heal and escape further violence and abuse. UNFPA works to ensure that addressing violence against women and girls is an integral part of sexual and reproductive health programmes. Together with our partners, we are working to bring national laws into compliance with international standards; training and sensitizing justice officials, the police, the media, armed forces and United Nations peacekeepers; reaching out to men; combating harmful practices such as female genital mutilation/cutting and child marriage; and promoting gender equality.

The growing visibility and awareness of violence against women and the suffering it causes among women, their families and in society at large has encouraged governments, civil society organizations and others to establish mechanisms and programmes to address the issue—with promising results. Nevertheless, violence against women remains one of the most serious social problems of our time, cutting across racial, ethnic and class boundaries.

This review is part of a series of explorations that UNFPA has undertaken over the last several years to look at the cultural dimensions of gender equality and reproductive health and rights. Violence against women is a multidimensional problem that requires a multidimensional response. Adding to the complexity is the fact that every culture has its own set of attitudes and reactions to it, which must be thoroughly understood by anyone attempting to tackle the problem in an effective and sustainable way.

I would like to thank Maysoon Melek for leading this research, our country offices in Bangladesh, Colombia, Ghana, Kenya, Mauritania, Mexico, Morocco, Romania, Sierra Leone and Turkey for their insights and inputs, and the national and international consultants who worked diligently to make this review possible. I also wish to thank the Swiss Agency for Development and Cooperation, which financed this endeavour, and which recognized early on the importance of adding to our knowledge in this critical area of programming.



Thoraya Ahmed Obaid
Executive Director, UNFPA

INTRODUCTION

Violence against women must be addressed on multiple levels and in multiple sectors of society simultaneously, taking direction from local people on how women's rights may be promoted in a given context.

— Executive summary of the Report of the Special Rapporteur on Violence against Women,¹ 6 January 2003

In the last four decades, the 'culture of silence' that has surrounded all forms of violence against women has begun to erode. Women activists, civil society groups, international organizations, governments, artists and the media have joined forces to move this sociocultural phenomenon from a private space, in which it is often cloaked in shame, into the public sphere. With this exposure comes the possibility to explore its impact—on women, the family, communities and society at large, and to take action to address this gross violation of women's human rights.

Nevertheless, violence against women²—remains pervasive and severe the world over. It imperils the health and violates the rights of millions of women and girls of every race, religion, ethnic group and social class. Statistical data indicate that between 10 and 50 per cent of women have been physically abused by an intimate partner.³ The systematic use of rape as a weapon of war and ethnic domination has become increasingly widespread in conflict situations. Forced prostitution, sex tourism, and trafficking in women and girls appear to be on the rise. And many traditional practices harmful to women and girls persist, causing psychological damage, physical injury and death. According to World Bank estimates, violence against women kills and incapacitates as many women of reproductive age as cancer.

In 1979, the UN General Assembly adopted the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The Convention defines

discrimination against women as "any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field." Countries that have ratified or acceded to the Convention are legally bound to put its provisions into practice. They are also committed to submit national reports, at least every four years, on measures they have taken to comply with their treaty obligations. The Convention entered into force in September 1981 and, as of August 2006, 184 countries—over 90 percent of the members of the United Nations—were party to it.

CEDAW is the only human rights treaty that affirms the reproductive rights of women and targets culture and tradition as influential forces shaping gender roles and family relations. States that have accepted the Convention have committed themselves to undertake measures to end all forms of discrimination against women, including:

- Incorporating the principle of equality of men and women in their legal systems and ensuring that all discriminatory laws are abolished.
- Establishing tribunals and other public institutions to ensure the effective protection of women against discrimination.

¹ United Nations document E/CN.4/2003/75.

² A note on terminology: We are using the term 'violence against women' rather than 'gender-based violence' since this study is looking only at violence against women and girls. Gender-based violence also encompasses violence directed towards men and boys by virtue of their gender - for instance, the massacre of some 8,000 Muslim men and boys in Srebrenica in 1995.

³ Differences in the ways in which violence is defined and measured in various studies account for at least some of this variation. That said, violence against women is likely to be more pervasive than statistics would suggest, given variations among cultures as to what constitutes such violence, the stigma attached to victims, which could make them less likely to report abuse, the ways in which survey questions are asked and by whom, and the setting for interviews (privacy being a particularly important factor).

- Ensuring the elimination of all acts of discrimination against women by persons, organizations or enterprises.

The 1993 UN General Assembly Declaration on the Elimination of Violence against Women⁴ defined violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.” This includes:

- Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children, dowry-related violence, marital rape, female genital mutilation/cutting and other traditional practices harmful to women, non-spousal violence, and violence related to exploitation.
- Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women, and forced prostitution.
- Physical, sexual and psychological violence perpetrated or condoned by the State wherever it occurs.

CEDAW became an important international tool that helped civil society groups working at the national and regional levels to increase their pressure on governments to ‘denaturalize’ violence against women. They did this, in part, by collecting evidence on victims and the prevalence of violence in all kinds of socio-economic contexts. Gradually these groups became more actively engaged in advocacy, and in working with survivors, international organizations and the media. This, together with increased academic research and growing interest in the problem by the arts community and the media, spurred policy makers and others in a large number of countries to take further action.

The global meeting held at United Nations Headquarters in New York on the 25th anniversary of CEDAW acknowledged the progress achieved by a large number of countries, demonstrated by the enactment of legislation

that embodies punitive measures for various forms of violence against women. It also acknowledged the establishment of national mechanisms and programmes that are targeting all forms of discrimination against women. But the meeting also highlighted that the way forward is still long and that much of the legislation put in place lacks ‘teeth’, and is poorly enforced.⁵ In addition, the meeting drew attention to the fact that while legislative reforms are a prerequisite to ending violence against women, they do not provide a sufficient deterrent in the long run. To be effective, they must be accompanied by measures that ensure their enforcement by the judiciary and the police.

PROGRAMMING TO ADDRESS VIOLENCE AGAINST WOMEN

Programming experience over the last four decades has shown that strategies that proved effective in one socio-economic-cultural context may not be equally effective in others. Thus governments, NGOs and women activists have resorted to adapting ‘model standards and strategies to address violence against women’ to the specific contexts within which they work. Such adaptations ensured that local communities would participate in and finally ‘own’ programmes.

During the UNFPA Global Meeting in December 2004, a number of country offices reviewed their success in implementing UNFPA-supported projects to address violence against women. Some of these experiences were local adaptations of these model standards and strategies. To build upon lessons discussed at the global meeting, UNFPA, with support from the Swiss Agency for Development and Cooperation (SDC), launched a review of ten projects to identify what works in terms of programming to address violence against women, particularly in terms of community ownership and programme sustainability.

The result is this publication. It is one of a series of booklets, including ‘Culture Matters’, ‘Working from Within’ and ‘24 Tips for Culturally Sensitive Programming’ produced as part of UNFPA’s Culture Initiative, which started in 2002 with funding from the SDC and the German Government. Other products include a training manual that is being used to train UNFPA staff and build capacity within UNFPA on culturally sensitive approaches in programming areas

4 UN General Assembly resolution 48/104 of 20 December 1993.

5 For instance, some laws require that victim have visible scars or injuries; others pardon rapists if they marry their victims. Not infrequently, police, judges and others involved in the justice system do not understand or support laws on violence against women, but rather blame the victim.

including reproductive rights and health, HIV/AIDS, and female genital mutilation/cutting.

This publication is a joint effort of UNFPA's Technical Support Division—the Culture, Gender and Human Rights Branch—and its Geographic Divisions. Country offices in Bangladesh, Colombia, Ghana, Kenya, Mauritania, Mexico, Morocco, Romania, Sierra Leone and Turkey gave their full support in providing information to the research team leader and the national and international consultants who reviewed, analysed and documented the country projects.

Based on this review, a concise programming guide was also produced under the title 'Ending Violence against Women: Programming for Prevention, Protection and Care.' All of the aforementioned publications are available on the UNFPA website at www.unfpa.org

REVIEW OBJECTIVES

The objective of this review was to:

- Take stock of field-based evidence of lessons learned and good practices in a number of countries where UNFPA supports projects and programmes dealing with violence against women
- Strengthen the capacity of UNFPA, as well as other development practitioners working in the field of violence against women, and to inform their future interventions
- Achieve a better understanding of the impact of culturally sensitive approaches on community ownership and sustainability of projects
- Contribute to the 'state of the art' in addressing violence against women.

MAIN FINDINGS

Despite some progress, there is still much to be achieved by states, civil society groups, international organizations and individuals to ensure that women victims/survivors are protected from further violence, perpetrators are brought to justice and preventive measures are put in place that will eventually result in societies free from violence against women.

More resources must be allocated for programming that deals with prevention of violence against women at the international, regional and country levels. Some of these resources should be channelled to research, documenta-

tion and analysis of the sociocultural and sometimes economic roots of violence, in order to design informed interventions that deal with the problem at its source. This work is necessary if programmes are to target the long-term objective of prevention and establishing gender equality as a basic human right.

Despite the achievements being made in most of the countries covered by the review, the findings indicate that much of the work under way is not part of a coordinated national agenda to address human rights and gender equality. There is a need to establish stronger partnerships, collaboration and coordination among various stakeholders, especially human rights and women's groups, to position violence against women high on national human rights agendas. This will lead to setting national priorities that direct the limited resources available for programming for violence against women into programmes/projects that yield optimal results.

Providing survivors with health care, psychological counselling, legal advice and human rights education, along with temporary shelter are necessary but not sufficient conditions to protect them from violence. They also need to become economically self-reliant if they are to break free of abusive relationships.

The review revealed that, in all 10 countries studied, the fight to combat violence against women has been spearheaded by women's groups, who made the problem and its prevalence in society visible. However, if social and cultural behaviours are to be transformed, the engagement of men is crucial. Men are overwhelmingly the perpetrators of violence against women; they also represent the majority of those who can do something about it: legislators, policy makers, judges and police. In order to ensure that projects will be owned not exclusively by women, but by societies at large, men's involvement must be a central component of all programmes addressing violence against women.

Involving the media as a partner and a collaborator in local or national campaigns has proved effective, both in making the incidence of violence more visible and in creating pressure on local and national governments and others to address the problem.

The review demonstrated that appropriate legal and policy frameworks are a necessary prerequisite to fighting violence against women and bring legitimacy to such efforts. However, they are only one part of the solution.

Establishing mechanisms to ensure that policy measures are implemented and that laws are enforced is also essential. Advocacy is usually required to achieve these goals, as well as training targeted to local governments, the judiciary, the police, and health-care providers.

The review highlighted the fact that people can be critical of their own cultural practices once they are provided with 'indigenous evidence' of the harm they cause to women, the family and the community. Case studies from Bangladesh, Colombia, Kenya and Romania demonstrate that once communities were convinced that their patterns of behaviour were causing considerable harm, they adopted the programmes and became actively engaged in them.

One of the most effective strategies that the review revealed is encouraging project designers and implementers to invest the time and effort required to deeply understand the local cultures in which they are working. As a result, they are often able to identify humane and positive values inherent to the culture that can be emphasized in sensitization and advocacy efforts. Such an approach is particularly effective since these values tend to resonate within the sociocultural context in which the projects are operating.

The review demonstrated that positioning violence against women as a public health priority is both a safe and an effective approach in addressing it. In Mexico and Romania, reproductive health services

were successfully used as an entry point in identifying and treating women survivors of violence. Health-care personnel were trained to draw the line between incidents of violence and other types of cases and to refer victims to help. In Morocco, involving the health sector meant that it later became a major partner in a national strategy to combat violence against women.

The review highlighted the central role that local power structures, including faith-based organizations, can play in facilitating acceptance and ownership of programmes addressing violence against women. Disseminating the message of protecting human dignity can be an important entry point. Dialogue over the severe implications of violence for the individual and her family further engage local leaders as programming partners. The case studies of Bangladesh, Colombia, Kenya and Morocco demonstrate the effectiveness of approaches that adopt a strategy of engagement, involvement and partnership with these structures.

Creating a coalition across sectors and building its capacity to fight violence against women is a necessary condition for ensuring prevention in the long run. Such coalitions can help make visible the human rights implications of the phenomenon and empower a range of actors within government organizations, civil society groups, faith-based organizations, academia and the media to commit themselves, in a systematic way, to addressing violence against women.

1

MAURITANIA: MIDWIVES CALL ATTENTION TO THE PROBLEM OF RAPE, AND IMAMS ENCOURAGE JUSTICE FOR ITS VICTIMS

Prior to 2003, survivors of rape in Mauritania were thrown in jail while the perpetrators went free. Correcting that gross injustice—and getting society to recognize the problem of rape at all—began with the grass-roots efforts of four Mauritanian midwives, who could no longer ignore the stories they were hearing from their clients. With UNFPA support, the first statistics on sexual violence in Mauritania were collected, and a centre was established to respond to the multiple needs of survivors. Breaking the taboos surrounding the discussion of rape was the first step in addressing the problem. Local imams lent their support to the effort, convincing government officials, judges, the police and members of the community that protecting women and easing the suffering of those most vulnerable was a religious obligation.

THE CONTEXT

Mauritania, in West Africa, occupies an area of about one million square kilometres, three quarters of which is desert. In 2005, the country ranked 152 out of 177 countries on the Human Development Index.¹ It has been moving towards democracy since 1991, the year a pluralistic political system was first introduced.

Mauritania has a population of 2.8 million inhabitants,² 46 per cent of whom live below the poverty line, according to the results of a Continuous Survey on Living Conditions and Households for 2000. The population, which is growing at 2.9 per cent a year, is multi-cultural, with a dual Saharan and Sahelian heritage. The Moor, Soninke, Peul and Wolof peoples co-exist and have achieved a certain social cohesion within the Islamic religion, which is practised by virtually the entire population. Nearly half the country's people are under the age of 15.³

The rates of maternal, infant and child mortality in Mauritania are very high. No fewer than 747 women die in childbirth for every 100,000 live births, and out of 1,000 children born alive, 74 die before their first birthday.

On average, Mauritanian women marry for the first time at the age of 17 and men at the age of 26.5, though in urban areas especially there is a trend towards later

marriage. The role of the family in the choice of spouse is important, and 43 per cent of marriages are arranged. Kinship marriages are widespread, and less than a third of women marry a man who is unrelated to them.

The standard of education among Mauritanians is very low, and 54 per cent of women and 39 per cent of men have never attended school.⁴ The substantial gap between the schooling of women and men implies that there is still gender discrimination with regard to access to education.

MAURITANIA AND CEDAW

Mauritania has participated in a number of international conventions and conferences and is a signatory to the Programme of Action of the 1994 International Conference on Population and Development (ICPD), the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). To support the implementation of these international commitments, the Government established a State Secretariat for Women's Affairs in 1992 as well as a Multisectoral Gender Monitoring Group in 2000, which addresses relevant issues in policy, practice and law for improving the lives of women and children.

To carry out the recommendations of CEDAW, which came into force in Mauritania in 2001, the Mauritanian

¹ *Human Development Report 2005*. Published for the United Nations Development Programme.

² Population projections for 2001-2015, National Statistics Office.

³ Population and Health Survey for Mauritania, 2000-2001.

⁴ General Population and Habitat Census, National Statistics Office, 2000.

Government passed the Personal Status Code, which deals with all matters related to marriage, divorce, family and inheritance issues. To date, however, the law has not been enforced due to the failure to pass a decree detailing how it should be implemented.

Mauritania has adopted policy guidelines to mainstream the promotion of social, economic and cultural rights of Mauritanian women. It adopted laws and regulations in favour of women, the family and children that include: the National Strategy for Advancement of Women in 1995, the Population Policy in 1995, the Family Policy in 1998, the National Council for Children in 1999 and the Personal Status Code in 2001.

THE UNFPA COUNTRY PROGRAMME

The Fifth UNFPA Country Programme for Mauritania (2003-2008) has a budget of \$6 million. However, in the first three years alone, the Country Office mobilized approximately \$6.3 million in multilateral and bilateral funds.

With technical support from UNFPA, the Mauritanian Government has prepared a new strategy for the promotion of women for 2005-2008. The strategy takes stock of government actions for the advancement of women to date and defines priorities for the years to come in areas including basic social services and women's rights and participation.

The major achievements of the UNFPA Country Office for 2004 in the areas of gender and gender-based violence include the following:⁵

- *Obstetric fistula.* As part of a global campaign for the elimination of obstetric fistula launched by UNFPA and its partners, a survey in Mauritania (involving three out of 13 regions) was carried out. A national strategy to fight obstetric fistula is being prepared, with support from a recently established technical committee.
- *Gender.* Integrating gender into government policies, including the strategic framework for the fight against poverty, has become a priority, and substantial progress is being achieved.
- *Violence against women.* Through advocacy efforts directed at the country's ministers and parliamentarians, UNFPA facilitated discussion of rape and female genital mutilation/cutting (FGM/C) in public fora. The Mauritania Country Office coordinated the first official campaign in the fight against FGM/C,

and an integrated programme to address it is being developed.

THE PROJECT

'Combating Sexual Violence against Women' is a UNFPA-funded project that encompasses preventive, remedial, judicial and rehabilitative aspects of sexual violence in Mauritania. It started as a grass-roots initiative in 2000, carried out in collaboration with the Ministry of Health. With support from the Arab Gulf Program for United Nations Development Organizations (AGFUND) and UN agencies, a project was eventually developed for the period 2004-2005.

The project was implemented by the Mauritanian Association for Mother and Child Health (AMSME), a local non-governmental organization (NGO), and supported the efforts of the Ministry of Health and Social Affairs in implementing a national policy for women's promotion.

The project had four main objectives:

- Recognition of sexual abuse of women and related advocacy at all levels
- Strengthening of civil society organizations to ensure sustainable services to victims, including medical, psychosocial and legal assistance
- Training of public officials, including the police, magistrates and health workers, particularly midwives
- Sensitization through information, education and communication (IEC) materials and media promotion of the project's activities.

The origins of the project date back to 2001, when AMSME opened a care centre for survivors of sexual violence. Today, the centre employs two midwives on a full-time basis, a social worker responsible for health education, two programme assistants (dealing with adult literacy and skills-building), a secretary, logistics officer, guard and driver. The centre also has a medical doctor who works on a part-time basis and offers free medical consultations. A senior psychiatrist is on standby call and a senior gynaecologist, the only one in the country, visits the centre once a week to offer free consultations. The centre also benefits from the expertise of a specialist in child protection, who is called upon every time a new client comes in. To ensure proper oversight, the centre has a board of governors comprising seven professionals (five females and two males) and a general assembly of 170 people.

⁵ UNFPA Mauritania Country Office Annual Report 2004, Programme Performance Analysis, available at https://itrack.unfpa.org/app_ars/index.cfm?fuseaction=SearchResults

To provide expertise on legal matters, AMSME entered into partnership with another civil society organization, the National Forum for Promotion of Women's Rights.

Through the centre, the project offered the following services:

- First aid care to rape victims, while preserving all traces of evidence
- Counselling and psychosocial support, including psychiatric treatment and care
- Pregnancy prevention, by offering the 'morning-after' pill to rape victims who report to the centre within 72 hours after an incident has occurred
- Testing for HIV and other sexually transmitted infections
- Follow-up visits on a regular basis to monitor the healing and coping processes
- Community sensitization aimed at creating awareness in the host community of the harm caused by rape and other forms of sexual violence and the availability of support services at the centre
- Counselling for the victim's parents and relatives to promote reconciliation between the victim and her family
- Reproductive health education and sensitization on other health issues, including HIV and AIDS
- Literacy classes
- Skills and vocational training, which aims to empower survivors of rape through life skills that enhance their self-reliance and self-esteem
- Advocacy among government officials and staff of other relevant institutions and the lobbying of decision makers
- Training of professionals, particularly magistrates, police and health workers
- Training of staff at the centre in proper care of clients
- Legal support and follow up.

A typical legal intervention involves the following steps: First, lawyers contact the victim as soon as they learn a

rape has occurred to ask whether she intends to bring the case to court. Adults, including older women, generally prefer not to press charges for fear of being socially shunned, imprisoned for fornication or retaliated against by the perpetrator and/or family members. Many adolescents, on the other hand, choose to sue their offenders,

since they tend to experience less stigmatization by the community. Free legal assistance is key since most of the victims come from poor families. The presence of lawyers early on ensures that the victim's rights are protected.

According to Mauritanian law, a statement produced by the police must be sent to the prosecutor explaining the details of the offence and the presence of evidence. The prosecutor has a number of choices: to reject the case for insufficient evidence; to require further evidence and refer the case to the magistrate for further investigation; or, if there is sufficient evidence, to order a court trial.

The third stage, when the offender stands trial and the victim is defended in court, is crucial. As far as possible, the lawyers try to ensure that justice is carried out.

"What matters for us is to be present wherever the file goes so that the victim's interests and rights are upheld. We make sure that we attend all sessions. We have realized that before we intervene, the victim is downcast and feels worthless. Our presence — and the assurance of having lawyers who are determined to defend her case — gives her new hope and status, since not many people can afford legal fees. Parents now encourage their daughters to report such cases because they know that someone will defend them and follow the case to a meaningful end."

— Secretary General for the National Forum for Promotion of Women's Rights

RESULTS

The project has yielded significant results, including a reduction in the incidence of rape, changing attitudes towards rape victims and the collection of data on sexual violence.

- Since 2002, AMSME has assisted 131 survivors of sexual violence. In 2000, no rape incidents were reported to the authorities. That percentage has risen each year, reaching 100 per cent of known cases by 2005. This is attributed to advocacy campaigns targeting judges, the police and other authorities, who now acknowledge the existence of violence against women and are demonstrating greater sensitivity to victims and their families.
- Rape victims used to be regarded as perpetrators who incited the act. Almost all of the women and girls who reported being raped were accused of fornication and ended up in jail. Since 2003, however, no rape victim has been sent to prison. As a result of training, the police are now more sympathetic to victims and communities are more

tolerant. Moreover, school authorities no longer discourage survivors of rape from coming to school. Parents tend to look at their daughters as victims of ruthless rapists and not as seductresses. As a result, they rarely send their daughters away from home after a rape has occurred; instead, they encourage them to enrol in school. Previously, a girl who had been raped would have little hope of ever getting married. This, too, is changing.

- According to the police chief in El Mina district, there has been an 85 per cent drop in the incidence of rape in his district since the project started. This is attributed to sensitization campaigns and related activities. As more and more perpetrators are apprehended, the general public is becoming ever more conscious of the risks involved.
- As a result of intensive advocacy, the project has gained the support of key political leaders. As a demonstration of this support, the secretary for women's affairs presided over the official opening of the AMSME care centre at El Mina in January 2005, which was attended by high-ranking officials from the police department as well as the ministries of justice, the interior and health. The Government also commemorated the International Day for the Elimination of Violence against Women for a second time on 25 November 2005. This support is attributed to UNFPA's continuous lobbying of government institutions.
- The project has served as an eye opener for other civil society organizations, which are becoming more conscious of the existence of sexual violence in the community. A number of local NGOs are requesting technical assistance from AMSME to build the capacity of their staff.
- Survivors of sexual violence have found a new sense of self-worth. Many of them have started small enterprises, thanks to the start-up capital and practical skills they acquired through the project, particularly in sewing and small business management. The project has also sponsored literacy classes that teach basic reading and writing in both Arabic and French, simple arithmetic and life skills.
- Rape is no longer looked upon as taboo and is being discussed in public places. Previously it was considered a private affair, and victims and their families suffered quietly. All of the cases were handled by the police, who encouraged families to settle out of court, and the victim's needs, including emotional support,

“Everybody in this city knows that the problem [sexual violence] existed, but there appeared to be a collective conspiracy to victimize the women who suffered from it.”

— A partner in the project and official at the Secretariat of Women's Affairs

were ignored. The victims would be psychologically shattered and socially shunned while, in some instances, their parents or guardians received financial compensation.

- The project has drawn the attention of government officials to the prevalence of sexual violence as well as the fact that the State had previously done little to assist survivors. One result is that the Ministry of Justice sought funding from the World Bank to fund local NGOs that have programme activities related to violence against women.
- Through the project, the first statistics on the sexual abuse of women and girls have been compiled. The information provided the foundation for ongoing advocacy efforts, including a series of workshops targeting top officials in the ministries of justice, health and social affairs, and the interior, along with the high commissioner for human rights, religious leaders and others. As a result of these workshops, every ministry has a component in their annual work plan to address sexual violence against women and children. The problem is being addressed in its own right, but also in coordination with a strategy to combat HIV/AIDS.
- The Government has made legal provisions and amended laws to safeguard the rights of women and to protect them from sexual and other forms of violence. According to an adviser to the Minister of Justice, the Government will provide legal and judicial support for women who want to sue their offenders but cannot afford legal fees. A new law has also been adopted that allows NGOs to sue a rapist regardless of whether the family or the community wants to press charges.
- The project has improved conditions for female prisoners in Nouakchott by providing recreational activities, including sports, music, dance and reading, along with vocational training. This will enable them to become economically independent once they are released from prison and reintegrate more easily back into the community. The project has also successfully advocated for the deployment of female prison wardens after proving that male wardens were sexually exploiting female inmates. Peer educators provided through the project are also working with female prisoners in the areas of human and child rights, the development of life skills, and HIV/AIDS awareness and treatment.
- The project has been able to build a system for tracking and following up on rape survivors—from the

time the rape takes place to the conclusion of the court case. The project has established contacts at police stations and health facilities that monitor the situation of rape victims and refer them to project staff.

IMPLEMENTATION PROCESSES

The Mauritanian Association for Mother and Child Health was formed by four female midwives who carried out a health education programme covering issues such as reproductive health, early marriage and pregnancy. During the sessions on reproductive health, the issue of rape repeatedly came up. According to Zeinebou Mint Taleb Moussa, the founder and president of AMSME, the issue at first scared her and her colleagues.

“We knew it was taboo to talk about rape and that we could not do much to solve the problem,” she says. “As a young NGO, we were more comfortable dealing with less controversial and sensitive issues. We had been working for the national radio for 16 years and were highly regarded among our peers. How could we all of a sudden start becoming controversial?”

“We did not want to imagine the challenge that was ahead of us,” says Zeinabou. Nevertheless, she and her colleagues began consultations on the rape problem with several ministries. At the time, the Ministry of Women’s Affairs denied that rape was an issue and advised the women to back away from it if they did not want to get into trouble.

“Frankly speaking, when we heard Zeinabou speak about the project, I thought that she had come from another planet,” says the director of women’s promotion (minister of state for women’s affairs). “The Government’s concern is to be popular, so government officials keep away from issues that are controversial and that are likely to undermine their legitimacy.”

The Ministry of Health and Social Affairs, on the other hand, acknowledged the problem and mentioned that pertinent statistics were available at some health facilities. In search of more information, the four midwives divided themselves into two groups. One group researched health facilities while the other went to the police. The group that went to the police were told that there are no such cases in Mauritania—only incidents of prostitutes who hitchhiked and ended up being raped. The group that visited health facilities found a rape sur-

vivor at one of them. The available records mentioned assault but made no mention of rape. Secretly, however, the nurses revealed horrendous stories of sexual violence, including the death of a three-year-old girl who had been defiled.

“When I went in to see the doctor [at one of the health facilities],” says Zeinabou, “he welcomed us. But as soon as I mentioned that I wanted some information on sexual violence, he locked the door and stared at me for a long time. He later said he knew that many cases were handled, but that the clinic could not record them. To him they were legal issues, not health matters, and he did not want to get into trouble with the authorities.”

At this stage, two of the four founders of the project quit, claiming that they would put their daughters and sisters at risk of rape if they continued with the project. “Out of the four midwives who started the project, only two of us are left,” explains Zeinabou.

“The other two feared reprisal from offenders, because at that particular time there were repeated incidents of gang rape, and it created a lot of fear.”

Based on the information gleaned from the health clinics, AMSME organized a workshop on sexual violence in 2001, which was funded by UNFPA and Caritas-Mauritania. The workshop was able to identify the needs of women who had been subjected to sexual abuse and provided a working basis for the preparation of a project document, which was later funded by UNFPA.

“Zeinabou had a strong conviction about what she wanted to do,” says the UNFPA representative in Mauritania. “For us, sexual violence was a priority area, but we did not know the magnitude of the problem. We agreed to support her, but we wanted her to first document the scope of the problem. We then used this data to lobby the Government and other UN agencies to support the project.” He continues: “For us, it was an opportunity to move beyond simple advocacy in our programme—to support practical actions to help protect women whose rights are being violated.... After one year, the Government was interested to see whether we were right, and now they are advocating that the project should benefit from local resources.”

“Thanks to our partner, UNFPA, a serious problem that had been ignored is now being addressed at the national level.... When victims go to the police, they are well received. This will encourage more victims to join the centre and talk about their problems, which will eventually scare off offenders.”

— The Deputy Director of Civil Protection,
Ministry of Interior

In late December 2001, with financial and technical support from UNFPA, AMSME opened a care centre in El Mina. The district, which lies on the outskirts of Nouakchott, is reported to have the highest number of rape cases in the country. The goal was to provide psychosocial and medical assistance to women and girl victims of rape. The centre includes a consultation area, a literacy room, documentation/resource centre, a workshop for skills-building and social rehabilitation and offices for the management and staff of the centre. In just the first year of operation, the centre received 32 cases.

MEDIATION AND NEGOTIATION

“In Mauritania, both tradition and legal institutions work against taking action on sexual violence. It is taboo to talk about sex, let alone sexual violence,” says a midwife who worked with the project. To overcome such resistance, a key strategy was soliciting the support of religious leaders, who are highly regarded in the community and are consulted on important issues. The project founders were mindful of this and cleverly targeted imams who were known to be progressive and flexible. Once those imams were convinced of the project’s merits, they helped rally communities by attending some of the sensitization sessions. They also lent their support to workshops organized for government officials. The imams justified the project by highlighting the fact that it was a humanitarian endeavour, aimed at helping those who are suffering and vulnerable.

PARTNERS

The project was implemented by the Mauritanian Association for Mother and Child Health, which provides psychosocial and health services for survivors of sexual violence. Through a partnership agreement, the National Forum for Promotion of Women’s Rights provides victims with legal services. The project was supervised by the Ministry of Health and Social Affairs through the Nouakchott Regional Directorate of Health and Social Protection.

Other ministries involved in the implementation of the project included the Secretariat of State for Women’s Affairs, Ministry of Justice and the Ministry of Interior, Posts and Telecommunications. The project also received major support from a number of United Nations organizations:

UNFPA

UNFPA coordinated the implementation of the project through planning and coordination meetings and dissemination of information. Other support included:

- Technical assistance: UNFPA provided a resident technical assistant who ensured the coordination and implementation of all project activities, from planning to management and evaluation
- Provision of office equipment and supplies
- Rental of premises that house the care centre and project office in El Mina
- Salaries for project staff in 2004 and 2005
- Facilitation of the design and printing of posters and brochures
- Provision of drugs and medical supplies
- Funding of a training workshop for doctors, legal experts and midwives on proper handling of rape survivors and a separate workshop for magistrates
- Funding for legal and judicial assistance provided by the National Forum for Promotion of Women’s Rights.

United Nations Children’s Fund

UNICEF has incorporated activities from this project in its six-year Special Protection Programme (2003-2008), which is addressing sexual abuse of women and girls. Specifically, UNICEF:

- Funded a sensitization workshop for the police
- Funded activities commemorating International Health Day, which included a football tournament for youth and a cultural and arts gala targeted to young people
- Sponsored a study tour to Jordan
- Donated sewing machines for vocational training and a computer
- Trained project staff in legal issues related to sexual abuse, psychosocial skills and methods to reintegrate rape victims back into the community
- Together with the World Health Organization, funded a workshop for sensitizing doctors.

United Nations Development Programme

UNDP provided funding in the earlier phases of the project and made a contribution in 2004 through its Protection and Promotion of Human Rights programme. Specifically, UNDP:

- Produced an audio cassette tape that included messages about sexual abuse and stigmatization of rape survivors
- Provided funding to hire a project accountant and purchased a reconditioned vehicle for the midwives

- Sponsored workshops for imams and for public officials representing various government ministries and departments.

World Health Organization

- Provided medical equipment and supplies (together with UNFPA)
- Co-funded a workshop for doctors.

LESSONS LEARNED

The project adopted a multifaceted approach in addressing the problem of sexual violence against women in Nouakchott. This included sensitizing decision- and policy makers in Mauritania; enlisting community support; building the capacity of NGO staff; providing skills training to victims; sponsoring peer education; and offering counselling and medical care for victims. This approach has been effective and yielded credible results, from which a number of lessons can be drawn:

The power of a single personality can go a long way towards helping a project succeed, especially in a conservative society. AMSME is successful in large part due to Zeinebou Mint Taleb Moussa, its president and founder. Her modesty, combined with her status as a professional and experienced midwife, helped her gain support not only from the local population but also government officials. According to the deputy director of civil protection in the Ministry of Interior: “[Zeinabou] elicits a lot of respect in the community. She gathered around her imams, other religious leaders, lawyers, magistrates, doctors, police officers, psychiatrists and midwives—people who would otherwise be difficult to bring together. But they all came because of her personality and were later convinced that a problem existed.”

According to Zeinabou herself, the secret to her success was knowing the community and garnering its trust: “When you want to understand certain issues in a given society, you need to be strong, know your target and what you want to achieve, and listen to the community. It is crucial that you make yourself understood, know the culture you are working in and establish personal relations in the community. But most importantly, you need to gain their confidence.”

The influence of religious and other leaders can sway public opinion on culturally sensitive matters. A key factor in the project’s success was the support it received from religious leaders. Initially the project was viewed with suspicion and was resisted by both government officials and the local population. Much of this resistance was overcome by local imams, who provided

a religious rationale for project activities such as counselling and providing medical care to rape survivors. According to the imam of the central mosque in Nouakchott, “We gathered evidence from the Koran and presented it to the police, magistrates and the general population to support what the project was doing. We pointed out that these activities were in line with Islamic teaching. We are continuing with the campaign because we are convinced of the message. It is our message and no longer that of AMSME.” Such support from religious authorities generated a good deal of interest on the part of the community and played a large part in changing attitudes towards the project.

Oftentimes, sensitive community problems can be most effectively addressed by civil society or NGOs.

The NGO that managed the project was able to get its message across by talking to community members individually, rather than addressing them in a large group, the method normally employed by government officials. They visit victims’ homes and engage in discussions with family members, helping to reduce the stigma that victims of sexual violence are often subjected to, even among their own relatives. “We have been able to talk to people about highly sensitive issues,” says a medical doctor working with the project. “We have established close ties with the population and gained their confidence. They now talk openly to us about sensitive personal issues they cannot even share with their families.”

The commitment of NGO staff and its members is crucial. An unshakable commitment to the goals and objectives of a project is important in helping to avoid ‘burnout’ on the part of project staff. In the case of this project, the staff worked far beyond what was expected of them to ease the pain and improve the lives of those who suffered sexual violence. “We are blessed with a committed staff who ... know nothing else except being here and helping women who have experienced sexual violence,” says a medical doctor working with the centre. “Many times they are called in the middle of the night to attend to victims.”

Violence against women involves multiple social, economic, psychological and environmental factors.

Evidence suggests that violence against women in Mauritania is associated with issues related to poverty, including low levels of education and, in many areas, poor housing, unstable marriages or female-headed households. The project has therefore concentrated on poor, heavily populated neighbourhoods of Nouakchott (including El Mina, Sebkha, Arafat and Ryadh), where there is a high incidence of rape. The project addresses the issue of poverty in addition to sexual violence by

equipping victims with vocational skills they need to become economically self-reliant.

Technical assistance is important in building the capacity of a young NGO. UNFPA provided the project with a resident technical assistant who ensured the coordination of all projects activities, including planning, management and evaluation. She was in contact with project staff and managers on a daily basis and helped with report writing and the preparation of IEC materials.

Equipping rape survivors with the skills and capital to start up small businesses makes them productive and self-reliant members of a community, which tends to diminish the stigma they might otherwise face. Sexual violence places women in a socially precarious situation, since most of them lose hope of ever getting married, which is seen as source of pride to the family and financial support to women. In response, AMSME has been able to provide its clients with a range of skills that give women from poor, illiterate families the head start they need to succeed in life. "Equipping them with skills gives them an advantage over their peers in the community. The project is creating a difference in their lives and is giving them new hope," says a child-rights expert working with the centre.

Returning to school is a step forward for rape survivors, but parents and school authorities frequently need to be convinced of its appropriateness. In any society, the opportunities available to young women are determined partly by their education. Attendance in school promotes greater self-esteem and motivation in young women who have fallen victim to rape. Conversely, lack of education or vocational training can sometimes lead to alcohol and drug abuse, depression, despair and further violence.

Study tours to countries carrying out similar programmes can generate new ideas and enthusiasm. Senior project managers, together with government officials and representatives of UN agencies, participated in a study tour to Jordan to visit projects carrying out similar work. This gave them new ideas on ways to combat violence against women and the encouragement to move ahead. As a result, they are putting together a funding proposal for establishing income-generating ventures at the care centre in El Mina, which would reduce the need for outside financial support.

PRACTICES THAT WORK

Ensuring that all interventions are based on a firm understanding of a country's culture, tradition and religion. Right from the start, project staff sought the

support of local imams, so that what they were doing or had planned could be justified in terms of Islamic teachings. This is crucial in a society that is highly religious. UNFPA also asked religious leaders to discourage violence against women, particularly rape and female genital mutilation/cutting, during Friday prayers. The imams agreed to work with project staff in community sensitization sessions and in visiting families of victims, which won the hearts of the local population. Says an imam and key supporter of the project: "We believe that caring for people and protecting those who are weak is our fundamental obligation."

Enlisting the support of high-profile individuals. The project staff sought support from influential members of society, including magistrates, the police, medical professionals, religious leaders, ministers, UN officials and others to lobby the Government to acknowledge sexual violence and to introduce strategies to combat it. Support from these individuals also encouraged communities to embrace the project. "We realized that people with whom we work respect doctors," says Zeinabou. "To win the respect of community members, we gained the support of a popular psychiatrist, who justified the project not only in terms of the effect of sexual violence on a victim's health, but on its implications for the entire community."

Involving families, guardians and the community when attempting to reintegrate rape survivors back into society. The interventions in this area that were most successful were those that involved people closest to the victim. In fact, trying to enhance a victim's self-worth and emotional stability without the support of parents and caretakers is contrary to most developing world traditions. To elicit such support, project staff reach out to survivors in their homes. They follow up, counsel and closely observe how they are coping. They counsel family members as well and encourage them to support the victims to ensure quick recovery, including by returning to school. The project also holds community sensitization meetings to inform the population about rape and its consequences. They explain how they can fight it and how they can extend help to unfortunate members of their community who have fallen victim to sexual violence. This has helped reduce the stigma usually associated with sexual violence.

Preserving the confidentiality of rape survivors seeking help. This is essential if trust is to be established between clients and service providers. In a practical sense, this means that lawyers come to the centre instead of the victims going to them. The centre is also open to other community members seeking treatment for simple ailments. This tends to reduce the stigma

that would otherwise be associated with the centre if it were dealing with rape victims exclusively.

Taking a holistic approach in combating violence against women. Success in combating violence against women requires a multisectoral approach. Medical care, legal representation, psychosocial services, advocacy, community mobilization and skills-building are all essential in promoting the well-being of the survivor. In Mauritania, attention is being focused on how victims can be empowered within a society that regards them as outcasts and how the attitudes of the community can be changed. The project offered counselling and psychosocial support that included psychiatric treatment to help a woman deal with the trauma she has experienced as well as the social stigmatization. It prepared her to face the world with a positive attitude and self-esteem. The acquisition of practical skills enabled her to become more self-reliant. This was supplemented by literacy classes that offered the basics in reading, writing and arithmetic. She was equipped with life skills to help her avoid victimization in the future. Free legal representation was also extended, which was especially important if she chose to sue her offender(s). Ensuring that each component of the project promotes a woman's general well-being is key.

Participating in international events promoting women's rights as a form of advocacy. With UNFPA support, project staff joined other NGOs and government institutions in commemorating various international days, including World Population Day (11 July), World Health Day (7 April), International Day for the Elimination of Violence against Women (25 November) and International Women's Day (8 March). In addition to raising awareness and serving as a form of advocacy, such events offer an opportunity to promote project goals. On International Women's Day, for example, AMSME took part in a series of workshops on violence against women that were

organized and funded by UNFPA. UNFPA also supported an exhibition that was officiated by the First Lady of Mauritania, who was accompanied by a host of ministers. The First Lady, in particular, was interested in the IEC materials that the project had developed and asked if she could distribute them. The materials, which include brochures and posters, convey messages about the consequences of rape. The posters not only sensitized the community about the dangers of rape, but also made project activities better known.

Using evidence-based research to generate support for a project and encourage others to follow suit. A six-month, UNFPA-funded research project identified available data on sexual violence in Mauritania and presented strategies to combat it. The research findings brought new light to a problem that had previously gone unnoticed and provided the justification that was needed to develop the project. Without this basic evidence, it would have been difficult to convince anyone that a problem even existed. The research report, *Combating Sexual Violence Against Women in Nouakchott—Current Situation and Outlook, March 2005* has been condensed into an attractive handbook and is prominently displayed in a number of ministries.

Using music and other forms of popular culture to reach a wide audience. The project recorded music on an audio cassette that includes the message that sexual violence is a barbaric act. It also calls for greater acceptance of rape victims. The recording has gained in popularity and is used at all community sensitization meetings. The project also initiated an annual music festival that attracts both young people and adults. Music has proved to be an effective way of communicating messages on a sensitive subject to a wide audience, while at the same time giving youth an opportunity to develop their talents.

2

ROMANIA: TACKLING DOMESTIC VIOLENCE FROM MANY ANGLES

Domestic violence in Romania was brought to national attention by the results of a 1999 survey, which found that the incidence of physical abuse reported by women there was higher than in other Eastern European countries. UNFPA is supporting efforts from the grass roots to the highest levels of Government to raise awareness of the problem, promote legislative and institutional reforms to combat it, and set up demonstration projects of what works. One key to the success of these projects is establishing partnerships among district health authorities, local administrations, neighbourhood police, NGOs and the media. Another is helping people explore their own attitudes about domestic violence through training and innovative awareness campaigns.

THE CONTEXT

Romania occupies 237,500 square kilometres in southeastern Europe, an area roughly the size of the United Kingdom. It is surrounded by Hungary, Ukraine and the Republic of Moldova to the north, and the Black Sea, Bulgaria and Serbia to the south. Romania is a country of rich agricultural lands, diverse energy resources, a substantial, though aging, industrial base, and an educated, trained workforce. Following the overthrow of the Communist regime in 1989, Romania embarked on a path towards democracy and a market economy. For the past ten years, one of the country's main priorities has been membership in the European Union, which is expected to take place in 2007 and has guided the development of the country.

Social indicators in Romania indicate that life expectancy, at 71.3 years in 2003, is lower than in Western European countries.¹ Infant mortality has dropped to 18 per 1,000 live births in 2003 from 19 in 2002, but is still high by European standards.² Maternal mortality, at 33 deaths per 100,000 live births in 2001,³ is also among the highest rates in Europe. Nearly half of

these maternal deaths were related to abortion, which continues to be used in Romania to regulate fertility and is regarded as a serious public health issue.

Roughly one third of the Romanian population live under the national poverty line, with the highest levels found in the northeast of the country and in rural areas, according to a World Bank Poverty Assessment 2003. The worst of the transition process appears to be over. However, regional disparities are increasing, with per capita incomes in Bucharest more than double the national average and three times higher than the poorest region.⁴ Per capita gross domestic product was \$2,619 in 2003 (with purchasing power parity of \$7,277).⁵

According to a 2002 census, Romania's population is 21.7 million, nearly one million less than a decade ago. This decline in population is attributed to high mortality rates, low fertility levels and continued migration of people to Europe and other countries in search of work. The crude birth rate fell continuously after 1990,⁶ with a total fertility rate today of just 1.23 children per women, well below the replacement level.⁷

1 *Human Development Report 2005*. Published for the United Nations Development Programme.

2 *Ibid.*

3 UNFPA. 2004. Country Programme Document for Romania.

4 *Ibid.*

5 *Human Development Report 2005*.

6 The decline in population may be, in part, a reaction to the pronatalist policy of the Ceausescu regime in Romania. Starting in 1966, Ceausescu banned abortions and contraception for any married woman under 40 with fewer than four children, in hopes that a larger workforce would increase industrial growth. In the 1980s, he introduced compulsory gynaecological exams, and unmarried people and those without children were penalized by higher taxes. Even medical doctors in Romania had difficulty accessing information about contraception. A common practice during this period was institutionalizing children that families did not want or could ill afford, which is slowly changing.

7 UNFPA, 2004.

Domestic Violence in Romania

Romania remains a country with strong traditional values, where gender roles are clearly defined. 'Man is the pillar of the home', 'Women are a necessary evil', 'Man is the head of the family and the woman is the neck' are among the Romania proverbs that reflect the second-class status of women in society.

Stereotypical attitudes about the roles of women and men in the family and society were among the concerns of a UN Committee on the Elimination of Discrimination against Women reviewing Romania's progress towards CEDAW (Convention on the Elimination of All Forms of Discrimination against Women) in 2000. One of the ways these attitudes are expressed, they noted, was in the stereotypical and sexist portrayal of women in Romania media, especially advertising.⁸

Though statistics are unavailable prior to 1999, the incidence of domestic violence in Romania is widely believed to have increased during the upheavals of the economic transition and is strongly associated with alcohol abuse. Nearly 6,000 complaints of domestic abuse were registered in Romania in 2004, according to the National Agency for Family Protection. Yet evidence suggests that the reality is far worse. A 2004 Reproductive Health Survey, supported by UNFPA, found that more than one quarter of Romania women (29 per cent) have been abused (verbally, physically or sexually) by their partners during their lifetimes.

Of women 15 to 44 years of age who are or have ever been married, 28 per cent reported incidents of verbal abuse during the previous year, 15 per cent reported physical abuse and 3 per cent, sexual abuse. Among these women, the lower the educational and socio-economic levels, the more likely they were to be subjected to aggressive behaviour by their partners.

Being abused as a child and witnessing physical violence between parents have been identified as risk factors for emotional and behavioural problems.⁹ They may also make women more tolerant of abuse as adults. The survey found that 20 per cent of women had been abused as children, and that the same percentage had

witnessed parental abuse. Two thirds of men said they had been abused as children, and 23 per cent had witnessed abuse between their parents.

Shame and fear of social stigma mean that women are reluctant to report domestic violence. Another reason for not seeking help, particularly when the perpetrator is an intimate partner, is the poor treatment often received from law enforcement agencies and the failure of the criminal justice system to punish the perpetrators.

ROMANIA AND CEDAW

The Government of Romania ratified the Convention on the Elimination of All Forms of Discrimination against Women in 1982.¹⁰ Following the Fourth World Conference on Women in Beijing in 1995, the Government took steps to promote gender equality through improvements in women's social, work and legal status. Despite these initiatives, and constitutional guarantees of equal rights between men and women, the provisions remain largely unenforced, and Romanian women continue to have a higher unemployment rate than men, occupy fewer positions of influence and earn lower wages.¹¹

Legal Issues Affecting Women

The Ministry of Labour, Social Protection and Family is charged with advancing women's concerns and family policies. This includes organizing programmes for women, proposing new laws, monitoring legislation for sexual bias and targeting resources to provide professional training for women. An ombudsman in the Department for Child, Women, and Family Protection addresses complaints of discrimination.¹²

In 2000, Romania took a major step forward by adopting legislation that would punish any form of discrimination—the first Eastern or Central European country to do so. From this legislation, the National Council for Combating Discrimination was established in 2001, to work in partnership with civil society to develop campaigns to prevent discrimination in all its forms.¹³

In 2000-2001, the Romanian Government also developed a project to encourage a more active role of

8 In spring of 2000, the April Fool's edition of Romania's *Playboy* magazine published a satirical article entitled 'How to Beat your Wife...Without Leaving Marks'. International and domestic protests led to apologies by *Playboy's* foreign editors and local publisher, and in July the Romanian edition of *Playboy* published an article on the costs of domestic violence.

9 Recent data from the United States point to increased risk of physical problems as well. In a survey of more than 17,000 adults in southern California, the US Centers for Disease Control and Prevention found that heart-attack risk went up by 30-70 per cent in people who reported adverse childhood experiences such as physical, sexual or emotional abuse, domestic violence or having family members who abused drugs or alcohol (cited in the 17 October 2005 issue of *Newsweek* magazine).

10 United Nations. Division for Advancement of Women, Department of Economic and Social Affairs, States Parties, available at <http://www.un.org/womenwatch/daw/cedaw/states.htm>

11 UNFPA-Romania. Country Office Annual Report 2004, Programme Performance Analysis.

12 United States Department of State Country Report on Human Rights Practices 2004, available at <http://www.state.gov/g/drl/rls/hrrpt/2004/41703.htm>

13 United Nations, Division for Advancement of Women, Department of Economic and Social Affairs. Consideration of Reports Submitted by States Parties under Article 18 of the Convention on Elimination of All Forms of Discrimination Against Women, Sixth Periodic Report on Romania 2003.

women in politics. Through workshops and other activities, the project, 'Promoting Balanced Representation of Women and Men in Political and Administrative Decision-Making Bodies', developed national machinery for gender equality in Romania.

The following year, 2002, the Government adopted a Law on Equal Opportunity and Treatment for Women and Men to end all gender discrimination in the areas of employment, education, health, culture, information and senior management positions, and to promote women's participation in the decision-making process. The law—the first in Romania to target equality between the sexes—also made sexual harassment a crime.

Legislative Action to Curb Violence against Women

From 2000-2005, a legislative and institutional framework for preventing and controlling domestic violence in Romania was created. This included amendments to the Penal Code, which stipulate harsher punishment for those who cause bodily injuries to a member of their family and, in 2005, the provision that, at the victim's request, the perpetrator of domestic violence can be prohibited from returning to the family residence during the course of a trial or legal prosecution.

A milestone in May 2003 was the adoption of a law on domestic violence. The law defines domestic violence as physical or verbal action deliberately perpetrated by one family member against another, resulting in physical, mental or sexual suffering or material loss, as well as encroachments on women's fundamental rights and freedoms. The law also established the National Agency for Family Protection—under the Ministry of Labour, Social Solidarity and Family—to coordinate national activities focused on domestic violence and social protection of the family. A National Strategy on Prevention, Monitoring and Control of Domestic Violence was recently approved, based on recommendations from the Council of Europe and reflecting legislation and experience from various democratic countries.¹⁴

THE UNFPA COUNTRY PROGRAMME

UNFPA cooperation with Romania began in 1973 and continued on an ad hoc basis until 1990. Since that time, the organization has intensified its support to reduce levels of maternal mortality and rates of abortion and to institutionalize efforts against domestic violence.

The First UNFPA Country Programme for Romania (2005-2009), which is valued at \$3 million, consists of two broad initiatives: improving the sexual and reproductive health of vulnerable groups and providing support for capacity-building to plan and implement national population and development policies.

The sexual and reproductive health component is being implemented in ten of the country's 42 districts. It is supporting the Ministry of Health, local authorities and NGOs to:

- Increase the availability and use of sexual and reproductive health services, including family planning
- Improve knowledge about reproductive health, gender issues and responsible sexual behaviour among youth, minorities (the Roma) and rural populations
- Promote Family Life Education for in-school and out-of school youths.

The population and development component is providing technical assistance for the establishment of a National Population Commission, which will address issues such as aging, negative population growth, low fertility and migration. It is also supporting operational research and training, including a survey on the dynamics and evolution of the family.

In addition, the population and development programme is assisting government and NGO partners to combat gender-based violence and human trafficking. Action on both of these fronts is taking place through advocacy and policy dialogue to ensure that local strategies are in place to address these issues and to provide integrated services for survivors.

THE PROJECT Modest Beginnings

Efforts to combat domestic violence in Romania started at the grass roots and spread slowly throughout the country. In the early 1990s, there were no national statistics on the issue, no shelters and only a handful of NGOs addressing violence within the family. By 2004, there were 60 institutions or facilities devoted to combating domestic violence, most of which were funded by non-governmental organizations, according to the National Agency for Family Protection.¹⁵

¹⁴ Ibid.

¹⁵ This included 9 facilities/institutions financed from public budgets, 17 financed by public and private resources, and 34 financed by non-governmental organizations. There were 25 women's shelters in 2004 with a capacity of 217 beds, including 4 public shelters, 13 financed through public-private partnerships, and 8 financed through private sources. Before the end of 2005, 7 new shelters are planned. (Source: Government of Romania. Response to the Questionnaire Addressed to Governments on the Implementation of the Beijing Platform for Action and the Conclusions of the 23rd Special Assembly of the UN General Assembly, p. 8.)

The issue of domestic violence was first brought to national attention in 2000, when the results of a UNFPA-supported Reproductive Health Survey were disseminated. The survey revealed that the incidence of physical abuse reported by women was higher than in other Eastern European countries, affecting over a quarter of the Romanian population. Partly as the result of intensive lobbying by NGOs, the country's first law on gender-based violence was passed in 2003. The following year, the National Agency for Family Protection was established.

From 2000 to 2003, UNFPA supported the piloting of crisis centres for survivors of domestic violence in several regions of Romania. The centres were established at the request of, and in collaboration with, district health and administrative authorities. Crisis centres in Ilfov and Mures districts were set up in early 2003, and a year later in Hunedoara and Maramures.

The first centre, in Ilfov, was in a district surrounding Bucharest characterized by high unemployment and even higher-than-average rates of domestic violence. The project was based on guidelines produced by UNFPA headquarters, entitled *A Practical Approach to Gender-based Violence: A Programme Guide for Health Care Providers & Managers*. The guide pioneered a modular approach to integrating the assessment and treatment of gender-based violence into reproductive health services. The aim was to help health-care workers and others who are likely to come into contact with battered women identify victims of abuse, and provide or refer them to help. The programme guide was tested in ten countries, including Romania, with funds from UNFPA's interregional programme.

Recent Initiatives

The project explored in this case study, 'Strengthening the Capacity of Community and Government Institutions to Prevent and Fight Domestic/Gender-based Violence,' was implemented by UNFPA between September 2004 and August 2005. It was funded by a contribution of \$59,000 from the Canadian International Development Agency.

The goal was to reduce the incidence and consequences of domestic violence in the four districts in which crisis centres had already been established. Like the earlier project, it trained medical personnel in identifying victims of abuse, who were offered medical, psychological, legal and social support. But the model, as originally conceived, was expanded to include the training of staff in other institutions that were likely to come into contact with victims. Awareness-raising of the population at large was another major component.

One innovation was an integrated information system for reporting, screening and referring cases of domestic violence, which was developed under the earlier project. The information system was piloted in the police department, emergency medical units and Forensic Institute in Mures district and is currently in use in all four crisis centres.

In two of the centres, shelters were established to provide abused women and their children with no other recourse a temporary place to stay.

RESULTS

By the end of the project, a training package and a high standard of services for the prevention and control of domestic violence had been demonstrated. Still lacking, in three out of the four crisis centres, is strong financial commitment from local authorities for their continuation, now that UNFPA support has ended. The facility in Mures, which has clearly emerged as a centre of excellence, is receiving partial funding from the local government, a strong indication of community ownership and sustainability.

Another indicator of success: the National Agency for Family Protection has visited the Mures centre on several occasions. According to the Counsellor to the Directorate for Labour, Family and Social Protection in Mures, the agency is using the centre as a model for similar programmes around the country, and drew from the centre's experience in developing a national strategy on domestic violence.

With varying degrees of success, all four centres established partnerships in the communities in which they worked. Typically, the police, child protection agencies, emergency and medical personnel, school psychologists and forensic institutes are on the front lines in helping identify and refer cases. In Mures, for instance, project personnel forged partnerships with and trained staff from 16 local institutions.

In total, the four crisis centres assisted nearly 1,200 survivors of domestic violence—half of whom were new cases and 84 per cent of whom were women or girls. Of these 1,200 clients, 173 were temporarily sheltered. The majority received psychological counselling, about half received legal and medical assistance and about a quarter received social services. About 100 clients obtained the forensic certificates required to document abuses and pursue legal action (according to Romania law, criminal charges can be filed against a perpetrator if a victim's injuries require at least 20 days of medical care. For less serious cases, the police have the option of imposing

a monetary penalty, which often punishes the victim as well).

In addition to these services, a total of 144 health-care professionals—including family doctors, nurses and emergency services personnel—along with school psychologists received 20 hours of training accredited by the Ministry of Health. Similar training was also provided for 43 experts working with survivors of domestic abuse, including staff at the four centres, police officers, teachers, social assistants and representatives from local government.

In a testament to the quality of the training, UNFPA was recently approached by the National Agency for Family Protection to support the training of people seeking accreditation to work in the area of domestic violence.

The integrated information system for domestic violence cases is being expanded to three additional districts in 2006 with UNFPA support, and will gradually be implemented nationwide.

Another innovative aspect of the project was the creative ways in which it reached out to the community—both to change attitudes about domestic violence and to promote the centres and their services. Candlelight vigils, workshops in local high schools, television and radio programmes, posters, flyers, and organized campaigns reached tens of thousands of people in the four target districts. Often, these campaigns were tied to local holidays or festivals or to international campaigns, such as V-Day or 16 Days of Activism against Gender Violence.

IMPLEMENTATION PROCESSES

A series of processes, carried out by UNFPA both at the grass roots and at the highest levels of government, has helped institutionalize the fight against domestic violence in Romania and establish models for effective local action:

- A pivotal step in bringing the issue to public attention was the dissemination of the results of the first Reproductive Health Survey. Towards this end, UNFPA supported the organization of seminars and events involving public health authorities, officials from various government ministries and parliamentarians, along with a carefully orchestrated media campaign, highlighting the fact that domestic violence is not a private matter but a public health issue. It was the broad distribution of this survey data and other advocacy efforts that contributed to a change of attitude on the part of decision makers and helped ensure the passage of various legislative initiatives.

- To promote a multisectoral approach to domestic violence, UNFPA helped organize a Consultative Committee, composed of representatives of the Ministry of Labour, Social Protection and Family, the National Authority for the Child and Adoption, the Ministry of Interior, Ministry of Health, Ministry of Justice, Ministry of Education and Research, and the National Authority for People with Disabilities. (NGOs have observer status.) Subsequently, the committee became an advisory group for the National Agency for Family Protection. At the local level, UNFPA facilitated the formation of multidisciplinary teams to function in an advisory capacity. The teams include representatives of local ministries, district councils, universities and advocacy groups.
- UNFPA supported a coalition of 30 NGOs lobbying for the passage of the 2003 law on domestic violence.
- It also funded pilot initiatives, drawing upon research it pioneered that demonstrated that domestic violence can be tackled effectively at the grass roots through public awareness, the provision of services, and partnerships with other institutions.
- In the future, UNFPA will focus on advocacy and policy work at national and district levels, including refinements to the legislation on domestic violence.

MEDIATION AND NEGOTIATION

The creation of a social safety net—that is, a network of partner organizations that are sensitized to the issue of domestic violence and can reach out to women in need—proved critical in addressing violence against women in Romania. In Mures, a network of 16 institutions was clearly a factor in community ownership of the project.

Establishing such partnerships requires a proactive stance. “If you sit in your office, nothing will happen,” says the head of the East European Institute for Reproductive Health (which is managing the Mures Crisis Centre) and the former coordinator of the UNFPA-funded project. She explains that she and her colleagues at the crisis centre always took the first step in inviting partners to the table, and from that point on, met with them on a continual basis to discuss cases and assess progress.

In the past, a major obstacle to addressing domestic violence in Romania has been the reluctance of victims to file a complaint—both because they did not trust the police, most of whom are men, and because the police held the attitude that it was not right to interfere in ‘family business’. Yet in Mures, neighbourhood law enforcement officers (formally known as the ‘Proximity

Police’) are among the centre’s most important allies. “I think they liked the fact that we approached them and asked for their help,” says the centre’s psychologist. “Because of their uniforms, they represent power and authority in the society. We used that, reminding them that they are a necessary part of the solution.”

Over the course of the one-year project, over 20 per cent of the domestic violence cases in Mures were referred to the crisis centre by the neighbourhood police. A more telling sign of the officers’ successful involvement is the enthusiasm with which they are embracing their new role. According to project staff in Mures, the neighbourhood police call the crisis centre on a regular basis to consult on cases, which they regard as their own. At Christmas time, the officers accompany crisis centre staff to deliver small gifts of food and other items—including a recording of the neighbourhood police performing Christmas carols—to clients of the centre. They have also participated in workshops on domestic violence in local high schools as well as candlelight vigils and other community events to raise awareness about the issue.

The police—whose help was not always welcomed by the community—are now playing an important role in prevention, by stopping by the homes of former victims. In some cases, periodic visits by law enforcement officers are all that is needed to intimidate potential aggressors. According to the coordinator of the Proximity Police, there was the perception, until recently, even among officers themselves, that the police should not get involved in domestic violence cases unless a woman’s life was in danger.

One officer recounts the case of a woman who had endured beatings from her husband for 10 years and finally tried to commit suicide. She was found by a friend who called the neighbourhood police. They brought her to the emergency room and eventually to the crisis centre. The husband was admitted to a psychiatric hospital, and the woman is planning to move on—though she insists that her new home be in the same jurisdiction as the neighbourhood police.

The police say that the training provided by the crisis centre helped them take a more active role in domestic violence cases. The police must register each case in the computerized information system introduced by the project, which is helping to document the problem. It is also raising awareness in other Mures district police departments, where the system is being piloted.

The positive change in community attitudes towards the police, according to one officer, was prompted by the fact that there are now services available for victims. A symbol of this help is a two-room building, painted blue and yellow, just outside the institutional-looking structure that headquarters the police. The brightly painted building serves as a place where the community can report incidents of domestic violence and other infractions to the police. Its refurbishment was funded by the NGO managing the crisis centre in Mures. Before, explains the centre’s director, survivors of abuse were often reluctant to enter police headquarters, which was overcrowded and offered little privacy.

“The key to our success is networking with other institutions. On our own we can do nothing.”

— A psychologist at the Mures Crisis Centre

According to the police coordinator, the building is just another example of the seriousness with which the NGO first approached the police. They had something concrete to offer, he says, not just words and good intentions.

When asked the secret to fighting domestic violence, one officer pipes up that the police must be involved. Another mentions the importance of a legislative framework, of partner institutions and of a local committee responsible for guiding action on the issue. Still another suggests that officers themselves must change their attitudes about domestic violence, and that such change must start with those in charge. In Mures, convincing top management of the crucial role of the neighbourhood police in fighting domestic violence was sufficient to bring about the cooperation of department heads, which is reinforced through weekly meetings.

For the head of the police department’s Office of Crime Prevention, the changes must go deeper. “Everybody should feel what it’s like to be a victim,” she says, “if even only for a minute.”

PARTNERS

Partners in the project included health authorities in the four districts and the National Agency for Family Protection. The following NGOs were responsible for managing the crisis centres and community relations in the four districts in which the project was implemented:

- *The East European Institute for Reproductive Health*, located in Targu-Mures (Mures district) is a non-profit organization established in 1996 with the mission to improve sexual and reproductive health in Romania and other countries of Eastern Europe. The Institute cooperates with both governmental and non-governmental institutions in Romania and

with international organizations in conducting projects in the areas of health promotion, education and science, research and medical training, and medical and social assistance. The Institute is the implementing agency, in collaboration with the Ministry of Labour, Social Solidarity and Family, for projects in the current UNFPA Country Programme dealing with gender-based violence.

- *The Family Health Centre Buftea*, in Ilfov district, is a medical institution providing health-care services, including family planning.
- *The Conexiuni Foundation* is a Romanian NGO in Hunedoara district that provides support to victims of domestic violence and trafficking.
- *The Artemis Foundation* is a Romanian NGO that provides integrated support to victims of domestic violence in Cluj and Maramures districts.

LESSONS LEARNED

Success Factors

The project built upon existing efforts at the local level. A clear advantage from the start was the commitment and dedication of the four NGOs implementing the project, who were already working at the local level. In providing support, UNFPA was responding to requests for assistance and therefore had an existing structure to build upon, rather than starting from scratch.

Having a law on domestic violence gave legitimacy to the project and provided an incentive for local government involvement. Though there is room for improvement in the legislative framework on domestic violence in Romania, the fact that it exists at all was an enormous step forward. As emphasized by the vice-president of the District Council in Mures and numerous others, local authorities have an obligation to initiate or support efforts to combat domestic violence because of the 2003 law.

Through a participatory management style, credit and responsibility were shared. A key success factor was the sense that every individual and partner organization had a responsibility for solving the problem of domestic violence and shared in the project's success. This was largely due to the participatory management style of the project coordinator and staff. For example, though the process was informal, there was continual sharing of lessons among project personnel—which capitalized on the strengths of each crisis centre—both through occasional visits and telephone and e-mail communications. The strength of the Ilfov centre, for example, was its

experience in the medical aspects of domestic violence. Hunedoara, on the other hand, pioneered work in helping survivors of domestic violence generate new sources of income, and these lessons were shared. Though UNFPA support has ended, the centres intend to maintain their close relationship and are now working together on joint funding proposals.

High-quality training stimulated involvement by other partners. The training provided to health-care workers and other partners was based on a curriculum developed in an earlier UNFPA-supported project and was mostly conducted by project personnel. The training not only provided information about domestic violence, but gave participants the opportunity to explore their own attitudes and to develop the skills necessary to communicate with and respond to the needs of both victims and perpetrators.

Lessons Learned

If the problem of domestic violence is not widely recognized at the local level, the first priority should be awareness-raising. If the community and local professionals are not prepared to talk about domestic violence, then initial efforts must focus on documenting and communicating the problem. The provision of training and services is important, but there will be no demand if people are in denial that domestic violence exists.

Before taking action of any sort, it is important to understand the reality of domestic violence in a particular community, how the problem is perceived, and what the needs of the people are. In Ilfov district, for example, a small survey was carried out by the medical service, with UNFPA support, to gauge the extent of the problem and to feed this information back to the public. The survey found that 59 per cent of women and 61 per cent of children responding had experienced incidents of abuse during their lifetimes. These statistics caught the attention of the local media and were widely disseminated, along with information about the crisis centre.

Transforming a culture of domestic violence is ultimately about changing attitudes and behaviours. In all four centres, novel ways were used to build community awareness about the problem. But most important in changing attitudes and behaviours over the long term is the quality of training provided. According to a UNFPA programme officer who participated in a number of sessions, the objective of the training is not only to impart information, but “to put people in situations that require them to think, to explore deeply held feelings, and to challenge themselves. This is what changes people,” she says. Often, the first reaction to the subject of domestic

violence is laughter, and a sense of denial, according to both UNFPA and project personnel. But over the course of the sessions, participants changed the way they were thinking about the phenomenon—and the victim.

During a training course in Hunedoara district involving health workers, for example, it became clear that even some health professionals share the view that victims are somehow to blame. On the second day of the training, after several role-playing and other exercises, that perception had changed completely.

Even local authorities became personally involved in the training. This ability to relate to the problem in a visceral way is key “if you want to successfully export the model,” says the UNFPA programme officer.

Efforts to combat domestic violence must address not only survivors, but perpetrators. Awareness campaigns were primarily targeted to men, who are overwhelmingly the perpetrators of domestic violence. In one such campaign, in Mures, 2,000 flowers, each containing a message about non-violence, were handed out to men on street corners by well-known female personalities, including heads of local ministries, actors and women doctors. Another campaign, called “This hand will never hurt you,” was launched on Valentine’s Day, and asked young men and women at a local club to trace an outline of their hand on a piece of paper. They were then asked to write a love message on the inside of the hand. The three best submissions received a prize. The campaign was subsequently expanded to reach political and cultural figures through events at the district prefecture, city hall, police inspectorate, court of law, political party headquarters, high schools and other public venues. The drawings and testimonials, which totalled more than 1,000, were exhibited in the lobby of a local theatre. The campaign proved so popular that for weeks after it ended, the crisis centre in Mures continued to receive submissions from local high-school students.

Effective programmes involve male support. One way to gain greater involvement of men in the fight against domestic violence is to solicit partners from a variety of sectors, including law enforcement, which is typically a male domain. Another is to promote positive male role models, who will speak out on the issue. The importance of male support in overcoming domestic violence was reiterated by the UNFPA representative in Romania, who said that even at the institutional level, the fight against domestic violence is dominated by women. “If you live in a male-chauvinist society, how will you change it if the people involved in doing so are all women?” he asks.

Partnerships are critical to the success of domestic violence projects, because they offer a wide safety net for support and referral. The four NGOs implementing the project in Romania repeatedly said they could do little on their own. Rather, success depended on a network of institutions that had achieved consensus about the problem and had together forged a plan to address it. In establishing such partnerships in Mures, the NGO managing the project consistently took the lead. It made the initial contacts in seeking out allies, it followed up with them and it maintained the communication process through regular meetings and monthly progress reports.

Transparency helps to ensure credibility. Though not required to do so by law, the Mures NGO also requested a government audit of project expenditures and shared it with its partners, as a way of pre-empting any misconceptions concerning financial impropriety. Such transparency is especially important in Romania, where some organizations have labelled themselves as NGOs merely to gain tax-exempt status, and are often regarded with suspicion.

Spelling out in detail, and in writing, the obligations of each partner organization can ensure follow through. To ensure that agreements would be honoured, the Mures centre initiated the practice of writing up detailed ‘partnership protocols’ for each of the 16 institutions with which it formed a relationship, explicitly outlining an organization’s role and responsibilities. The practice was subsequently adopted by the other three centres, with varied success.

Local authorities must be part of the process. In Mures as in other districts, local authorities were included in training programmes, and strenuous efforts were made to enlist and retain their support. A frequent complaint was the need to restart the entire process of advocacy and capacity-building when political regimes change. Yet according to one UNFPA staff member, if you can achieve progress through two distinct administrations, you have gone a long way in institutionalizing solutions to domestic violence. She points out that the sharing of success is to everyone’s advantage. “If good things happen, it reflects well on local authorities too.”

The high standards set by the lead institution tend to be adopted by partners. The seriousness with which the Mures NGO regarded domestic violence and attempted to address it was repeatedly expressed by the police, local authorities and other partners. Such seriousness is “contagious,” in the words of one of the project staff, and tends to create a chain reaction in others. In recounting why the police and others became

such staunch allies in the fight against domestic violence, the Mures psychologist comments, "They saw how hard we worked to solve cases."

A sense of trust—and strict confidentiality—must be established before survivors of domestic violence are willing to access services. The shame and social stigma attached to domestic violence, especially in villages and even small cities where little is shielded from public view, reinforces the hidden nature of the problem. Initial reluctance on the part of victims to deal with the Proximity Police in Mures, for example, was attributed to the fact that their situation would suddenly become 'public'. Gradually, however, as partners were trained in the importance of confidentiality, and victims gained trust, this reluctance to seek help diminished. A system for safeguarding information about clients was built into the information system used to track cases. Similarly, the locations of shelters are kept secret, to ensure the safety and security of those housed there.

In dealing with the survivors of domestic violence, the goal is to help them regain their self-esteem and some sense of control. When battered women arrive at the crisis centre, says one of the project's psychologists, they are "convinced they are worthless—that they are stupid, ugly and guilty of causing the abuse." One key to enabling them to disengage from an abusive power relationship is to help them realize that each individual—the abuser and the abused—is 100 per cent responsible for his or her actions. Simple exercises are used to help the victim understand the power imbalances that are at the heart of abusive relationships and to gain some measure of control. According to the programme guide produced by UNFPA on addressing gender-based violence: "For clients who are victims...such a project can help end the isolation they have experienced as holders of this secret, lessen or ameliorate their guilt or self-shame, and increase their knowledge by educating them about the connections between their symptoms and gender-based violence. All of these interventions assist victims in feeling more in control of their lives, thus empowering them."¹⁶

Ending domestic violence starts with young people. Among the long-term consequences of domestic violence is transmission of patterns of abuse from generation to generation. Unless the problem is addressed

among young people, it is unlikely to be defeated. Numerous programmes for youth were carried out through the project, including workshops in all of the 16 high schools in Targu-Mures. Games, psychodramas and other activities helped young people recognize that domestic violence is not a normal aspect of healthy family life, and to come to terms with it in their own lives. Many high schoolers subsequently showed up at the Mures Crisis Centre. Prevention programmes can begin as early as the first grade, and encompass not only domestic violence but violence of all kinds, including discrimination.

Counsellors and others who deal with survivors of domestic violence on a daily basis must protect their own energy and

well-being and that of their staff. Working on a daily basis with victims of abuse can be emotionally and psychologically draining. Service providers must therefore give priority to safeguarding their own energy as well as that of colleagues. Moreover, staff may need to confront issues of abuse that they are struggling with personally.

Achieving success in the area of domestic violence is a long-term endeavour. "Behind every success story are up to 15 sessions in psychological counselling and perhaps seven to ten legal sessions," according to the former project coordinator. "From a legal point of view," she says, "success can be measured by a woman's ability to divorce her husband and keep her children. From a psychological perspective, it is having a client go five years without the need for psychological counselling. And based on that, we have yet to see a closed case. Nevertheless, you do have small victories," she adds. "New colour in the face of a victim, the feeling that they are somehow happier. It is those small victories that give us the incentive to go on."

PRACTICES THAT WORK

Gathering evidence-based data to catalyse action.

Domestic violence has long been an aspect of Romanian culture, and grass-roots efforts to address it began in the early 1990s. However, it was not until the results of a 1999 Reproductive Health Survey were broadcast by the media that the problem was acknowledged in government and other circles. The survey is now generally regarded as the catalyst that prompted serious consideration of domestic violence by the Romanian Government.

Introducing a system to document domestic violence, which is important not only for defining and quantify-

"You can't expect great performance or brilliant ideas from staff who may be dealing with their own issues of domestic violence."

— A project psychologist

16 UNFPA. 2001. *A Practical Approach to Gender-based Violence: A Programme Guide for Health Care Providers & Managers*. New York: UNFPA.

ing the problem, but for tracking and following up on cases. The integrated information system, developed and piloted under UNFPA-supported projects, was the first comprehensive effort to document incidents of domestic violence in Romania. Before the system was instituted, says one of the Mures centre's staff, "we had a common philosophy, but no common language with which to discuss domestic violence." The process of creating and testing the system helped to clarify the notion, even among NGOs working in the field, of what it means to be a survivor of domestic violence, and how it is diagnosed. (The form that was eventually developed asks for specific information on both the victim and the perpetrator, a description of the type of violence that occurred—ranging from physical to economic violence—and detailed evaluations by the medical, psychological, legal and social counsellors involved in the case). Though the information remains strictly confidential, it provides a means for professional follow-up on cases. "If a woman repeatedly appears at the emergency room of a local hospital, we know there is a problem," says the Mures centre psychologist. One caution in introducing such a system is the fact that the official number of domestic violence victims is likely to go up, which may be a disincentive to government to adopt it.

Taking a multisectoral approach. By its nature, domestic violence is a complex problem with medical, psychological, educational, social, legal and human rights dimensions. To provide treatment for survivors, and to stop the cycle of violence from generation to generation, all of these dimensions must be addressed. At the national level, this requires an appropriate legal framework and collaborative efforts on the part of multiple ministries. The tendency of ministries to work in a vertical, narrow way is a major constraint in Romania and other former Soviet republics, where even medical doctors tend to remain strictly within a specialized discipline. At the national level, this challenge was overcome by setting up an inter-ministerial committee on domestic violence and by continuing efforts on the part of UNFPA to sensitize key ministries to the problem. At the local level, bringing a diverse group of partners around the table and working out a division of labour made clear, in a concrete way, the multidimensional nature of the problem.

Working at the grass roots and at the highest levels of government. Effective action against domestic violence requires a balance between policy development at the central government level and local examples of what works. In Romania, a legislative and institutional framework for addressing domestic violence has been established, and successful pilot projects at the local level are being promoted. The greatest challenge today lies in building up the knowledge and capacity of local authorities to support and replicate such models nationwide.

Integrating services for victims with prevention efforts and building a network of support. A successful project to address domestic violence should include the following six components: services for victims; training for partners and project staff; the production of information, education and communication materials; community awareness campaigns; the implementation of a system to document and track cases; and the establishment of a network of support.

Building the management capacity of project staff. All project staff (that is, the local project coordinators plus the various counsellors at each centre) attended a workshop on organizational management and empowerment at the conclusion of the project. However, it was suggested that the workshop may have been more beneficial if it had been conducted in the project's early stages. In addition, visits to the various centres by all project personnel could have been helpful in boosting motivation.

Using the media as an ally. Partly because of the sensational nature of the topic, the media in Romania has shown a keen interest in issues surrounding domestic violence. Special radio and television programmes, along with newspaper and magazine articles, were produced on the topic and on the crisis centres. For reasons of confidentiality, the names of victims were not given out to the media. However, clients of the centres were asked to provide anonymous 'testimonials' of their experience, which were picked up by the press. This type of coverage not only helped raise awareness of the problem and the fact that help is available, but also served as an incentive to local politicians to do something about it.

3

SIERRA LEONE: GETTING AT THE ROOTS OF 'SURVIVAL' SEX

Rape, abduction and sexual slavery are part of the brutal legacy of Sierra Leone's decade-long civil war, which left over half the country's population displaced and destitute. As a matter of survival, both during and after the war, women (as well as men) have been forced into commercial sex, which leaves them vulnerable to HIV infection and other, potentially fatal, problems. In response, a faith-based organization supported by UNFPA is helping girls and young women affected by the war to regain their health and dignity, and is giving them the tools to generate alternative livelihoods. One key to success is responding to their needs in a holistic way. Another is involving partners—as well as the host community—in sensitization and training activities, and providing free education to their children.

THE CONTEXT¹

The multitude of problems facing Africa have no common cause or solution because they occur in such culturally diverse environments. What works in some cultural settings simply does not work in others. Deeply entrenched cultural practices have serious implications for interventions aimed at addressing violence against women and other issues, including reproductive health.

In Sierra Leone, the situation of women has been made worse by armed conflict that plunged the country into chaos for over a decade. As a result of the war, which ended in January 2002, more than half the population was displaced and rendered destitute; 17 per cent of displaced households surveyed experienced sexual assaults, including rape, torture and sexual slavery.²

The population of Sierra Leone is currently estimated at 5.6 million people, based on the projections of a 1985 census. The adult literacy rate is about 31 per cent, 24 per cent for women and 39 per cent for men. The maternal mortality ratio, one of the highest in the world, is 2,100 deaths per 100,000 live births, and the infant mortality rate is 133 deaths per 1,000 live births. Life expectancy is currently 42 years for females and 39 years for males. In 2001, Sierra Leone ranked at the bottom of the Human Development Index.³

About 70 per cent of the population live in poverty, and young adults, aged 15 to 24, are among the poorest of the poor. An estimated 700,000 of the people internally displaced during the war were children and youth. About 9,000 of them were maimed, orphaned or separated from their parents. Most of these youths are school dropouts who earn a living from petty trading, narcotic drug peddling, prostitution and theft.⁴

The majority of the country's female population continue to be confined to their traditional domestic roles. Poverty and sociocultural factors limit the opportunities available to them, which also affects their status and participation in the country's development. Only about 38 per cent of girls are enrolled in school, compared to 52 per cent of boys. Factors such as early marriage, high rates of teenage pregnancy and rising dropout rates have contributed to the problem. It is estimated that half of all girls drop out of school before completing their basic education.

Addressing the Underlying Issues

The notion of a specific category of activities to address violence against women is a new concept in Sierra Leone. After the International Conference on Population and Development (ICPD) and the Fourth World Conference on Women in Beijing, there was a good deal of effort by

1 Statistics in this section came from the following source, except where noted: Government of Sierra Leone and the United Nations Population Fund. 2004. Country Programme Action Plan 2004-2007. Freetown, Sierra Leone.

2 'War-related Sexual Violence in Sierra Leone'. 2002. Physicians for Human Rights, with support of the UN Assistance Mission in Sierra Leone. Massachusetts, USA.

3 *Human Development Report 2001*. Published for UNDP. Available at: www.undp.org/hdr2001/back.pdf

4 Government of Sierra Leone and the United Nations Population Fund, 2004.

the Government and civil society organizations to increase women's economic empowerment through vocational training, livelihood projects and access to credit. However, little attention was paid to the underlying cultural and political factors that make women vulnerable to various forms of violence and subjugation by men.

After the war, during the Truth and Reconciliation Commission hearings, the gravity of women's problems, including crime and violence against them, came to light. Since that time, there have been programmes dealing with war trauma for the general population, but no specific focus on violence against women. Rather, efforts to address such violence are incorporated into the many interventions that seek to combat the spread of sexually transmitted infections, including HIV. Some traditional practices, such as female genital mutilation/cutting (which affect more than 80 per cent of adult females in Sierra Leone), are considered off-limits to outside interference, whether by government or non-governmental institutions.

SIERRA LEONE AND CEDAW

The Constitution of Sierra Leone provides for equal rights for women. However, in practice, women face legal, economic and social discrimination. Moreover, their rights and status under traditional law varies significantly depending upon the ethnic group to which they belong. All women born in the Western Area, for example, which is governed by General Law, have a statutory right to own property in their name. Some women born in the provinces, which are governed by customary laws that vary from chiefdom to chiefdom, do not. In the Temne tribe, women cannot become paramount chiefs; however, in the Mende tribe, several paramount chiefs have been female.

Compounding the problem are judges and lawyers that lack the necessary skills to handle cases involving violence against women and an inadequate legal framework for protecting women's rights, which includes laws dating back as far as 1861 (Offences Against Persons Act, 1861). With support from UNFPA, a women's advocacy group known as NEWMAP (Network of Women Ministers and Parliamentarians) is working to revise these laws.

The Government of Sierra Leone ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1988. The Ministry of Social Welfare, Gender and Children's Affairs, which is responsible for the policies, practices and laws relating to the situation of women and children, has received technical assistance from the Division for the Advancement of

Women in the United Nation's Department of Economic and Social Affairs to chart a plan for the implementation of CEDAW recommendations. In collaboration with the Parliamentary Committee on Human Rights, the ministry has undertaken a nationwide consultation on these recommendations and draft legislation is in place.

With support from UNFPA, the Government has formulated two policies on gender mainstreaming and the advancement of women, which have been adopted. The implementation of these policies has increased awareness and participation of women in the national decision-making process. Twenty-five per cent of all parliamentarians, ministers and other government decision makers are women in the current Government.

THE UNFPA COUNTRY PROGRAMME

The Third UNFPA Country Programme for Sierra Leone, covering the years 2004-2007, is valued at \$6 million and has four components:

- *Coordination and management*, which seeks to ensure synergy among programme implementers, effective resource mobilization and utilization, the sharing of information and the building of technical and institutional capacity to respond to programme challenges
- *Data and information systems*, which focuses on appropriate data collection methodologies, effective management and in-depth analysis of data, the availability of supportive databases as well as timely publication and dissemination of information
- *Reproductive health services and information*, which ensures the availability and accessibility of quality reproductive health information and services to all target groups
- *Gender equity and women's empowerment*, which seeks to improve the advocacy and implementation capacity of critical groups to ensure the enactment and/or implementation of relevant laws and policies.⁵

Two outputs related to violence against women are planned. The first focuses on increased commitment and support for the implementation of the national population policy and other development policies and programmes, including the ICPD Programme of Action and CEDAW.

The second aims to increase the capacity of law enforcement agents and advocacy groups to address women's rights and gender-based violence. Based on lessons learned from previous programme interventions, the Country Office is targeting policy makers and political

⁵ Ibid.

leaders to promote action in these areas. Uniformed personnel, including the police, prison officials, UN peacekeepers, ex-combatants and the national army are being trained in gender issues, the promotion of women's rights and protection of women against violence and abuse. Likewise, law enforcement agents working within the Family Support Units of the Sierra Leone Police will be provided with skills to ensure that laws regarding gender-based violence and women's rights are enforced. Emphasis is also being placed on partnership-building through collaboration with relevant line ministries and NGOs.

THE PROJECT

The project, called 'Empowering Adolescents and Young Girls Affected by the War through Reproductive Health Services, HIV/AIDS Prevention and Reintegration Opportunities', is identifying, counselling and protecting girls and young women whose lives have been altered by the experience of war.

The project is being implemented by the Women in Crisis Movement (WICM), a faith-based charitable and humanitarian organization that evolved from the Christian counselling and fellowship ministry. "There was so much need to reach out to the girls, to empower them and give them hope," says the organization's director.⁶ "We realized that they needed food, counselling, clothes, skills and much more. We decided to take on the challenge."

The project targets 2,300 women and girls between the ages of 15 and 38 who have suffered abduction, abuse, exploitation and other forms of violence at the hands of warring factions; many of them have resorted to commercial sex work as a means of survival both during and after the war.⁷ The girls and young women have been recruited mainly from commercial sex hubs in and around the capital, Freetown, and in Tongo field, a low-income mining area in Kenema district. They include commercial sex workers, survivors of rape, single parents, people living with HIV, young widows who lost their husbands during and after the war and child-headed households.

The project is empowering these young women through behaviour change communication and skills training that will help them make informed and responsible choices about their sexual behaviour. It also seeks to make them economically self-sufficient through alternatives to commercial sex. The project offers sexual and reproductive

health services, along with capacity-building, to help them regain their self-esteem.

The project also provides for the dependants of the girls and young women. Their children are offered free medical care, education and access to safe playground areas while their mothers are being trained. Partners of the women, including husbands and boyfriends, receive sensitization and condom supplies for the prevention of sexually transmitted infections, including HIV. Awareness-raising and training is also provided to prevent gender-based violence and sexual exploitation.

In parallel, WICM staff receive training and are developing skills relevant to their work, in business management, guidance and counselling, project planning and management and other areas.

A functioning health-care system is essential when dealing with this target group. The project is therefore procuring basic equipment and supplies for drop-in health centres, managed by the Government.

Among the project activities:

- Vocational training in areas such as tailoring, hairdressing, gara tie-dyeing, batik- and soap-making
- Adult literacy classes, which are compulsory for all participants. The programme includes a component developed by UNFPA on reproductive health, family planning, prevention of HIV infection, nutrition, sanitation, personal hygiene, sexually transmitted infections and occupational options. The programme gives illiterate and semi-literate women the opportunity to achieve basic literacy, increase their income-earning capacity and enhance their coping skills. It includes basic subjects such as English, arithmetic, home and basic business management, and comparative religious education, using a non-formal education curriculum developed by the Ministry of Education, Science and Technology
- A feeding programme, which provides a meal a day to participants and their children. The programme not only motivates participants to come to the centre, but has actually saved students and their children from hunger and starvation⁸
- Pre-primary and primary education, which is provided free to the children of project participants as well as the host community

⁶ Juliana Konteh, Director, Women in Crisis Movement, Sierra Leone.

⁷ Commercial sex is widespread and not prohibited by law. However, sex workers are sometimes arrested and charged with loitering and vagrancy.

⁸ 'Empowering Adolescents and Young Girls Affected by War through Reproductive Health Services, HIV/AIDS Prevention and Reintegration Opportunities, 2003-2004'. A Report by Women in Crisis. March 2005. Freetown, Sierra Leone.

- Counselling and psychosocial support, which has been extended to more than 800 girls and young women
 - Advocacy and information, education and communication activities, targeted to project participants, that include leaflets, posters, film screenings and radio programmes on AIDS
 - Free medical care to all the participants and to host communities through six satellite mother-and-child health clinics managed by the Ministry of Health and Sanitation and partner non-governmental organizations (NGOs). The project is also undertaking voluntary mass treatment of sexually transmitted infections and regular family planning and child-care programmes for all participating girls and young women
 - Sensitization about sexually transmitted infections, which creates awareness among the participants and the host community about the availability of HIV/AIDS support services, generates empathy for those affected and helps to eliminate the stigma associated with HIV and AIDS. Condoms are distributed free of charge to those participating in the project
 - A training programme in small-scale income-generation, developed by UNFPA, which gives the girls and young women an opportunity to learn business management skills, including numeracy, profit management, marketing and investments
 - Support in the formation of income-generating cooperatives, in which groups are encouraged to pool their skills and resources to set up small-scale ventures. The women are given start-up kits and receive follow-up support and supervision from trainers.
- Positive changes are happening in the lives of project participants through counselling and psychosocial support.
 - The capacity of project staff is growing through workshops and meetings on sexually transmitted infections, drug abuse, small business management and gender issues.
 - Project participants who have completed the programme are developing alternative livelihoods.
 - There is a sense of self-esteem and competence among girls and women who have graduated from the programme. Many former commercial sex workers are gaining control over their futures.

“As we continued to learn about HIV/AIDS, I developed an interest in and got training as a peer educator. I have also pursued a course in counselling. Unlike before, I am now working to spread good news to commercial sex workers and community members.”

— A project participant

For Men

- Drug use by men is on the decline, which has diminished forced prostitution and sexual harassment of women in the project area.

- There is recognition on the part of men that women have the right to inherit property after the death of their husbands.
- Men are also recognizing women's contributions towards household property and gaining appreciation of gender roles in the home.

For the Community

- Previously marginalized and stigmatized commercial sex workers are now socially active and productive members of the community.
- Positive relationships with project staff have been established through regular involvement in project activities and access to free medical care.
- Strong community and social support networks have been established between the project and the community.
- Physical violence and assaults against women are steadily declining due to community sensitization and awareness-raising on gender issues.
- The education of girls is now regarded with equal importance to that of boys.
- Girls who become pregnant while in school are being encouraged to resume their education and are enrolled in the project to receive training after delivery.
- Incidence of widow inheritance (forced marriage of wid-

RESULTS

For Women

- Knowledge on preventing sexually transmitted infections, including HIV, has increased.
- Prevalence of sexually transmitted infections and associated morbidity and mortality has been reduced.
- Condom use is increasing due to mass awareness campaigns and health education about safer sex.
- More women are gaining vocational skills in areas such as gara tie-dyeing, soap-making, hairdressing and tailoring.

ows to their deceased husband's relatives) and forced early marriage have decreased within the community.

- Prevalence of sexually transmitted infections, including HIV, and associated morbidity and mortality have been reduced.
- Condom use has increased due to mass awareness campaigns and health education.

IMPLEMENTATION PROCESSES

The Women in Crisis Movement began its work in 1996 by visiting high-risk communities where commercial sex workers tended to reside. At first they counselled them, then provided some relief aid and medical treatment before registering them as participants in the project and candidates for training. Initially, the staff at WICM started out as peer educators who carried out community outreach to recruit participants into the project. It gradually evolved into a training institution with managers and a board of governors who oversee the management of the project.

UNFPA provided a small amount of initial funding to WICM in 2001, five years after the organization began its operations. UNFPA came in to strengthen the work that was already being done and to use it as a vehicle for awareness-raising about HIV/AIDS in the community, including the partners of commercial sex workers. The way the project was structured was deliberately flexible: Commercial sex workers who were part of the project were allowed to go back to their partners until they themselves decided that these relationships were no longer beneficial to them. Initially, commercial sex workers were poorly regarded in the community. But as the project progressed and the women became more self-reliant, attitudes began to change. This shift was largely attributed to the women's change in behaviour and the fact that they had become economically independent.

In addition to its financial contribution, UNFPA involvement enhanced the work of the WICM by expanding its impact. For example, it encouraged the organization to network with government and non-governmental institutions and UN agencies. And right from the start, UNFPA worked closely with NEWMAP (a group of women parliamentarians and ministers) to advocate for women's rights. Among other activities, UNFPA encouraged traditional and religious leaders to promote the eradication of violence against women through an advocacy programme implemented by NEWMAP. It has also used radio, television and the print media to portray a positive image of women through an organization called Media Alliance.

Though the project is not sustainable without outside financial support, plans are in the works to further diversify project activities to help offset costs. The idea of commercial agriculture, for example, is being developed. There are also plans to introduce small tuition fees, payable by all participants.

PARTNERS

UNFPA-Sierra Leone has overall responsibility for supporting the management and coordination of the project. It has adopted a participatory implementation strategy involving a variety of stakeholders, including the Ministry of Health and Sanitation; Ministry of Social Welfare, Gender and Children's Affairs; Ministry of Education, Science and Technology; World Food Programme; World Health Organization; United Nations Development Programme (UNDP); the UN Educational, Scientific and Cultural Organization (UNESCO); and the National AIDS Secretariat together with NGOs. Major partners and their primary contributions are listed below:

WICM

- Provided land on which project buildings were constructed
- Contributed existing structures, which were subsequently renovated.

UNFPA

- Strengthens the capacity of project staff through training abroad and in-country
- Helps WICM network with Government and other stakeholders
- Supervises the project and provides moral support
- Provides project funding.

World Health Organization

- Provides skills training
- Rehabilitated one of the buildings
- Trains teachers and other staff.

Government through the National AIDS Secretariat

- Provides funds for sensitization activities on HIV/AIDS
- Trains girls and young women as peer educators.

Children of the Nation Ministry

- Cares for some of the participants' children and orphans
- Provides counselling and spiritual support.

Project Participants

- Provide their own uniforms
- Contribute materials they use during training, such as die cloth.

LESSONS LEARNED

The project adopted a variety of strategies in addressing the problems faced by vulnerable girls and young women in Sierra Leone. These include provision of reproductive health services, community mobilization, skills training, peer education, capacity-building for human resources development, the provision of counselling and spiritual support, and a feeding programme. This combination of strategies has been effective, and several lessons can be drawn:

A holistic approach is required to change behaviours and curb harmful practices. Though the project is targeting certain harmful behaviours and practices, it deals with the 'whole' person and those closest to her. The health of women is taken in account, as well as her economic and social needs and issues such as self-esteem. All of these multiple dimensions are addressed. The project provides relevant information on sexually transmitted infections and on gender equity and other issues crucial to women's empowerment. It also offers women an opportunity to develop their business and leadership skills and their ability to negotiate safer sex. Basic survival issues are not neglected: The project provides a daily meal for those in need and free treatment of sexually transmitted infections from six satellite clinics managed by the Government. Project participants are encouraged to visit the clinics regularly and use condoms every time they have sex.

Sensitivity to and respect for the human rights of beneficiaries is key to winning their confidence. Advocacy for the legal and constitutional rights of project participants has helped to win the girls over and build their self-esteem. In post-war Sierra Leone, the sex trade is regarded as a means to survival. The project does not condemn commercial sex workers, but respects them as individuals trying to support themselves and their families. They are looked upon with compassion as vulnerable human beings in need of assistance. They are not forced to denounce their trade but are patiently encouraged to consider an alternative livelihood. At the same time, the project is working to secure their safety as commercial sex workers and the rights of their children.

If improved reproductive health and women's rights are to be realized, men must be targeted during sensi-

tization campaigns. Since women tend to have little control in sexual relations with men, men must be empowered to protect them. Through the project, partners of the women are sensitized to issues including safer sex, drug abuse, and respect and protection of their companions. Awareness-raising and training is geared to the prevention of gender-based violence and sexual exploitation.

Extending the benefits of a project to the host community, and involving them in planning and implementation, can build support and encourage sustainability. Free health and education services for the host community encouraged their support of the project. In fact, a number of women, particularly wives of influential community members who were never involved in commercial sex, have enrolled in courses sponsored through the project.

Host communities were sensitized to issues including gender equality and equity and support and care of persons with HIV or AIDS; they were also involved in project planning and implementation. For example, community members contributed local building materials for project structures, distributed condoms and served as peer mobilizers to other community members in discouraging violence against women, child abuse and commercial sex. They identify themselves with the project and are also involved in planning for its expansion, which will include commercial agriculture.

Providing skills-training to girls and young women helps empower them, especially when complemented by financial and material support. Girls and young women undergo two years of training in vocational skills. On graduation, participants are given start-up kits that include sewing machines and seed money to rent premises from which they can operate a business. They are provided with follow-up support in the early days of their new businesses, and sometimes work with interns wishing to undertake a similar venture. The provision of start-up kits and support supervision helps them translate theoretical skills into practical jobs and sustainable sources of income.

On a parallel track, UNFPA has facilitated training of police officers to be sensitive to the vulnerabilities of commercial sex workers and other women and to respond to cases of sexual violence in an appropriate manner, especially in the absence of relevant laws.

Formative research can help reorient a project and maximize its impact. One of UNFPA's contributions to the project was evidenced-based research, which helped

to reorient the project. Among other things, the research looked at the structure of the sex trade, the power dynamics at play, the position of women in these structures and what they would need in order to leave the sex trade. The information obtained helped in the formulation of a holistic approach in dealing with the needs of commercial sex workers. It also resulted in a shift in the target population to include the partners and children of commercial sex workers, who can exert tremendous influence on the behaviour of these young women.

Peer mobilization is an important strategy in delivering relevant messages on HIV prevention and safer sex.

Peer educators have been trained to reach out to commercial sex workers that are still on the streets. A key strategy is enabling peer educators to effectively teach negotiating skills for safer sex, including the use of condoms. Even those who are not trained as peer educators are encouraged to convince their peers on the streets to consider quitting commercial sex work. They are also encouraged to use condoms and seek medical attention for sexually transmitted infections. Testing for HIV is promoted among the project participants so that appropriate care and support can be extended, if necessary.

Music, dance and drama are effective tools for communicating sensitive messages to a cross-section of the population.

The project organized theatrical performances to inform and entertain the community. Project participants choose a pertinent issue and are asked to act it out. Their performances and songs touch on issues ranging from teenage pregnancy and safer sex to rape, violence against women and alcoholism. This has proved to be an effective way to pass on sensitive messages to community members since they learn as they are being entertained.

The educational prospects of young women are not diminished once they have children. The majority of girls and young women who are undergoing training through the project have had children. Despite social norms to the contrary, they are being encouraged by the project to go back to school. Though normally the chances of a young mother returning to school are slim, the project is proving that such women can perform as well in school as their childless peers and even excel. The beauty of the project is that their children are also being cared for. They are provided with food and a safe play area, and children of school age are enrolled at no cost.

Accomplishments by project participants should be acknowledged to motivate others and boost self-esteem. The project held a graduation ceremony for

86 participants who had completed programmes in tie-dyeing, tailoring and hairdressing. The graduates posed for photos with representatives from UNFPA and WHO. They were given start-up kits, seed money for starting up a new business and a certificate. The ceremony and the wearing of graduation gowns were a big boost for these young women, who previously had little hope of ever being accepted back into the community. It also motivated other girls still on the streets, who now see the training as a viable alternative to commercial sex work.

Technical assistance from the UNFPA Country Office not only motivates the project staff, but ensures that project implementation is on track.

Technical assistance from the UNFPA Country Office has gone a long way in motivating project staff. In addition, it has enabled them to network more effectively with stakeholders and earn the support and goodwill of influential partners. This has helped market the project and increase its impact.

Achieving project objectives is a collective effort.

Successful implementation requires the cooperation and commitment of a variety of stakeholders at various levels. The WICM receives support from UNFPA, WHO, the central Government (through the National AIDS Secretariat), Children of the Nation Ministry and others. At the local level, UNFPA provides funds and technical coordination for project activities in Mayenkineh, which is east of Freetown and Tongo; the World Health Organization is providing similar support at a second site in Freetown. Assistance from the National AIDS Secretariat fills any gaps in the two programmes.

PRACTICES THAT WORKED

Taking the whole person into account through a holistic and integrated project design. The project was designed to address all of the participants' concerns and ensure that the benefits attained through the project are sustainable. Focus is placed on how young women involved in commercial sex work can be empowered to re-enter society. The project offers counselling and psychosocial support, which also deals with the trauma they have gone through. Practical skills and help in starting a business give these young women the incentive they need to become economically self-reliant. This is supplemented by literacy classes that give them the basics in writing, reading and arithmetic. This design has been effective, since those who graduate from the programme are ready to face the world and compete with others.

Building capacity for project sustainability. One aspect of the project's sustainability has been ensured through

training of project managers and staff in areas including sexually transmitted infections, small business management skills, gender issues, and drug abuse, both in-country and abroad.

Sensitization and education that begins with community 'gate-keepers'. Influential figures in the community, including religious and opinion leaders and local politicians, have been mobilized and sensitized on issues including gender equality and equity, sexually transmitted infections, rape and defilement. This has not only raised awareness but increased their receptivity to the project. The positive environment created has increased community commitment and support of project activities and encouraged more girls to seek alternative livelihoods.

Using music, dance and drama to reach communities. The project has formed drama groups that are being used to sensitize both young people and adults about the vulnerability of young women and the dangers of sexually transmitted infections, including HIV. Music,

dance and drama have proved to be effective vehicles for passing on sensitive messages, while at the same time giving the young women an opportunity to develop their talents and to use their free time productively.

Networking and partnering with other organizations for better programming. UNFPA has encouraged the WICM to network with other civil society organizations, UN bodies and government programmes to share information about effective programming and implementation. Through UNFPA, the project has established productive relationships with personnel associated with the National AIDS Secretariat, Sierra Leone HIV/AIDS Response Project, Global Fund to Fight AIDS, Tuberculosis and Malaria, the Country Coordinating Mechanism, the United Nations Expanded Theme Group on HIV/AIDS and other bodies. Some of these partners have provided financial support to the project. Others have contributed to capacity-building. The National AIDS Secretariat, for example, is training project participants as peer educators. WHO also got involved by supporting a second project site.

VIOLENCE AGAINST WOMEN IN SIERRA LEONE

The following describes some of the most common forms of violence against women in Sierra Leone.

Physical Violence

Beating of women by their husbands, boyfriends, acquaintances and other men in the community is common. It is looked upon as a way of punishing women for wrongdoing and of winning their loyalty. The police are unlikely to intervene in domestic disputes except in cases involving severe injury or death.

"If you grew up here, you would know that it is normal to beat up a woman and no one would question you. It's only recently that people are beginning to talk about wife battering as an offence."

— A senior planning officer in the Ministry of Development and Economic Planning

A man takes it upon himself to beat his wife at the slightest provocation since he thinks this shows that he loves her.

"People believe that when you beat your wife you love her, and when you do not, then you have lost interest in her. Taking your husband to court is taboo. You would be an outcast. We want to legislate against such beliefs and practices. A lot of sensitization is needed to change the psyche of people from believing what they do."

— Deputy Speaker of the Parliament

Emotional Violence

Many women are emotionally abused and insulted, especially by their spouses. As a result, they lose their sense of self-esteem. Some women are also restricted in terms of their movements and associations.

"Emotional violence is most common among the rich. Men provide every material need for their wives, but are never there. They have other women with whom they spend time. Since they have all this material support, women dare not complain about the absence of their husbands. They bottle up their suffering and some of them end up developing high blood pressure. Some of these confessions come out when they come for workshops and hear others share their stories."

— National Coordinator, Network of Women Ministers and Parliamentarians

Sexual Violence

During wartime, girls and women in Sierra Leone were subjected to dehumanizing sexual acts, including gang rape. Others were taken as sex slaves by warring factions. Those who escaped used sex as a means of survival, and are still subjected to violence by their clients. Marital rape is not acknowledged since many tribes believe that a woman gets married primarily to offer sex to her husband. It is difficult to estimate the magnitude of this problem since the majority of cases go unreported. The few defilement cases reported to the police are quickly withdrawn by relatives of young women and girls, who prefer to settle them out of court. The problem is compounded by the lack of relevant laws with which to charge offenders. Legal authorities also lack the technical competence to handle some of the cases.

"Rape is common, but it is something that women hide and perpetrators go unpunished. The most unfortunate thing is that when defilement takes place and the police start to pursue the case, many parents withdraw their complaint. For instance, a man over 40 years old defiled his niece, aged 10. The case was reported to the police, but later the parents withdrew the complaint, preferring to settle out of court. A few months later, he defiled a younger sister of the former victim...."

— National Coordinator, Network of Women Ministers and Parliamentarians

"Forced prostitution is increasing with time. When parents cannot provide for the girls, they are forced to sell sex so that they can provide for the whole family. Mothers tend to condone this."

— Director, Action for Development Sierra Leone

Early Marriage

Young girls, starting at age 12, are forced to marry usually older men chosen by their parents. Some girls are given away in marriage while still in their mothers' wombs, with the agreement of their parents that the future husband will provide necessary support in exchange for a wife.

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“Early marriage is something we have lived with for a long time. It is rampant, especially in rural areas. It is not unusual to force a girl aged 12 to marry an old man the family has identified for her, particularly if he is rich. If she refuses, they beat her up till she gives in or chase her away from home. This has increased prostitution, because these girls end up on the streets.”

— Director, Women in Crisis Movement

Cultural Practices

Culture plays a significant—and positive—role in people’s lives. However, in Sierra Leone, certain traditional practices restrict women’s rights and freedoms. One of them is female genital mutilation/cutting, which dates back over 200 years and started with the Mendes in the southern part of the country. Today it is practised by all tribes except the Freetown-based Creoles. The ritual used to last for three to four months. During that time, girls would be confined to the ‘bush society’. They would be given an orientation on subjects including child care, their relationship with a husband and in-laws, housekeeping and cooking, in preparation for marriage soon after the initiation ceremony. Since most girls today are in school and do not have time to spend in bush society, what remains of this ritual is the cutting. Originally, girls would be initiated at puberty; today, some tribes initiate girls as young as three years old.

“Female genital mutilation/cutting is a deeply rooted practice. No politician is about to tread on that path because it can bring the whole system down. Maybe education can help, but even medical doctors here claim that it has no grave consequences for a woman’s life and reproductive health. It becomes difficult to know who to believe.... Culturally, the ability of a woman to function well in society is dependent on female genital cutting, because you are not seen as a complete person without going through that ritual.”

— A senior government planning officer

Another practice that promotes violence against women and girls is having sexual relations with a virgin, which is believed to make a man powerful and heal any illness, including AIDS.

“Many men are increasingly defiling young girls, particularly virgins, due to some beliefs and lies from traditional medicine men that having sex with a virgin brings power and wealth. Some men also believe that virgins can cure them of HIV/AIDS or other sexually transmitted infections. In our sensitization meetings we address all these misconceptions.”

— National Coordinator, Network of Women Ministers and Parliamentarians

Widow Inheritance

Widow inheritance is common in most tribes in Sierra Leone. Among the Kono tribe, a wife is considered part of the household property. When she loses a husband, all of his ‘property’, including his wife and children, are turned back to his family.

“A widow is given an opportunity to choose a new husband from among the male relatives of her deceased husband. Should she decide not to be inherited, she then leaves the family taking nothing, not even her children.”

— Tribal head, Kono tribe

Any decision-making regarding the welfare of children in the home is made in consultation with the man of the family. Children belong to the man and they take on his name. It is common to hear a man refer to his children as ‘my children’. Such attitudes tend to drain a woman of the confidence she needs to take charge and even to reprimand her own children.

“A woman is rarely valued in a home. She is seen as a stranger who can leave the home anytime. We have a common saying that likens a woman to the handle of a cup. It is the smallest part on the cup and can break anytime. Even when it breaks off, one can still use the cup. This creates insecurity within women who, by culture, belong elsewhere. Ironically, a woman belongs neither to her maiden nor her marital homes. It is now common for older women to advise young women intending to get married to keep some money secretly should their husbands chase them away.”

— Director, Action for Development Sierra Leone

4 MOROCCO: PULLING TOGETHER TO PROTECT WOMEN'S RIGHTS

A progressive political environment in Morocco has ushered in a number of victories for women, including landmark reforms to Al Mudawwana, the legal code that governs family life. Another victory is widespread acceptance of a national strategy to combat violence against women. The strategy came about after years of advocacy and consensus-building, supported by UNFPA and civil society organizations, following a national debate on the role of women and men that had once polarized Moroccan society. Ensuring that the strategy makes a difference will require continued awareness-raising about women's rights, and building the capacity of the health and justice institutions that are charged with implementing it around the country.

THE CONTEXT

Morocco is located on the western shoulder of North Africa. In 2004, the country's population was around 30 million, one third of which was under the age of 15. The population growth rate has slowed from 2.4 per cent in the 1980s to 1.6 per cent in 2004.

Morocco is a constitutional monarchy with a parliament and an independent judiciary. Ultimate authority, however, rests with the king, who is considered to have religious as well as political authority over his people.

In the last decade, Morocco has undergone major political, legal and institutional reforms that have brought the Government, various political parties and civil society closer together. These reforms have yielded partnerships that have helped strengthen the rule of law and promote human rights in Morocco—including the right to education, employment and development—and improve the situation and status of women.

The female labour force represents just over a third of the national work force in Morocco. But while many well-educated women pursue careers, mostly in the industrial, service and education sectors, few rise to the top of their professions. In 2004, the Moroccan Government reported that the illiteracy rate for women was 62 per cent in urban areas and 82 per cent in rural areas, where women are most affected by inequality.

According to a survey of nearly 4,000 women conducted from 2000 to 2003,¹ domestic violence in Morocco remains a social challenge. More than 60 per cent of cases of violence surveyed involved married women between the ages of 20 and 49, and the same percentage were the result of disputes over child custody, divorce and alimony. Between 30 and 40 per cent of women admitted monthly to the emergency room in Casablanca were victims of spousal abuse.

MOROCCO AND CEDAW

The Moroccan Constitution affirms that men and women have equal political rights.² The principle of equality is also implicit in the preamble to the Constitution. Women have the same rights as men to bring civil suits to trial, and under the Moroccan Criminal Code, women are accorded the same treatment as men. Until 2004, however, this equality was not reflected in the Personal Status Code, known as *Al Mudawwana*, which governs family life, including marriage, divorce, parentage, inheritance, child custody and guardianship (see Box, page 33).

In 1993, Morocco signed the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Since that time, the Government has taken wide-ranging action to improve the situation of women in Morocco. This included a public awareness campaign on violence against women, which was initiated by the State Secretariat for Women, Solidarity and Social Action in 1998 with UNFPA support, and

¹ The survey was conducted by the Women's Information and Observation Centre and the Democratic League for Women's Rights.

² Article 8 of the Moroccan Constitution.

was the first public attempt to break the culture of silence surrounding that issue. The campaign was organized in collaboration with civil society organizations, which have a long history of activism in Morocco and have served as advocates for enhanced political and civil rights of women and for their equal status. The campaign was partly responsible for triggering a series of events that helped raise awareness about gender issues in Morocco and launch a vigorous national debate:

- In 2000, the Government introduced a National Plan of Action for Integrating Women in Development (PANIFD). The plan, which focuses on literacy, reproductive health, economic empowerment, and women's legal, political and institutional development, also recommended revision of *Al Mudawwana*. PANIFD became a hotly contested national issue, which was widely debated in the media and in other public fora. Public demonstrations for and against the plan, in Rabat and Casablanca, respectively, drew thousands of people each.
- In September 2000, a permanent inter-departmental commission, headed by the prime minister, was established for the improvement of women's situation and status. The commission was charged with creating an active policy dialogue among ministries on women's issues and to propose specific actions. The commission set up task forces to follow up on the implementation of government programmes for women, including new measures to fight all forms of violence against them.
- In 2001, King Mohammed VI established a Royal Commission composed of politicians, legal experts and religious scholars to advise him on the revision of *Al Mudawwana*. A subsequent commission was established to promote ongoing improvements in women's situation.
- A ministerial decree in 2001 requested that all ministry departments promote their gender focal points to relatively senior levels of decision-making power. In the same year, a circular from the prime minister asked departments to increase the number of women nominated for high-level posts.
- In 2002, the election law was revised. Among the changes introduced was an increase in the quota of women members of parliament to a minimum of 30.
- In October 2003, after 30 months of debate, the Royal Commission presented to the king its recommendations on revising *Al Mudawwana*. In January 2004, the parliament approved the changes to the law, which is one of the most progressive in the Arab world on women's and family rights.

- In 2004, a national campaign to combat violence against women was launched with the participation of the prime minister and numerous government and civil society representatives. That same year, the Labour Code was amended to eliminate discriminatory practices against women, both in the labour market and in the workplace.

THE UNFPA COUNTRY PROGRAMME

During the fifth UNFPA programming cycle in Morocco (1997-2001), a regional Gender and Development Project was carried out that focused on awareness-raising and training of public sector organizations. The objective of the project in Morocco was to sensitize and strengthen the capacity of government institutions to deal with gender-related issues, including violence against women. Furthermore, the project provided capacity-building opportunities to civil society organizations and facilitated their engagement in the ongoing debate on human rights, focusing especially on women's rights. A major output of the project was the formulation of a national strategy to combat violence against women.

UNFPA's current and sixth programming cycle (2002-2006) is built upon the results of the earlier project. It is supporting a number of gender-related projects, all of which include a component on violence against women. The projects are linked to create operational synergies and to strengthen implementation of the national strategy to combat violence against women by:

- Raising awareness and advocating legislative reforms to improve women's situation and status
- Expanding and improving shelters and counselling centres for abused women
- Strengthening the capacity of Government and NGOs to respond to violence against women
- Developing related communication materials
- Establishing an evidence-based data system on gender-based violence
- Establishing stronger partnerships countrywide to address violence against women.

THE PROJECT

The project explored in this case study, 'The Promotion of Gender Equality and Addressing Gender-based Violence', is phase two of the regional Gender and Development Project mentioned above. The project is being implemented from 2004-2006 by the Ministry of Family, Children and the Disabled (SEFEPH), formerly known as the State Secretariat for Women, Solidarity and Social Action, with a total budget of \$632,500.

REFORMING *AL MUDAWWANA*: A MAJOR STEP FORWARD FOR MOROCCAN WOMEN

In 2004, after more than two years of contentious debate, Morocco's Personal Status Code was amended, and became the backbone of subsequent legal and institutional reforms enhancing the status of women in Moroccan society.

Among the changes introduced in *Al Mudawwana* were raising the legal age of marriage to 18 for both women and men (it was previously 15 for females and 18 for males), establishing the right to divorce by mutual consent, placing the family under joint responsibility of both spouses, rescinding the wife's duty of obedience to her husband, and imposing strict limitations on the practice of polygamy (it is now acceptable only with the permission of a judge and a man's first wife).

Though conservative groups expressed strong opposition to the change, the revised law was eventually passed. Providing input throughout the process was a broad range of actors, from political parties and ministry officials to non-governmental organizations (NGOs), human rights groups, religious leaders and academicians.

Those who promoted the amendments understood well the cultural environment in which they were operating and continually sought consensus on the issue. They also provided justification for the revisions within an Islamic framework, resorting to the Koran and Islamic jurisprudence to advocate support.

Its aims are twofold:

- to build the capacity of a number of government institutions dealing with gender issues
- to contribute to the implementation of a national strategy to combat violence against women at national, regional and provincial levels, and to strengthen coordination among the different actors involved in implementation.

RESULTS

- Existing shelters for women were strengthened through training of staff, sensitization workshops on women's rights, and the collection, analysis and dissemination of data on violence against women.
- More than 30 centres for psychological and legal support were established for women survivors of violence (with 40 slated for completion by the end of 2006).
- Four pilot units supporting women and children victims of violence at two large hospitals (in Casablanca and Rabat) are being institutionalized. These units are providing medical and psychological assistance as well as mobile counselling services. Four additional units are being established in Marrakech Tensift Al Haouz and Tadla-Azilal.
- In Marrakech, Fes and Oujda, support was provided to NGOs offering legal, psychological and other services to women victims of violence through a national network of 'listening centres'.
- A toll-free telephone hotline (called the 'green line') was created for women and girl victims of violence to link them to legal and other service providers.

Counsellors were trained to receive calls and provide appropriate information to callers. The launch of the service was attended by the prime minister, other government officials and the director-generals of the Moroccan Telecommunications Agency.

- Regional meetings were organized in various parts of the country to explain the implications of the changes in *Al Mudawwana*. Among the target audience were decision makers, local authorities, judges, the media, civil society representatives and the general public.
- Sensitization workshops were also conducted for government ministries and NGOs on the new provisions of *Al Mudawwana*, the Penal Code and the Labour Code that relate to violence against women.
- In collaboration with the Ministry of Justice, special areas of the courts are being reserved for women and children victims of violence, and women are being recruited to staff them.
- The Ministry of Justice surveyed divorce cases in court databases; the results were used to sensitize ministry staff on the amendments to *Al Mudawwana* and to ensure that the new amendments are properly applied. Furthermore, the staff of 70 courts—family courts newly established in each of the country's 70 districts—are being trained to put the new amendments into effect.
- The capacity of SEFEPH to implement the national strategy to combat violence against women and its operational plan was strengthened through support at the national, regional and local levels.

- Gender-related training curricula that include components on gender-based violence were designed and tested among health-care providers in urban hospitals and rural clinics.
- TV spots on violence against women were produced and disseminated and were effective in sensitizing a wide spectrum of the population to the impact of violence on women and families and helped spawn a national debate on the issue.
- Two social mobilization campaigns on violence against women were carried out, involving senior government officials as well as representatives of civil society and various political parties.
- The Mediterranean Forum on Violence Against Women was organized in November 2005 to share experiences and good practices with other countries in the region.
- An information system on violence against women was established that links the Ministry of Health, Ministry of Justice, the Ministry of the Interior, and the police.
- A documentary film on the Moroccan experience in combating violence against women was produced to mobilize resources and raise awareness.

IMPLEMENTATION PROCESSES

The achievements described above are the result of groundwork that has been laid since the late 1990s by the State Secretariat for Women, Solidarity and Social Action (later known as SEFEPH), with the support of civil society and UNFPA. These efforts included the formulation of the national strategy to combat violence against women under the first phase of the Gender and Development Project; the finalization of the strategy from 2002-2004; and its implementation, starting in 2004.

There was a tacit agreement among those involved in the strategy's formulation that it should not lead to the same type of polarization that occurred over the National Plan of Action to Integrate Women in Development. Thus, an activity that was supposed to take several months ended up taking more than two years, largely due to the labour-intensive process of building consensus among a diverse group of stakeholders.

The approach adopted was pragmatic. The first step taken by State Secretariat to pave the way was to provide hard data on women victims of violence in Morocco and how they are treated by institutions responsible for their care. This information was collected by civil society organizations, with support from UNFPA

and other international organizations. The information was shared with political and religious figures as well as with doctors, academicians, media experts and other civil society groups. The objective was to initiate a debate among these groups to first create a consensus among them, ensure their support for the issues, and then extend the debate to regional and national levels.

The State Secretariat also sought, from the start, the involvement of a number of government departments, namely the Ministry of Religious Affairs, the Ministry of Justice and the Ministry of Health. The objective was to: 1) familiarize them with the contents and implications of the strategy; 2) prepare them, through capacity-building, to take future action on it; and 3) create a sense of ownership for the strategy, since they would eventually be responsible for implementing it.

Interministerial meetings were held initially, followed by meetings with NGOs and civil society at both regional and national levels. A major consideration was inclusion of conservative political and religious groups who had been opposed to PANIFD, and who were carefully sensitized to the basic tenets of the strategy and their implications.

Simultaneously, and in collaboration with State Secretariat for Women, Solidarity and Social Action, the Royal Commission was established to look into the situation of women. The commission shared with political parties, including Islamic parties that expressed resistance to PANIFD, the information it received from NGOs on the incidence of violence against women. It also invited them to listen to testimonies presented by civil society organizations that have centres for counselling and legal support for victims. This consultative process brought into the public eye issues that had previously been confined to a private sphere.

All of these efforts were intensified by a positive and highly charged political environment. The concerted efforts of a number of political parties and civil society organizations, government willingness to improve the situation of women, and support from international partners led to the creation of a strong coalition around the issue among national and international stakeholders.

The development of the strategy to combat violence against women moved in a parallel track with the policy for the advancement of women. Sometimes the strategy acted as a catalyst by generating new actions in regards to policy; at other times, the opposite occurred. Nevertheless, the response to violence against women is viewed as one part of a whole policy that aims to

empower women and to enhance their participation in the development process, which is a major pillar of the social reforms being undertaken in Morocco.

In November 2004, after two years of dialogue and consensus-building, the national campaign to combat violence against women was launched. The prime minister, together with members of his cabinet and representatives from UN and other international organizations were present. In his speech during the event, the prime minister emphasized the importance that Morocco accorded to the promotion of women's rights: "There can be no development for a society that discriminates against women and denies them their dignity." He also made reference to the "international evidence that emphasized the economic and social costs to development of gender discrimination, marginalization of women and violence against them."

MEDIATION AND NEGOTIATION

The polarization over the National Plan of Action for Integrating Women in Development fuelled national discourse on the need to improve women's situation and status. In addition, it made the Government aware that it had to be closely involved in the process under way concerning violence against women, in order to ensure a consensus on the agenda put forward by the State Secretariat and its civil society partners.

The State Secretariat was keen on involving all stakeholders and ensured their active engagement in both the formulation and the implementation phases of the strategy. As a result, ministry departments were brought together with parliamentarians, university researchers, professors, doctors, lawyers, women's associations, journalists and women survivors of violence, all of whom demonstrated ownership of the strategy and the plan of action that resulted from it.

Furthermore, leading religious figures were consulted and involved. The Ministry of Religious Affairs and Islamic Endowments (*Awkaf*), for example, played an important role in the conception and the implementation of the strategy. The ministry took the initiative to sensitize imams, who used the opportunity of Friday sermons to discuss the issue of violence against women and to raise awareness among their constituency on the importance of combating it at home and in the community.

Direct confrontation with conservative political and religious groups that opposed PANIFD was avoided. However, ties with these groups were never severed so that the door would remain open for possible dialogue.

Throughout the process, UNFPA provided technical support and facilitated the public debate. Efforts were taken to avoid linking the strategy to combat violence against women with PANIFD, which was opposed by the more conservative groups. And although the principles of gender equity and equality provided the basis for the strategy to combat violence against women, the notion of rights was emphasized instead, especially the right to physical integrity, which was deemed more publicly acceptable.

"With the process of democratizing public life, we are witnessing today a stronger interest in women's issues. As a consequence, the measures taken [to promote women's advancement] are more courageous and direct."

— A member of parliament

PARTNERS

The Ministry of Family, Children and the Disabled

SEFEPH (formerly the State Secretariat for Women, Solidarity and Social Action) is the main implementing partner to UNFPA in the formulation, implementation and follow-up of the strategy to combat violence against women and its operational plan. It is providing overall leadership for the initiative and is managing day-to-day operations.

UNFPA

In addition to funding support, UNFPA is providing technical assistance to SEFEPH in the implementation of the strategy; building capacity within the ministry; and facilitating partnerships among SEFEPH and other ministries and with civil society. UNFPA is also working hand in hand with various NGOs to develop guidelines for counselling women survivors of violence, create new centres in remote localities and design advocacy campaigns.

Ministry of Religious Affairs

The ministry played a leading role in the conception and implementation of the strategy to combat violence against women. Its encouragement to imams to speak about violence against women in Friday sermons helped raise awareness and sensitize a wide audience to the importance of the strategy.

The Ministry of Health

Since 2000, the ministry has undertaken operational research and designed a training manual on gender

issues, which includes a component on gender-based violence, for use in training health workers. Hundreds of health workers have been trained all over the country in collaboration with AMPF (the Moroccan Family Planning Association) and other partners.

The Ministry of Justice

The ministry participated in the elaboration of PANIFD and contributed to the discussions and recommendations of the Royal Commission, especially those relating to reform of *Al Mudawwana* and the penal and labour codes. It also contributed to the formulation of the national strategy to combat violence against women and is a key player in its implementation.

The Ministry of Interior

The ministry has been closely involved with SEFEPH, both in the formulation and implementation of the national strategy to combat violence against women. According to the director of the ministry's Criminal Investigation Department, "We're observing this phenomenon [violence against women] from different angles: the data that we try to analyse and process, the legal dimension, the organizational dimension in terms of establishing a database and mechanisms for reporting and dealing with women."

Civil Society

Civil society organizations are active partners with SEFEPH in promoting women's rights in Morocco. By bringing the issue of violence against women out in the open—through sensitization campaigns, advocacy and social mobilization—these organizations have been key contributors to advancements for Moroccan women since 2000.

LESSONS LEARNED

The political environment can have a strong influence on the way society perceives gender-related issues.

The political will to democratize the political process, strengthen the human rights agenda, and examine the information provided by civil society organizations on the situation of women was the catalyst behind the process of change that is occurring in Morocco and made it possible to implement the strategy to combat violence against women.

Providing a rationale for changing the status of women that has a basis in Islamic sources and jurisprudence can pre-empt possible attacks by conservative groups.

Having faced strong opposition to PANIFD from conservative groups, the Royal Commission and SEFEPH ensured that religious institutions were fully involved in the proposal to amend the various legal codes as well as in the formulation and implementation of the strategy to combat violence against women. A team of religious researchers worked closely with both the Commission and SEFEPH to provide a rationale based on the Koran and Islamic jurisprudence for the amendments. This

made it difficult for the more conservative political parties to attack their work.

The national strategy to combat violence against women was accepted because it was perceived to be an integral part of a process already in motion to improve the situation and status of women.

Formulating and launching a national strategy to combat violence against women met with less resistance (and was finally accepted) because it was part and parcel of a

process that had already begun to improve the situation of women. This process, which was moved forward by the commitment and hard work of NGOs, was supported by the king himself and a number of political parties.

Taking stock of lessons learned provides direction for the future.

The opposition generated by PANIFD convinced all stakeholders that public debate and advocacy campaigns involving political parties, religious institutions and NGOs were a necessary first step in advancing a strategy to combat violence against women and achieving national ownership of the process. Originally it was expected that finalizing and launching the strategy would take less than six months; in reality, it took two years, largely because of the broad consultative process that was required to raise awareness and achieve consensus on the issue.

It is important to frame sensitive issues in a culturally appropriate context.

Particularly important in the case of Morocco was framing the issue of violence against women in a way that would be culturally acceptable to most people. Rather than emphasizing the gender dimension, which is widely misunderstood, the strategy

"How can one aspire to achieve progress and prosperity while women, who make up half the society, experience a long-standing neglect of their interests and the rights granted to them by our religion that put them on the same footing with men? These rights voice women's noble mission and grant them justice over the inequity and violence that may befall them, despite the fact that they have made equal achievements to men, in both education and employment."

— From an address by King Mohammed VI on 20 August 1999

highlighted the notion of rights, especially the right to physical integrity.

PRACTICES THAT WORK

Building capacity and partnerships among stakeholders.

One reason why the strategy to combat violence against women was successful was the backing it had from multiple stakeholders, including several government ministries, political parties and civil society. A number of them formed partnerships that will continue to work towards the advancement of Moroccan women. UNFPA's efforts to build the capacity of some of these groups was another factor in the success of the project.

Supporting civil society organizations in making violence against women visible. Over the years, the NGO movement in Morocco developed a database on cases

of violence against women and the quality of institutional services provided to them. This was valuable input to the discussions carried out at the legislative and executive levels. It also helped break the culture of silence that surrounded the issue and moved it from a 'private space' to a 'public space', while creating a demand for action.

According to Said Saadi, a university professor and former minister of solidarity, family and social action, the shift in the state's perspective on women was due in part to the evidence put forward by the women's movement: "The success of the strategy [to combat violence against women] is due to the fact that it engaged many actors in its formulation. But women's NGOs take a great deal of the credit in breaking the culture of silence and therefore 'denaturalizing' this phenomenon."

5

COLOMBIA: CLAIMING THE RIGHT TO LIFE AND HEALTH IN A REGION OF DEATH

Magdalena Medio, the most heavily militarized area of Colombia, is known as a region of death. But for many it has become a region of hope, due to a Development and Peace Programme run by Jesuit priests. An offshoot of the programme, supported by UNFPA, is a project to improve sexual and reproductive health and rights and address violence against women using a rights-based approach. Through an intensive process of community consultation that explores the connection between the rights related to one's own body and other civil, political and development rights, the project is fostering personal and cultural transformation in region where fear, conflict and machismo prevail.

THE CONTEXT

Magdalena Medio, in central Colombia, is characterized by extreme violence, poor state presence and forced displacement of the population. Rich mineral and hydrological resources coexist with high levels of poverty. The production and processing of coca in the region has permeated the legal economy and imposed patterns of illegality on social and political affairs, expressed in the use of force, blackmail, the struggle for territorial control by illegal armed groups, and vigilante justice. Due to its rich natural resources, strategic location and factional struggles, Magdalena Medio has become the most heavily militarized region in the country.

In 1998, the murder rate in the region was 40 homicides per 100,000 people. In 1999, it reached a peak of 115. Most of these deaths occur in the form of massacres, in which the victims include peasants, labourers, public employees, mayors, councilmen and women, social and labour leaders, and human rights workers. To a lesser extent, violent deaths are the result of combat between illegal armed groups and Colombia's Armed Forces.

Generalized impunity is a major factor in the continuing violence in the region. Common crime is rarely punished, and even less so crimes committed by warring factions. As a result, people are increasingly taking justice into their own hands.

Within such an environment, civil society finds itself in a precarious situation: The factions demand that civic and political leaders align themselves with one side or the other, which has led to the murder of many of the best leaders the region has produced. The Popular Women's

Organization (Organización Femenina Popular), one of the most important human rights organizations in Magdalena Medio, run by women, has been one of the main targets of violence.

Sociocultural Context

Magdalena Medio is a mosaic of immigrants from surrounding areas. The population, which totals around 890,000, can be classified into two main groups: the mountain people and those that reside along rivers. Although the region as a whole is socially and culturally fragmented, the same norms tend to prevail in terms of gender issues. Men typically do not allow women to use contraceptives, male infidelity is common, the role of women is limited to child-rearing and caring for the home, and the man is seen as the authority that brings the family together and provides material wealth. Early sexual activity and early pregnancy (along with their associated risks) are common, and often not a matter of choice.

Colombia has an advanced health insurance system, which covers 59 per cent of the population nationwide. Nevertheless, only about 44 per cent of people in urban areas of Magdalena Medio have access to health services, and less than 35 per cent in rural locales. Nationwide, over 90 per cent of births are attended by trained health personnel; in Magdalena Medio, only 37 per cent.

COLOMBIA AND CEDAW

The Government of Colombia ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1982.¹

¹ Medina, M. R., S. Ayala, and C. I. Pacheco. 2001. *Sexual and Reproductive Health in Magdalena Medio: Socio-anthropological Description*. Centre for Economic Development Studies. United Nations Population Fund - Programme for Development and Peace in Magdalena Medio.

ONE REGION: DIVERGENT CULTURES

A socio-anthropological analysis of the project's target population,² who come from many different areas, found no predominant cultural traits. However, there are common characteristics affecting sexual and reproductive health between two distinct groups in Magdalena Medio: the mountain people and the river people. For those who live in the mountains, there is a tendency towards more stable couples, female monogamy and large families. A male authority figure usually keeps the family together and regulates family activities. In pregnancy and childbirth, there is a high risk of miscarriage and premature delivery due to malnutrition and physical labour. The man is generally ignorant about and uninvolved in caring for his partner during pregnancy and childbirth, and the woman doesn't participate in decisions regarding family size or the use of contraceptives.

The river people are generally characterized by their poor stability as couples (with frequent separations and younger unions), single motherhood, teenage pregnancy and shorter intervals between births, and smaller families. The man in the family usually has no authority over child-rearing or family planning, but assumes an authoritarian role over the woman and the household economy. Men are frequently involved in multiple relationships and sometimes have more than one home with children. As in the mountain population, there is little knowledge about contraceptive methods, explicit or implied prohibition of their use by women, and little or no sexual education. Young women tend to know little about care during pregnancy, childbirth and its aftermath, and family members provide no special care to pregnant women. As a result, there are high rates of maternal mortality.

In both cultures, abortion continues to be a public health problem, and women frequently find themselves in conditions of profound loneliness, lacking institutional services and social support.

In regards to sexual violence, most of the perpetrators are family members or friends. For this reason, most cases of rape are forgiven by people close to the victim, and the abuses continue.

Legal Status of Colombian Women

The situation of Colombian women has undergone fundamental changes as a result of the adoption of a new Constitution in 1991, which made men and women equal before the law, condemned any form of discrimination against women, offered protection to women during pregnancy and after delivery, provided special assistance for women heads of households, and established the right of the couple to freely determine the number of children they wish to have.³

Despite these and other advances, obstacles persist in the enforcement of existing legislation. Among them is the predominance of a patriarchal culture. Typically, for example, it is the man who determines where the family lives, violence against women remains a common means of wielding power, pregnant and breastfeeding mothers encounter difficulties at work, and women are at a disadvantage in separation and divorce proceedings and in exercising their political rights.

Furthermore, Colombia has a poorly developed legal and social culture of affirmative action. Accordingly, the positive action stipulated by the Constitution concerning women's participation in public administration has not been translated into legislation, despite the efforts of some members of Congress and the women's movement.

Violence against Women in Colombia⁴

Article 42 of the Constitution states that any form of violence in the family destroys harmony and unity, and that it shall be punished by law. In response, in 1996, Congress enacted Law 294 (Sexual Abuse and Violence in the Family), which recognizes family violence as a criminal act, establishes procedures and measures for protecting and assisting victims of abuse, and invests the Colombian Family Welfare Institute with responsibility for policies, plans and programmes to prevent and eradicate domestic violence.

² United Nations Division for Advancement of Women, Department of Economic and Social Affairs. 1999. Consideration of Reports Submitted by States Parties under Article 18 of the Convention on Elimination of All Forms of Discrimination against Women, Fourth Periodic Report on Colombia.

³ UNFPA-Colombia. 1992. Colombia, Programme Review and Strategy Development Report, page 30.

⁴ The United States Department of State. 2005. Colombia Country Report on Human Rights Practices 2004. Available at <http://www.state.gov/g/drl/rls/hrrpt/2004/41754.htm>

Among the measures contained in the law is the order that the perpetrator must move out of the family home that he shares with the victim, and the characterization of sexual violence between spouses as a crime. Unfortunately, however, the law establishes a less severe penalty for sexual violence between spouses (six months' to two years' imprisonment) compared to the penalties provided in the Criminal Code for the crime of sexual intercourse with violence (two to eight years' imprisonment) and other sexual acts with violence (one to three years' imprisonment).

A 1995 Demographic and Health Survey gathered data on domestic violence in Colombia and found a high level of abuse among women and children. Of the women who were married or living with their partners, 52 per cent had suffered some form of abuse and more than a third had been beaten.

Violence Due to Armed Conflict

In recent years, according to Amnesty International, "all the armed groups—the security forces, paramilitaries and the guerrillas—have sexually abused or exploited women, both civilians or their own combatants, in the course of Colombia's 40-year-old conflict, and sought to control the most intimate parts of their lives. By sowing terror and exploiting and manipulating women for military gain, bodies have been turned into a battleground." Women also suffer as indirect victims due to the violent deaths of their husbands and companions, displacement, and the greater burdens that they have been forced to take on in conflict zones.

THE UNFPA COUNTRY PROGRAMME

The UNFPA Country Programme for Colombia was approved in January 2003, and projects were launched in the second half of that year. The programme cycle, which runs from 2003 through 2007, has a total budget of \$5 million.

The major achievements reported by the UNFPA Country Office in Colombia for 2004 in the areas of gender and gender-based violence included the following:⁵

A multimedia campaign addressing sexual violence. A multimedia campaign called *Derechos convertidos en Hechos* (Rights Transformed into Acts), addressing safer sex among adolescents, sexual violence, HIV/AIDS, safe motherhood, and prevention of cervical cancer was implemented nationally, reaching an estimated 3 million people.

Study of institutional needs to address gender-based violence. The Magdalena Medio technical team supported local health institutions in 29 municipalities to carry out a study on institutional needs in addressing gender-based violence and on the quality of and demand for reproductive health services. Operational plans for institutional improvement were developed and discussed with local authorities and training was conducted.

Community and institutional response to gender-based violence. This programme is being implemented in the Department of Risaralda, which has one of the highest indicators of sexual violence in the country. Its aim is to reduce the level of gender-based violence and create an integrated network of services (including health, social support, counselling, and legal services, among others) for survivors. To date, 1,000 professionals—including teachers, health professionals, policemen and women, forensic experts, judges, counsellors, psychologists, lawyers and human rights advocates—have been trained, and have participated in the design of protocols for the prevention of sexual violence and for a rapid, integrated response. A total of 1,000 community leaders were also mobilized to denounce violence in their communities and the culture of tolerance that enables it to continue.

UNFPA assistance to the Colombian Ministry of Justice. A model developed to prevent and respond to survivors of sexual violence will be replicated in 30 municipalities through technical assistance to the Ministry of Justice and the Colombian Family Welfare Institute. Training has already been provided to 19 regional coordinators and more than 350 professionals associated with these regional centres. Special emphasis was placed on ensuring the integration of health, education and counselling services.

Training. Training and capacity-building were also provided to regional and local affiliates of the Colombian Family Welfare Institute to integrate prevention and care for survivors of sexual violence into their programmes. More than 900 professionals were trained in 2004, representing 52 municipalities.

Five technical teams were also trained to develop municipal action plans to prevent violence against women and to respond to the needs of victims. In addition, training on the legal framework for action was provided to more than 200 medical professionals and forensic experts.

Advocacy programmes on reproductive health and rights and gender equality. Under the leadership of the First

5 UNFPA-Colombia. 2005. UNFPA Colombia Country Office Annual Report 2004, Programme Performance Analysis. Available at: https://itrack.unfpa.org/app_ars/index.cfm?fuseaction=SearchResults

Lady, and with technical support from UNFPA, the Presidential National Council on Reproductive Health and Reproductive Rights launched a campaign to strengthen local commitment to implementing the national reproductive health and rights strategy at the municipal level. The Council also initiated a programme reaching all branches of the military to address reproductive health and rights, gender-based violence and HIV/AIDS.

THE PROJECT

Background

The Sexual and Reproductive Health Project, which is the subject of this case study, was an offshoot of a larger initiative, namely the Programme for Development and Peace in Magdalena Medio. The parent programme had its origins in a 1994 proposal by the Human Rights Committee of ECOPETROL (the Colombian State Oil Company) and a demand by the Workers Trade Union for greater commitment by the company to the region's development. A concern for development and peaceful coexistence in areas of the country most deeply affected by conflict was also expressed by the Centre for the Study of Popular Education, a highly respected Jesuit organization that has a long history in the region. The Centre's director later became the founder and director-general of the Programme for Development and Peace, and was undaunted by the challenges it presented. In his words: "Wherever there is conflict, there is tension, and where there is tension, there is energy, which means there is the possibility to build."

The impetus for the programme grew out of the following question: Why, in a region so diverse and full of wealth, is there so much poverty and violence? The Programme for Development and Peace attempted to find answers to this question through projects that supported social development and economic productivity in the region. The guiding principles were the preservation of human life and dignity, the belief that development involves everybody and that it must strive for equity and sustainability.

The Sexual and Reproductive Health Project

The Sexual and Reproductive Health Project was designed by UNFPA on the basis of directives outlined in the Programme of Action of the 1994 International Conference on Population and Development. The project was carried out in two phases—from 1998-2002 with a budget of \$850,000, and from 2003-2005, with a budget of \$280,000. It began as part of the health strategy of the Programme for Development and Peace, and later became the driving force behind the programme's rights-based approach.

The project was motivated in part by the results of a UNFPA-funded study carried out in 1997 by the Ministry of Health. The study compared poverty, violence and health indicators in the country's municipalities, focusing especially on reproductive health. It revealed that the 29 municipalities of Magdalena Medio were among the 100 municipalities whose condition was considered critical and most poorly served by subsidized health care in the region.

The study, which was carried out through a series of municipal workshops, also found insufficient institutional data, poor service quality and coverage, indicators significantly below national averages, poor community participation in the control and management of resources and services, high rates of sexual and family violence, and a poor supply of sexual and reproductive health services.

UNFPA cooperation was conceived of as an adjunct to the work of local health institutions. Project activities first focused on building the capacity of government institutions responsible for the implementation of national policies on sexual and reproductive health. It continued with direct empowerment and training of people in social organizations and in communities.

The methodology includes three types of capacity-building workshops. The first focuses on awareness-raising and explores the notion of individual identity and subjective experience. From there, one learns to recognize others as human beings who have their own identity and rights, and with whom one can interact on equal terms. The second workshop focuses on the consolidation of accurate information, with an emphasis on human rights and sexual and reproductive rights. Once people have a clear sense of their own identity and inherent dignity (that is, they realize that their rights must be demanded, protected and guaranteed), the goal is to internalize an objective understanding of these rights as they relate to sexual and reproductive health. The approach cultivates an outlook that is based not on emotion, but on rational arguments that permit the individual to explore ways to take action. The third workshop focuses on rebuilding social relationships within the community and with the State, both at the individual and group level. This takes place through a strengthening of the arguments concerning rights, and through an objective affirmation of those rights. The above methodology was carried out in selected communities in Magdalena Medio, in both public and private settings.

As a starting point for the project, baseline data were gathered for all 29 municipalities, which were used by the technical teams in prioritizing needs. Subsequent

ON CULTURE AND HUMAN RIGHTS

In a recent presentation at UNFPA Headquarters in New York, the former coordinator of the UNFPA-supported Sexual and Reproductive Health Project, who is also a medical doctor and Jesuit priest, commented on the connection between culture and human rights. He is currently the deputy director of the Programme for Development and Peace in Magdalena Medio.

On Faith, Culture and Personal Freedom

"I am a son of my culture, the child of a machismo culture. This is deeply rooted in my being—it affects the way I think, the way I am. I am also a child of poor parents. Even though they were displaced by violence, education gave them the possibility of freedom. People can often find a path to liberty in spite of painful circumstances....My mother concluded after having seven children that she needed to take control of her own body. My mother went down the road of giving women a voice—and that has become my mission: for women to be able to say: 'I am free and I can decide what to do with my body.'... I am also influenced by my religious experience. The experience of faith should be a liberating one. Men and women of faith have the right to be free....We used a pedagogic strategy to affect culture. You must confront culture. Don't destroy culture—make it evolve ... so life can be better."

On Magdalena Medio and the Development and Peace Programme

"The Magdalena Medio region of central Colombia is known by many as the region of death. For the inhabitants of the area, it has become a region of hope. It is a land of overwhelming beauty, diversity and contrast. But the struggle between illegal armed groups and equally violent paramilitary forces has created fear....Reproductive health indicators were the worst in the country. Quality of services was low, coverage poor, documentation sketchy. High levels of domestic violence....We realized that we had to go beyond economic issues. We had to find the poorest people, those who were imprisoned by fear and poverty, and make them the focus of our work.

"At first, everyone was anguished to learn that a priest was running this programme. I discovered that you have to be who you are. I have been able to dialogue with people at every extreme....People and institutions came up with improvement plans. And we looked for ways we could meet them half way...."

On Domestic Violence

"Intra-family violence was viewed as something natural. We had to work hard to make it recognized as intolerable. It meant confronting the culture."

On Adolescent Sexuality

"Teenage pregnancy is a big problem in the area—in some places up to 50 per cent of teenage girls get pregnant. Young people don't have the means to protect themselves....Sexuality is always present—we need to be aware of its place at different stages in the life cycle.... We try to make young people aware of the value of their bodies. This has to start very early."

On Reproductive Health

"Our communication strategy initially focused on familiarizing people with the concepts, so they could speak about things that had not been spoken about."

On the Future

"We need to believe that it is possible to create a better world for everyone, in spite of different religions, races and national origin....We have to believe it's possible to live in a world of peace, where human rights will be respected and women and men can live in dignity."

baseline studies were carried out with UNFPA support in 2000 and 2004.

RESULTS

By the end of the first phase of the project, municipal teams for sexual and reproductive health had been formed in 11 municipalities (this figure reflects the number of municipalities that were able to carry out a baseline survey and translate this data into projects, resulting in increased maternal and prenatal care and family planning). By 2005, teams had been established in 23 out of 29 municipalities.

Improvements have been noted in the quality and coverage of sexual and reproductive health services. And within communities and institutions in the region, there is now greater awareness of sexual and reproductive health and rights from a gender as well as a rights perspective.

“As a doctor, or health-care team, we used to evaluate the woman, examine the woman and forget about her. Now I care about the person. I put myself in her place and inquire about other aspects of her life. I am more subjective, I go beyond my duties. For example, I give advice, information and try to follow up on cases.”

— Medical doctor from the municipality of Yondo

UNFPA's role is to facilitate the creation of an environment in which people can make their own diagnoses and elaborate their own plans for action, follow-up and evaluation with the support of local project teams.

According to the former project coordinator, “We needed to strengthen the under-

standing of human rights and the institutions that protect them.... We began by telling people that their bodies are the minimal space over which they can make decisions. We created a connection between the rights related to the body and expanded it to include civil rights and the rights of other human beings. We encouraged people to become political actors, to claim their own rights and work towards the rights of others. We tried to get institutions to recognize their obligations towards ensuring the rights of individuals. We created safe spaces for encounters, spaces where people could come to share their stories and histories. We had people draw the important aspects of their lives, and this mapping of their realities became a baseline for showing us a path forward. We listened to what people said they needed.”

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On balance, the results of the second phase have been positive, in terms of the learning that has taken place, the fulfilment of the project's goals, improvement in institutional practices, and emerging signs of transformation in social relationships and individual behaviours. On the other hand, within institutions responsible for human rights, the processes that were initiated through the project must become more systematic and there should be closer alignment with local, regional and national policies.

The transformation that is sought involves the recognition of the *individual (intimate) self* as one who possess inherent dignity and rights, the recognition of the other as one who possesses legitimate and equal rights (which leads to a re-evaluation of the *social—or relational—self*), and the formation of new social relationships with the community, institutions and the State. Based on this new understanding, the *political (participatory) self* seeks a way to contribute to human development, from a rights and sexual and reproductive health perspective.

The organizations participating in the project, along with the various women's and youth groups, consider it vitally important that the project be further expanded to reach people in the region who are vulnerable and marginalized.

Though the project has evolved over time, the basic methodological approach has consistently focused on the strengthening of social and institutional networks and

IMPLEMENTATION PROCESSES

Promoting Community Dialogue and Personal Transformation

The ultimate goal of the project is to empower individuals through a better understanding of their rights; it is to

promoting within them a rights-based agenda. This was carried out through an intensive process of team-building, the creation of strategic alliances, and the application of a carefully thought out communication strategy:

- *Municipal teams* pivot around the creation and consolidation of work groups and/or mobile teams for the promotion of sexual and reproductive health and rights. The groups are informally structured with no hierarchy, and consist of volunteers representing the health, justice, protection, education, and community development sectors as well as Local Planning Councils, the Programme for Development and Peace, health committees, pastors, women's groups and youth networks.
- *Strategic alliances* were built through negotiations with government and civil society organizations, including the Magdalena Medio Youth Network, Colombian Red Cross, Association of Radio Station Networks of Magdalena Medio, the Centre for the Study of Popular Education Foundation, the Barrancabermeja Diocese (youth pastors), The Sacred Heart of Jesus Parish (inmate education project in the Barrancabermeja and Puerto Berrío penitentiaries), and the Presidential Council on Special Programmes.
- *The communication strategy* involved the production of flyers, radio programmes and other communication vehicles to raise awareness of the project and of sexual and reproductive rights. The theme of sexual violence was also specifically addressed, along with activities for the integrated care of survivors of sexual violence in five municipalities. Local implementation of the strategy was seen as a way to build capacity and to foster internalization of project objectives.

As a result of these community dialogues on sexual and reproductive health, the orientation of the project shifted in the second phase to focus on survivors of sexual violence and the needs of people in remote rural communities.

Providing an Integrated Response to Survivors of Sexual Violence

This component of the project became operational in 2003, in response to specific needs identified by the population and by experts participating in various project activities. Experience in municipal forums and workshops, as well as more systematic studies, uncovered two disturbing realities: the persistent violation of the rights of girls and boys, women and teenagers in relation to sexual violence; and the lack of an adequate response by communities, public insti-

tutions and professionals in the health, education and justice fields.

The same strategy that had proved effective in tackling sexual and reproductive health was applied to this problem: strengthening the technical capacity of professionals to respond to survivors of sexual violence and the building of social networks. Issues addressed ranged from training on rights to risk management, to the definition of protocols to identify and respond appropriately to victims of sexual violence.

The process employs a culturally sensitive approach that encourages an in-depth understanding of the attitudes, myths and regional perspectives surrounding violence against women—its origin, how it operates, the mechanisms and attitudes that perpetuate it, and how victims are received and dealt with by the community. Also explored are the consequences (if any) for the aggressor. Starting from a base of women's and youth organizations and networks focused on preventing sexual violence, actions were proposed to transform the myths and attitudes that allow such violence to continue. Today there is a regional committee addressing the issue of sexual violence that incorporates aspects of health, education and the judiciary. Social organizations that participated in the initial process or are interested in the subject are also involved.

Making Vulnerable Populations Visible

Beginning in 2004, the project expanded its work in rural areas with the greatest guerrilla and/or paramilitary presence. This re-orientation was the result of an evaluation that found that a lot of work had already been accomplished in urban areas, but very little in rural areas, where the greatest violations of rights were occurring. For some time, project members had thought to approach rural women, peasants, and children and youth through social networks. But it turned out these very people were the least visible in such networks. This insight led the technical team and the community to explore a different strategy—one in which rural communities, those most affected by the worsening armed conflict, could become the subject of direct actions aimed at promoting their rights.

This expansion into rural areas in 12 municipalities was carried out through a pilot project in so-called 'Humanitarian Spaces'. These spaces were conceived of as places to "create favourable conditions not only for the Development and Peace Programme's Peace Laboratory, but also for the inhabitants, built around social actions for the defence of life and the application of International Humanitarian Law."⁶

6 <http://www.pdpmm.org.co/labpaz/espacios.htm>

The diagnosis of the situation within the Humanitarian Spaces was conducted through observation and work with Community Action Boards, women heads of families, teachers, health promoters and local youth. The work with the community demonstrated that it was necessary to take into consideration the cultural differences of various groups, and to develop different methodologies for working with them. It also indicated the need for training in sexual and reproductive health and rights as well as gender issues, which could help reduce rates of abortion and early pregnancy and debunk common myths about various methods of contraception. The work with the community also helped identify the needs of institutions to improve the quality of sexual and reproductive health services and the promotion of rights in every Humanitarian Space.

Through this rights-based approach, communities have been able to demand a change of attitude and, to a certain extent, face and resist armed groups.

MEDIATION AND NEGOTIATION UNFPA and the Catholic Church

Despite the Catholic Church's stance on contraception, the Jesuit Order has been a key ally in the project. In supporting UNFPA and the Sexual and Reproductive Health Project, the Order faced a number of dilemmas and risks, which have been jointly addressed and now constitute one of the strengths of the project.

From UNFPA's perspective, working with a Catholic organization at first seemed counterproductive and even risky. However, it was also recognized that a project centred on culture and rights cannot distance itself from religious convictions and practices in a region with a strong Catholic tradition. Once it became clear that people understand and manage their sexuality from a set of cultural norms with deep religious roots, what at first seemed like a risk became an opportunity. And common ground—the inherent dignity of human beings—was established as the base from which the two sides could work together.

From the perspective of the Church, according to the former project coordinator, "Magdalena Medio also put us to the test in terms of our religious convictions. True faith, true conviction, true belief, must be wedded to reality, it must embrace people's suffering, embrace the difficulties they face. If it can, it is a testament to the

fact that our faith is large, inclusive, and capable of understanding people's daily struggle." He continues: "This was the context within which I found myself, between the risk it meant for UNFPA to have a priest working on this difficult subject and the Church's concern for having one of their own working in this difficult area. Finally, both decided to take the risk."

PARTNERS

In addition to government partners, numerous non-governmental stakeholders have contributed to the project. These include the Magdalena Medio Youth Network, Colombian Red Cross, Association of Radio Station Networks of Magdalena Medio, the Centre for the Study of

Popular Education Foundation, the Barrancabermeja Diocese (youth pastors), The Sacred Heart of Jesus Parish (inmate education project in the Barrancabermeja and Puerto Berrío penitentiaries), and the Presidential Council on Special Programmes.

LESSONS LEARNED

When embarking on projects that deal with sensitive issues, it is essential to work with both the power brokers of the region as well as local leaders to gain access to a community and earn its trust. Political and religious leaders, and others who wield influence in a particular locale, can play a pivotal role in shaping popular opinion. To gain more than a superficial access to a community, it is often necessary to first win the support of local power brokers, who can contribute to the project in different ways. Gaining their support involves getting to know them as individuals and understanding the relationships among them.

Similarly, it is important to identify local actors who are natural mediators and who can connect the customs

"We began the work in Magdalena Medio by getting close to people, respecting them, and learning about their culture. If we had begun by launching a birth control campaign, we would have been rejected. There are certain things that cannot be faced head on...."

"What traditionally has been done is to look at sexual and reproductive health problems from an objective perspective, but not from people's own experience...."

"In helping women take decisions about themselves, we found that the road map was the body, teaching them to recognize their body as their own. It allowed us to begin a process of self-affirmation and consciousness that impacted the culture and began to change habits."

— Sexual and Reproductive Health Adviser, UNFPA

and traditions of the region to new arguments. Such leaders have helped open new spaces for dialogue and promote an understanding of sensitive topics such as the family, sexuality and rights, and personal transformation. Had these discussions not taken place under the auspices of leaders who are respected by their communities, they would have been carried out in a climate of fear and mistrust.

Understanding the needs and aspirations of individuals and communities requires that development workers ‘enter their reality’—that they spend the time necessary to understand their beliefs, motivations, perceptions and values. To quote the former project coordinator, it was important to approach “Magdalena Medio and its problems without rushing, so we may listen calmly, so we may understand the people, their rhythms, their way of understanding, their way of doing things. When we have done this, we will have earned people’s trust.”

Even among Catholic organizations that oppose family planning, common ground can be found. Preserving the dignity of human beings, especially vulnerable populations, was the shared goal of UNFPA and the Jesuit Order that became a partner in the Sexual and Reproductive Health Project. In fact, the backing of this Catholic organization was one key to the project’s success in a country whose culture has deep religious roots.

Participation, especially among youth, is key to changing attitudes and behaviours. As their involvement in the project increased (beginning with the formation of sexual and reproductive health teams), young people began to internalize the project goals. Their behaviour changed and they began to move towards greater gender equality in their own relationships. When they participated together in meetings, young as well as older men began to recognize their affective role in their children’s lives. At the same time, women began to question their role, and to propose that men take a more active role in domestic chores and childcare. This ‘learning by doing’ approach was an important strategy in fostering attitude and behaviour change.

The support of institutions is integral to progress in sexual and reproductive health and rights. As participation by various groups in the project increased, so did the need to articulate the process of change, and to communicate it to others. One important area of discussion was the institutional support required for the achievement of sexual and reproductive health and rights.

Institutions can have a subtle, yet significant, impact on the way men and women relate to each other. For example, when women attend medical consultations at a health institution, and learn about their right to decide about contraception, they become aware of the fact that this right has implications for their body, their sexuality and reproduction. It is from this awareness that they seek to build new relationships with men, who used to make such decisions for them. Such awareness results from the sustained, and consistent, efforts of institutions and community groups alike.

Cultural and geographic differences influence the perception of sexual and reproductive rights, and methodologies to promote them may differ from one setting to the other. Some people are receptive to the conceptual implications of a rights-based approach (conveyed through talks and workshops); others operate more on the basis of their emotions. Still others respond best to personal stories about exercising one’s rights. A conceptual understanding alone does not guarantee that one’s private life will be altered, but it is a necessary ingredient if people are to transform their culture willingly.

The methodologies used to promote an understanding of sexual and reproductive rights may vary, depending on the audience. In some cases, activities that involve a large element of playfulness help overcome low levels of education. In all cases, careful and attentive listening, and ethical responsibility, are vital for earning people’s trust. People will expect concrete learning tools to solve specific problems regarding abortion, early pregnancy, myths regarding contraceptive methods, and practices that are hazardous to women’s health.

PRACTICES THAT WORK

Adopting a human rights-based approach. When UNFPA works to improve reproductive health care, such as family planning, it aims to leave behind more than just a service. It seeks to convey the message that one has the right not only to that service, but to *quality* service.

Making the connection between rights related to one’s own body and rights in the larger civic and political arena. To foster internalization of a rights-based approach, project staff worked intensively to help people realize the rights related to their own bodies, which they identified as the first ‘humanitarian realm’. This realm, they said, must be known, respected and protected, and is a place where people can exercise their dignity and their rights.

Subsequent group work emphasizes the paradigm shift that is required to understand one’s sexuality as a social

construct, something that is learned from the time of birth and can therefore be transformed. Workshops involving both women and men focus on the conceptual and practical demonstrations of people asserting their rights, establishing relationships and respecting others' rights as well as their own. The workshops also focus on the necessity for human beings to interact and organize as groups. Active and playful learning activities give meaning to the notions of the individual self, the social self, and the political self. Work is carried out through problem-solving approaches, initially with homogenous groups that begin to rebuild and become more heterogeneous depending on the types of relationships and contexts they share. For example, group sessions composed of community members and health and education officials began to spawn different forms of conversation, which led to active participation in radio shows about sexual and reproductive health.

Through these workshops and networks of community radio stations, men and women, girls and boys are exercising their right to have their own opinion. And today they are at the forefront of new project developments and other leadership initiatives.

Working from within the culture, by observing and analyzing cultural patterns and the dynamics within

the family and the larger group. In seeking changes in the sensitive area of sexual and reproductive health, the project identified culture as the central variable that had to be transformed. It then formulated an intervention strategy aimed at promoting human rights. Sensitivity to culture as a methodological and conceptual tool compelled project staff to focus on understanding people's daily lives—what motivates them, why they act the way they do, and how they survive day to day. It also led them to explore more transcendental aspects of culture: how people relate to the land, how they manifest their emotions, what messages their customs convey, how they themselves identify and conceptualize cultural patterns, and how they live them, enjoy them, suffer through them and transform them.

At the same time, identifying with people and their day-to-day lives allowed project staff to see—from the community's point of view—when a project is successful and sustainable. For example, indicators identified by the technical team to measure the success of a project typically change once the needs and aspirations of a community are internalized. In other words, working from within allows one to sense when a project is valued by the community, and when people feel that their lives are being changed in a positive and sustainable way.

6

KENYA: CREATING A SAFE HAVEN, AND A BETTER FUTURE, FOR MAASAI GIRLS ESCAPING VIOLENCE

Though proud of her Maasai heritage, Agnes Pareyio knew that certain traditional practices in Kenya needed to change. For years she travelled on foot from village to village, with a wooden model of the female reproductive system in hand, explaining the dangers of female genital mutilation/cutting to anyone who would listen. In Maasai culture, genital cutting is an initiation into adulthood. It is also considered a prerequisite for becoming a bride, which occurs, on average, at the tender age of 14. With support from UNFPA and V-Day, Ms. Pareyio and her colleagues created a safe house for girls attempting to escape this fate, and enrolled them in school. A network of like-minded organizations, alternative rites of passage and awareness-raising in the community are helping to ensure that Maasai girls in the future will have a wider range of options.

THE CONTEXT

Kenya lies along the equator on the east coast of Africa. It ranks 154 out of 177 countries in the 2005 Human Development Index and has been a multiparty democracy since 1991.

The population of Kenya was estimated at 32.7 million in 2003, and is growing at a rate of 2.5 per cent a year.¹ Fifty-six per cent of the population were living below the poverty line in 2002, up from 52 per cent in 1997. A higher proportion of poverty occurs in female-headed households, which accounted for 37 per cent of all households in 1999.² Despite difficult economic conditions in Kenya, efforts are being made to enhance the welfare of women and children, especially the poor and disadvantaged. The Children's Act of 2001, for example, ushered in free primary education in Kenya, which has contributed to equal opportunities for girls and boys and gender parity in the early grades.

The incidence of gender-based violence, which is high in Kenya according to recent national and international reports, remains a major obstacle to women's enjoyment

of their rights. In its combined third and fourth periodic report on Kenya's compliance with the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Government stated that discrimination on the basis of sex was outlawed in a 1998 amendment to the Constitution. However, it also acknowledged that subsequent clauses in the constitution undermine this amendment by permitting discrimination in customary and personal laws (which govern marriage, inheritance and property-related issues), in effect, give men greater rights and authority over women.³

The lack of an adequate legal framework for the protection of women and girls has reinforced the use of gender-based violence as a tool of patriarchal control. According to a 2003 Demographic and Health Survey in Kenya, about half of all Kenyan women have been victims of violence, and one in four reported incidents of violence in the previous 12 months.⁴ Among married, divorced or separated women, about one in four has experienced emotional violence from their current or most recent husband; 40 per cent have experienced physical violence and 16 per cent have experienced sexual violence.

1 *Human Development Report 2005*. Published for the United Nations Development Programme.

2 UNFPA. 2003. Country Programme Document for Kenya. Available at: www.unfpa.org

3 Customary laws are mostly unwritten and constantly evolving norms that exist in parallel with statutory law. The Judicature Act (Ch. 8, Article 3 of the Laws of Kenya) provides "that courts' jurisdiction must be exercised in conformity with the constitution's statutes and other sources of formal law, adding that customary law should guide courts so far as it is applicable and is not repugnant to justice and morality or inconsistent with any written law." Traditional leaders (such as elders) and local authorities, such as government-appointed chiefs, are the primary enforcers of customary laws. Kenyan feminists have argued that the enforcers of customary law are men who bring a subjective interpretation that disempower women. See Atsango Chesoni. 1996. Federation of Women Lawyers of Kenya (FIDA Kenya) Annual Report.

4 Ministry of Health and National Council for Population and Development. 2003. Kenya Demographic and Health Survey, Key Findings. Nairobi: Kenya Bureau of Statistics.

WOMEN AND VIOLENCE IN KENYA

According to a 2003 Demographic and Health Survey:

- Early marriage is still prevalent in some parts of Kenya, resulting in the forced marriage of girls as young as 12 to older men. About a quarter of youths between the ages of 20 and 24 were married by the age of 18.
- Currently, one quarter of women aged 20 to 24 and 20 per cent of women aged 15 to 19 have undergone female genital mutilation/cutting, compared to 48 per cent of women aged 40 to 49. The practice is more common among some ethnic groups than others. The highest incidence of genital cutting among girls and women in Kenya is found among the Somali (97 per cent), Kisii (96 per cent) and Maasai (94 per cent).
- Forced early marriage and teenage pregnancy contribute to dropout rates among girls: Nearly 14 per cent of girls who leave school each year either get married or have a child.
- Nearly half of all adolescent girls give birth before the age of 20.
- One in five girls is coerced or forced into her first sexual encounter.
- Almost half of adolescents without education have begun child-bearing.
- Four in every 10 women who die from unsafe abortions are adolescents.
- Unmarried girls are under pressure to have sex because of their economic vulnerability. Statistics show that 6 per cent of young women exchange sex for money. Adolescents in rural areas are likely to have an earlier sexual debut than those in urban areas.

Physical and sexual violence are common among pubescent girls, who are vulnerable to harassment and attack by stronger and older males. The home is the first site of abuse and the violence continues to spread as girls are exposed to the wider community.⁵ In childhood, girls are frequently sexual prey for male relatives and for men and boys outside the family.⁶ In adulthood, Kenyan women surveyed reported that their physical and sexual abusers were intimate partners and relations within and beyond the family—a wide array of males from household staff to neighbours, ex-husbands and landlords.⁷ Sexual violence increases women's vulnerability to HIV, which is taking a disproportionate toll on young women: 37 per cent of females in Kenya aged 20-24 years are infected with HIV, compared to 11 per cent of males in the same age group.⁸

The low status of women also contributes to their vulnerability. According to Kenya's Poverty Reduction Strategy Paper for 2001-2004, women's earnings in Kenya are less than half that of men's.

Although women are more than half the population and 60 per cent of the voting population in Kenya,⁹ they are poorly represented in political decision-making. The number of women parliamentarians is on the rise—from 5 in the 1990 general elections to 18 in 2002. Still, they comprise only 8 per cent of the total parliamentary membership.

KENYA AND CEDAW

In 1984, the Government of Kenya ratified the Convention on the Elimination of All Forms of Discrimination against Women.¹⁰ However, the recommendations of CEDAW have yet to be incorporated into domestic law and its provisions have not been invoked before the courts. Moreover, the existence of multiple laws on marriage and divorce and customary laws and practices perpetuate discrimination against women.

Following Kenya's 2003 report on its progress towards CEDAW, the Committee on the Elimination of Discrimination against Women issued these recommendations:

5 Population Communication Africa. April 2002. *Violence and Abuse of Kenyan Women and Girls*. Nairobi: New World Printers.

6 Ibid., p. 12. Women surveyed were asked about physical abuse in childhood and in adult years: 53 per cent of women and girls surveyed reported multiple physical abuses in childhood; 45 per cent of women reported one or more episodes of sexual abuse in childhood.

7 Ibid.

8 UNFPA. 2003. Country Programme Document for Kenya. Available at: www.unfpa.org

9 Social Watch. 2005. Social Watch Annual Report 2004. Available at: <http://www.socialwatch.org/en/informeImpreso/tablaDeContenidos2004.htm>

10 The United Nations Division for the Advancement of Women, Department of Economic and Social Affairs. Available at: <http://www.un.org/womenwatch/daw/cedaw/states.htm>.

- Incorporate the provisions of CEDAW into domestic law and ensure that the provisions of the Convention are reflected in the Constitution and in all legislation.
- Eliminate all discriminatory laws, practices and traditions to ensure women's equality with men, particularly in marriage and divorce, burial and devolution of property.
- Enact relevant bills, including the Domestic Violence (Family Protection) Bill (2002); the Equality Bill (2001); the National Commission on Gender and Development Bill (2003); Criminal Law Amendment Bill (2002); HIV/AIDS Prevention and Control Bill (2002); Public Offices Code of Ethics Bill (2002).
- Adopt comprehensive measures to address violence against women and girls, including domestic and sexual violence.
- Initiate gender-sensitive training for public officials, particularly law enforcement personnel, justice officials and health providers.
- Establish shelters and counselling services for survivors of violence and sexual harassment.
- Develop a plan of action to eliminate female genital mutilation/cutting (FGM/C).
- Increase the number of women in decision-making roles.
- Define the mandate and responsibilities of mechanisms for the advancement of women and gender equality and allocate sufficient budgetary resources to this end.

Since these recommendations were issued, the following actions have been initiated:

- A National Commission on Gender and Development has been formed.
- A public-awareness campaign to eliminate FGM/C has been complemented by effective law enforcement. The campaign is targeting both women and men and has received the support of civil society, including non-governmental organizations (NGOs).
- The media is gradually projecting a more positive image of women, promoting the equal status of women in both the public and private spheres.
- The national machinery for the advancement of women has been given greater autonomy within the Ministry of Gender, Sports, Culture and Social Services.
- The Public Offices Code of Ethics was passed and the draft Constitution of Kenya (2005) proposes to reserve one third of all appointed and elected seats in Government to women.

In addition, the Government has formulated a five-year plan of action based on all 12 areas of critical concern listed in the Beijing Platform for Action. The plan is being implemented by the Ministry of Gender, Sports, Culture and Social Services.

A Legal Framework for Children's Rights

A legal milestone in Kenya was the Children's Act of 2001, which was created to put into effect the principles enshrined in the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. The act provides a comprehensive legal framework for responding to early marriage, FGM/C and the rights to survival, health and medical care. Furthermore, the act offers guidelines for protection from child labour, sexual exploitation, prostitution, harmful drugs and legal assistance by the Government.

The legal provisions spelled out in the Children's Act strictly prohibit harmful cultural practices such as FGM/C and early marriage. Any person who is found guilty of contravening the provisions of the act can be imprisoned for a maximum term of 12 months and/or be subjected to a fine not exceeding \$735.¹¹ Alternatively, an individual may be charged with subjecting a child to cruelty, which includes causing injury to a child's health, which attracts a stiffer penalty of imprisonment for a maximum period of five years or a fine not exceeding \$2,950.

THE UNFPA COUNTRY PROGRAMME

UNFPA has been a long-term development partner of the Government of Kenya. Its Sixth Country Programme for Kenya (which covers the years 2004-2008, and has a total budget of \$12 million), is contributing to the quality of life of the Kenyan people by supporting population and reproductive health policies and programmes. The country programme adopts a rights-based approach in order to empower males, females and adolescents, particularly girls, in exercising their sexual and reproductive rights.

The country programme has two components, namely (1) reproductive health services, including HIV prevention, and (2) population and development coordination and management. Gender equity and equality as well as women's empowerment have been incorporated into all components of the country programme. In order to achieve its stated objectives, the country programme identifies strategic partnerships through which joint programming and sharing of technical expertise are being carried out. These partners include government agencies, UN agencies, non-governmental organizations (NGOs), community-based organizations, faith-based organizations, national specialized

¹¹ At the current exchange rate of 1US\$ = Kshs 68.00.

training and research organizations and bilateral/multilateral agencies. It is in this context that UNFPA has partnered with several community-based organizations, such as the Tasaru Ntomonok Initiative, in sensitizing communities to the effects of harmful traditional practices.

THE PROJECT

The subject of this case study is a project called 'Safety Net for Girls Escaping Female Genital Cutting and Early Marriage'. It has a budget of \$60,000 for the period 2003-2006. The project is being implemented by the Tasaru Ntomonok Initiative (TNI), a community-based organization in the Southern Rift Valley. The organization operates within the Narok district, which has a population of more than 500,000 people,¹² and was formed to support young girls escaping early marriage and FGM/C. (*Tasaru ntononok* means 'rescue the women' in the local Maa language.)

In the traditional culture of the Maasai, the average age at which girls are married is 14 years. Genital cutting, which is considered a prerequisite to marriage, is usually performed at age 10. Girls who undergo cutting not only miss an opportunity to explore and appreciate their youth, but frequently end up in polygamous marriages with co-wives as old as their mothers and husbands as old as their fathers. Most girls are identified for marriage and reserved by their eventual husbands even before they begin schooling. A bride price is paid in instalments from the time a baby girl is identified and selected for marriage.

In the Maasai community, unmarried women are regarded as pariahs, and it is widely believed that genital cutting is the only way a girl can enter adulthood—and thus prepare for marriage. It is also believed that marrying an uncircumcised girl is a bad omen since her blood is 'unclean'.

A study undertaken in the early 1990s by a local NGO found that nearly 90 per cent of girls and women over the age of 14 had undergone FGM/C, often under less than hygienic circumstances.¹³ In addition to the health risks, including trauma, bleeding, difficult childbirth and HIV infection, 80 per cent of these girls dropped out of school due to forced early marriage.

One objective of the project is to provide a 'safe house' for girls seeking refuge from genital cutting and early

marriage—the Tasaru Rescue Centre. But it also seeks longer-term solutions to the problem, by reconciling runaway girls with their families and communities and discouraging the practices of early marriage and FGM/C, thereby reducing the number of girls needing help.

RESULTS TO DATE

- All of the girls who have been rescued from forced early marriage or FGM/C have gone back to school.
- None of the rescued girls who have been reconciled with their families have undergone cutting or been forced into early marriage.
- Community understanding of the project's benefits has contributed to its success. Community leaders, elders and members of the provincial administration support the project and regularly consult with project leaders on emerging cases.
- The project has supported construction of a girl's dormitory in Sakutiek Secondary School. The provincial administration, through the District Education Committee, has recommended the construction of dormitories in all primary schools to ensure that girls between the ages of 8 and 14, who are most vulnerable to early marriages and genital cutting, are protected.
- Women who perform FGM/C are developing alternative livelihoods, including operating a maize grinding mill purchased through the project. They are also training to become traditional birth attendants.
- More than 1,000 women from various women's groups, as well as officials from the provincial administration and district law enforcement officers, have been sensitized to the dangers of early marriage and genital cutting. Some religious leaders, including those representing the African Inland and Full Gospel churches, have lent their support to the project through regular sermons and public-awareness initiatives.
- The project has introduced new perspectives on cultural values and practices in a community that is deeply traditional.

IMPLEMENTATION PROCESSES

The founders of the Tasaru Rescue Centre began their work by making a personal commitment to change. One of the founders, Agnes Pareyio, a Maasai herself and women's rights activist, says that her passion stems from personal experience: Ms. Pareyio was circumcised

¹² Government of Kenya Central Bureau of Statistics. 2000. Population Census 1999: District population breakdown. Government printers.

¹³ Maendeleo ya Wanawake study on FGM/C in 1991/1992.

RESCUING A NINE-YEAR-OLD BRIDE

Narok, Kenya—Silvia Selula looks dazed and lost. A faint wrinkle creases her otherwise cherubic face. Occasionally a furtive smile appears at the corner of her mouth. Her face says a lot about what she has endured, especially in the last few weeks, and about her optimism about the future. Silvia is the latest addition to the Tasaru Ntomonok Girls Rescue Centre in Narok, Kenya.

Most of those who listen to her mumble her story shake their heads and wonder how the fate that almost befell Silvia could be tolerated in Kenya today. Silvia is nine years old. A few weeks ago, her father married her off to a 40-year-old man. She had no say in the arrangement. Neither did her mother, who reluctantly acquiesced. It is, after all, still a man's world on the rolling plains of the Southern Rift Valley, the home of the Maasai.

All the wedding rites were performed according to Maasai custom, wedding photographs were taken and Silvia was being frog-marched to her husband's home to become his fourth wife. But luck was on Silvia's side. Somebody alerted Agnes Pareyio, the indefatigable director of the Tasaru Rescue Centre. She enlisted the assistance of the local government authorities and freed Silvia. The groom escaped, but Sylvia's father was tried and jailed for one year.

— From a 9 September 2005 article entitled 'A Safe Haven for Girls Escaping Harm in Kenya'. Available on the UNFPA website at www.unfpa.org

at the age of 14 and later forced into marriage. Her goal was to demonstrate to the wider community that FGM/C is not only harmful, but an unnecessary and senseless cultural practice.

It was not an easy task in a culture that, for thousands of years, has retained the traditional values of its pastoral lifestyle.

For years prior to the establishment of the centre in 2001, Ms. Pareyio travelled from village to village on foot, carrying a model of the female reproductive system that could be separated into its component parts. Despite social norms to the contrary, she brought the issue of female genital mutilation/cutting out in the open, explaining to thousands of girls and boys, mothers and fathers, what she remembered of her own circumcision day, and the dangers of the practice.¹⁴

The project started with awareness-raising. Ms. Pareyio and her colleagues at TNI rescued a number of young girls who were being forced into early marriage, which became high-profile cases. And they launched public education campaigns to explain how early marriage and FGM/C were harmful and unnecessary. One of the strategies employed was teaching Maasai families that educating their girl children could increase the family's chances of earning more money. The goal was to con-

vince parents that it is in their interests to allow their daughters to choose for themselves when they want to get married—and that genital cutting should play no part in that decision.

Once parents agree to abandon the idea of FGM/C, their daughters are sent to participate in an 'alternative rite of passage', which is facilitated by Tasaru Rescue Centre staff. Through these rites, girls are initiated into adulthood, as is customary in Maasai culture, without being cut.

The ceremonies take place in August and December of each year, when FGM/C is traditionally performed. Older Maasai women volunteer to act as godmothers to girls who are coming of age. Over the course of five days, and in seclusion, the girls are encouraged to ask questions about sexual and reproductive health and are made aware of the importance of making informed decisions about their lives. They are also taught what their community expects of them as adults. TNI believes the teachings are important and should continue—without the mutilation. "We appreciate the significance of some of our traditions, and we included these in the programme," says Ms. Pareyio.¹⁵

For those girls who find themselves with no other options, the Tasaru Rescue Centre offers a safe haven.

¹⁴ Alisha Ryu. 15 September 2004. 'Kenyan Activist Makes Headway in Effort to End Female Genital Mutilation Among Maasai Women'. Voice of America. Available at: <http://www.voanews.com/english/archive/2004-09/a-2004-09-15-241.cfm?CFID=2182332&CFTOKEN=23806346>

¹⁵ V-Day website. Available at: <http://www.vday.org/contents/vday/vcampaigns/amea/kenya>

The centre was built through financial contributions from V-Day, a global movement that helps anti-violence organizations expand their work on the ground, while drawing public attention to the larger fight to stop violence against women. The centre currently shelters 68 girls, all of whom are attending primary and secondary school.

The girls are referred to the centre by Ministry of Education officials who receive case studies from provincial administration staff working in various parts of the district. According to the centre's staff, this referral procedure ensures that the cases are genuine and also protects the centre from allegations of abduction and kidnapping. Once a girl is formally accepted at the centre, she is inducted through a process of education. She is sent to school and encouraged through mediation to reconcile with her family and re-establish herself in the community. One of the main goals of the project is to support girls' education, the importance of which was emphasized by the girls attending the centre.¹⁷

Workshops and training sessions involving the provincial administration, community leaders and head teachers have also been held to communicate the dangers of FGM/C. Adolescent girls receive additional training on issues including HIV/AIDS, the rights guaranteed through the Children's Act, and drug and substance abuse.

The success of the project, according to TNI board members as well as UNFPA staff, is due to the collaboration and commitment of numerous institutions, including the provincial administration, the Children's Department of the Ministry of Gender and Social Services, the ministries of education and of health and several NGOs based in the district. These include Action Aid, World Vision and Maendeleo ya Wanawake (Development of Women). Local religious organizations, including the African Inland Church, the Presbyterian Church and one evangelical church have also aligned themselves with the project's goals.

MEDIATION AND NEGOTIATION

The project faced resistance not only from traditionalists, but also from the political elite. According to Ms. Pareyio, these challenges stem from the fact that FGM/C means different things to different people. For boys, it means a suitable wife. For poverty-stricken parents, it means that their daughter is now marriageable and a potential source of income. For those who

do the cutting, it is a livelihood.¹⁸

For politicians who do not want to offend their supporters, most of whom are influential traditionalists, the emergence of women leaders who challenge traditional practices is perceived as a threat.

For these reasons, the project was designed to target girls and women as well as men, community power structures and women practitioners of FGM/C. Through successful edu-

cation campaigns, several female cutters have changed their attitudes about the practice. During focus group discussions, the women explained that they acquired new knowledge and information about the dangers of the practice through workshops and seminars conducted by the project. The training also opened their eyes to different perspectives on cultural norms. For example, the women observed that despite the outward support that Maasai men give to FGM/C, in their extramarital relations they prefer uncircumcised women from other communities.

Paradoxically, it is Maasai women, more than men, who have insisted on keeping the tradition of FGM/C alive. Most mothers believe that their daughters would not be desirable as wives if they were not circumcised.

On the other hand, most men, once they understand what the practice entails, are horrified by it and oppose it. In Maasai culture, the excision typically performed is severe, and cuts away every part of the female genitalia, without anaesthesia. As more and more men become educated about the practice, they are realizing that it is cruel and should be stopped.¹⁹ Furthermore, the community is becoming sensitized to the fact that there is no cultural value

“We discuss the importance and the benefits of education. It's important for [girls] to have their own jobs, be able to make their own informed decisions, to earn a living and be happy with their lives.”

— Agnes Pareyio, in a 2004 interview with Voice of America¹⁶

¹⁶ Ibid.

¹⁷ During a focus group session on 8 December 2005, six girls staying at the Tasaru Rescue Centre indicated that education was their prime interest. They unanimously agreed that the centre's focus on education was one of its major achievements.

¹⁸ In Narok district and neighbouring areas, cutters are paid the equivalent of about \$15 for every circumcision. If a cutter can circumcise 20 girls a year, she can collect \$300, a substantial income for a rural woman.

¹⁹ Ryu, 2004.

in circumcision, per se. Alternative rites can be performed that prepare women for adulthood—without the cutting.

Since community education began in 1991, awareness and acceptance of TNI's activities have grown. According to TNI board members, more than 2,000 girls have been saved from genital mutilation and early marriage in the last eight years alone, and the demand for assistance continues to rise. As a result of greater awareness, women who perform FGM/C are dropping their trade and developing alternative sources of income.

In collaboration with other governmental and non-governmental organizations working in the Narok district, the project is also helping to develop sustainable mechanisms for the elimination of FGM/C. This is being carried out, in part, by the creation of the social safety net of groups that are working together to identify and rescue girls. A case in point is Esther Kitheka, a 14-year-old who sought the assistance of her school headmaster and the area's district officer upon hearing of her impending circumcision and marriage. Esther successfully escaped her fate, but other girls are not so lucky. Despite increased awareness in the community, some parents remain adamant that their daughters should be married off to older men.

PARTNERS

- *Tasaru Ntomonok Initiative* is the implementing organization for the project. Its founders and board members support the project by volunteering their services and expertise.
 - Since 2003, *UNFPA* has provided financial support for awareness campaigns carried out by TNI and other project components. This includes the construction of a classroom at the Tasaru Rescue Centre, which is used to tutor uneducated girls in preparation for enrolment at nearby schools, and the procurement of two tractors to be used in wheat production. The funds generated from the wheat sales have been used to support the girls staying at the centre. UNFPA also purchased a maize grinding mill, which provides an alternative source of income for a women's group, which includes former FGM/C practitioners.
 - *Maendeleo ya Wanawake* pioneered the fight against FGM/C in Kenya, and played a formative role in the establishment of TNI. The two organizations continue to work together.
 - *World Vision* is involved in community development projects in Narok district. Both World Vision and *Action Aid* collaborate with the project in community-awareness initiatives and in supporting the education of rescued girls.
- The *provincial administration*, consisting of the district commissioner, district officers and chiefs and representatives from various government ministries, provide much needed political and policy support for project goals.
 - *Local churches* support the project through civic education and awareness seminars for members of their congregation.

LESSONS LEARNED

Through the development of alternative rites of passage and community-based education and awareness-raising, the project is demonstrating that harmful traditional practices are subject to change.

The success of the project is largely due to effective networking and collaboration with the community.

Under the leadership of the Tasaru Ntomonok Initiative, the project has developed a network of like-minded institutions that collectively serve as a safety net for endangered girls. This has helped all the institutions achieve their objectives, including strengthened implementation of the provisions of the Children's Act. Through the District Education Committee, for example, an interministerial mechanism for coordinating issues relating to female children, there is greater harmonization of governmental and non-governmental efforts to safeguard girls and promote their rights. The committee includes representatives from the community as well as community-based and non-governmental organizations.

At the community level, enhanced awareness of the harmful effects of FGM/C has resulted in the effective monitoring of incidents. An early warning system, developed by community leaders, is helping to identify girls at risk of circumcision and early marriage.

Advocacy is most effective when it conveys the potential benefits of a project for individuals and communities.

An effective strategy employed by project staff was convincing Maasai families that educating their daughters could increase their family incomes. The goal was to convince parents that it is in their interests to allow their daughters to continue their education and choose for themselves when they want to get married—and that genital cutting should play no part in that decision.

To address harmful traditional practices, project leaders should hold consultations with the community well before implementation begins.

As the project leader, Agnes Pareyio initiated consultations with male opinion leaders to allay their fears and misconceptions about the project. She also sought their advice on developing

strategies for change. Such consultations were necessary to develop a consensus and to negotiate a change in perspectives on prevailing social norms and practices. They also helped divert any anticipated—and unanticipated—challenges and threats.

Men are important allies for change. A major threat to the success of the project was the emergence of dominant male family members who arranged to have their daughters undergo FGM/C, despite the fact that they had been rescued. This happened mostly during school holidays, when girls were encouraged to return to their family homes. One of the strategies adopted to counter this trend was to target men for awareness-raising. Through such efforts, male supporters of the project were recruited to join in the fight against FGM/C and to help transform the patriarchal nature of Maasai culture. One such recruit, Moses Nkormbai, says that the project made him realize that traditional practices have their ‘time and place’ in a community. In his view, FGM/C has no progressive function in the Maasai community today. He is working to mobilize community members for civic education campaigns to raise awareness of harmful traditional practices. Moreover, he has joined a local team that monitors incidences of FGM/C and reports them to local law enforcement agents. He explains that educating and changing Maasai men is difficult, but educating future generations of girls and boys will have a positive effect on development of the community. “The single most important issue for Maasai girls,” says Mr. Nkormbai, “is access to education.”

Equipping girls with education and life skills is integral to the fight against FGM/C. The project not only provides runaway girls with temporary shelter. It also prepares them for adulthood by equipping them with life skills. The training provided to the girls is geared to changing behaviours that can lead to HIV infection and drug abuse and to educating them about their sexual and reproductive health and rights.

For FGM/C to be eliminated, practitioners must have an alternative source of income. The project has purchased a maize grinding mill that offers a steady livelihood to former cutters—and an alternative to the seasonal income they used to earn. The Posho Mill is run by a women’s group that is part of TNI. Besides operating the mill, the former cutters are developing

their skills as traditional birth attendants, which will provide another source of income.

Project leaders need to be fully engaged and committed to the project’s values and goals. They must set an example and cannot be seen to condone in any way the practices they seek to eliminate.

PRACTICES THAT WORK

Offering a culturally acceptable alternative to FGM/C. Female genital mutilation/cutting is a traditional initiation rite from childhood to adulthood. Alternative rites of passage acknowledge the importance of that transition, and offer the same instruction, while rejecting the violence associated with FGM/C. TNI organized a colourful ceremony in August and December of 2004 and 2005 in which more than 250 girls graduated from these rites of passage. The challenge now lies in getting the Maasai community to embrace these rites as a culturally acceptable alternative to FGM/C.

Supporting projects that are initiated and ‘owned’ by the community. One of the unique features of the project is that it is entirely ‘homegrown’: It was initiated and led by women from the community, who have become identified with the challenges of development and progress. The impact and results achieved are therefore based on local experience and knowledge. This has contributed to the project’s sustainability and represents a significant contribution to the local development agenda. One illustration of this is the fact that those who traditionally performed FGM/C in the community have turned into powerful allies in the fight against it and are assisting in the rehabilitation of runaway girls. Such transformations validate the position advanced by African scholar Claude Ake, who writes that “building on indigenous knowledge and practices is the necessary condition for self-reliant development to which there is now no alternative.”²⁰

Acknowledging women pioneers of change. Though FGM/C was prohibited in 2001, the law still lacks ‘teeth’. Agnes Pareyio decided she could do something about enforcing the law and, in 2004, was elected deputy mayor of Narok district.²¹ In 2005, she was named ‘Person of the Year’ by the United Nations in Kenya. This distinction has increased her stature and that of other TNI board members in the community.

20 Claude Ake. 1988. Culture and Development in Africa, Building on Positive Cultural Practices. UNFPA and the African Union.

21 V-Day website.

7

TURKEY: CELEBRITIES KICK INTO ACTION TO CURB VIOLENCE AGAINST WOMEN

As in many countries, laws protecting women's rights in Turkey have had little impact due to the lack of political will and public inertia. A study on the incidence of 'honour' killings was a wake-up call to government officials and others to do something about it. An advocacy campaign, initiated by UNFPA and involving government decision makers, NGOs, the private sector and Turkish celebrities, proved remarkably successful in focusing public attention and shaping a national dialogue on violence against women. Its targeting of Turkish men was a key to its success. Among other superstars who embraced the campaign were the country's major league football players, who spread the message—'Stop violence against women!'—during half-time and in film spots on television and in cinemas across the country.

THE CONTEXT

Turkey has a population of about 73 million, which is growing at a rate of 1.4 per cent a year. Life expectancy at birth (at 68.7 years¹) is lower than the European Union (EU) average of 79 and the average of 74 for the ten countries that joined the EU in May 2004.

A 2002 household survey showed that more than a quarter of the population (28 per cent) live below the poverty line, mostly in rural areas, with 1 per cent living in extreme poverty.

Turkey witnessed far-reaching political transformations in the last century. In 1923, the country's first president founded the Republic of Turkey on the ruins of the Ottoman Empire and served until his death in 1938. Since the Second World War, Turkey has mostly been led by coalition governments. More recently, the Justice and Development Party secured a majority of seats in parliament and has consistently pursued political and economic stability and reform, with the goal of membership in the European Union.

TURKEY AND CEDAW

The Government ratified the Convention on the Elimination of All Forms of Violence against Women (CEDAW) in 1985. Still today, gender equality is a key development issue that is publicly debated in Turkey.

Building institutional capacity is one of the most important tools for implementing policies promoting gender

equality. In Turkey, this process started in the 1990s with the establishment of the General Directorate on the Status of Women. Since that time, legal reforms have been passed that eliminate fundamental discriminatory provisions against women and expand the boundaries of equality and human rights. In 1998, a law on domestic violence (Law on Family Protection) was adopted. In 2001, the Turkish Grand National Assembly ratified the Optional Protocol to CEDAW. One year later, the new Civil Code was adopted, bringing Turkish family law in line with the EU, the Convention on the Rights of the Child and CEDAW. The new Penal Code passed by parliament in September 2004 contains improved protections for women's rights.

Despite these positive developments, the situation of women in Turkey remains a challenge for the Government, political parties and civil society, both in terms of basic development indicators as well as women's participation in decision-making and the more symbolic aspects of their representation in the public arena.

Violence against Women

Violence against women is widespread in Turkey and thrives in a culture of silence and denial. Gender-based violence, in most of its forms, is accepted as a way to resolve differences within the family. Social acceptance of such violence and fear of intervention in what is perceived as internal family affairs are the main reasons why it persists. Compounding the problem are stereo-

¹ According to the *Human Development Report 2005*, published for the United Nations Development Programme.

typical views about gender roles and the fact that women and girls do not recognize that the violence they experience in their everyday lives is a violation of their human rights.

A 1994 survey of Turkish men by the Family Research Institution revealed that 34 per cent of married women have been subjected to spousal violence. Another study, conducted among middle- and high-income women, showed that 23 percent of them had been assaulted or beaten by their husbands. According to the latest Demographic and Health Survey for Turkey (2003), 39 per cent of Turkish women surveyed believe that wife beating can be justified. When adolescents between the ages of 15 and 19 were asked the same question, 63 per cent said that wife beating could be justified. These figures suggest the urgent need for greater awareness-raising among both men and women, targeting, especially, the younger generation.

Passage of the Law for the Protection of the Family (1998) and changes in the Civil Law (2001) and Penal Code (2004) are all helping address violence against women in Turkey. For example, more lenient jail sentences in the case of marital rape have been abolished, and female students can no longer be subjected to virginity tests. The new Municipalities Law (2004) requires all cities with a population over 50,000 and all metropolitan areas to establish shelters for women seeking protection.

Government efforts to combat violence against women have focused on awareness-raising through media campaigns, training of service providers and support for a few NGO-run shelters. Since the 1980s, women's organizations have been most active in providing support services for survivors, though their efforts have been hindered by the lack of steady funding. Both NGOs and government institutions lack the resources and coordination to effectively combat violence against women, leading to partial, redundant and inconsistent interventions. As a consequence, support services for victims are limited and often inappropriate.

For many decades, 'honour' killings—murder by immediate family members of women suspected of being unchaste—have been a cause for concern in Turkey. There is increased commitment on the part of the Turkish Government to address the issue in more depth, evidenced in part by the establishment of a parliamentary 'Inquiry Committee' for determining the causes of violence against women and children and honour crimes.

THE UNFPA COUNTRY PROGRAMME The Advocacy Campaign

The 'Stop Violence against Women' advocacy campaign began during the last year of the Third UNFPA Country Programme for Turkey, which ended in December 2005. At the request of the Government, activities are continuing during the current and Fourth Country Programme.

The main objectives of the Third Country Programme, which had a core budget of \$5 million, were to contribute to the following goals: (1) further increase access to integrated reproductive health services and improve the quality of reproductive health information and services, particularly those delivered by the public sector; (2) develop adolescent reproductive health services and address the educational needs of young people in terms of sexual and reproductive health; (3) further political commitment and resource mobilization at the national and community levels for the implementation of the International Conference on Population and Development (ICPD) Programme of Action, including its gender component; and (4) ensure the availability of the necessary information and data systems to monitor progress in the implementation of the ICPD Programme of Action and other global goals emanating from international conferences.

Under the advocacy component of this programme, UNFPA provided support to the 'Stop Violence against Women' campaign. UNFPA also helped build the institutional capacity of the General Directorate on the Status of Women and, in this context, supported the design and development of the first nationwide project on Violence against Women, which the European Community accepted for funding.

The Fourth Country Programme promotes human rights, and is based on ICPD principles as well as those of the national legislation of Turkey. Capacity-building is at the core of UNFPA's overall strategy and covers institutional, managerial, technical, human resource and operational aspects of strengthening national capacities in population and development strategies, reproductive health and gender.

The continuation of the advocacy campaign is positioned under the gender component of the UNFPA programme, which focuses mainly on combating violence against women by supporting the development of protection and prevention mechanisms, action plans and policies, raising awareness through campaigns and training, and strengthening the capacities of local and national government and NGOs for the advancement of women's rights.

THE PROJECT

Summer 2004: “Seizing the moment—getting the timing right”

Starting in the mid-1990s, various groups in Turkey initiated small-scale activities to address domestic violence. NGOs, in particular, carried out awareness campaigns, served as advocates, and prepared and distributed proposals for the development of mechanisms for preventing violence against women and protecting victims. These efforts resulted in a number of legislative changes. However, patriarchal decision-making structures and social inertia meant that little was achieved in terms of changing behaviour and implementing the new laws.

At that time, the adoption of a new Penal Code was needed to make Turkey ready for EU accession talks. But parliament commenced its summer recess without completing the job, and many of the unresolved paragraphs, which had been widely debated in public and in the media, related to violence against women, honour killings and rape.

It is in this context and at this time that UNFPA was able to play a strategic role as catalyst for change.

July 2004: “UNFPA should work on honour killings”

UNFPA-Turkey, like other Country Offices around the world, celebrated World Population Day on 11 July 2004. Riding the wave of current debate at the time, UNFPA decided to take the first steps towards what would later become a multi-stakeholder and long-term advocacy campaign aimed at combating violence against women.

Starting from the view that good advocacy needs sound evidence, UNFPA set about collecting data and human-interest stories on honour killings. Previously, honour killings had been talked about in the abstract, but no adequate data were available. For many years, honour killings had been associated with certain regions of Turkey. However, anecdotal evidence suggested that honour killings could be found in every region of the country as well as in some European countries where Turkish minority groups exist.

In a first crude approximation of data, UNFPA-Turkey conducted a small review of media coverage of honour killings over the previous five years. When all the cases were put together, the effect was startling. For the first time it became possible to publicly quantify the murders as at least one per month and to demonstrate that honour killings were a nationwide phenomenon—and not just one isolated to southeastern regions. The coverage of

World Population Day and the findings about honour killings created a sensation in the media and laid the foundation for UNFPA's role as advocate and catalyst in the area of violence against women.

Immediately following this public relations success, UNFPA-Turkey decided to conduct a large-scale survey on honour killings. It shared the idea with a partner non-governmental organization (NGO), the Population Association, which had recently been established to conduct multidisciplinary research on ICPD-related issues. Experts in the field were brought together and a year-long research project commenced in partnership with the United Nations Development Programme (UNDP). The project was presented to the public on 25 November 2005, the International Day for Combating Violence against Women.

Through evidence-based advocacy, UNFPA was able to focus public attention on issues critical to women's rights.

IMPLEMENTATION PROCESSES

August 2004: “We have to do SOMETHING national on this issue”

In August 2004, after lengthy discussions both internally and externally, UNFPA-Turkey decided that it should move from a narrow focus on honour killings to a broad-based advocacy campaign on combating violence against women more generally. Since the main constraints to action on the issue are to be found in both the political and public spheres, it was decided that any campaign needed representation by Government, parliament, NGOs, the private sector and celebrities. In partnership with the General Directorate on the Status of Women and the state minister's office, UNFPA began preparing for the campaign, which was to run for one year, starting on 25 November 2004. Activities included:

- *Identification of an advertising company that would do pro-bono work on the campaign.* This included concept development, messaging, logo design, promotional materials and mobilization of media sponsors for broadcasting of an ‘infomercial’ (film spot). The key concept developed by the Istanbul-based advertising agency that was selected was ‘men talk to men’. The simple message was ‘Stop violence against women’. The firm used its public relations contacts to identify 15 media sponsors for the campaign.
- *Selection of and briefing of a celebrity spokesperson for the campaign.* Actress Demet Akbağ was asked to be the spokesperson for the campaign. After her positive response, an intensive briefing period began. In addition to her role as spokesperson, Ms. Akbağ

also mobilized other actors and musicians to support the initiative.

- *Environmental scanning for potential partners that would fit the concept of the campaign: Men talk to men.* The ideal partner turned out to be the Turkish Football Federation, because of the popularity of football (known as soccer in the United States) among men in Turkey. The president of the federation accepted the idea immediately. He also promised to mobilize all the football teams in Turkey's super league.

Journalists were also important partners, so UNFPA's longstanding relationship with the Turkish Journalists' Federation was revived. It was decided that a competition for young journalists would be held on the issue of violence against women and honour killings. It was also decided to include in ongoing media training information on how to report and write a news story on violence against women in a gender-sensitive way.

- *Scripting and production of an advocacy film.* All the arrangements to produce the film spot were completed, and it was shot and edited two weeks before the launch of the campaign. The spot featured two male actors and the captain of the national football team, along with the campaign spokesperson.
- *Resource mobilization.* In addition to in-kind sponsorships from media companies and pro-bono work done by advertising and public relations companies, additional resources were needed to realize various parts of the campaign.
- The campaign was launched in Istanbul on 24 November 2004, with the participation of the state minister, the campaign spokesperson, officials from the General Directorate on the Status of Women, the Turkish Football Federation, the Turkish Journalists Federation, NGO partners and the national press. Both the timing and location were selected to ensure full media coverage immediately before and on 25 November.

After the launch, public information activities were initiated. The film spot was shown on 15 national television channels for 20 days with the sponsorship of various media groups. It was also converted to a 35mm film and was shown in movie theatres throughout the country during March 2005. Advertising distribution companies supported the campaign by distributing the film free of charge.

Interviews were held on both national and local television and radio with the participation of the minister, the UNFPA representative, the UNFPA advocacy coordinator and the celebrity spokesperson.

Two weeks after the launch, in an activity spearheaded by the Turkish Football Federation and 18 super league football teams, the campaign reached a vast audience of men watching TV during an important football weekend. Players from all 18 teams came onto the field wearing shirts bearing the campaign message and carrying banners protesting violence against women. The main TV station sponsoring the games showed the campaign logo throughout the broadcast and aired the film spot at half-time.

Effective public information campaigns need broad-based commitment from multiple players in society. With widespread support, such campaigns can be catalysts for change, especially when accompanied by policy-oriented advocacy strategies.

December 2004: "Campaign support from the private sector—enemy, competition or partnership?"

While UNFPA and its partners were preparing the public information campaign, a private media company called Hürriyet (that publishes the largest-circulation newspaper in Turkey) launched its own 'No to Domestic Violence!' campaign. Initially it looked as if the two campaigns were competing with each other.

A week after the launch of the national campaign, the corporate communication managers of Hürriyet paid a visit to UNFPA. They expressed their concern about having two public information campaigns running at the same time with similar logos and messages. They suggested that UNFPA choose Hürriyet as a campaign partner and merge the two campaigns. UNFPA indicated that their ultimate goal was to form a broad coalition and substantive partnership with all key stakeholders to combat violence against women. Moreover, both the Government and the media company had reservations about working together, since they both wanted to preserve their independence. In the end, UNFPA decided to support both campaigns and give time for both parties to get closer to each other through various activities.

The Hürriyet campaign was also received with skepticism by some NGOs, which had the view that the media perpetuates violence against women through sensationalism and sexism. Over time, however, they accepted Hürriyet's sincere interest and engagement on the issue. Hürriyet achieved this turnaround through a series of consultations as well as concrete initiatives, such as establishing a women's group that now evaluates every article they publish from a gender perspective and provides comments publicly in the newspaper. The company also provided training to their journalists on issues such

as gender equality, conflict resolution techniques and ways to combat violence against women.

UNFPA's determination to create a multi-stakeholder alliance for change allowed new partners to become involved. Strong and diverse coalition are needed for systemic change.

RESULTS

Spring 2005: "Let's move beyond public information, into action, with Hürriyet"

The Hürriyet campaign was launched in November 2004 with the goal of taking a public stance against domestic violence and to initiate social transformation. A community-based training programme was developed and taken directly to poor communities in Istanbul through a mobile counselling and training project.

After the first meeting in Ankara, UNFPA decided to meet with Hürriyet one more time. Hürriyet proposed organizing a joint international conference on violence against women, and UNFPA agreed. The Fund began working with Hürriyet not only as a partner in the international conference but as a campaign partner. The purpose of the conference was to accelerate action on the issue in Turkey by learning about 'best practices' that have been used to combat violence against women around the world. The conference was held with the participation of all relevant international actors as well as the new state minister, the General Directorate on the Status of Women and leading national NGOs.

In the end, although the two campaigns couldn't be merged, UNFPA helped forge a strong partnership for action between key national partners by supporting both campaigns and an international conference.

Spring 2005: "The European Commission and Government call on UNFPA for help"

In a separate but related set of events, UNFPA was able to move its efforts from public information to concrete support for legislative implementation.

The public information campaigns had increased the demands on the Turkish Government to strengthen its efforts to address violence against women. However, the resources and capacity of the General Directorate on the Status of Women were extremely limited. In response, the European Commission announced that it was ready to fund capacity-building of the General Directorate as well as initiatives related to violence against women if UNFPA could help the Government design a substantive and high-quality project.

UNFPA immediately contracted technical expertise and drafting support to develop a proposal, which later received the full endorsement of Government and the European Commission. UNFPA was also selected as the implementing partner for the project component related to violence against women. The project, which will start in late 2006, aims to improve reporting and surveillance of gender-based violence, train government employees, and develop a model for protection services for survivors of violence. In a recent development, UNFPA has also been called upon to support the development of the first project for the building of shelters.

UNFPA's ability to combine advocacy efforts with sound technical support and operational capability created the perfect conditions to accelerate change at the right moment in time.

May 2005: "We need to regroup—a new state minister is on board!"

In the middle of the public information campaign in 2005, one of the main players in the partnership changed. A new state minister was appointed, and UNFPA immediately asked for a meeting to share its past experiences. The previous state minister felt a good deal of ownership of the campaign, and after the launch, she established a special commission on violence with the participation of members of parliament, NGOs, academicians and public officials. With the change in state ministers, the campaign activities slowed down, while partners waited to assess the new minister's priorities.

Planning flexibility is necessary to ensure that UNFPA stays relevant through changing development and political contexts.

May 2005 "A new player in town...a choir wants to contribute to the campaign!"

The opportunity to engage the new minister in the campaign came from an unlikely source. Inspired by the public information campaign, members of the State Polyphonic Choir requested a meeting with UNFPA in which they presented their ideas on how they could contribute.

Choir members understood that music is an important tool to reach the hearts and minds of the general public. They suggested holding a concert of Turkish folk songs (adapted to choir) related to women and violence against women. The new minister immediately endorsed the idea, and the first concert was held on 25 November 2005, with her participation. The concert was accompanied by a photography exhibition of 100 Turkish women photographers, which was organized to raise funds for women's shelters. A second concert was

held in March 2006 in Ankara, again with the participation of the minister and this time with women and girls from local community centres. The Government has expressed the wish to repeat the concert in other cities of Turkey.

Success breeds success. The flexibility of a programme to allow new partners to join in and to allow existing partnerships to develop is key to the success of any advocacy effort.

September 2005: “The honour killings report is finished. When should we launch it?”

The honour killings report, which had been commissioned a year earlier, was completed in September 2005. The report’s main findings are as follows:

- While honour exists as an important concept within society, honour itself should be de-linked from acts of crime and violence.
- Youth are surprisingly more accepting and supportive of killing in the name of honour than their elders. This view is reinforced by recent findings that the majority of young women expect to be beaten as part of their married life. These findings show that a significant effort needs to be made to change the attitudes of youth through education.
- At the same time, there are a number of initiatives and policies to eradicate the notion of honour killings as acceptable within Turkish society.

The three partners, UNFPA, UNDP and the Population Association were keen to obtain maximum policy impact from the report, so the timing of the launch was crucial. While the report was being prepared, a parliamentary Inquiry Committee was established on honour killings to investigate the causes and consequences of the murders. This provided the perfect opportunity to present the findings and recommendations of the report directly to decision makers in Turkey. On 15 November, a special session was held with the Inquiry Committee and UNFPA/UNDP, in which researchers shared the results of the report with members of parliament, and a press release was sent to all media correspondents. Many findings and recommendations of the report found their way into the report of the parliamentary committee.

The report, which had been commissioned for awareness-raising purposes, achieved its goals and more. The combination of the public information campaign on violence against women, the conference on domestic violence and the trust placed in UNFPA’s ability to facilitate and act as a catalyst propelled

the findings directly into the national decision-making process.

December 2005: “We need to get more private sector companies involved”

While the developments described above were taking place, the partnership with Hürriyet was deepening. The enthusiasm of its chief executive officer was central to this development. The domestic violence conference brought many private sector representatives from international companies to Turkey, many of whom play key roles in combating violence against women. Today, Hürriyet is committed to laying the foundation for a ‘Corporate Alliance to Combat Violence against Women’ in Turkey. The company is planning to conduct a workforce survey—designed with technical assistance from UNFPA—about domestic violence. Based on this survey, and with the support of the Fund, it will develop a company policy on combating violence against women. The chief executive officer of Hürriyet and UNFPA are also planning to organize a meeting for other women CEOs of companies in Turkey to garner their support and spread the idea of a corporate alliance among key businesses. The purpose of the alliance will be to increase awareness, to provide workplace-based support and services for survivors of violence, and to forge related community projects.

In the Turkish context, UNFPA has found that working with the private sector, particularly a large media company, provides tremendous leverage for advocacy activities. It also provides an opportunity to test new approaches to behaviour change and service provision, which opens the way for innovation and creative solutions.

MEDIATION AND NEGOTIATION

UNFPA encountered many political and practical problems throughout the process. Coalition-building is never easy when multiple interests are at stake. Changing government counterparts and the limited human and financial capacity of counterpart institutions also made project implementation difficult. Other problems related to the sensitivity of the issue and the general level of denial encountered on many fronts.

The partnership with Hürriyet was problematic—at first. In a sense, there was a clash of cultures between UNFPA’s approach, which is based on consensus and coalition-building and the company’s way of working. However, both parties decided to continue their joint efforts since their strategic interests were the same. Close collaboration, collective problem-solving and successful implementation of joint activities solidified the partnership over time.

PARTNERS

- The *state ministry responsible for women's issues* is the lead partner in the campaign.
- The *General Directorate on the Status of Women* was UNFPA's main partner in the project under the Third Country Programme.
- The *Turkish Football Federation* supported the campaign by mobilizing super league football clubs and granting permission for the clubs' involvement.
- The *Turkish Journalists Federation*, comprising 62 journalists associations, was the main partner for two major activities concerning media professionals—the Young Journalists Award and media training.
- In addition to her role as *campaign spokesperson*, Demet Akbağ also mobilized other actors and musicians to support the campaign and has been working with UNFPA to increase its public visibility.
- The members of the *State Polyphonic Choir*, a government-owned institution, also give visibility to the campaign by using their artistic talents and reaching out to people through Turkish folk music.
- *Media sponsors (national television channels)* agreed to broadcast the campaign film spot throughout Turkey.
- The *'Pitstop' advertising agency* provided pro-bono work for the campaign.
- Within the scope of the two campaigns, UNFPA collaborated with *Hürriyet newspaper* to organize an international conference on combating domestic violence.

LESSONS LEARNED

When UNFPA decided to do something at the national level to combat violence against women, the mission statement was 'combating violence against women with the collaboration of everyone in society, from Government to private sector, from NGOs to international organizations'. At the same time, UNFPA also understood that if it did not have the full support and ownership of Government, the campaign would not succeed. This proved true throughout the process.

UNFPA's role as a public catalyst and facilitator also meant learning to deal with the competing interests of stakeholders. The role was new to many UNFPA staff, so the learning curve was fast and occasionally frustrating. In the process, UNFPA staff learned the importance of:

- Gauging the right timing for UNFPA interventions
- Having hard data on social issues
- Understanding every stakeholder's agenda and representing them faithfully to overcome perceived conflicts of interest
- Getting all partners around a table and making them talk. Human contact is often necessary to clarify issues.

It was also recognized that success requires a combination of political, technical and operational skills, which can be applied separately or together for maximum impact.

Other lessons learned:

Effective public information campaigns need broad-based commitment from multiple players in society to be effective. Such campaigns can also be catalysts for change when accompanied by policy-oriented advocacy strategies.

Detailed but flexible planning is essential to enable all partners to stay on track and to take advantage of new opportunities as they emerge. Working with multiple partners requires a highly organized programme, however that does not mean that plans should not change. When different partners join the process, the programme should be reviewed. For example, once *Hürriyet* became involved, the programme and the activities of the campaign were reviewed and another large event was added. Because of the campaign's high visibility, other partners, including the Polyphonic Choir, joined in and the programme was changed again.

UNFPA's greatest contribution was the use of its UN platform and technical skills to facilitate an enabling environment for public awareness, partnership-building, collective learning, programme development and the strengthening of capacity. UNFPA will continue its role as catalyst throughout the Fourth UNFPA Country Programme for Turkey. However, it is clear that the public discourse about violence against women in the country has already begun to shift.

In spite of limited resources—human and financial—considerable change can be achieved through effective planning and pooling of resources, proving that the sum of the whole is greater than the individual parts.



MEXICO: ADDRESSING FAMILY AND SEXUAL VIOLENCE THROUGH PUBLIC POLICY

Starting in 1999, a series of initiatives were undertaken in the health sector to address family and sexual violence in Mexico. This included the development, in 2004, of a comprehensive model to prevent and respond to such violence, which links health services with legal assistance and community-based initiatives in 12 states and the Federal District. Today, thousands more women survivors of violence in Mexico are receiving help, due to the collaborative efforts of civil society organizations, government institutions and international agencies, including UNFPA. But much more work remains to be done to meet the demand and to break down the cultural barriers that keep sexual violence hidden and women in subservient roles.

THE CONTEXT

The proportion of people living on less than \$1 a day in Mexico has fallen to 14 per cent, according to the Economic Commission for Latin America and the Caribbean. Nevertheless, in absolute numbers, Mexico is one of three countries in Latin America with the highest number of people living in extreme poverty. Disparities in income levels are pronounced in some areas of the country and among certain population groups.

Mexico has a population of 106.5 million people. Although the fertility rate has dropped to 2.1 children per woman, the total population is still growing at around 1.1 million people per year, due to the high fertility rates of the past.¹ Nearly 12 per cent of women in Mexico have had their first child during adolescence, and the use of contraceptives among people in this age group is still very low (11 per cent).² At the national level, 7 per cent of births lack trained health personnel; however, among the indigenous population, the proportion rises to 20 per cent. This explains, in part, why infant mortality rates are 50 per cent higher among indigenous people compared to the national average and maternal mortality rates are three times higher.³ An estimated 160,000 Mexicans were living with HIV in 2003, and an additional 20,000 people are infected annually.⁴

Violence against Women in Mexico

Statistics vary on the prevalence of violence against women in Mexico. A National Survey on the Dynamics of Domestic Relations,⁵ carried out in 2003, revealed that nearly half of women who were married or in union had experienced at least one incident of violence at the hands of their partner in the previous year; nearly 8 per cent reported incidents of sexual violence during the same time period.

A National Survey on Violence against Women,⁶ also carried out in 2003, found that among women using public health services, one in three had suffered violence in an intimate relationship during their lifetime; one in four had experienced such violence during pregnancy.

The same survey found that 17 per cent of women reported that they had been victims of sexual violence at some point in their lives; nearly 8 per cent of women had experienced sexual violence before the age of 15. Most often, the perpetrator was the girl's father, stepfather or other family member. The survey also revealed that sexual violence tends to be hidden when it is caused by somebody emotionally involved with the victim.

1 Population Council of Mexico, 2002.

2 Ibid.

3 Ibid.

4 Joint United Nations Programme on HIV/AIDS. 2004 Report on the Global AIDS Epidemic.

5 Carried out by the National Women's Institute (INMUJERES) and the National Institute of Statistics, Geography and Information Technology (INEGI).

6 National Institute of Public Health. 2003. More than 26,000 interviews of women over 15 years of age using public health services at the national level.

Attitudes Concerning Sexual Violence

In 2004, IPAS, an international non-governmental organization, carried out research in five hospitals⁷ to identify attitudes towards sexual violence, the community resources available to address it and the services accessed by women affected by it. The main finding was that women do not regard sexual violence as a serious problem, and that 59 per cent of them believe that women are somehow responsible for it, particularly in the case of rape, regardless of whether the aggressor is known or unknown to the victim. The study also found that women in general do not have a say in decisions regarding the frequency of sexual relations. Reprisals against women who are not willing to engage in sexual intercourse vary from beating, infidelity, insults, humiliation and economic punishment.

More research is still needed to determine attitudes regarding family and sexual violence in rural and indigenous areas in Mexico. Nevertheless, testimonies from a number of indigenous women indicate that incest (mainly with the father) is common and is typically accompanied by beatings, mistreatment and alcohol abuse.⁸

“We must overcome the fear to talk.”
— Indigenous woman survivor of violence
in Guerrero⁹

MEXICO AND CEDAW

The Government of Mexico ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1981. It also ratified CEDAW’s Optional Protocol in 2002, which encourages investigations of serious or systematic violations of women’s rights incurred by a country member. That same year, two non-governmental organizations (NGOs), Equality Now and Friend House, requested that the CEDAW Committee draw up an investigation concerning the disappearance, rape and homicides of women in Ciudad Juárez, Chihuahua, Mexico.¹⁰

Mexico was the first country in which the Committee agreed to carry out a case investigation deriving from the Protocol. In its 2002 report, the Committee states that “the majority of official sources agree that more than 320 women have been murdered in Ciudad Juárez, while the civil society organizations with which the Committee met, specify 359.” It also noted that “it is imperative to promote a structural change in the society

and culture that has permitted and indulged such violations against human rights.”

Significantly, a report from the Commission to Prevent and Eradicate Violence against Women in Ciudad Juárez¹¹ noted that “female homicides are perpetrated mainly against poor women in low-level urban areas.” The CEDAW Committee’s report responded that it is fundamental to consider the cultural framework that supports the perceptions, attitudes and practices towards women and the conflict-resolution processes between men and women.

Discrimination against Women

Since the 1970s, Mexico has amended its Constitution to incorporate the principle of legal equality between men and women. Important constitutional modifications were also made to prohibit all forms of discrimination, and a Federal Law against Discrimination was established.

In the 1990s, institutes for the advancement of women and commissions on human rights were created at both the national and local levels. Within the Ministry of Health, a National Centre for

Gender Equity and Reproductive Health was established, which is responsible for the prevention and treatment of gender violence within the context of reproductive health care. These institutions have played a strategic role in the fight against various forms of discrimination, particularly discrimination against women. However, as revealed in the First National Survey on Discrimination in Mexico, which was released in 2004, the challenges remain daunting:

- Nine in ten women believe that there is discrimination against women in Mexico; one in five thinks that women are responsible for such discrimination.
- The rights of women that are least respected are: women’s right to have a fair-paying job (64 per cent); to receive equal treatment before the law (63 per cent); and the right not to be a victim of violence (63 per cent).
- One hundred per cent of Mexican men surveyed said that beating women under any circumstances was unjustified. Still, 15 per cent of men said that girls’

7 In the Federal District and state of Mexico.

8 Terrazas, Beatriz. Quarterly report of project activities in health centres for indigenous women.

9 Testimonies of indigenous women, courtesy of Beatriz Terrazas, ALCADECO.

10 Data obtained from a visit of CEDAW experts in 2003. After this emblematic case, a national investigation was initiated by the Chamber of Deputies on the magnitude of female murders in the Mexican Republic. Mexico Report, produced by the Committee for the Elimination of Discrimination against Women, under the 8th Article of the Optional Protocol of the Convention and the reply from the Government of Mexico, 2005.

11 Second Management Report from the Commission to Prevent and Eradicate Violence against Women in Ciudad Juárez from the Government Ministry, August 2005.

education should be limited since they will eventually get married.

- Discrimination in the household was also revealed: The survey showed that nearly half of those surveyed believed that girls should be given less freedom than their brothers; that domestic responsibilities are the domain of females (44 per cent); that girls should not be allowed to study (22 per cent); and that the greatest suffering at home derives from family violence (26 per cent).
- In the workplace, the survey showed that almost 40 per cent of men consider that women should work in tasks inherent to their gender; 30 per cent think it is normal that men earn more money than women; 22 per cent think that women have less capacity to hold important jobs; and 25 per cent would ask a woman job applicant to take a pregnancy test.

THE UNFPA COUNTRY PROGRAMME¹²

In coordination with the National Population Council, UNFPA is implementing its Fourth Country Programme for Mexico for the period 2002-2007. The main objective of the programme, which has a total budget of \$12 million,¹³ is to contribute to the welfare of the Mexican people and to reduce poverty by improving the balance between population and resources and increasing the use of reproductive health services. Consequently, the programme aims to promote sustainable regional development, the improvement of reproductive health, the full exercise of sexual and reproductive rights, and advancements in social and gender equity.

All programme interventions were conceived of and are being implemented from a gender perspective. In some of them, gender equity issues are not only cross-cutting, but constitute core objectives. This includes projects for non-formal education on sexuality, emphasizing the prevention of sexual violence, and the development of information and communications campaigns on sexual and reproductive health and population issues (in Hidalgo). A programme for preventing maternal deaths in migrant women in Oaxaca is under way, along with the implementation of a communication model on sexual and reproductive health for the indigenous population in Chiapas. Women's empowerment and participation are central themes in projects cost-shared with the United

Nations Foundation/UN Fund for International Partnerships.

The Country Office in Mexico has also provided technical and financial support for NGO initiatives addressing sexual violence, including radio programmes on family violence and on promoting male responsibility in sexual and reproductive health; a project on sexual education aimed at young indigenous men in the Sierra Tarahumara; and the planning phase of a project involving girls who live on the streets.¹⁴

THE PROJECT

The subject of this case study is the Mexico component of a regional project called 'Implementing a Strategy for Comprehensive Care for Survivors of Sexual Violence in Latin America: Linking Health Services, Legal Services and Community-based Initiatives'.

Both the regional programme, which so far involves Bolivia, Brazil and Nicaragua,¹⁵ and the Mexico project are being implemented by IPAS. The overall objective of the Mexico project is to improve the access of women and adolescents to integrated services for the prevention, detection, treatment and recovery from sexual violence, starting from a rights perspective.

A key UNFPA contribution to the project was the conceptual framework outlined in *A Practical Approach to Gender-based Violence: A Programme Guide for Health Care Providers & Managers*. The guide, which was developed by UNFPA and piloted in ten countries, pioneered a modular approach to integrating the assessment and treatment of gender-based violence into reproductive health services. The idea is that the health care system should serve as the main axis in a multisectoral network that provides survivors of violence with comprehensive care, including social, psychological and legal services.

Throughout the design and implementation of the project, the following principles were upheld: focusing on the needs of victims; emphasizing women's empowerment; using the health sector as a starting point for actions relating to the detection and prevention of violence; providing a comprehensive set of services for the treatment and rehabilitation of victims; and taking the project to scale.

¹² Ref. DP/FPA/MEX/4-www.unfpa.org.mx

¹³ This includes \$5 million from regular resources and \$7 million through co-financing modalities and/or other, including regular, resources.

¹⁴ Mexico Country Office Annual Report, 2004.

¹⁵ In 2003, a regional meeting was held with representatives from Bolivia, Brazil, several Central American countries and Mexico, IPAS, the Government of Mexico, the Ministry of Health in Mexico City, UNFPA Headquarters, UNIFEM, regional technical support teams from Ecuador and the Dominican Republic and other experts in the field.

RESULTS

- Originally, the project was to be carried out in hospitals and health centres located in three of 16 political subdivisions of Mexico City and in three rural municipalities in Michoaca state. However, the demand for services resulted in the expansion of project activities to the following states: Chihuahua, Southern Baja, California, the Federal District, Tlaxcala, Hidalgo, Mexico, Guanajuato, Michoacán, Querétaro, Zacatecas, Yucatán and Guerrero.
- A Model for Integrated Attention to Victims and Survivors of Sexual Violence was developed and institutionalized through the Ministry of Health. The model is now being implemented in 12 states and the Federal District. It has also influenced related public policies, including a proposal on a new Mexican Official Norm on Family Violence, which outlines a more detailed approach for responding to sexual violence. Among other contributions, the norm establishes standards for an integrated response to women victims of violence in Mexico City.
- More than 5,400 personnel in the health and legal sectors received intensive training:
 - Health and justice system personnel were brought up to date on legal issues relating to violence in Mexico, with an emphasis on sexual violence.
 - Health professionals learned about their rights and responsibilities towards victims of sexual violence. They also received training based on the UNFPA handbook, *A Practical Approach to Gender-based Violence: A Programme Guide for Health Care Providers & Managers*.
 - Social workers in seven states attended workshops focusing on case detection, specialized counselling, legal issues, referral and counter-referral.¹⁶
 - Gynaecologists and obstetricians in seven states were trained in the theoretical aspects of and technical protocols for the detection and treatment of women victims of violence.
 - Awareness-raising materials were prepared on family and sexual violence and women were informed of the services at their disposal. A mobile unit was set up at hospitals participating in the project to provide legal counselling and emergency psychological support to women victims of violence and, if required, referral to specialized support centres.
- Specialized services for survivors of sexual violence were established in eight hospitals—in Southern Baja, California, Tlaxcala and Guerrero. Five hospitals—in Mexico City and in the states of Mexico and Hidalgo—have become centres of excellence, providing specialized services for victims, conducting related research and serving as demonstration centres for attention to sexual violence.
- A system to evaluate the quality of services provided was implemented and a simple computing system set up.
- In six states, a diagnosis of needs in terms of the justice system was carried out, and forensic experts trained.
- A course on human rights for judges, prosecutors and other justice officials, and policemen was carried out in Ecuador, in a regional exchange of experience.

IMPLEMENTATION PROCESSES

A basic tenet of a rights-based approach is consideration of the needs and aspirations of beneficiaries in the design of any project. A survey undertaken among women using health services in Mexico City and the state of Mexico was used to help determine women's perceptions on sexual violence. The survey was accompanied by a diagnosis of the critical route followed by women victims of violence and an evaluation of the services they received. A video of testimonies from these women was made to call attention to their plight.

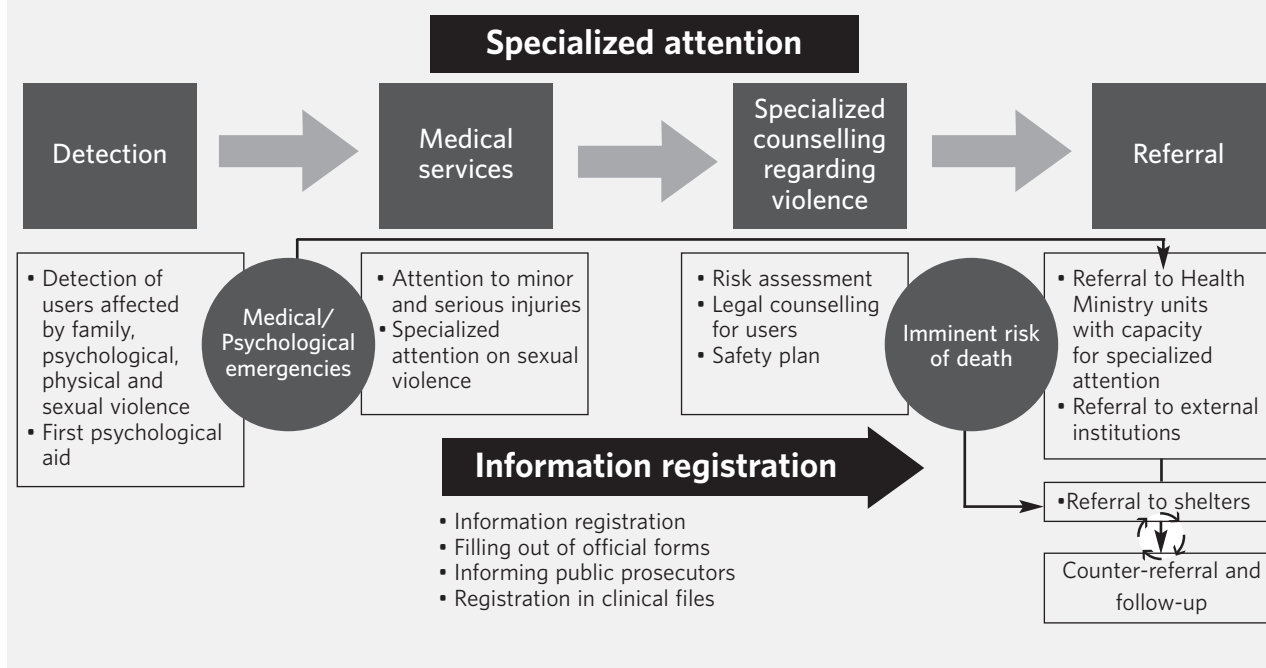
An analysis of 25 institutions dealing with prevention and response to sexual violence identified the difficulties encountered by the health sector in providing comprehensive services to victims, including lack of coordination and duplication of tasks.

Based on this information, a model was developed that seeks to address different dimensions of the problem, for example, the consequences of sexual violence on a woman's physical health, emotional status and social life, as well as the legal ramifications of this type of abuse (see Figure 1). It also seeks to reinforce coordination among institutions and sectors, depending on the needs of a particular woman.

The model was then tested out in hospitals and health centres. Once deemed useful and practical by a large number of doctors, nurses, social workers, psychologists and other health personnel, the model was adopted at the national level by the Ministry of Health.

¹⁶ Referral and counter-referral are components of the rehabilitation process covered by the Model for Integrated Attention. The health sector may refer a victim to specialized units within the health sector or make a counter-referral to external institutions for the rehabilitation of the victims. These include institutions that provide legal advisory services, employment opportunities, information on shelter networks and other local services. The health sector is in charge of monitoring the response of these institutions.

FIGURE 1. MODEL FOR INTEGRATED ATTENTION TO VICTIMS AND SURVIVORS OF SEXUAL VIOLENCE



Within this general framework, the following issues were addressed:

The ‘denaturalization’ of violence against women.

Mexico is making progress in building a rights-based culture; therefore, the main message of the project is that violence is not a ‘natural’ aspect of intimate relationships, but a violation of human rights. Efforts are required to ensure that attitudes, behaviours and practices that lead to violence are recognized as such. According to the minister of health in the Federal District of Mexico, “It is a process that goes down to the roots of the problem.”

Increasing the visibility of sexual violence. Since the majority of sexual violence cases are perpetrated by individuals close to the victim, it is difficult to make the abuse publicly known. According to the project coordinator, bringing such cases to light will require greater awareness that sexual violence is a felony and a reduction in the stigma and myths associated with being a victim of sexual assault.

Prevention. The ultimate objective of the Model for Integrated Attention to Victims and Survivors of Sexual Violence is prevention, through the promotion of a non-violent culture and the peaceful resolution of conflicts. The challenge entails a profound shift in the beliefs, stereotypes and attitudes related to the social value of men and women and in the dynamics of power between them—within families, communities and society as a whole.

Detection. As part of the same model, it was decided to include policies and procedures to identify people living in or having experienced violent situations in order to give them special attention. The project proposed that detection by the health sector should be carried out in the doctor’s office and through community work.

Care of survivors. According to the model, attention to victims starts with the identification of a violent situation and continues with specialized counselling, risk evaluation, a security plan, legal information, essential and specialized medical attention (including prophylactic treatment for the prevention of unwanted pregnancy and sexually transmitted infections, in the case of sexual violence), referral, counter-referral and monitoring. Within the health sector, rehabilitation is limited to the referral, counter-referral process and monitoring.

Role of the legal sector. Currently, legal discrimination continues to be one of the main problems faced by women victims of violence. According to the National Programme for a Life without Violence, “In Mexico, there is still a culture that doubts an aggressor’s guilt and assigns responsibility to the victim, so she is not given the attention she deserves.”

A great deal of progress has been made, especially in Mexico City, by establishing connections between the health sector, the legal sector and the community. This was accomplished by bringing together public officials with women and staff from the Centre for Support

Therapy and the Provision of Justice to define what is needed in terms of better services. However, despite this progress, more reforms on violence against women are needed, especially since administrative and legal procedures continue to be slow and do not respond to the international regulations protecting victims' rights.

Awareness-raising on women's rights and community work.

An important component in the fight against violence is the promotion of women's empowerment¹⁷—to help women recognize that they have certain rights and can thus demand certain services. The project also emphasizes the need to improve women's economic independence.

IPAS is currently assessing needs at the community level and is preparing new strategies to start this phase of the project. The organization plans to work in certain geographic areas and establish alliances with schools—working with adolescents and male and female teachers as well as with health services users. Youngsters will be trained to become promoters of a non-violent culture among their peers.

The ultimate aim is to identify supportive institutions that are already located within the community that can be used to facilitate the process. These can be civil society organizations or government institutions. Experience in projects promoting the prevention of violence demonstrates that it is more effective to work with children and adolescents than adults.

MEDIATION AND NEGOTIATION

A major limitation in the project has been the stigma attached to sexual violence and the negative attitudes of service providers in dealing with violence-related problems. Both problems are being tackled through sensitization and training. However, the huge demand for training, technical assistance and follow-up of cases has been way beyond the current capacity of the project.

The following challenges were identified in implementing the model, and will continue to represent areas of negotiation:¹⁸

- Low priority is given to the issue of violence against women by public institutions. Even though the problem has been formally recognized, limited resources have been allocated to prevent and combat it. Furthermore, the supporting infrastructure is poor,

which creates problems for the institutionalization of programmes that respond to victims of violence.

- The legal framework is still insufficient. The various legal regulations at the state level show 'inconsistencies, vacuums and contradictions'. Also, the backlog in attention to victims of family and sexual violence is due, in large part, to deficiencies in the justice system, including lack of sensitivity to and knowledge of the issue, corruption and other factors.
- Accumulated aggression towards women victims of violence is demonstrated at many levels. This ranges from inadequate social recognition of the problem to unsatisfactory institutional development of conceptual frameworks, methodologies, tools, techniques and protocols to prevent and combat it. For women seeking help, this aggression often manifests as endless bureaucratic procedures or other situations they are unable to face.
- Service providers lack standardized information systems to document incidents of sexual violence. Nor is there adequate inter-institutional communication in the follow-up of cases. There are also problems with the confidentiality and accuracy of registries, which impede referral and counter-referral follow-up.
- External communications efforts are not carried out in a coordinated manner. As a result, awareness campaigns are intermittent and isolated and have a low impact. Though the media is generally receptive to the issue of sexual violence, much of the material produced on the subject lacks a gender perspective.

PARTNERS

UNFPA is supporting the project through financial and technical assistance, developing alliances with other organizations and individuals working in the same field, and by enabling IPAS to prepare a regional programme and promoting it in other countries and among potential donors. At the regional level, UNFPA is supporting IPAS in the evaluation of care services, through interviews with women users.

The project is being implemented by IPAS, an international civil society organization working in 30 countries. Partners include the Pan-American Health Organization and the UN Development Fund for Women (UNIFEM); various IPAS donors around the world, the Ministry of

"I feel stronger, as if I am really defending my rights...."

— Woman survivor of sexual violence

¹⁷ Empowerment is defined in the widest sense, as the expansion of freedom to choose and behave.

¹⁸ Mexican Ministry of Health. 2004. Integrated Model for the Prevention and Attention of Family and Sexual Violence.

Health at the national and state levels; the Mexico City government; justice system personnel; and hospital and health centre staff.

LESSONS LEARNED

The work of women's groups and other non-governmental organizations is key to 'denaturalizing' violence against women. The first initiatives to provide assistance to female survivors of violence in Mexico came from non-governmental organizations, which provided psychological, legal and medical care. At the same time, academic organizations began researching the subject. Both groups contributed to the initiation of laws that were eventually submitted to the legislature. More recently, a number of NGOs have been working with men on direct interventions and campaigns to prevent violence against women. Nevertheless, efforts in this area, especially those involving institutional capacity-building, remain a major challenge.

Based on experiences such as the murders of women in Ciudad Juárez, which represents an extreme example, efforts are now being made in Mexico to position the security of women as a key issue on the public agenda. Such efforts have encouraged some civil society organizations to develop a specialization in this issue, and to raise the awareness of decision makers as to its impact on public policies.

The impact of the UN's work is multiplied when it builds the indigenous capacity of civil society organizations. The needs related to women victims of violence are enormous, and it is important to strengthen those NGOs working on this issue and to promote the creation of new NGOs devoted to the provision of legal support, protection of women and to carrying out community-based work on violence-related issues. At present, according to the project coordinator, "the few existing NGOs are on their own."

Increasing women's economic self-sufficiency is key to breaking the cycle of violence. In addition to recognizing violence against women as a human rights violation, a comprehensive strategy must also be developed to strengthen women's financial autonomy. Without some means of earning an income, the options for women victims of violence seeking to improve their situation are limited. Women's empowerment and the development of their capabilities are closely related to their economic self-sufficiency and the real possibility of emerging from the cycle of violence.

Strengthening the justice sector is critical to effective response. Despite changes in the legal framework and sensitization strategies targeted to justice officials, reforms relating to violence against women in Mexico have been insufficient; the administrative and legal procedures continue to be slow and are not subject to international regulations protecting victims' rights. A protection system that reacts at the first signs of violence would limit situations such as those in Ciudad Juárez, in which hundreds of women and girls were needlessly killed. Such a system requires legal reforms as well as strong links between the justice and health sectors to ensure that service providers get the necessary support when reporting cases of violence to the Attorney General's Office.

"It is very hard and cruel to see how society points at us; it watches us but grants no support."

— Woman survivor of sexual violence

Cultural prejudices relating to violence against women are a major obstacle. At all levels, from policemen to judges, the issue is still perceived to be a private matter. Rather than receiving help, women victims of violence are often told "to go and solve your personal problems with your husband."

Changing the attitude of health providers is an important first step in developing a comprehensive network of services for women survivors of violence. Work in hospitals has been the main implementation axis of the project. One of the project's most important achievements has been improvements in the quality of services provided to survivors of sexual violence through voluntary training of doctors, nurses and social workers in 38 hospitals and 144 health units. The training began with a survey to determine the prevailing attitudes and perceptions of the staff on the subject of violence against women.

Demand for support services for women survivors of violence has exceeded expectations and the capacity to provide services. While an average of 300 women a year were expected to receive assistance at Atizapan Hospital, a centre of excellence in Mexico state, the figure had already reached 500 women in the first six months alone.

As a result of sensitization and training, health sector staff realized what they can do to support victims of violence and gained an understanding of the legal framework in which they work. They have become empowered by that knowledge, and are now aware of their own obligations and rights.

Reliable data on violence against women and case follow-up are important in developing effective programmes. Those who work in the health sector

in Mexico have noticed a correlation between violence against women, low educational levels and low incomes. However, the country has no reliable system of data collection to prove that such a relationship exists. Mexico is moving forward in developing research in this area. But at the moment, there is no profile of women seeking support, little information on the number of women who have been assisted and even less documentation on women who have been able to escape the cycle of violence. Such data is important in the development of effective programmes. According to IPAS, such programmes would likely involve income-generating schemes, since the majority of the women with whom IPAS has worked are poorly educated and totally dependent financially on their partners.

“I went to therapy with a psychologist and it helped me very much, not to forget, but to overcome the problem.”

— Woman survivor of sexual violence

A permanent learning environment can be created through both training and the establishment of centres of excellence.

The project’s sensitization strategy involved the training of thousands of service providers. But experience showed that a more focused strategy was needed to prove the efficacy of the model. The idea subsequently arose of creating centres of excellence, in which trained teams are thoroughly evaluated to verify their capacity to provide comprehensive care services to women, ranging from detection of abuse to medical care and legal advice. A great deal of energy and resources were put into these centres, with the idea that they, in turn, will become a training ground and model for other institutions.

One of the hospitals chosen as a centre of excellence is the General Hospital in Atizapan. As of June 2005, 562 women had been treated and 421 health staff had been trained. Eight additional centres have been established or are in the process of being set up in the Federal District, Hidalgo, Guerrero, Tlaxcala, Southern Baja, California and Mexico state.

According to the deputy director-general of gender equity in the Ministry of Health, the challenge is to monitor these centres with the goal of demonstrating that the Model for Integrated Attention to Victims and Survivors of Sexual Violence is both a practical and replicable tool for addressing violence against women.

Counselling must be available to women—to advise them of their rights and to inform them of the legal protection available to them. The Women’s Institute has established a telephone hotline for women victims of violence. The hotline operates at the federal level and

in some states of the country. The Model for Integrated Attention to Victims and Survivors of Sexual Violence proposes the use of these hotlines as intervention centres in cases of crisis and as a referral system for poor women who may be unaware of their rights under the law.

Further advances are needed in the area of prevention and to reinforce community participation. Important advances in responding to survivors of domestic violence have been achieved in Mexico. Nevertheless, there

is still much to be done in the area of prevention—in moving from a curative to a preventive approach.

The most critical challenge is enabling women to escape from the cycle of violence. Dependency and co-dependency relationships within a family group living in violence are

extremely complex. Thus, it is essential to intervene in a timely way, that is, to detect violence as early as possible, in its incipient stages.

Another challenge is to ‘delegitimize’ violence in a society that condones its use to resolve conflicts. According to the director of Alternatives in Training and Development (ALCADECO), work in this area must be carried out “in schools, in the community, in the different sectors of the population, with children, youngsters, adults, and in some social and sports centre.” He considers that the problem of violence in general, and sexual violence in particular, is a social problem that is determined by economic, cultural, political and gender factors that are related to exercise of power over one person by another. For this reason, any solution regarding the prevention of violence must be addressed in the early years through education, using a gender and rights-based approach.

The empowerment of women and girls is especially relevant in any strategy to prevent sexual violence. But to be sustainable, community participation and, particularly, male participation in these efforts is needed to foster cultural change and to reinforce a project’s sustainability.

PRACTICES THAT WORK

Positioning violence against women as a public health issue can be an effective initial strategy to draw attention to the issue. Though multiple factors (cultural, social, economic) contribute to violence against women, the strategy employed by the project was to position it as a public health priority. The arguments used to make that case revolved around the magnitude of the problem, the costs and consequences to women’s health, including

forced pregnancies, sexually-transmitted infections (including HIV) and abortion.

One benefit of positioning the issue in this way is that it puts the material and human resources of the health care network at the service of women victims of violence. Health care staff assumed responsibility for responding to the health needs of victims and provided referrals for other aspects of care.

Building the capacity of the health sector to respond expeditiously to the problem of violence against women. In a relatively short period of time, Mexico was able to make major advances in institutionalizing a response to women survivors of violence. In 2000, the Ministry of Health began implementing federally regulated guidelines (NOM-190-SSA1-1999) for medical attention and orientation of cases on family violence arriving at health centres. The application of this regulation is mandatory for all service providers, be they public or private, throughout the country.

One year later, the Ministry of Health created the Woman and Health Programme, which coordinates activities related to prevention and response to family and sexual violence.

Currently, the Government is revising its guidelines on the treatment of women survivors of sexual violence, partly in response to advocacy efforts carried out by IPAS and other civil society organizations. While working with the health sector, IPAS realized that health care staff were very sensitive in dealing with victims of sexual violence, but that they were unsure of how to handle such cases, aside from treating any physical injuries. Moreover, the staff were fearful about the legal ramifications of their help—that is, of having to become involved in trials—and were unsure about whether or not to report the incident. In view of the above, the project focused mainly on strengthening the health sector as the articulating axis in providing comprehensive care to women survivors of sexual violence.

Institutionalizing an integrated model for preventing and responding to domestic and sexual violence. In Mexico, the project represents the first initiative to institutionalize a comprehensive response to women survivors of family and sexual violence. A key factor in its success was the budget allocated through the health sector.

Providing shelter and care to victims and their families, including psycho-therapeutic counselling. Government-run Centres for Attention to Victims of Family Violence were opened in Mexico City in 1991. However, there is only one Therapeutic Support Centre

for Victims of Sexual Offenses, and the demand for services exceeds the centre's capacity.

The director of the Therapeutic Support Centre explains that "Psycho-therapeutic support is one component of the comprehensive attention provided by the centre. It is very important to victims," she adds, "since it allows women, boys and girls to face up to the fact they were sexually assaulted, and are not to blame."

Relatives also receive counselling, since they are affected by the victim's suffering and because the family unit is sometimes altered significantly by violent relationships. To support women attempting to leave an abusive situation, the centre provides information on organizations, institutions and networks that can provide supportive services.

According to the centre's director, a major challenge will be the establishment of similar centres at the national and local levels. This will require specialized training for health care personnel as well as easy access to legal services. Absolute confidentiality—and knowing that they will be treated with dignity and respect—is essential to ensuring that survivors of sexual assault will feel confident about using the centre's services and revealing their problems.

Multiplying the impact of the project by extending technical assistance to other countries in the region that have similar problems. In 2003, with UNFPA support, the project provided technical assistance to similar initiatives in Bolivia, Brazil and Nicaragua. This 'horizontal' cooperation enabled other countries that share certain cultural affinities to benefit from lessons learned in Mexico.

"The Population Fund selected this project as a case study within the international context because it is a pioneering initiative, not only in Latin America but worldwide," according to the UNFPA Office in Mexico. "It is pioneering since it provides comprehensive attention and seeks alliances with the health sector, with legal services and with community-based support."

Creating a network of alliances. The project represents the efforts of a civil society organization, international agencies, including UNFPA and UNIFEM, and federal and local government bodies. This institutional mix has the advantage of combining international expertise on the subject of violence against women with the local knowledge possessed by a network of hospitals and health centres. A major benefit for the sustainability of the project is that IPAS, as a civil society organization, will remain a permanent follow-up mechanism, in spite of possible political changes in Government.

9 BANGLADESH: COMMUNITY PRESSURE GROUPS CHALLENGE AGE-OLD VIEWS ON VIOLENCE AGAINST WOMEN

Child marriage and the giving and receiving of dowries are major factors in the continuation of domestic violence in Bangladesh. Laws have been passed that criminalize both practices, but they are difficult to enforce, especially in rural areas where custom and tradition tend to govern social life. An advocacy project supported by UNFPA has worked from the grass roots to change the cultural beliefs and practices through which violence against women persists. A host of community groups, made up of civic and political leaders, imams, village elders, schoolteachers, mothers-in-law, young people and others are challenging age-old practices, and proving that culture is anything but static.

THE CONTEXT¹

Bangladesh is relatively small in size (144,000 square kilometres, an area about half the size of Italy), but large in population (131 million). The country is predominantly agricultural, with the majority of the population living in rural areas and dependent on subsistence farming. More than half the rural population and over a third of those residing in cities and towns live in absolute poverty, on less than \$1 a day.² Politically, Bangladesh has been a parliamentary democracy since 1990.

Contraceptive use has risen steadily in Bangladesh—from about 8 per cent in 1975 to 58 per cent in 2004. During that same period, the fertility rate was cut in half, to an average of three children per woman in 2004. Infant mortality also dropped, from 153 deaths per 1,000 live births in 1975 to 65 in 2004. Life expectancy is 61 years for both males and females, according to a 2005 Bangladesh Demographic and Health Survey.

Since 1986, maternal mortality has been reduced by 50 per cent, and stands at about 320 deaths per 100,000 live births. Still, mortality related to pregnancy and childbirth accounts for more than a quarter of the deaths of women of reproductive age.

An unfavourable sex ratio persisting over time (Bangladesh is one of seven countries in the world where the number of men exceeds the number of

women) indicates continuing discrimination against women. The female disadvantage in child mortality remains unchanged, while the female-male gap in acute malnutrition has increased. Women continue to lag far behind men in literacy, though tremendous gains have been made over the last four decades. Women's participation in the labour force has also increased, however the majority of women are self-employed or working in the informal sector. Women receive lower wages for all kinds of labour, and the average income of women-headed households is 70 per cent that of households headed by men.

BANGLADESH AND CEDAW

Bangladesh is committed to gender equality and women's empowerment and has taken initiatives in this regard. The Government has ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child, the International Conference on Population and Development (ICPD) Programme of Action, and the Beijing Platform for Action and has adopted proactive policies and programmes for women's advancement.

Nevertheless, custom and tradition continue to create obstacles to women's empowerment, and violence against women—mainly the abuse of women and girls in the family because of child marriage and the practice of dowries³—remains a problem. Various surveys have found that 50 per cent of female spouses experience

¹ Unless otherwise noted, statistics in this section are drawn from the 'Statistical Profile of Women in Bangladesh', published jointly by the Ministry of Women's and Children's Affairs and the Bangladesh Bureau of Statistics, Government of Bangladesh, December 2002.

² Ministry of Finance, Government of Bangladesh. October 2005. 'Unlocking the Potential: National Strategy for Accelerated Poverty Reduction'.

³ A study in Bangladesh showed that marriages involving dowry and other demands from the husband's side are a risk factor for physical violence. Women in these marriages are 1.8 times more likely to be physically assaulted by their husbands than women from whom a dowry is not expected.

physical abuse at the hands of their husbands, and 14 per cent of deaths during pregnancy are reported as resulting from injury or violence.⁴

The concept of equality is embedded in the Constitution of Bangladesh. But despite civil and criminal laws that protect women, patriarchal interpretations of the laws predominate. Discrimination persists because of cultural attitudes that discourage the lodging of complaints, on the one hand, and the fact that the laws are not enforced, on the other.

Discrimination against women in marriage, divorce and inheritance is another culture-bound issue that is reinforced by custom and tradition. As a result, Bangladesh failed to ratify Articles 2 and 16.1(c) of CEDAW that maintain that women and men should have the same rights and responsibilities during marriage and its dissolution. The Government recognizes the need for reforms in this area, but stresses that reforms need to be socially accepted before they can be officially sanctioned. Awareness-raising programmes on equal rights for women are therefore being implemented, with assistance from women's organizations, NGOs and other civil society groups, and international agencies such as UNFPA.

Though Bangladesh has ratified all CEDAW articles with the exception of these two, action to eliminate, amend or re-enact discriminatory laws is yet to be initiated. Moreover, the impact of the existing legal system and other public policies on gender is still not being monitored. Bangladesh presented its fifth periodic report to the CEDAW Committee in July 2004. Among the recommendations of the committee to Bangladesh were the following:

- Adopt a constitutional definition of discrimination that conforms with Article 1 of CEDAW
- Reform all laws in conformity with CEDAW
- Introduce legislation to criminalize domestic violence
- Provide legal protection from *fatwa* that instigate violence
- Introduce comprehensive strategies to combat trafficking
- Introduce a uniform family code for different communities
- Introduce gender-sensitive training for public officials, including law enforcement, judiciary and health services personnel
- Formulate a gender-sensitive policy for migrant workers

- Introduce temporary measures to encourage women's political participation and representation in parliament.

THE UNFPA COUNTRY PROGRAMME

The Sixth UNFPA Country Programme for Bangladesh covered the years 2003-2005 and had a budget of \$18 million. Its goals were to improve the situation of women and the family by addressing reproductive rights and gender-based violence. The programme sought to:

- increase use of quality reproductive health services
- promote gender equity and equality through male participation, reduce gender-based violence and increase the number of women decision makers in politics and civil administration
- instil positive behaviour changes among youth and men in the area of sexual and reproductive health
- increase national capacity in reproductive health and population policies and programmes, in line with the ICPD Programme of Action.

These goals were pursued through programmes in reproductive health, population and development strategies, and advocacy.

The advocacy programme supported a government strategy that seeks to effect positive change on the attitudes and behaviour of people regarding their health. More than a dozen projects are being implemented to:

- Involve parliamentarians in population and development issues and religious leaders in human resources development
- improve advocacy on reproductive health and gender issues through mass communication and rural cooperatives
- Improve the welfare of garment worker and tea plantation families through reproductive health education and services
- Promote reproductive health education among adolescents through peer groups and youth clubs
- Introduce family life education through the non-formal education programme
- End gender-based violence through advocacy—the subject explored in this case study.

The training that was undertaken through the advocacy programme is extensive. For example, more than 28,000 religious leaders have been trained in reproductive

⁴ Ministry of Health and Family Welfare, Government of Bangladesh. October 2001. Bangladesh National Strategy for Maternal Health.

rights and health, gender issues and HIV/AIDS, and are serving as advocates on these issues in their communities. Parliamentarians and other elected officials, along with opinion leaders, including journalists, have also been sensitized to these issues.

THE PROJECT

'Advocacy to End Gender-based Violence through the MoWCA' was implemented by the Ministry of Women's and Children's Affairs, through its Department of Women's Affairs. The project became operational in April 2003 and was completed in December 2005. It had a budget of \$600,000, of which \$400,000 came from multilateral and bilateral sources.

The project carried out advocacy and awareness-raising activities to end violence against women and bring about positive change at the family and community level. Policy and decision makers at the highest levels of government were also targeted. Such changes were expected to create a more supportive environment for improvements in the health of women and the realization of their rights. For example, discouraging early marriage can help postpone pregnancy during adolescence, which can have detrimental effects on the survival, health and nutrition of the child and the young mother. Eliminating the practice of dowry can remove a prime cause of physical and mental abuse of women.

The project was carried out in 12 *upazila*, or subdistricts, throughout the country,⁵ reaching an estimated 2.4 million people. Activities included:

- Research on the construction of gender roles, especially as they relate to violence against women
- Sensitizing husbands and in-laws on the adverse physical, mental and social consequences of violence against women
- Empowering women in decision-making roles within the family
- Creating pressure groups in the community to advocate against domestic violence
- Changing the attitudes of service providers to ensure that battered women receive equitable treatment
- Bringing about policy changes that will help enforce existing laws related to violence against women through advocacy directed to policy makers (elected leaders/parliamentarians, senior bureaucrats, other opinion leaders)

- Disseminating research results and other information at multiple levels.

RESULTS

Mobilization of the Community

In Bangladeshi society generally, only physical assault that causes bodily harm is considered a crime. Domestic violence is widely regarded as a private affair and is therefore largely invisible. In Paba *upazila*, however, where this case study was researched, people have come to understand violence against women from a broader perspective (including psychological abuse), and it is now recognized as a punishable offence.

In Paba *upazila*, the project succeeded in bringing together men and women from all walks of life to discuss the issue of violence against women and to find solutions to the problem. Attendance was impressive in spite of heavy daily workloads.

People in Paba are now well-versed in the laws against child marriage, dowry and domestic violence. They also know that survivors, whether women or girls, can receive legal support by contacting members of the Union Council (the lowest elected unit of the local government body), schoolteachers, the *upazila* women's affairs officer and even the *upazila nirbahi* officer (the administrative head of the *upazila*). Many, however, report that the need for legal action no longer arises since community pressure appears successful in preventing and settling violence-related issues.

The head of the *upazila* says that people now think twice before engaging in violent behaviour in the family for fear of community opposition. He and other officials say that the incidence of violence has declined, including psychological oppression by mothers-in-law. This is especially noteworthy since Paba was selected as one of the project sites because it had the highest incidence of violence against women in the Rajshahi district.

Changed Attitudes about Child Marriage

As a result of the project, both men and women in Paba *upazila* are now aware of the legal age of marriage (21 for men and 18 for women) and the health hazards that can result when girls are married off at too young an age.

Moreover, the judges that register Muslim marriages, known as *kuzat*, have become more circumspect in their behaviour. By law, *kuzat* cannot register a marriage if the

⁵ For administrative purposes, Bangladesh is divided into six geographical divisions—Dhaka, Chittagong, Barisal, Rajshahi, Khulna and Sylhet—representing 64 districts and 500 subdistricts, or *upazila*. An *upazila* is made up of 8 to 10 unions.

bride or groom is underage. However, in the past, birthdates were frequently falsified at the parents' request. Today, *kuzat* are afraid to falsify documents, fearing that the community will challenge them, and that they could be prosecuted for violation of the Child Marriage Restraint Act.

Teachers are also becoming powerful agents of change, not only among children but in influencing the attitudes of parents and guardians. One schoolteacher described two cases in which female students came to him complaining that their fathers were negotiating their marriage. He immediately counselled the fathers and warned them that if they went ahead with their plans he would inform local leaders and legal action might ensue.

Changed Attitudes about the Practice of Dowry

Ironically, women in Bangladesh are major perpetrators of violence towards other women. The oppression they experience as wives and daughters-in-law is often internalized, and is typically expressed in aggressive behaviour towards their own son's wife. Such behaviour is exacerbated by the exchange of dowry.

Because it is an ingrained part of the local economy and culture, the practice of dowry is difficult to eradicate.⁶ Nevertheless, the project has successfully mobilized the community to reject it. The people of Paba *upazila* are now fully aware that, under the Dowry Prevention Act, the practice is a criminal offence, and that legal assistance is available to survivors of dowry-related abuse through various NGO and civil society organizations. Cruelty to wives to extract a dowry from their families is now rare because it is clearly understood that the community is against it. The people of Paba also know that the perpetrators of violence may no longer be able to escape punishment because local government bodies, such as the local village council, are all opposed to the practice.

Local government officials as well as teachers and imams all report that, today, no one in Paba *upazila* publicly receives or gives dowry and no bridal party dares to refuse to consecrate a marriage for non-fulfilment of dowry demands. The practice of dowry that does occur takes place underground, and the bullying or forms of extortion that do get reported are not without consequences. The realization is growing that demanding a dowry may turn out to be costlier than rejecting the practice.

Changed Attitudes about Domestic Violence

Dowries and child marriage—which leaves a young girl who is mentally and physically unprepared for marriage in a vulnerable situation—are the predominant causes of wife-beating and psychological torture. To the extent that these two practices are on the decline, the abuse of wives is also diminishing. However, physical and psychological torture of wives is also fuelled by the traditional domination of men and the relative powerlessness of women in decision-making.

Enhanced Roles of Women in Decision-making

Through the same process of group mobilization and advocacy, women in Paba are gradually gaining the confidence to assert themselves. Many in the community now believe that solving family problems should be the responsibility of both husband and wife. The ultimate result is that women are gaining more recognition and a better position within the family. Paba's women's affairs officer considers it an important step in addressing gender-based violence. At the same time, she says, women are assuming greater visibility in the public arena. In the Community Support Group meeting, for example, women now occupy the front seats, where they have become active participants in the discussion.

Growing Awareness about Reproductive Health

An immediate objective of the project was to create positive change in women's reproductive health. In separate meetings for women and men, discussions are taking place on the care of pregnant women. Knowledge is growing about the appropriate food during pregnancy, the necessity to avoid tension, physical injury or mental pressure, and the importance of rest and health care. One of the mothers-in-law admitted that she accepted traditional food restrictions during her pregnancy without knowing the reason why. But later, as she watched an instructional video and field workers explained the facts, she came to understand that foods such as beef and eggs are nutritious for women at all times and that food restrictions are superstition. The health-seeking behaviour of pregnant women has also changed for the better.

IMPLEMENTATION PROCESSES

Advocacy

All these achievements came about through advocacy efforts targeted at particular members of the communi-

⁶ The pressure on a bride's father to produce both material and financial gifts for the bridegroom and his parents is intense, and, in most cases, forces the bride's family to borrow money at high interest rates, or to sell whatever land they possess. The dowry system tends to increase greed among the bridegroom and his family. If the bride's family fails to meet their demands, the newly married woman can be subjected to abuse, including psychological violence, by her husband and in-laws.

ty, some of whom subsequently become advocates themselves. Most influential is the Union Community Support Group, which is composed of community 'gatekeepers'—those who wield the greatest influence and help shape the opinions of others. As such, they are a formidable social force.

Through the project, a variety of groups were formed, each with different responsibilities in terms of exerting peer pressure:

Union Community Support

Group. This is a group of around 100 people representing community leaders and gatekeepers, including imams and other religious leaders, local government officials, schoolteachers, NGO representatives, village elders, social workers, madrassa (Koranic school) teachers and youth leaders. The group meets once every three months and discusses problems and issues that arise during advocacy activities. The members devise solutions with help from the *upazila* women's affairs officer.

Young People's Group. The young people's group consists of 8-10 persons, mostly youth, who have been selected and trained by union field workers.⁷ The group's main purpose is to sensitize the younger generation, including eligible bachelors and newly married husbands, to issues surrounding violence against women through weekly chats and visits to village tea stalls and daily markets. When the group hears that a boy is going to marry a minor or is preparing to take dowry, they meet him and try to dissuade him with the help of a field worker or member of the union *parishad* (local government body).

Uthan baithak (gathering in the courtyard).

Traditionally, women in Bangladesh, especially rural women, were not allowed to appear in public or go outside the home. Instead, during leisure times, women in adjacent households would gather in the courtyard and talk. The project has adapted this tradition, called '*uthan baithak*', and is using it to address issues surrounding violence against women. Women assemble in the courtyard, as usual, but the group includes a project volunteer, female schoolteachers, elected women members of local government institutions and health

workers. Moreover, issues such as child marriage, dowry, wife-beating and other forms of abuse, reproductive health, reproductive rights, care of pregnant women and newborns, and gender equality dominate the discussions. The advantage is that women are relatively free to talk in the congenial atmosphere of the homestead. Gatherings can be held frequently during leisure hours and, because they are a traditional pastime, their husbands find it hard to object. Such gatherings take place every fortnight. Relevant topics are brought up again and again so that doubts can be

allayed and a permanent impression created. When an issue involves men, they are invited to participate, and an exchange of opinions and feelings takes place with a view to sensitizing the men.

Advocacy among wives and

mothers-in-law. There are some issues that Bangladeshi men and women do not feel comfortable talking about in a mixed-sex group. For this reason, another group was formed exclusively for wives and their mothers-in-law. Meetings of this group usually start with acrimony and accusations between the two women, each blaming the other for maltreatment. This initial

candor, in fact, often helps to clarify issues and creates an entry point for promoting a change in attitudes.

In the patrilineal system of Bangladesh, it is a long-standing tradition that daughters leave their parental home on their wedding day to accompany their husband. The father formally hands over his daughter to her new in-laws with the words: "I am handing over my daughter to you forever. From now on, she is your daughter. Kindly consider her as your daughter." When talking to women, field workers suggest to the mother-in-law that her son's wife could be her own daughter who has left home. Conversely, they try to make the daughter-in-law understand that her mother-in-law is like her own mother, and that, on occasion, she may admonish her as her own daughter. Field workers say that such counselling is producing results. In some cases, the approach is so effective that mothers-in-law are being used as role models and serving as advocates.

Advocacy among husbands and fathers-in-law.

Husbands and fathers-in-law have also formed their

"When group meetings were first organized, male elders discouraged women from taking part in the discussion. They shouted the women down to take back seats. As more and more meetings were held, the scenario changed. Women are now vocal in these meetings; some of them sit up front and argue forcefully, making their views felt."

— Women's affairs officer in Paba upazila

⁷ Union field workers are literally people who work in the field to motivate others and facilitate project implementation. They circulate decisions taken in various meetings among people at large, and bring any problems reported to them or that they come across to the attention of project personnel. If possible, they solve these problems through village leaders and public representatives.

own group in which day-to-day tensions and family problems are discussed and common issues identified. Based on these discussions, solutions and strategies for living peaceably within the family with mutual respect are suggested through a participatory process.

One issue that dominates these meetings is the abuse of wives by their husbands. The men attempt to defend themselves by saying that women sometimes become unreasonable and obstinate and that beating them is the only way to correct them. They also point out that wife-beating is an old custom, practised by their forefathers, so there must be some merit in it. Field workers then ask them if it is the wife who is always unreasonable and the husband who is always right. They falter in answering. They are asked if they have discussed with their wife, in a rational way, the problem they are having, or have ever listened to their wife if she has good cause. They are asked if the beating made her reasonable and dispensed with the need for beating in the future. Finally, field workers explain to the men that discussion and mutual respect can lead to a solution without violence, which causes tension in the family and destroys family peace. Moreover, they point out that wife-beating has an adverse effect on children, who either develop a negative attitude towards their father or learn to come to blows with others on flimsy grounds. Usually, the men's attitudes soften and they become defensive by saying that nobody ever told them that before. The *upazila* officer and the female members of the union *parishad* report that, as a result of these discussions, the incidence of wife-beating and other forms of abuse is on the decline.

Advocacy among the village *shalish*. *Shalish* is an ancient tradition for settling minor disputes among residents of the village/union without legal action. Village leaders sit in a group and hear the cases of the parties in the presence of all the villagers. Based on the evidence they obtain, they render a judgement, which becomes binding due to the support of all present. *Shalish* is traditionally pro-male with a definite bias against women. But that, too, is changing. Members of the *shalish* are also members of the Community Support Group, and have been sensitized to issues involving violence against women. Moreover, when a case involving wife abuse is heard by the *shalish*, a field worker is present to remind the group of the legal provisions regarding violence against women and government policies on the matter.

"In village society, daughters-in-law are tortured by their mothers-in-law for dowry. In our union, such violence by mothers-in-law is now almost non-existent because we bring wives and mothers-in-law together and counsel them. Such an approach has worked very well."

— A woman from Bargacha union

Observance of international and national 'days'.

Through the project, women's issues have been promoted through the observance of various international days, such as Safe Motherhood Day, World Population Day and International Women's Day. On these occasions, meetings are arranged with both male and female participants in which the significance and value of the days are discussed. Through such advocacy, the community begins to understand women's problems from a global context, and strengthen their awareness of women's rights. Since rural people tend to value the opinion

of experts, an outside speaker is usually invited to the event. For example, on Safe Motherhood Day, doctors might speak on reproductive health and the care of pregnant mothers and newborn babies. In 2005, the Safe Motherhood Day discussion revolved around the role of men in making a family happy. As an incentive to participation, a prize was awarded to the family deemed happiest as a result of a father's efforts. On World Population Day, a rally was held and a video on the topic shown.

Experience suggests that visual aids are effective advocacy tools.

Advocacy through folk music and theatre. Folk music and theatre are vital sources of amusement and entertainment in Bangladesh, irrespective of the audience's age, sex or economic status. Through the project, the educational aspects of these folk traditions are also being exploited. Songs and dramas have been written by local poets, field workers and a female school-teacher on the themes of child marriage, dowry and wife abuse. Since elaborate staging is not required, a performance can be held in any open space on short notice.

Pre-design Stage

A project is a joint collaboration between the Government of Bangladesh and UNFPA. UNFPA has its own mission, objectives and priorities. It assesses country needs within that framework and draws up a country programme accordingly. The Government also has its priorities, determined by the demand put forward by various ministries on the basis of needs assessments. When the two partners agree, the Government formulates a project on the basis of the agreement.

In the case of this project, UNFPA formulated an advocacy programme on the basis of information available locally and globally. A 2002 survey conducted by

UNFPA ('Violence against Women in South Asia—a Regional Analysis') confirmed the high incidence of gender-based violence in Bangladesh. UNFPA subsequently undertook a study on male attitudes about violence against women, and found that it was generally acceptable among most Bangladeshi men. It concluded that men must be a key target group and that advocacy should be directed to both men and women.

For the Government's part, it has enacted numerous laws to eliminate violence against women. However, the laws were not enforced, and it became clear that the problem could be tackled most effectively at the grass roots, through advocacy and awareness-raising. Accordingly, the Government undertook a number of gender-training projects, including a Multisectoral Programme on Violence Against Women, also implemented by the Ministry of Women's and Children's Affairs.

An agreement was also reached with UNFPA to introduce a project aimed at attitudinal change through focused advocacy efforts.

The Ministry of Women's and Children's Affairs was given the responsibility to formulate and implement the project. The Ministry's Department of Women's Affairs consulted various district and *upazila* officers about possible interventions and the strategies to be adopted. These officers, in turn, consulted relevant committees at those levels, in addition to local NGOs, elected representatives to local government and community members.

It was agreed that all government departments that were likely to play a role in advocacy would be involved in the project, including the Department of Mass Communication, the Ministry of Religious Affairs, the Ministry of Health and Family Welfare, and the Ministry of Local Government. Women in Development Coordination Committees already functioning in all *upazila* provided support and coordinated the relevant organizations.

The operational procedures set out in the project document for achieving behaviour change were adjusted at the time of implementation. Rather than a preconceived set of activities, communities themselves were given the opportunity to decide what types of gatherings should be arranged, who should attend and what topics should be discussed, when and where meetings should be held, and what the role of various groups should be. As a result, the local population feel that the project is theirs and they are responsible for its success.

MEDIATION AND NEGOTIATION

The project aimed to make a long-term contribution to improving women's status. However, this intention was

frequently misinterpreted. In some instances, community leaders saw the project as an attempt to break up families and encourage women to speak out against men. When this occurred, special efforts were made to consult with these leaders and garner their support.

The project design was as simple and straightforward as possible. However, once the project became operational, problems surfaced from various corners. Initially, it was not easy to recruit field workers from within the community. Potential candidates sensed that there would be strong resentment from their own families and the society at large in attempting to bring what were considered private matters into the public sphere. However, even prior to the recruitment of field workers, formal and informal leaders who were influential in the community had to be convinced that:

- Project activities will be implemented in consultation with them.
- Activities will, in no way, go against predominant religious values.
- The objective was to improve the relationship between wife and husband, daughter-in-law and mother-in-law, and not to provoke disruption within the family unit.

Gaining the Support of Community Gatekeepers

To garner the support of community gatekeepers, *upazila* and union leaders called a community meeting. When this happens, most rural people attend, since a good number of local institutions receive funds from the Government and feel obligated to participate. Fieldworkers also contacted people directly, explaining the purpose of the meeting; many came, simply out of curiosity. The key was to motivate them to stay on and participate in the intervention.

Discussions were held on issues relating to reproductive rights, dowry, early marriage and male involvement in these issues. The importance of addressing problems associated with women was discussed at length, as well as the impact such problems might have on children's health and on the family's socio-economic status. The first few meetings of the Community Support Group served to sensitize members to the issue of violence against women, enabling them to carry out advocacy efforts with the population at large. Members were encouraged to raise questions and issues, voice opinions and express counterviews. They also spoke about issues through their own experience and knowledge. Experts such as doctors and paramedics were called in as needed to explain technical points. Legal aspects were also discussed.

Through these meetings, the group came to understand the legal provisions against violence, dowry and child marriage, along with their harmful consequences. The benefits that come from transforming a culture that tolerates such violence were also discussed. To catalyse discussion, newspaper articles were distributed on adolescent deaths during childbirth and legal actions, including death sentences, resulting from violence emanating from the practice of dowry.

In the beginning, religious leaders were reluctant to support the project. Today, they are vocal advocates in ending violence against women in Paba upazila. Imams speak out against violence during Friday prayers and quote passages from the Holy Koran and Hadith that promote the rights of women. Teachers advise their students about the dangers of child marriage and dowry. And young people have become motivated to eliminate violence against women. The chairmen and members of the Union Council and Gram Sarkar⁸ are vigilant on the issue of domestic violence and make people aware of their position through informal meetings.

Gaining the Support of Religious Leaders

In societies with a high level of illiteracy, religious leaders tend to be particularly influential. In this project, the role of local religious leaders was reinforced by maximizing their function in negotiating family feuds. The strategy used to ensure their participation was to first gain the support of higher-ranking religious leaders.

Though the imams at first refused to participate in the project, the women's affairs officer persuaded them, through the offices of the Union Council, to meet with her. This is how she describes the meeting: "They came to meet me, but would not look at me and would not give me their attention. They started asking questions defiantly. I patiently answered their queries and explained to them the consequences of domestic violence. I assured them that the project is not against anybody or any institution; we are only concerned with everyone's well-being and seek the cooperation of all to ensure the good of the people,

including women. Ultimately they agreed to come to the forum meeting. Now they speak out against violence in their speeches before the *khutba* (sermon) in the Friday congregation."

PARTNERS

Partners in the project included the Ministry of Women's Affairs, Ministry of Health and Family Welfare, Ministry of Mass Communication, Ministry of Religious Affairs, local NGOs, local journalists, opinion and religious leaders, youth groups and teachers.

LESSONS LEARNED

Culture is dynamic. Violations of women's rights are often sanctioned under the cover of local cultural practices and norms, or by religions tenets that have been misinterpreted. People inherit the customs and traditions by which they live and rarely think to question them. Moreover, when a violation takes place within the home, the abuse is effectively condoned by the tacit silence and passivity of the community and law-enforcement machinery.

The project has demonstrated that even though people may appear traditional, they are often willing to

change, especially if that change will improve their lives. The process through which this occurs, however, is usually complex, requiring patience, understanding and sustained effort.

Understanding the context in which you are working is a critical first step.

Understanding the traditions, values and beliefs of a society is a prerequisite to initiating change. For example, though the Community Support Group consists of both men and women, the tradition of segregating the sexes was acknowledged and used to the project's advantage. Through the creation of all-female and all-male groups, sensitive topics could be introduced that would be inappropriate in a mixed-sex gathering. Similarly, in an Islamic society, it was imperative to gain the support of imams in promoting the project's goals. Support groups and field workers used religious precepts to raise awareness in the community and prompt changes in attitudes and behaviour.

"People adhere to age-old customs because they are unaware of the negative side-effects of their beliefs. When facts regarding the negative impact of customs are revealed to them through concrete cases, they understand and show a willingness to discard such customs. Moreover they have faith in the opinion of experts. When a doctor tells them that pregnant women need good food and that child pregnancies are hazardous, they are inclined to trust them."

— Women's affairs officer in Paba upazila

⁸ An informal village council responsible for overall supervision and management of local law and order and social activities.

Unless men are actively involved, violence against women cannot be effectively addressed. According to a recent study by UNFPA,⁹ 48 per cent of Bangladeshi men think that wife-beating is justifiable. Unfortunately, the majority of women in the country concur with that view. Since men in Bangladesh tend to dominate relationships, their meaningful involvement is required in changing these attitudes. Moreover, men's support for women's empowerment is essential. Programmes should be geared to helping men understand that gains for women benefit the family and the wider community.

Men's attitudes and behaviours are strongly influenced by societal expectations. Hence, effectively addressing violence against women also requires that the community support programmes to eliminate it. Community gatekeepers and other influential figures can play an important role in raising awareness about the issue and encouraging and reinforcing male participation.

Community ownership and involvement of the media help to ensure that changes will be long-lasting. In the early stages of the project, advocacy among gatekeepers and the creation of pressure groups was not welcomed. But after several years of implementation, the mechanisms for social change created through the project have become rooted in the community. Families now feel that social pressure groups are necessary. Violence against women is still largely considered a private matter, however communities are playing a pivotal role in bringing it out in the open and addressing it as a social issue. Project activities, along with exposure in the media, have changed the mindsets of men and others in the community. This, in addition to a sense of community ownership, ensures that the problem of violence against women will be effectively addressed over the long term.

For advocacy to be successful, project personnel and experts who are disseminating information must be well-versed in their role and deeply committed to the project goals. This commitment must also extend up through the ranks of government. Towards this end, project staff organized a one-day workshop with policy makers and planners of various government departments. A similar workshop was held at the *upazila* level, so that all relevant institutions were involved. Field workers in all 12 *upazila* were given six days' training. Women's affairs officers in each *upazila* were responsible for overall project implementation.

Do not sideline a particular group on the assumption that they will be opposed to the project. Never assume that a particular individual or group will be opposed to certain ideas before engaging them in discussion. In many cases, they can be won over. In Paba *upazila*, for example, the same religious leaders who were at first opposed to the project later turned into staunch advocates once they understood the rationale behind it. Moreover, through dialogue, ways can often be found to reconcile seemingly opposing views.

The younger generation is an important target group, since they are often most receptive to new ideas.

Moreover, they are typically the ones most directly affected by various forms of violence against women. Ultimately, it is only by reaching youth that the transmission of negative attitudes about women to the next generation can be curtailed.

Maintaining continuity in project management and ensuring flexibility in implementation can increase the effectiveness of a project.

One constraint to implementation was the high turnover of project directors, who were employed by the Government. It takes time to understand the local dynamics of a situation and to establish rapport with stakeholders. Thus, transfer of key personnel at both national and local levels can often disrupt project activities.

On the other hand, the flexibility built into the project design contributed to its success. Rather than a fixed set of activities, community members were given the opportunity to decide what types of gatherings or groups should be arranged, who should attend and what topics should be discussed. According to the original project director, adjustments to the project after "elaborate discussions" with the community "ensured the willing participation of the local population and facilitated the success of the project."

PRACTICES THAT WORK

Working through the existing value system to find positive aspects of a culture that can be used to promote change. A project dealing with culturally sensitive issues must never assume that all traditions are harmful. The project gained effectiveness by highlighting certain religious values, for example, as well as tapping into the tradition of listening to, relying on and respecting one's elders. Traditional folk music was successfully adapted to challenge violence against women, along with the longstanding practice of courtyard gatherings. Project workers did not question the existing

⁹ UNFPA-Bangladesh. 2003. 'Assessing Male Attitudes Towards Violence Against Women'.

cultural heritage and value system. Rather, they highlighted aspects of the culture that could be cultivated or adapted to promote project objectives.

The chairman of the Union Council in Baragachha says that he uses traditional religious precepts when trying to influence abusive husbands who are also religious. For example, he reminds them of the respect accorded to mothers in the Koran—that 'Paradise lies under the feet of a mother'—and that the wife he has just beaten is the mother of his own child. "How can someone beat a mother?" he asks. He reports that such arguments are usually effective in changing behaviour.

Cultivating the support of local power structures at all stages of implementation.

To ensure community involvement, it was necessary to first secure the support of local leaders, public officials, and influential peer groups. In Paba, these included the *upazila* chairman and members, *Gram Sarkar* officials, religious leaders, school-teachers, village elders and politicians, who were brought together through the Community Support Group and became advocates for change in the community. The project was implemented in stages, and different goals were emphasized at different stages. As implementation proceeded, experiences from previous stages were consolidated and adjustments were made accordingly. Sustained support from gatekeepers and local power structures was essential in keeping the interest of the community/target group, therefore their input was always taken into consideration.

It may not be possible to involve a wide spectrum of leaders at the pre-design or project preparation stage.

However, they should be involved in project implementation. In Paba *upazila*, project activities were scheduled in consultation with community leadership. As a result, participation and ownership by the community was ensured.

"We tried to form pressure groups within the community to discourage violence. Not only that, we also created opportunities for the community to plan their own programmes, and in that way the community began to own the project. Even when UNFPA support ends, the community will go on with the programme."

— UNFPA focal point on gender

Providing hard evidence and expert opinion.

A community will not automatically accept the views of a project worker. Those views must be backed up by credible evidence and expert opinion. Research findings, news items and proceedings of court cases were all used to arouse awareness, and the opinions of specialists, such as religious leaders, doctors and lawyers, were solicited.

Using culturally acceptable language and communication tools that have appeal for a wide audience.

In rural settings especially, people enjoy the stimulation provided by videos, folk music, folk drama and other art forms, which not only provide entertainment but convey messages that are remembered and repeated. In the gatherings of women in the courtyard, *jarigan* (a type of folk song) and *jatra* (folk drama) sessions were held to bring home relevant messages. The women became so involved that many of them began singing and acting along with the performers. Many of these songs and dramas were created by local people so that the language, expressions and tones are familiar and create a lasting impression. Because of their appeal, the music and drama sessions were also held in the Community Support Group meetings. In addition, sessions were also arranged on various occasions, such as World Population Day and marriage ceremonies, and play a key role in advocacy.

10

GHANA: LIBERATING SLAVES AND CHANGING MINDS, STARTING AT THE GRASS ROOTS

The persistence of the trokosi system in Ghana—the ritual sacrifice of young girls to enforced servitude as atonement for a family's sins—is one demonstration of the power of tradition in Ghana to deny women their rights. The lack of domestic violence legislation is also hindering a comprehensive and coordinated approach to the problem. UNFPA's strategy in addressing gender-based violence in Ghana is to support existing programmes, many of which are working effectively at the grass-roots level. Still needed are awareness campaigns that target the media, legislators and other decision makers and spread the message of zero tolerance for violence against women.

THE CONTEXT

Ghana is located on the west coast of Africa and shares boundaries with Burkina Faso, Côte d'Ivoire and Togo. Ghanaian social structure is based on kinship, which also determines the traditional political and social organization of many groups, and the relationships and institutions around which social life is built.¹ The kinship system also determines, to a large extent, property rights as well as the inheritance and succession system and residence patterns of many Ghanaians, particularly in rural areas, and is key to understanding the rules, duties and obligations of individuals in a variety of social settings.

Available data on poverty indicate that 60 per cent of Ghanaians in four out of ten regions live on less than \$1 a day. In general, inhabitants of the northern savannah are poorer than their counterparts in the south, and women are generally poorer than men. This is due to a variety of factors, among which are the low literacy levels of women and the limited range of employment opportunities available to them. According to the Ghana Living Standards Survey of 2000, 65 percent of Ghanaian men are literate, compared to only 37 percent of Ghanaian women. Women dominate the informal sector of the urban economy, but are underrepresented in the formal sector, where incomes are generally higher and more secure.

Violence against Women in Ghana

In 1999, the Gender Studies and Human Rights Documentation Centre, a non-governmental organization (NGO), published findings of a nationwide study on violence against women and children in Ghana.

The study revealed high levels of gender-based violence, including physical, psychological, economic and sexual violence. One in three women reported that they have suffered physical abuse, most often inflicted by an intimate partner.

Marriage provides an added level of social status for women in Ghana among almost all ethnic, social and economic groups and classes. According to the Ghana Demographic and Health Survey of 2003, about 23 per cent of marriages in Ghana are polygynous. While younger and better educated women are less likely to be in polygynous unions, it is also likely that because of economic hardships and greater personal insecurity, many women may be involved in informal unions with married men to gain access to resources.

The division of labour within the family unit in Ghana means that men usually provide for the larger expenses and women take care of daily provisions for the family. They do this with financial support from their husbands, known as 'chop money', which may range from a lump sum per month to a weekly or daily amount. The refusal of men to provide an adequate household allowance to their partners can lead to altercations and violence against women. This, in fact, constitutes one of the major complaints presented at family tribunals and other adjudicating bodies in communities around Ghana.

GHANA AND CEDAW

Since 1975, attention to women's issues has been institutionalized in Ghana—initially through the National

¹ Nukunya, G.K. 2003. *Tradition and Change in Ghana*. Accra: Ghana Universities Press.

Council on Women and Development, which played an advisory and advocacy role on gender issues. In 2001, a Ministry of Women's and Children's Affairs was established, headed by a female minister with full cabinet status.

The 1992 Constitution guarantees fundamental human rights. In theory, men and women in Ghana are equal before the law. However, Ghana's legal system is pluralistic, and consists of laws and statutes inherited from British colonial rule, legislation passed by successive Ghanaian parliaments, as well as the customary laws of various Ghanaian communities. Exemptions and discrimination based on customary or personal laws are held not to contravene the non-discriminatory clause in the Constitution. The consequence of this provision is the continuation of a number of gender disparities in women's access to a range of personal, public and productive resources. This is reinforced by neo-traditional customary systems and practices, religious doctrines, socialization and education processes that define women as having a lesser status than that of men.

As a result of women's activism and some compliance with international conventions that Ghana is party to, such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), signed by Ghana in 1980, and the Beijing Platform of Action, amendments were made to the Criminal Code in 1998 to criminalize harmful traditional practices. These include cruel and degrading widowhood rites, female genital mutilation/cutting and ritual servitude or bondage, known as the *trokosi* system. In addition, the Women and Juvenile Unit of the Ghana Police Service was established to deal with abuses of women and children occurring in the domestic arena. However, as pointed out in a 'Women's Manifesto' developed by a coalition of civil society organizations, there are several areas where there is strong need to follow up closely the implementation of the country's commitments under CEDAW, the Beijing Platform of Action and other international conventions.²

THE UNFPA COUNTRY PROGRAMME

Since 1985, UNFPA has been working with the Government on reproductive health, gender equality and sustainable development. Over the last decade, UNFPA's work has been guided by the Programme of Action of the International Conference on Population and Development (ICPD). A key ICPD achievement was creating a consensus on the links among poverty, women's rights and reproductive health, and population and sustainable development. The Programme of Action advocates the enjoyment of good physical and mental health by men and

women, which presupposes the absence of gender-based violence. It is premised on a holistic platform that makes gender equality and equity central to human development generally and, in particular, to those aspects related to sexuality and reproduction.

The first three UNFPA Country Programmes for Ghana focused on integrating population issues into the development planning process, and the re-formulation and implementation of the 1969 population policy. The ICPD document influenced the content of the population policy, which was revised in 1994, and the manner in which it was implemented. Thus, since the ICPD advocated that reproductive rights are part of women's rights, spousal consent was no longer required for a woman in Ghana to avail herself of family planning services. In addition, after the Beijing conference, women's rights were recognized as fundamental human rights, and programmes were designed for women's empowerment, mainly through microcredit schemes. Work on eliminating female genital mutilation/cutting in Ghana also became central, since it was seen as an abuse of women's fundamental human rights. There was also dialogue with the Ministry of Education to extend the focus of girls' education beyond basic education and also to revise the curriculum in population and family life education to include components on sexual and adolescent reproductive health.

The Fourth Country Programme (2001-2005) has two components: population and development, and reproductive health. In addition, gender concerns, which are seen as cross-cutting, were integrated as far as possible into each of these components. Funding was provided to a variety of organizations working on the reduction of gender-based violence in the country.

PART I: CASE STUDY ON VIOLENCE AGAINST WOMEN

THE PROJECT

One of the projects explored in this chapter seeks to free young girls and women who are involved in ritual slavery in Ghana and reintegrate them into society. The project is being implemented by an NGO called International Needs-Ghana, with support from UNFPA.

Ritual slavery is a traditional practice involving virgin girls, mostly between the ages of 8 and 15, who are sent to the shrines of priests in reparation for the misdeeds of family members (see Box). The girls are known as *trokosi*, which is a combination of two Ewe words: '*tro*' meaning deity and '*kosi*' meaning slave, or slave wives of

2 ABANTU for Development. 2004. *The Women's Manifesto for Ghana*. Accra.

THE PRACTICE OF RITUAL SLAVERY IN GHANA

The practice of offering women to shrines originated in Togo and Benin in the 17th century as a war ritual. Before combat, warriors offered women to the war gods in exchange for victory and a safe homecoming. In some traditional religions, there is also the belief that a person's sins are punished by the death of other family members until the sin is pardoned. Up until the 18th century, livestock or other gifts were given in atonement. Since that time, the atonement for crime, whether it be theft, maligning a neighbour or murder, is the life of a young girl.

In Ghana, ritual slavery is prevalent among two patrilineal groups: the Ewes of southern and northern Tongu and Anlo, and the Dangmes of Greater Accra. Among the Dangmes, slaves are known as *woryokoe*. The practice also exists in three other West African countries: Benin, southwestern Nigeria and Togo.

Research conducted to identify the number of Ghanaian women currently held in shrines has produced widely divergent figures. Local organizations estimate the number to be 5,000,³ 9,000⁴ and even upwards of 20,000.⁵ Moreover, it is estimated that nine per cent of those in ritual slavery are children under the age of ten. In 2000, International Needs-Ghana documented more than 6,000 children whose mothers are *trokosiwo*.

the gods. The girls are not kidnapped or abducted, but are freely offered by their relatives who believe that it is necessary to atone for the sins of a family member, lest calamity befall them. Some families have sacrificed generations of daughters for crimes committed so long ago that nobody in the family remembers who committed them or the nature of the crime. Once sent to the shrine, a girl can stay there for a few years or her entire life. When she dies, she is replaced by another female family member.

The priest assumes full ownership of these young girls, beating them when they try to escape, controlling their interaction with others, demanding labour and sex from them, and denying them education, food and basic health services. Once committed to the shrine, *trokosi* are distinguished by their shaved heads, the piece of calico that they wrap around their bodies, the raffia leaves around their necks, and their bare feet. The girls essentially serve as an economic resource for shrine owners and priests, who put them to work in the fields for long hours without any compensation. They cannot leave the shrines without the permission of the priest.

Three out of the four programmes run by International Needs-Ghana focus on freeing and rehabilitating female ritual slaves. These include the Trokosi Modernization Project, the Vocational Training Centre located in Adidome in the North Tongu district, which includes a nursery school for children of the trainees who are

under five years of age, and the Microenterprise and Credit Scheme.

With support from UNFPA, International Needs-Ghana was able to implement information, education and communication (IEC) campaigns in previously inaccessible communities. The organization has also been able to conduct awareness campaigns in communities in five districts (Ketu, Akatsi, South Tongu, North Tongu and Dangme East) that practise ritual slavery. In addition, instructors at the International Needs Vocational Training Centre have been provided with information on violence against women, so that they can better understand the population with whom they work.

RESULTS

Since it began operations about 10 years ago, International Needs-Ghana has freed 3,500 slaves from over 130 shrines in the Volta and Greater Accra regions of Ghana; more than half of these women and girls were liberated before the practice was criminalized. Efforts have been made to rehabilitate these women through the provision of vocational training and microcredit to set up small businesses. With training and start-up capital, they have been provided with the tools they need to lead independent lives.

Many *trokosi*, however, return to the shrines of their own free will, in spite of counselling and other support provided by the project team. A study conducted in 2000,

3 Dovo E. and A. K. Adzoyi. 1995 Report on Trokosi Institution. Department for the Study of Religions, University of Ghana, Legon.

4 Nukunya, Godwin, K. 1999. Report on De-criminalizing Trokosi: Research into the Nature and Operations of Ritual Enslavement in South Eastern Ghana. National Population Council/United Nations Population Fund.

5 Ameh, R. K. 1998. Trokosi (Child Slavery) in Ghana: A Policy Approach. *Ghana Studies* (1): 35-62.

for example, found that approximately 87 per cent of the 2,000 *trokosi* liberated between 1997 and 1999 returned to the shrines.⁶ One reason for this may be that liberated women face stigma in the community, and sometimes even from their own family members. In general, the public boycotts those *trokosi* who enter into income-generating ventures, which makes it difficult for the women to sustain themselves economically.

NEGOTIATION PROCESSES

The activities of the shrines represent violations of women's basic rights. The 1992 Ghanaian Constitution contains provisions to guarantee the fundamental human rights and freedoms of its citizens. Article 16 of the Constitution provides that no person shall be held in slavery or servitude or be required to perform slave labour. In recognition of all these commitments to the welfare of Ghanaian women and girls, the 1996 Criminal Code Amendment Bill was passed on 12 June 1998. Section 314 A, which was added to the Criminal Code reads:

Whoever sends to or receives at any place any person or participates in or is concerned with any ritual or customary activity in respect of any person with the purpose of subjecting that person to any form of ritual or customary servitude or any form of forced labour related to customary ritual shall be guilty of a second degree felony and liable on conviction to imprisonment for a term of not less than three years.

Civil society organizations working in the area of human rights opted to embark on a two-year sensitization and awareness campaign on the promulgation of the law to ensure that all shrine priests were aware of the law before intensive enforcement would begin. However, to date, no shrine priest has been put before the courts for violating the law.

Moreover, these legal reforms have met with opposition from a small group of Ghanaians who provide arguments for sustaining the practice. Some argue that the children of *trokosi* are special individuals destined to redeem mankind from the mess created by society.⁷ Others⁸ argue that the *trokosi* system works to maintain order in a traditional society where modern structures of law enforcement are nonexistent. Still others⁹ contend that *trokosi* are not slaves, but priestesses. The most vehement form of opposition has come from the

Afrikania Renaissance Mission, which cites article 21 (1) of the Ghanaian Constitution that guarantees freedom of religion and argues that people have a right to preserve the religious practices of their forebears. The programme coordinator of International Needs-Ghana counters this argument with the assertion that cultural relativism should not be grounds for the violation of international conventions. In her words: "We are not against our culture, we are against servitude, slavery and child labour."

PARTNERS

International Needs-Ghana was officially registered as a voluntary, not-for-profit organization in October 1987 and began its operations in 1995. The organization is an autonomous and chartered affiliate of a global organization called Council of International Needs, which is headquartered in New Zealand. Its mission is 'to promote human and community development for the relief of socio-economic problems and cultural injustice'.

To run its projects, International Needs-Ghana cooperates with Equality Now, Anti-Slavery International of Great Britain and Australia, OakTree Foundation of Australia and the Reebok Human Rights Foundation. United Nations agencies such as UNFPA and the UN Development Fund for Women (UNIFEM) have also lent financial support. Locally, its network partners include the Commission on Human Rights and Administrative Justice, the National Commission on Civic Education, Centre for National Culture, National Council on Women and Development, Ghana Law Reform Commission and the Federation of Women Lawyers. International Needs-Ghana is also a founding member of the Ghana Human Rights Coalition.

LESSONS LEARNED

Understanding the beliefs of the community in which one hopes to bring about social change is an important first step. International Needs-Ghana acknowledges the need for individuals to seek atonement for their sins. The NGO does not condemn the practice of seeking forgiveness from the gods. Rather, in its work with shrine priests, it is able to convince them to transform the practice in terms of the requirements for atonement. The transformation takes place because shrine priests are made aware, through education, of the harm such a practice inflicts on young women.

6 UNFPA. 2004. UNFPA/Government of Ghana Mid-term Review of the Fourth Country Programme.

7 Boateng, A. 1997. The *Trokosi* System in Ghana. The Case of Discrimination Against Women. Accra: International Needs.

8 Ahiabile, M. 1995. *The Anatomy of the Trokosi System in Ghana: Report on the first national workshop on the trokosi system in Ghana, July 6-7*. Accra: International Needs.

9 Gakpleazi, A. 1998. *Trokosi is Not a Slave*. *Ghanaian Times*, Monday, 16 November, p. 6.

International Needs-Ghana does not seek to impose on the priests its own value system or a new way of operating; it simply provides them with the opportunity to think critically about the practice and to come to the conclusion on their own that change is necessary. In the words of the organization's executive director:¹⁰ "Our strategy is very simple and it is to educate the practitioners to give up the practice themselves. We believe that a change that emanates from within would be more permanent. Hence the liberations we have had so far have been at the initiative of the shrine themselves."¹¹

As a result of this approach, some shrine priests have chosen to accept income-generating commodities such as cattle, corn mills, fishing nets and canoes or, in rare cases, money, as sacrificial gifts, in lieu of young women.

Social change is a slow and agonizing process that cannot be hurried if it is to be long-lasting. Workers at International Needs-Ghana visit shrines repeatedly so that they can talk through the issue fully and ensure that the priests willingly accept the need for the women's liberation. Sometimes, this process involves visits by the priests to Benin and Togo, where the gods whom they worship are said to be located, to ascertain the perspectives of the gods. These consultations with the gods delay the negotiations between the priests and the NGO, but without the patience to see this process through, a priest will be unwilling to change his practice. Data collected from International Needs-Ghana shows that the process of liberation takes an average of five years.

Acts of gender-based violence that are based on religious doctrine are not easy to eradicate. This is because victims themselves are usually fearful of the repercussions of 'disobeying' the will of the gods. Research has shown, for example, that the vast majority of liberated female slaves return to the shrines, fearing the loss of either their lives or those of family members.¹² Thus, more IEC programmes and basic services (health, education facilities and infrastructure) are needed to end the isolation of some of these communities and to provide access to a range of services that will reduce their dependence on shrine priests.

It is important to adopt a holistic approach to the liberation of girls and women, so that they are able to live meaningful lives outside the shrines. To this end, the organization has set up a training centre in Adidome, located in the North Tongu district, which has boarding facilities for 140 people. Here, the staff provides voca-

tional training of two kinds: a three-month course in confectionery-making, soap-making, and body and hair cream production or a one-year course in batik/tie dyeing and hairdressing. For young girls, their preparation for adulthood is not simply economic; the NGO also provides them with life skills education, particularly information on reproductive health issues.

Soliciting the participation and support of the host community can encourage sustainability. While initial discussions and negotiations take place at the shrine, the final liberation is undertaken in the spotlight of the community at large. A *durbar*, or public gathering, is held under the authority of the traditional leader for this purpose so that the priest in question can publicly declare his decision to liberate his slaves and refrain from taking any more slaves in future. He also signs a legal declaration to this effect. Finally, while the immediate goal is to see to the liberation and rehabilitation of young women, the project also seeks to improve the conditions in which they live. To this end, efforts are made to provide these communities with basic infrastructure, such as boreholes for clean water and schools. The provision of schools also makes it possible for the NGO to educate young children, particularly girls, on the ongoing transformation of the *trokosi* system. In the village of Kebenu, for example, where the two major shrines have liberated women, a nursery/primary school has been built. The children who attend this school are also provided with one hot meal a day.

PART II. A PARTNERSHIP APPROACH TO ADDRESSING VIOLENCE AGAINST WOMEN

UNFPA's current strategy in addressing violence against women is to support existing programmes, many of which are working effectively at the grass-roots level. The following section details the mechanisms by which these partnerships were developed; the processes through which projects are designed and implemented; the issue of cultural sensitivity in programming; the achievements and limitations of the projects; and an assessment of lessons learned and good practices.

PARTNERS

In the area of gender-based violence, UNFPA has worked with the following agencies: the National Population Council; the UN System Gender Programme; African Youth Alliance/Federation of Women Lawyers (AYA/FIDA); Ghana Association for the Welfare of Women; International Needs-Ghana; Rural Help

¹⁰ Reverend Pimpong, Executive Director, International Needs-Ghana.

¹¹ Ameh, 1998, p. 55.

¹² UNFPA. 2004. *State of Ghana Population Report 2003*, p. 137.

Integrated; and the Women and Juvenile Unit of the Police Service.

National Population Council

The National Population Council (NPC) works with UNFPA to decide on the strategies to be adopted to achieve the specific goals of the National Population Policy. UNFPA provides financial support to ensure that the strategies are implemented. In this manner, UNFPA and the Council have collaborated on a number of gender-based violence projects. In 2001, the NPC, in collaboration with UNFPA and with funding from DANIDA, conducted an in-depth study of the practice of ritual slavery. The results of this study led to UNFPA support of International Needs-Ghana, whose work is described in Part I of this chapter. UNFPA has also provided funding through the NPC to build the capacity of staff at the Women and Juvenile Unit of the Ghana Police Service.

Women and Juvenile Unit of the Police Service

A major problem confronting this unit has been the lack of police personnel knowledgeable about gender issues and sensitive to issues related to gender-based violence. Funding was therefore provided by UNFPA for training on these issues, along with human rights, drawing on resource persons from NGOs working in these areas. Beyond the training, UNFPA provided the unit with about \$3,000 on a quarterly basis to run an awareness campaign in markets, lorry parks, hospitals, schools and churches in ten regions. The Unit's success is due in no small measure to its collaboration with civil society organizations and the networks they have jointly created, which include professionals in various fields, such as medical officers, psychologists and counsellors.

UN System Gender Programme

Three UN agencies (the UN Development Programme, UNIFEM and UNFPA) that are part of the UN Development Assistance Framework and working closely to harmonize their programmes came together to fund a gender programme in 2001. UNFPA provided about a third of the funds, which were designated for specific projects with the Ghana Association for the Welfare of Women and International Needs-Ghana.

Collaborative Work with Other Donor Agencies

Beyond the UN Development Assistance Framework, there is a gender equality and stakeholder's forum where donor agencies such as the World Bank, UNFPA and the Canadian International Development Agency meet on a monthly basis to keep each other on track with respect to their gender programming. Sometimes,

the forum picks up on specific issues that they want to work on together. According to UNFPA's advocacy and resource mobilization officer, donor agencies that are part of the forum recently pledged that in all their programme activities for the upcoming year, financial support would be provided for advocacy towards the passage of the Domestic Violence Bill.

Partnerships with NGOs

Most of the NGO partnerships that were formed in the area of gender-based violence have been with organizations working on the more flagrant forms of abuse, such as ritual slavery and female genital mutilation/cutting, rather than daily acts of violence, such as domestic abuse.

PROJECT DESIGN AND IMPLEMENTATION

Organizations that work on gender-based violence generally offer two kinds of services: information, education and communication (IEC) programmes or direct services. Organizations that run IEC programmes develop many behaviour change communication materials, such as posters and flyers. They conduct sensitization workshops and seminars, hold *durbars*, show films and run radio or television programmes/advertisements as funds allow. Direct service providers offer shelter, counselling, training, legal aid and other forms of support to the survivors of gender-based violence. UNFPA has worked with implementing partners that offer both kinds of services.

Two of the activities undertaken by implementing partners were explicitly included in the Fourth UNFPA Country Programme for Ghana. These were projects undertaken by the African Youth Alliance/Federation of Women Lawyers and Rural Help Integrated.

The AYA/FIDA project sought to broaden access to legal aid, which was previously confined to individuals residing in and around Accra and Kumasi, where the two FIDA offices are located. The project provided paralegal training to 800 individuals selected from 100 communities in 20 districts across the country. In each community, the individuals selected included two traditional authorities (a chief and queen mother), two religious leaders (one Christian and one Muslim), an assemblyman/woman, a teacher, a health service professional, a youth activist and one young person. Paralegal training covered the following areas: knowledge of adolescent sexual and reproductive health issues; skills in communication, counselling, mediation; human rights conventions at the global level and legal conventions at the national and regional level.

UNFPA also provided funding to Rural Help Integrated, an NGO located in the Upper East region that conducted

IEC campaigns around reproductive health. As part of its community sensitization programmes, the NGO leads discussions on the harmful effects of female genital mutilation/cutting.

Both of these projects had UNFPA personnel working closely with them. UNFPA's work with other organizations, such as the Ghana Association for the Welfare of Women, which conducts IEC campaigns, and International Needs-Ghana, which is a direct service provider, was covered through UNFPA's contribution to the UN system's Gender Programme. These organizations did not have a close working relationship with UNFPA. Moreover, these two organizations focused on the more flagrant forms of gender-based violence (that is, female genital mutilation/cutting and ritual slavery).

ENSURING CULTURAL SENSITIVITY

To change attitudes towards gender-based violence in Ghana, organizations take the local context into consideration. Local languages are used to ensure that organizations are not seen as elitist and that the message is understood by both those literate in English and otherwise. Organizations gain entry into the communities in which they work by seeking the permission of the chiefs. In addition, *durbars* are held with the consent of community leaders such as chiefs and queen mothers, who are seen as the custodians of culture. This serves to legitimize the organizations' messages. Finally, as far as possible, perpetrators of gender-based violence who have come to acknowledge the inhumanity of their actions are used as spokespersons in these campaigns. This serves to make the message more credible because the spokespersons are recognized and accepted members of the community.

Organizations use different mechanisms to get communities to condemn all forms of gender-based violence and to commit to working to eliminate it. This process is outlined in the analysis of the work of the Ghana Association for the Welfare of Women below and in the case study in Part I of this chapter.

Eliminating Female Genital Mutilation/Cutting

The Ghana Association for the Welfare of Women is working towards the elimination of female genital mutilation/cutting. With support from UNFPA, the association conducted an educational campaign in the Upper West region that sought to sensitize the community to the harmful effects of the practice and the law that prohibits it. The Upper West region was chosen because of the prevalent nature of the practice in most parts of the region.

The campaign was carried out in two phases. The first phase consisted of training programmes for targeted groups of people: 178 health personnel, 95 traditional birth attendants, 35 school health teachers, and a one-day seminar each for the following groups: police and other security personnel, media representatives, religious leaders, youth leaders and women's groups. Behaviour change materials, including posters, fliers and question-and-answer booklets were provided to the trainees for distribution in their communities.

Training took the form of lectures, discussions, videos, group work and demonstrations using a model. The training was conducted in collaboration with various state and non-state agencies, including the Ghana Health Service, the Ghana Education Service, the Ghana National Commission on Children, the National Council on Women and Development and the Regional House of Chiefs.

The second phase was targeted at the community at large. It took the form of radio programmes and jingles in the local languages, which were aired for a six-month period (December 2003–May 2004) and community *durbars* that were held in all five districts in the Upper West region: Jirapa, Lawra, Nadowli, Tumu and Wa. These *durbars* were held under the auspices of the chiefs of the various communities. Support from these custodians of culture was crucial since they served as a legitimizing force for the IEC campaign message.

The two phases of this educational campaign were extremely useful because they raised awareness of the issue. In addition, they convinced various members of the community to acknowledge that since female genital mutilation/cutting was a harmful practice, they would resolve to help eliminate it.

A nurse who was participating at the Wa workshop and worked at the Loggu Health Centre announced that a village health volunteer had informed her that genital cutting had been performed on three children in Billi-uu. Officials from the Ghana Association for the Welfare of Women, together with four police officers, took the issue up, traced the children to their home and eventually located the woman who performed the circumcision. The woman was detained and put before the court, where she was found guilty upon her own plea, and sentenced to five years' imprisonment. The case was discussed extensively in the electronic and print media, which served to further increase awareness about the law on genital cutting. The case also highlighted the limits to the law, since it only allows for the prosecution of the cutter, but not the parents who request the circumcision and/or the community members who

witnessed it—a point that was raised by various callers to the radio stations. This suggests that some members of the community are willing to see a much more concerted attempt on the part of the state to stamp out the practice.

RESULTS

Cultural

Despite cultural norms, people are beginning to recognize that violence against women is unacceptable. This has come about largely through IEC campaigns. Even some perpetrators, such as the priests who enslave young girls in their shrines, have come to acknowledge that such a practice has no place in Ghanaian society.

Legal

There is now general recognition that ritual slavery and female genital mutilation/cutting are violations of women's rights and a form of violence against them. The state has gone so far as to criminalize these acts. Individuals also acknowledge that the formal legal system is best suited to address certain acts of violence against women, such as physical violence that results in injury.

The paralegal training project undertaken by AYA/FIDA has broadened the access of people living in rural areas to legal redress. The fact that paralegals are people of some standing in the community who have an understanding of both the human rights dimensions and specific forms of gender-based violence makes it easier for individuals to trust them and to come to them with their legal needs.

Some organizations that provide legal aid have helped to avert gender-based violence. For example, between 2003 and 2005, the 800 paralegals trained under the AYA/FIDA project handled a total of more than 2,500 cases, of which more than a third involved child maintenance/neglect—an area of family controversy that often leads to physical or psychological abuse of the wife. The work of these paralegals has helped stem the tide of domestic violence, although more remains to be done.

Social

Many more people are now aware of the opportunities for redress that are available to women survivors of violence beyond traditional forums (such as family tribunals and other adjudicating bodies or resorting to pastors and other religious leaders). The Police Service's Women and Juvenile Unit, for example, known as WAJU, has become a household word, and its existence provides victims of violence with a legal option for addressing their grievances.

The provision of training for community leaders who traditionally settle cases has raised awareness about the ways in which customary laws may infringe on the rights of girls and women. In some cases, the victim might be appeased with a token gift of restitution and asked to forget about the whole incident. In other cases, where more severe sanctions are imposed, the fines paid by the perpetrators are offered to the parents of the victim, especially if the victim is a child. As a result of training, it is claimed that traditional rulers in some communities now acknowledge their limitations in settling gender-based violence cases and refer them to the appropriate agencies for settlement instead. In the Effiduase Sekyere district of the Ashanti region, for example, we were informed that a chief, after undergoing paralegal training, referred a defilement case to the courts. Eventually it led to the prosecution and imprisonment of the teacher involved.

To some extent, the IEC campaigns conducted by both the Ghana Association for the Welfare of Women and International Needs-Ghana have been successful. The IEC campaign against female genital mutilation/cutting, conducted with funds from UNFPA, has led to awareness that the practice is a violation of the law that can result in the arrest and imprisonment of those who perform circumcision. International Needs-Ghana has also conducted awareness campaigns in communities in five districts (Ketu, Akatsi, South Tongu, North Tongu and Dangme East) that practise the *trokosi* system. In addition, instructors at the vocational centre run by the organization have been provided with information on violence against women so they can better understand and support the population with whom they work.

LESSONS LEARNED

National and district authorities must understand and accept UNFPA-supported programmes if they are to be effective. This will avoid the frustration and waste of resources that typically accompany programmes developed without liaising with structures at the national or district level, and ensure that coordinating and implementing agencies are able to do their work properly.

Both traditional and modern authority figures in Ghana are yet to publicly commit to the creation of a country free from gender-based violence. The Domestic Violence Bill has been subjected to one of the most intensive consultation processes involving legislation ever witnessed in Ghana. After two years of consultation, it still has not been passed into law. A similar lack of commitment prevails at the level of traditional authority. For four years now, the National

Population Council has been trying without success to have a seminar on domestic violence with the National House of Chiefs.

PRACTICES THAT WORK

Using audiovisual aids to combat the more flagrant forms of gender-based violence, such as female genital mutilation/cutting. Such aids are an especially effective communications tool, and make the harmful nature of the act apparent without verbal description. Personnel from the Ghana Association for the Welfare of Women have noted that it is not uncommon for men to walk out of sessions where a film on genital cutting was being shown because they found it so painful to watch.


Encouraging networking among civil society organizations working on gender-based violence. This allows organizations to harness the strengths of individual partners and save money by not duplicating the efforts of other organizations. Already there is considerable sharing, on an informal basis, of information and resources (counsellors, health personnel) among the Ark Foundation, Women's Initiative for Self-Empowerment and the Women and Juvenile Unit of the Police Service.

Targeting young people in IEC campaigns. Education and the nurturance of a democratic culture in young people is the best way to promote the development of new attitudes and shifts in power and gender relations.



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