

The Independent Experts' Assessment

on the Impact of Armed Conflict on Women
and the Role of Women in Peace-building

**Women
War
Peace**

Even during post-conflict reconstruction women are at risk.

The Experts met Lam, a 15-year-old Vietnamese girl, in a women's shelter in Phnom Penh. Her grandmother had sold her for \$200 to a brothel owner who was visiting Lam's home village near Ho Chi Minh City. Lam had no idea that she had been sold or that she was expected to become a commercial sex worker until she arrived at a hotel in Phnom Penh with 10 other Vietnamese girls, and a man was brought into her room.

"I hid under the bed, but he pulled me out. The owner was Vietnamese, he gave me food and condoms, but never any money." After about a month, Lam managed to escape and found a police officer who brought her to the Cambodian Women's Crisis Centre (CWCC) where the Experts spoke with her.

In Southeast Asian countries devastated by war and political upheaval, young girls such as Lam are bought for as little as \$50 and sold for up to \$700 to

organizations that ship them to Western developed countries. The ones who are not sent to developed countries are sold to local brothels.

The director of the CWCC told us that Lam's story is not unusual.

Data from the Human Rights Task Force on Cambodia estimates that nationwide, 44 per cent of trafficked children under 18 were sold by intermediaries, 23 per cent by family members, 17 per cent by boyfriends, 6 per cent by an employer and 6 per cent by unknown persons. Typically women are forced to service 20 to 30 men every day. Condoms are rarely available.



To end violence against women in armed conflict, the Experts call for:

- An international Truth and Reconciliation Commission on violence against women in armed conflict as a step towards ending impunity. This Commission, to be convened by civil society with support from the international community, will fill the historical gap that has left these crimes unrecorded and unaddressed.

- Targeted sanctions against trafficking of women and girls. Those complicit must be held accountable for trafficking women and girls in or through conflict areas. Existing international laws on trafficking must be applied in conflict situations and national legislation should criminalize trafficking with strong punitive measures. Victims of trafficking should be protected from prosecution.

- Domestic violence to be recognized as systematic and widespread in conflict and post-conflict situations and addressed in humanitarian, legal and security responses and training in emergencies and post-conflict reconstruction.

- The United Nations, donors and governments to provide long-term financial support for women survivors of violence through legal, economic, psychosocial and reproductive health services. This should be an essential part of emergency assistance and post-conflict reconstruction.

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WOMEN FORCED TO FLEE

Internally Displaced Women: Whose Responsibility?

Around the world, 40 million people – an estimated 80 per cent of whom are women and children – have fled their homes because of armed conflict and human rights violations.

Some 25 million have been forced to flee but remain within their own nations and are considered “internally displaced persons.” The number of internally displaced is growing.

As of 2001, an estimated 13.5 million people were displaced internally in Africa, 4.5 million in Asia and the Pacific, 3.6 million in Europe, 2.2 million in the Americas and 1.5 million in the Middle East.

In addition there are 3.9 million refugee and internally displaced Palestinians who live in camps and receive aid from the United Nations Relief and Works Agency (UNRWA).

Armed conflict, political violence, and civil unrest forcibly uproot hundreds of thousands of civilians every year. Communities are being torn apart by the routine tactics of war.

As with all aspects of war, displacement has specific gender dimensions. Women are more likely to end up as displaced persons, and to become the sole caretaker for children.

Women and girls have to learn to cope as heads of household, often in environments where, even in peacetime, a woman on her own has few rights. And having fled their communities, women may find themselves vulnerable to attacks and rape while they are escaping and even when they find refuge. They may become trapped between opposing factions in areas where there is no humanitarian access.

In a hostile environment, without access to basic services, women are expected to provide the necessities for themselves and their families. Unable to do so, many displaced women are being forced to provide sexual services in return for assistance or protection.

Camps for refugees and the displaced can become extremely dangerous places for women. In most camps, there are not enough protection officers or female staff.

“I was an organizer and educator of peasant groups in Magdalena Medio, the heart of the oilfields in northern Colombia. I was in the office when a videotape was delivered. The tape showed a colleague of mine being tortured and killed. The message was clear: If I continued with my activities, I'd be next. I ran to the police and asked for their protection but they told me there was nothing they could do. I was afraid for my life, and for my co-workers. I fled to Bogotá.”

Maria, community organizer

A refugee is a person who, as a result of well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group or political opinion, is outside the country of his [or her] nationality and is unable, or owing to such fear is unwilling, to avail himself [or herself] of the protection of that country.

1951 Geneva Convention
on the Status of Refugees, Article I.A.(2)

Internally Displaced Persons are persons or groups of persons who have been forced or obliged to flee or leave their homes or places of habitual residence, in particular as a result of, or in order to avoid the effects of, armed conflict, situations of generalized violence, violations of human rights or natural or human made disasters, and who have not crossed an internationally recognized State border.

Guiding Principles
on Internal Displacement

Domestic violence increases and women and girls face sexual violence and discrimination in the distribution of everything from food to soap to plastic sheeting.

The growing number of internally displaced persons (IDPs), who generally do not have access to international aid, has created a “crisis of displacement”. And with no one UN agency mandated to provide for IDPs, coordinating efforts to raise funds for aid programmes become more difficult.

Over the past five years, humanitarian agencies have promoted the Guiding Principles on Internal Displacement, developed in 1992, and used them as a framework for providing assistance and protection.

In addition, a number of countries with internally displaced populations, including Georgia, Burundi, and Colombia, have indicated their willingness to use the Principles and to adapt national laws to reflect them. Yet, when it comes to the vast majority of the internally displaced, the Guiding Principles are not implemented, and women are left to fend for themselves and their families.

UNHCR has initiated several programmes to address violence against women in recent years. In its Burundian refugee camps inside Tanzania, the agency hired two sexual- and gender-based violence assistants and two Tanzanian lawyers to address cases of violence against women, including domestic violence.

UNHCR is also working with the government of Tanzania to provide better police protection in refugee camps, and has hired an international security liaison officer to conduct training. In Kenya, UNHCR is helping the government to provide mobile courts that travel from camp to camp. The agency has recommended that all humanitarian agencies bring in more female staff to work in camps.

UNIFEM has provided funding to local groups working in camps. In places like East Timor, it has worked with local women's groups to provide rape counseling, and to help repatriate women kidnapped across the border.



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Johanna is a 24-year-old Sierra Leonean living in the Guinean capital of Conakry. She told a typical

story of life as an urban refugee. She and her 16-year-old brother fled the fighting in Sierra Leone and arrived in Conakry in 1997.

"When we got here, they arrested us, accusing us of being rebels," she said. Johanna and her brother were eventually sent to a refugee camp, but when the camp was attacked by rebels, the two ran away to Conakry again.

"I met a very nice lady who offered me work as a domestic worker and a place to stay. I was glad to have shelter and to be able to earn money to support my brother.

"But then the worst happened: her husband used to come to my bedroom and rape me at night. This went on for four months. I threatened to tell his wife if he did not stop. I did not want to lose my job. He threatened to kill me if I ever told his wife or reported him to the authorities."

Johanna felt she had no choice but to tell his wife that she could no longer work for the family.

She left to live with her brother in a makeshift camp with other refugees, and started selling doughnuts on the street, until one day the police asked to see her permit to sell. "Of course I did not have one, so they took all my money and the doughnuts. I had to start all over again. But I was lucky I was not thrown in jail like what happens to so many other refugees who have no documentation. I was planning to be an accountant before the war broke out. One day when the war is over, I will return to school to fulfill my dream."



On Refugee and Displaced Women, the Experts call for:

- Strengthening of United Nations field operations for internally displaced women. Protection officers should be deployed immediately if displaced populations are left unprotected.
- Governments to adhere to the UN Guiding Principles on Internal Displacement, to ensure protection, assistance and humanitarian access to internally displaced persons within their territory.
- Refugee and internally displaced women to play a key role in camp planning, management and decision-making, so that gender issues are taken into account in all aspects, especially resource distribution, security and protection.
- Women to be involved in all aspects of repatriation and resettlement planning and implementation. Special measures should be put in place to ensure women's security in this process and to ensure voluntary, unhindered repatriation.
- All asylum policies to be reformed to take into account gender-based political persecution. Women, regardless of marital status should be eligible for asylum, and entitled to individual interview and assessment procedures.

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WAR AND THE HEALTH OF WOMEN

In Conflict and Post-conflict Countries, Women Become the Health Providers

Armed conflicts have been major causes of disease, suffering and death for much of human history. The fatalities, injuries and disabilities suffered on the battlefield are direct effects of conflict. But health consequences also arise from the breakdown of services and from population movements.

Diseases spread faster when conflicts cause human and financial resources to be diverted away from public health and other social services. These indirect consequences of war often remain for many years after a conflict ends.

Civilians now account for more 70 per cent of the casualties in armed conflicts. When small arms and landmines are used, women and children are often the most exposed to these dangers, especially if they are responsible for gathering fuel or water.

In some poor countries, maternal mortality is nearly 40 times the rate in the industrialized nations but during a conflict situation, pregnancy and delivery become even more dangerous. The risk is greater because women generally cannot get prenatal support or emergency obstetric care.

The spread of HIV/AIDS is exacerbated during and after armed conflict. The massive movements of populations coupled with increased sexual violence against women create a deadly nexus that allows HIV and other sexually transmitted infections to proliferate.

The international community has recognized the urgency of the AIDS epidemic and the necessity of HIV prevention and treatment in humanitarian response and post-conflict programming. Both Security Council Resolutions 1308 and 1325 specifically cite the special concerns of women.

In conflict and post-conflict situations, women still bear the brunt of the burden of caring for those who are ill. The Independent Experts saw the extraordinary efforts of women whose own health had deteriorated, but who continued to care for their loved ones.

The social responsibility of caring for the ill or disabled adds heavily to the workload of women in conflict and post-conflict situations.

In December 1998, when the civil war in the Republic of the Congo restarted, a third of Brazzaville's population – about a quarter of a million people – fled into the forests. They remained trapped for several months, with no access to international aid.

In May 1999 surveys and data collection from people returning to the capital allowed officials to document the health consequences of the war. Death rates were more than five times what would be considered an emergency.

Earlier studies in the 1980s in Ethiopia, Mozambique and Sudan came up with similar findings: during periods of conflict, the mortality rates of internally displaced persons (IDPs) in each country ranged between 4 and 70 times the rates for non-displaced persons in the same country.

In the Democratic Republic of the Congo, approximately 42,000 women died in childbirth in 2001.

One mother in 50 dies giving birth in Angola.

In Afghanistan, years of poverty, neglect of health facilities and policies restricting the movement of women were catastrophic for women's health.

Because the country lacks simple delivery and emergency obstetric services, maternal death rates are among the highest in the world.

One woman whose child had been severely disabled by a landmine told the Experts that she spent most of her day caring for her child.

Other women spoke of trying to keep the peace in households where husbands are depressed and drink too much, lashing out at their children. Still others spend hours lining up to get food for their families or, in desperate situations, resort to commercial sex work in order to afford medicine.

A study of economic embargoes in Cuba, Haiti, Iraq, Nicaragua, South Africa and Yugoslavia found that economically vulnerable groups, particularly women and children under five, suffer most from the deterioration in the health sector caused by sanctions.

Many humanitarian agencies would do more for women's health, and for health in general, if they had the staff and resources. Yet health programmes are notoriously underfunded. Each year, when the annual UN Inter-agency Consolidated Appeals are launched for countries in crisis, health programmes receive less than a quarter of the funds requested.

In many post-conflict countries, women have received little help in dealing with the trauma they experienced.

In some countries, NGOs with support from groups like UNIFEM and the United Nations Population Fund (UNFPA) and bilateral donors are trying to tackle the problem.

In Rwanda, UNIFEM has supported AVEGA, a self-help organization of widows offering both physical and psychological care. AVEGA has estimated that four out of five women still suffer psychological trauma eight years after the 1994 genocide. Many girls still have nightmares, and insist that they do not want to get married or ever have a sexual relationship.

By providing physical and mental health care, AVEGA is able to help women take the first steps towards rebuilding their lives.



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At a far corner of the camp, next to a ditch, a young mother of newborn twins sat in front of a make-

shift hut of twigs and cloth. She looked about 17 years old and was sitting on a straw mat, with her family gathered around her.

She had one tiny baby lying on her legs and another at her left breast. Her right breast was swollen to the size of a basketball. Her eyes teared up and she grimaced with pain when she touched it.

Her husband explained that she had given birth to the twins a week before, just as they arrived in the camp; she now had a breast infection and her milk was contaminated. He said that Lina, a nurse they met among the other displaced people, had told her not to feed with that breast, but when she didn't nurse, the breast was even more painful.

"We need antibiotics," said the husband. "But we have no money and no way to get to the town even if we could buy medicine. There is no transport and they won't let us past the checkpoint."

An aid worker from a Liberian NGO who was accompanying us gave the husband some small bills from his pocket. "I don't know if they can make it through to Monrovia," he told us, "but maybe they can bribe someone."

The situation of the people in that camp in Liberia was among the worst the Independent Experts had seen during their visits to war-affected areas. These were people with nothing. No international or local groups were there to help them. They were not even allowed to go to the city for medical attention. They had absolutely no rights and were at the mercy of a war they did not understand.

To ensure women's health in conflict situations, the Experts call for:

- Psychosocial support and reproductive health services for women affected by conflict to be an integral part of emergency assistance and post-conflict reconstruction.
- Recognition of the special health needs of women who have experienced war-related injuries, including amputations.
- Special attention to providing adequate food supplies for displaced and war-affected women, girls and families in order to protect health and to prevent the sexual exploitation of women and girls.
- The United Nations, donors and governments to provide long-term financial support for women survivors of violence through legal, economic, psychosocial, and reproductive health services. This should be an essential part of emergency assistance and post-conflict reconstruction.
- Protection against HIV/AIDS and the provision of reproductive health care through the implementation of the Minimum Initial Services Package (MISP) as defined by the Interagency Manual on Reproductive Health for Refugees.
- Immediate provision of emergency contraception and STI treatment for rape survivors to prevent unwanted



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WOMEN AND PEACE-BUILDING

“Women are half of the community, why are they not half of the solution?”

Women have sacrificed their lives for peace. They have challenged militarism and urged reconciliation over retribution. They have opposed the development, testing and proliferation of nuclear weapons, other weapons of mass destruction and the small arms trade. They have contributed to peacebuilding as activists, as community leaders, as survivors of the most cataclysmic horrors of war. They have transformed peace processes on every continent by organizing across political, religious, and ethnic affiliations. But they are rarely supported or rewarded.

“Women are half of the community, why then are they not half of the solution?” asked Dr. Theo-Ben Gurirab, Namibia’s Minister of Foreign Affairs when, as President of the Security Council, he supported the passage of Resolution 1325 on Women, peace and security.

Despite their peace-building efforts, women are rarely present at the peace table. It takes fierce determination and intense lobbying for them to be included as participants in transitional governments. Political parties that are building democracy rarely turn to them.

Women’s leadership role is most visible in their communities; it is here that they organize to end conflict and develop the skills necessary for peace-building and reconstruction.

“The role of women in the overthrow of the regime was extremely important,” Stasa Zajovic, from the Serbian peace group Women in Black, told the Independent Experts. Women in Black is part of an international network.

For years, Women in Black members stood in silence outside government offices holding placards calling for peace and denouncing the government of Slobodan Milosevic. Stones were thrown at them, they were spat upon, beaten, arrested, yet every week they returned and stood in silent witness.

Women’s organizing at the grassroots level often lays the groundwork for organizing across borders – in sub-regions and internationally.

The Mano River Union Women’s Network for Peace, which has members from Sierra

“The emergence of women as a political force was a significant factor in achieving the [Northern Ireland] agreement. Women were among the first to express their weariness of the conflict... The two women that made it to the [negotiating] table had a tough time at first. They were treated quite rudely by some of the male politicians...”

“Through their own perseverance and talent, by the end of the process they were valued contributors.”

“When the agreement included the creation of a new Northern Ireland Assembly, women got elected there too. Overall, in achieving the level of stability now enjoyed, women’s involvement at all levels was a very important factor.”

Former U.S. Senator George Mitchell,
Special Adviser to the Northern Ireland
peace talks

“History will acknowledge the crucial role of women human rights defenders in building up sane and safe societies... Which values are we betraying when exposing crimes committed in our name by our own governments?”

“Certainly not the values that are enshrined in each and every one of our constitutions – values that our governments and armies so often trample. Rather than ‘traitors’, we are the very guardians of these values.”

Marieme Helle-Lucas, Founder,
Women Living Under Muslim Laws

Leone, Guinea, and Liberia, brings together high-level women from established political networks as well as grassroots women, all searching for a way to end the fighting that has debilitated their three countries.

“Women’s networks have been pivotal in the resolution of the conflict in Sierra Leone, and in getting negotiations started between the Mano River countries,” Isha Dyfan, an activist from Sierra Leone, told the Independent Experts. Dyfan is a former member of the Women’s Forum, which was created long before the war started in Sierra Leone in 1991. She is now a Programme Director at the International Women’s Tribune Center in New York City.

Because the Forum had already brought women together, “we were able to raise our voices and opinions to the highest level. Our national network helped us to reach out regionally and internationally,” said Dyfan. Eventually the Sierra Leonean women became involved in the regional Mano River Union Women’s Network for Peace and the continent-wide Federation of African Women’s Peace Networks (FERFAP), which was created with support from UNIFEM.

Tradition and cultural practices can present formidable obstacles to the inclusion of women in peace processes or post-war governance unless a formal mechanism is in place. To date, quotas are among the most successful ways to ensure a minimum percentage of women in negotiations as well as in government positions.

Quotas ensured Somali women’s participation in their Transitional National Assembly.

In Mozambique, the Organizacao da Mulher Mocambicana, created in 1973, recruits women for decision-making positions, and women now make up 30 per cent of Mozambique’s legislative bodies. Similarly, in South Africa, the African National Congress’s commitment to a party quota resulted in 29 per cent representation of women in the nation’s first parliamentary elections in 1994.

