Congressional Briefing on Gender-based Violence in Conflict Settings
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Gender-based Violence in Sudan
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Thank you Beth… I would also like to thank Senators Hillary Clinton and Olympia Snowe and Representatives Betty McCollum and Judy Biggert and the American Refugee Committee for hosting this important briefing and providing this opportunity to talk with you about gender-based violence (GBV) and Sudan.

A group of men from the Masalit ethnic group in Darfur Sudan, living in a spontaneous settlement on the Chad border in April 2004, tried to estimate for me how many women in their community had been raped. They stated that of the 80 families in their area everyone had at least one woman – a mother, a sister, a daughter – who had survived rape. They also described how in October 2003, the Janjaweed attacked their villages and abducted girls and women and would rape them over a 3-4 day period and then return them to the village. If the villagers refused to go or let the women go, they were killed.

The genocide in Darfur, Sudan, involving widespread abduction and systematic rape of women and girls by the government and its militia, the Janjaweed, has resulted in 1.2 million people displaced within Darfur and 200,000 Darfurian refugees on the inhospitable border of eastern Chad – creating what the UN has described as the worst humanitarian crisis in the world today.

Historically, the response to humanitarian disasters has focused on the provision of food, water, shelter, sanitation and the prevention of infectious diseases, such as measles, and diarrheal diseases, that are known to take the majority of lives in humanitarian emergencies. What is less well known is that nearly a decade ago in 1995 while recognizing that resources should not be diverted from addressing these problems, an inter-agency working group of United Nations agencies, including the World Health Organization (WHO), United Nations High Commissioner for Refugees (UNHCR), the United Nations Population Fund (UNFPA) and others, determined that some aspects of reproductive health called the Minimum Initial Services Package (MISP) must also be addressed in the initial phase of a refugee crisis. The purpose of the MISP is to reduce morbidity and mortality, particularly among women, and to protect basic human rights. Guidelines for the MISP are established in a chapter of the manual, *Reproductive Health in Refugee Situations: an Inter-agency Field Manual* developed by the Inter-agency Working Group on Reproductive Health in Refugee Settings and published by UNHCR. A synopsis of the MISP chapter is available in the form of a MISP Fact Sheet on the resource table.

The MISP is a series of actions required to respond to the reproductive health needs of populations in the early phase of an emergency. The MISP includes three technical objectives, each with priority activities. One objective is focused on preventing maternal morbidity and mortality; a second is focused on preventing the transmission of HIV; and the third objective, and the focus of my presentation today, is preventing and responding

to sexual violence. It is important for governments, donors, humanitarian actors and others to understand the objectives and activities of the MISP in order to prevent the diversion of vital resources and time during the emergency phase of a humanitarian response, such as the current situation in Chad and Darfur. The objective of GBV in the MISP is to focus on preventing and responding to sexual violence. As the situation stabilizes, more comprehensive GBV programming can and should be established.

The MISP can be implemented without any needs assessment, since documented evidence, such as rape as a known weapon of war, already justifies its use. Today, the MISP is an established standard of care in the *Humanitarian Charter and Minimum Standards in Disaster Response SPHERE Handbook*. The standards are aimed to improve the quality of humanitarian assistance and accountability of the humanitarian system in disaster response.

Preventing sexual violence must involve the participation of refugees, particularly women and girls, host governments, site planners, and all humanitarian response sectors – food, water, medical and social services – in planning, implementation and coordination.

Refugees and internally displaced women and girls should be included in all decisions affecting their security as relief efforts are planned and implemented. For example, women should participate in site planning for shelter that is a safe distance from the conflict and border areas, and in planning for their safe access to food, water, firewood for fuel and cooking, sanitation and hygiene needs. Other key actions include ensuring the presence of female protection officers, health staff, and interpreters, and addressing the protection needs of single female heads-of-households and unaccompanied minors.

Response to sexual violence means ensuring that women who have survived rape have access to clinical care and counseling to address injuries and to prevent further trauma from pregnancy and sexually transmitted infections, including HIV/AIDS. All humanitarian actors working in the health sector should ensure that protocols and supplies for the clinical management of rape survivors are available as soon as possible in all clinic settings. Specific documents have been published for this purpose and include the *Clinical Management of Rape Survivors* (WHO and UNHCR 2002) and *Guidelines for Prevention and Response: Sexual and Gender-based Violence against Refugees, Returnees and Internally Displaced Persons* (UNHCR 2003). Copies of these documents are available on the resource table.

Women who have experienced sexual violence should be referred to health services as soon as possible after the incident. In addition, humanitarian actors should support an information campaign to inform the community of where refugee women and girls can report incidents of sexual violence and access available services.

In April 2004, the Women's Commission, in collaboration with the United Nations Population Fund, conducted an assessment of the MISP among refugees from Darfur in Chad. The team visited four refugee camps and four spontaneous settlements along the

eastern border of Chad. Our findings showed that there were insufficient human and financial resources available for an adequate humanitarian response overall. The assessment team also found that most humanitarian actors in Chad were not familiar with the MISP and subsequently did not know the priority activities to prevent and respond to sexual violence.

In addition, while some protection activities supporting the prevention of sexual violence had been implemented in some camps, the protection needs of the majority of refugees living in spontaneous refugee sites on the dangerous border areas were unmet. Spontaneous refugees were not settled at a safe distance from the border due to a lack of funds for vehicles and fuel to transport refugees to camps as well as delays in identifying sites and preparing camps. The Janjaweed militia, responsible for abducting and raping women from villages in Sudan, regularly made incursions across the Chad border and amongst the refugees to steal their livestock, placing women at continued risk of sexual violence.

Although some humanitarian actors had considered women's security in the design and location of some camp latrines and water points, as well as women's participation in food distribution and equal representation on refugee camp committees, in most settings, significant protection gaps remained. There were no UN protection officers or mechanisms for reporting sexual abuse and exploitation. In addition, there was a lack of systematic interventions to address the needs of vulnerable groups such as female-headed households and unaccompanied minors.

With the possible exception of one agency, humanitarian actors were not in a position to address the clinical management of rape survivors in Chad. Although the Women's Commission's assessment team heard widespread reports of women and girls abducted and raped in Darfur, there was no initiative to identify women and girls who survived sexual violence and to offer them clinical care. Though the assessment team heard indirectly about only a few incidents of sexual violence in Chad, the high-risk situation for women and girls seeking firewood and water, particularly those living in spontaneous settlements along the border or who crossed the border back into Sudan to get water and faced the Janjaweed militia again, was evident. A full report with recommendations for UN agencies, donors and humanitarian actors on the assessment mission is available on the resource table.

Quantitative data is not available about the numbers of women who have been raped in Darfur but anecdotal reports indicate that abduction and rape, including gang rape of women and girls, some as young as six, is widespread. Women and girls are now reporting pregnancies resulting from rape by the militia and they continue to be abducted and raped as they search for firewood in ever-expanding circles around the refugee camps in Chad and Sudan. Women and girls also face legal obstacles to reporting incidents of rape in Sudan because the law requires survivors of rape to report to the police and obtain a document to provide to a physician before receiving clinical care. The UN High Commissioner for Human Rights is working with the government of Sudan to revise the

current legal framework. Finally, clinical care is not yet routinely available to rape survivors in Darfur.

In conclusion, the Chad and Sudan governments, UN agencies and humanitarian actors at all levels should urgently improve the overall security and respond to the protection needs of refugee women and girls in Chad and Sudan. In addition, governments, UN agencies and all humanitarian actors should implement the MISP to prevent and respond to sexual violence by working with communities, particularly women and girls, to address their protection needs and by ensuring women and girls who survive rape have access to medical care and counseling. As evidence points to the widespread, systematic rape of women in Darfur, it constitutes a crime against humanity, and should be addressed by the International Criminal Court. Congress itself has important legislation before it, The Women and Children in Armed Conflict Protection Act (HR 2536). This legislation mandates that the U.S. Government address the specific health needs of women affected by emergencies such as that occur in Chad and Darfur.

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