Newsletter

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Strategic Leadership

In improving RH programs, a more holistic approach grounded in gender equality and sexual and reproductive health (SRH) rights needs to be taken. Of pressing concern is the link between domestic violence and women's health.

ICPD Principle 4

Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women.

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Strategic Leadership to Eliminate Violence Against Women

Violence against women (VAW), also refered to as gender-based violence (GBV), arises from unequal power relationships between men and women. It has received increasing attention as a human rights issue since the late 1980s and the international community has now made great strides in setting standards and elaborating a legal framework through the enactment of various treaties and covenants.

The Declaration on the Elimination of Violence Against Women adopted by the United Nations General Assembly in 1993 defines GBV and VAW as:

> "Physical, sexual and psychological violence occurring in the family and in the general community, including battering, sexual abuse of children, dowry-related violence, rape, FGM, non-spousal violence, sexual harassment, trafficking in women, forced prostitution, and violence perpetrated or condoned by the state." [Article 2]

Despite such efforts, women continue to be subjected to various forms of violence throughout their life cycle. Most of this is domestic violence (DV) perpetrated by an intimate partner and includes by definition 'violence that occurs within the private sphere, generally between individuals who are related through intimacy, blood or law'. DV remains a widespread phenomenon in many countries. A review of studies from 35 countries[1] indicated that:

- 10 to 52% of women and girls reported physical abuse; and
- Up to 30% experienced sexual violence by an intimate partner.

The health implications of DV are equally alarming and range from fatal to non-fatal outcomes affecting a woman's physical, mental and reproductive health. Studies suggest DV is a frequent cause of suicides among women and women who are beaten by their husbands or boyfriends are 48% more likely to become infected by HIV[2].

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[1] WHO. 2005. *WHO Multi Country Study on Women's Health and Domestic Violence: Summary Report of Initial Results on Prevalence, Health Outcomes and Women's Responses*. Geneva: WHO

[2] UNFPA. 2005. *Beijing at Ten: UNFPA's Commitment to the Platform for Action*. New York: UNFPA

VAW globally...

1 out of 3 women in the world has been beaten, coerced into sex or abused in some other way, and most often by a man she knows, including her husband or other male relatives. Worldwide, violence against women and girls and girls causes more deaths and disability for women and girls between 15 and 44 than cancer, malaria, traffic accidents and war (UNFPA, 2005).

DV in South & Southeast Asia

Country	% of Women
Bangladesh-Dhaka*	53
Indonesia**	16
Malaysia**	39
Pakistan**	70-90
Thailand-Bangkok*	41

Sources: Data on women who ever experienced any form of DV from *WHO (2005); **ARROW (2005). *Monitoring Ten Years of ICDP Implementation: The Way Forward to 2015.Asian Country Reports*. Kuala Lumpur: ARROW

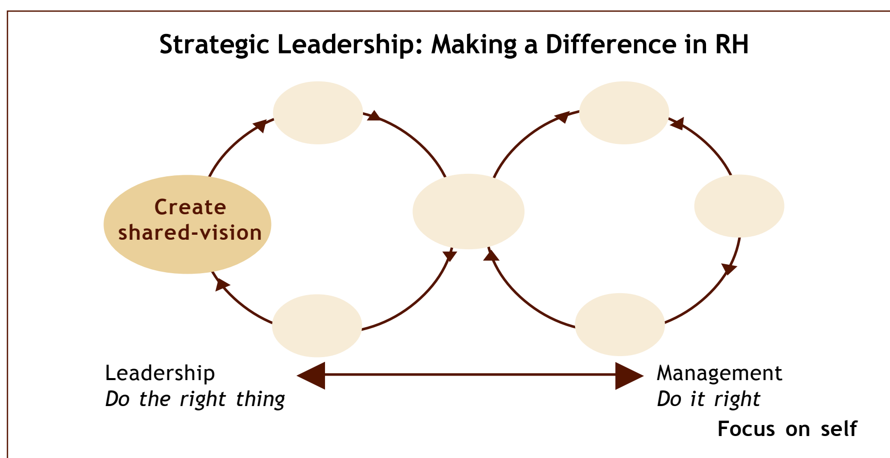
A community campaign on VAW in Thailand.

The causes of violence are extremely complex and has its roots in the interaction of many factors – biological, social, cultural, economic and political[3]. These include harmful traditional or religious practices, unequal access to resources, education and employment opportunities which perpetuate women's subordinated status in society and VAW.

The focus of this newsletter is on **domestic violence** as it is the most predominant form of VAW in the region. To effectively tackle DV, country leaders must now move beyond legislation on VAW to coordinated action on multiple levels and in multiple sectors. This vision must then be translated into action plans backed by enforced laws that protect women's and SRH rights. Sufficient resource allocation for a coordinating body is necessary for implementing DV policies across different sectors and stakeholders.

Creating a Shared Vision for Addressing Domestic Violence

The magnitude of domestic/intimate partner violence is strongly tied to the cultural context and existing gender biases. There needs to be strong political commitment to address these multi-faceted issues including a shared vision by a wide range of actors - from local health authorities and community leaders to NGOs and national governments.



Where awareness on VAW is low or political commitment weak, it may be first necessary to carry out IEC and advocacy at different levels. For example:

- The annual worldwide campaign on the '16 Days of Activism against Gender Violence' brings together a diverse range of organizations and actors including survivors of violence to educate the public, press for changes in the law and development of national plans of action.
- At the regional level, the Mekong Sub-Regional Network (Cambodia, Lao PDR, Myanmar, Thailand, Viet Nam) jointly advocate for changes in policies, laws and attitudes on sexual harassment, DV and rape.
- After much lobbying and advocacy on marital rape by women's groups in Malaysia, a Domestic Violence Act was passed in 1994 and One Stop Crisis Centres were established in hospitals to manage rape cases.

[3] WHO. 2002. *World Report on Violence and Health*. Geneva: WHO

Campaigns to end violence require long-term efforts and funding. Besides advocacy, a shared vision can also be created through consultation and engaging stakeholders in policy dialogues for improved DV legislation, programmes and financial/human resources.

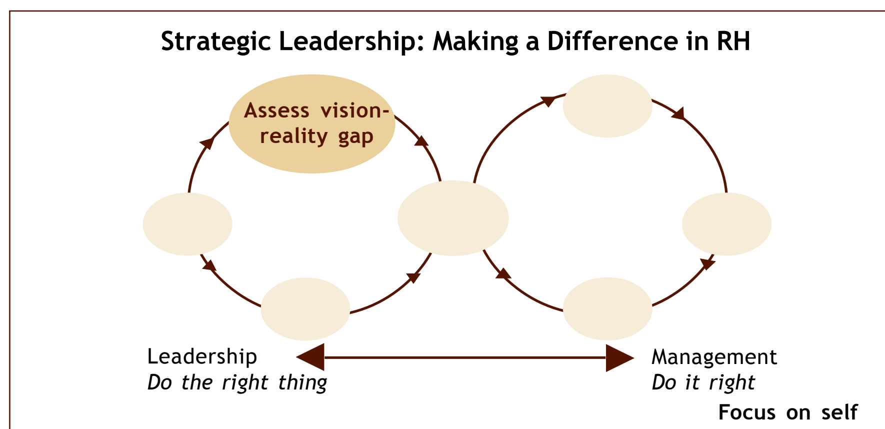
Experience of the Philippines The President issued a Call to Action Against DV in July 1997 and convened government officials for consultation on implementation strategies. Through this collective process, a multi-sectoral Plan of Action was adopted for the (i) formation of an interagency task force on generating statistics; (ii) adoption of a fast-lane and one-interview system of investigation; (iii) centre and hospital based assistance to victims; and (iv) counselling services for both victims and offenders[4].

Experience of Thailand A Task Force of Women was formed under the 1997 constitution to address DV and sexual harassment in the workplace, bringing together key players from NGOs, professionals and universities. A Policy and Action Plan to end VAW and children was approved by the Thai Cabinet in 2000. The national plan integrated components in different areas - prevention; legal reform; protection and welfare; education and research; cooperation mechanisms; monitoring and evaluation systems; and the need for national budget allocations for implementation by government agencies and NGOs[5].

Although these country experiences illustrate consultative processes for developing action plans, they tend to be top down and lack active participation of all stakeholders, particularly communities. There exists a leadership opportunity here to motivate and mobilise stakeholders, including building their capacity, for co-creating a shared vision beyond advocacy efforts.

Assess Vision-Reality Gap of DV Prevalence

In addition to understanding the root causes of DV, the challenge for leaders is to generate evidence to ensure policies are informed by accurate data on the incidence and severity of violence. Unfortunately this is seriously lacking in many countries due to the culture of silence surrounding GBV and no specific statistics since DV is often categorized as general assault.



[4] Special Rapporteur on Violence Against Women (VAW). *Violence Against Women in the Family*. Commission on Human Rights 55th Session, 1999

[5] Jacobs, G. (ed.) 2003. Not a minute more: Ending Violence Against Women. New York: UNIFEM

Leadership Checklist

- ✓ Does a policy framework to address DV exist in the country?
- ✓ Is necessary legislation on DV in place?
- ✓ Has IEC advocacy campaigns on VAW been carried out?
- ✓ Is information on the magnitude of DV in the country available and widely shared?
- ✓ Are there consultative processes to address DV involving all stakeholders?
- ✓ Do you and your colleagues have personal vision on eliminating DV? Can you jointly create a shared vision?

UNFPA recognizes that DV and gender-based inequalities are inextricably linked.

UNFPA advocates:

- Legislative reform and enforcement of laws for the promotion and protection of women's right to reproductive choice and informed consent, including promotion of women's awareness of laws, regulations and policies that affect their rights and responsibilities in family life.
- Promoting zero-tolerance of all forms of violence against girls and women and working for the eradication of traditional practices that are harmful to women's reproductive and sexual health such as rituals associated with puberty.

UNFPA supports:

- Training to ensure that all health-service providers are gender-sensitive and responsive to health needs of women and adolescents.
- Development of skills and attitudes for dealing with victims of sexual abuse in the training of health-service providers, including diagnosis and treatment.

source: UNFPA. 2003. *Addressing VAW: Piloting and Programming*

National data collection needs to be strengthened for continually monitoring the prevalence of DV and existing 'vision-reality' gaps (see Box 1). Research and evaluation studies should be further supported for evidence-based advocacy and identifying successful interventions to scale up.

Box 1. Recommendations from UN Agencies

WHO (2005)

- Data collection systems to monitor VAW under the responsibility of an institution, agency or government unit.
- Support research and collaboration for a stronger basis for advocacy and scaling up.

UNFPA (2004)[6]

- Accurate, timely and cross-country comparable data to provide benchmarks and monitor ICPD implementation.

UNIFEM (2003)

- Strengthen national and international capacities to provide evidence to inform public policies.
- Research initiatives on the causes, consequences, costs and remedies of VAW; evaluate effectiveness of programmes.

Special Rapporteur on VAW (2003[7], 1999)

- Compliance to international standards by focusing on a set of indicators and gender-disaggregated data on VAW.
- Up-to-date statistical data collected and recorded in a public forum to evaluate the impact of law and polices.

Leadership Checklist

- ✓ Can you generate evidence on vision-reality gap on DV?
- ✓ Are there country research and evaluation studies on DV?
- ✓ Do you knolw who are the key stakeholders for addressing DV?
- ✓ Are there benchmarks and indicators to monitor DV?

Seeing the Big Picture

Before the next step of designing appropriate interventions (i.e. finding a path), strategic leaders must 'see the big picture'. It is crucial that programmes are based on the right kind of information on the magnitude, causes and impacts of DV.

Trends over time Changes in the incidence of DV against women and the related reasons need to be identified. These serve as important indicators of the current situation, emerging trends and the effectiveness of VAW programme interventions.

Increasing incidence of violence, Bangladesh Data collected from 1996-2002 by the Ministry of Women and Children Affairs shows an alarming rise in the number of reported cases of VAW. Beatings and murder of women within households have been linked to the escalation of dowry demands and more general harassment. Despite a number of existing laws to protect the rights of women, such an increase points to urgent action required in adequately enforcing laws and addressing the root causes.

Geographical variations DV also varies over space especially in regions or areas where traditional socio-cultural values and practices reinforce the lower status of women. Prioritising efforts and resources for the communities most in need will create the highest impact and ensure cost-effectiveness.

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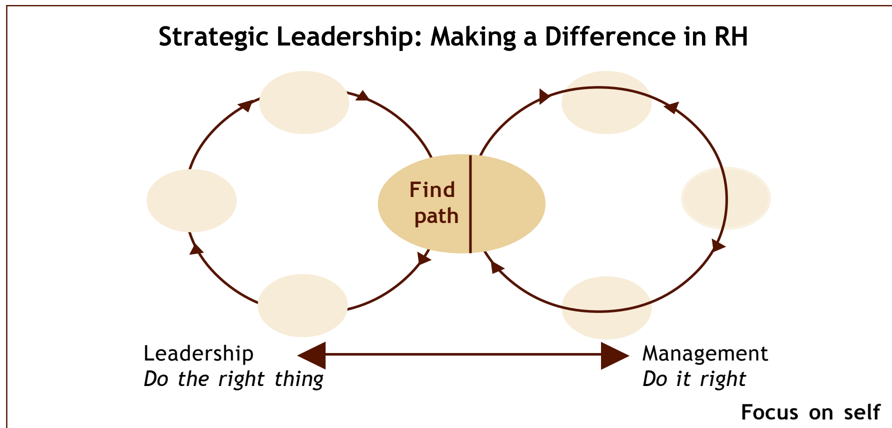
[6] UNFPA. 2004. Investing in People: National Progress in Implementing ICPD Programme of Action 1994-2004. New York: UNFPA

[7] Special Rapporteur on VAW. *International, Regional and National Development in the Area of VAW 1994-2003*. Commission on Human Rights 59th Session, 2003

Different levels of administration In involving a range of stakeholders, the reality must be understood at all levels - village, town, district, province and state. This will enable different perspectives to be incorporated in planning and strategies.

Multiple objectives Reducing DV/VAW not only promotes women's rights and health but meets wider objectives such as gender equality, improved family relationships and women's empowerment.

Finding a Path: Learning from Best Practices in VAW



Once a vision and shared values are established, the next step for leaders is finding the path to address DV. They should develop strategies to strengthen institutional capacity development and coordination across sectors.

Lessons can be learned from best practices that have enabled operational systems and built organisational capacity (refer to examples below). Successful interventions may be identified from VAW programmes, contact with and reports by international/national NGOs and peers, and the relevant web-sites.

Leaders must first know of best or promising practices, then be able to adapt such experiences to the local context, particularly socio-cultural norms, and learn from any failures. Where best practices are limited, operations research helps in testing improvements and innovative activities in the community.

Implementing Policies - Effective DV Interventions

Several case studies from Asia and East Africa demonstrate what cross-sectoral interventions have worked in one or more of the following areas:

- Gender-sensitive and DV protocols in RH services and hospitals
- Gender sensitisation and training for service providers and related sectors (e.g. criminal justice system)
- IEC and advocacy on gender equality and VAW
- Community awareness and mobilisation

Leadership Checklist

✓ Are you familiar with best practices for addressing DV in your country?

✓ Do your interventions integrate multi-sectoral coordination?

AMREF aims to train hundreds of mid-level health workers annually, each serving thousands of people.

At a gender-sensitive AMREF RH clinic.

Two recent UNFPA publications:

Programming to Address Violence Against Women: Ten Case Studies

Ending Violence against Women. Programming for Prevention, Protection and Care.

Both are available in PDF format from www.unfpa.org

Integrated Model for RH and DV

Thousands of Tanzanian women are living in abusive relationships and women in the Mwanza region are among the most affected by violence. They are denied a voice by the traditional community practices that place them at a lower social status than men and restrict them from leaving their homes and receiving health care from male providers.

The Jijenge project in Mwanza, *Tanzania*[8] aims to improve the reproductive and health rights of women. The project is being implemented by the African Medical and Research Foundation (AMREF) and consists of several components:

- Clinical component in district health facilities to improve knowledge and skills among health workers in the provision of women friendly services. This includes training on gender-sensitive services, capacity building for management teams on gender-sensitive council health plans and budgets, and encouraging men's participation in services.
- Community component in wards to raise awareness on women's SRH rights and strengthen community structures. Activities were training community resource persons; building capacity of Ward Development Committees on gender sensitive planning and budgets; and sensitising and mobilising communities (training community leaders on VAW, DV watch group, community-based counsellors trained in GBV).
- Combined community mobilisation and clinical interventions.
- Advocacy at the community and district levels for policies supportive of women's RH rights (e.g. community by-laws against GBV, resource allocation for RH). Multi-sectoral partnerships, networking and coalition building to promote health and rights of women.

Working with the Criminal Justice System

In the South Asian context, VAW is a serious problem with high incidence of domestic abuse, dowry-related violence and honour killings. Gender-sensitising and training law enforcers (judges and police) have been critical, particularly in upholding VAW legislation. Collaboration with NGOs has proven to bring about change in the gender biases of the judiciary and practices discriminatory to women.

Bangladesh: The Centre for Women & Children's Studies (CWCS) brought together police officers and NGOs to design a training manual for law-enforcement personnel on GBV. More than 400 officers were trained in 12 regions.

India: A women's NGO, Sakshi, trained judges on women's rights in the judicial system. Activities included visits to women's shelters and meetings with NGOs to better understand women's needs. Some of the trained judges later became peer-educators and training has expanded to Bangladesh, Nepal, Pakistan and Sri Lanka.

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[8] Matasha, E., Swalehe, Z., Kamanya, V., Mohammed F., Gavyole A., Waibale P. 2002. *Gender focus in primary health care: A case study of improving women's sexual & reproductive health & rights in the context of gender relations, the Jijenge Experience*. www.aeci.es/vita/docs/ftp/ponencia-edna-matasha.pdf

Pakistan: Local NGO Rozan conducted 21 behavioural change workshops for the police force (mostly policemen) on several issues - self-growth; gender and the implications of stereotyping men and women; and sensitisation to VAW/children and the role of the police. Rozan also advocated for capacity-building in the police system and institutionalisation of community-police collaboration.

One Stop Crisis Centre (OSCC)

A range of services need to be improved, integrated and scaled up for both DV prevention and rehabilitative care for victims. At tertiary levels of care, health ministries and hospitals should develop standard protocols for documenting reports of partner violence, rape and sexual abuse[9].

Linkages and joint efforts with NGOs are essential for offering support services such as counselling, shelter homes and legal aid centres. The role of RH providers is also increasingly recognized in helping to identify, support and refer victims of partner violence.

Bangladesh: A few police headquarters have special cells for women and all divisional headquarters have an OSCC.

Malaysia: The Ministry of Health (MOH) established OSCCs in hospitals since 1986 based on the concept of 'Integrated and Coordinated Teamwork of Multi-sectoral and Inter-agency Network for the Management of Survivors of VAW and Children'[10].

By 1997, 90% of hospitals had OSCCs providing a number of VAW services (medical attention and referral, counselling from NGOs, legal aid, special police desks, provision of shelter).

A standard operating procedure known as 'Crisis Intervention Levels' or Critical Pathways' was drawn up as a guide on the roles and responsibilities of the various agencies and departments involved. The NGOs working with the OSCC are mostly women's organisations and federal departments include the MoH, police, Social Welfare, Legal Aid Bureau, Religious Department, universities, Judiciary and Law.

“The idea of the OSCC innovation came about during my rounds in attending to survivors of violence. Realising that there are more to medical needs, such as psychological and other support such as shelter homes, police reports and counselling, I realised that a single provider concept will never be able to achieve a total patient care environment.”

Dr Abdullah (Head of Emergency Dept., Kuala Lumpur General Hospital)

[9] Watts, C. and Mayhew, S. 2004. “Reproductive Health Services and Intimate Partner Violence: Shaping a Pragmatic Response in Sub-Saharan Africa”. *International Family Planning Perspectives*, Vol. 30, No. 4

[10] Satia J. and Hii, M. 2001. *Innovative Approaches to Population Programme Management: VAW (Vol. 9)*. Kuala Lumpur: ICOMP

Social worker role playing in a gender sensitive training session.

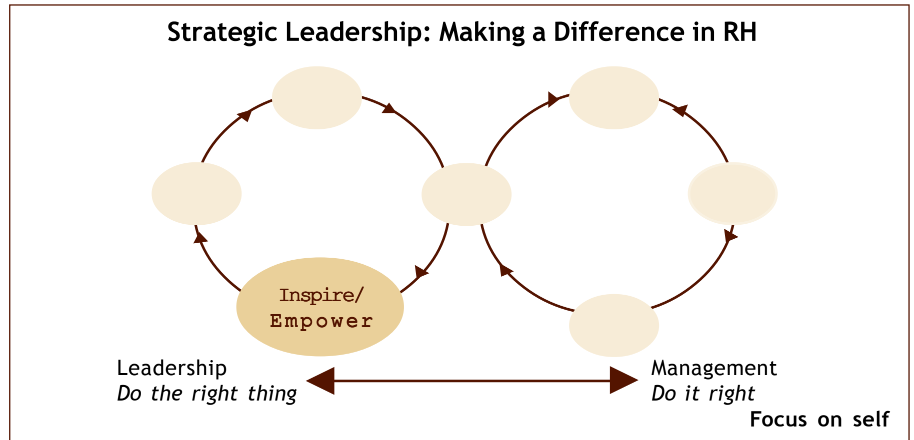
Health care practitioners, law enforcers and social workers are at the forefront in dealing with abused women. Therefore they must be sensitised and equipped with the skills to provide gender-sensitive and quality services for the care of victims as well as in prevention of DV. Training for these stakeholders to effectively address DV include

1. Gender awareness and analysis.
2. Crisis management strategies – identify symptoms of violence, document injuries, provide individual and family counselling, make referrals, legal actions.

UNFPA's "A Practical Approach to Gender-Based Violence: A Programme Guide for Health Care Providers and Managers" provides step-by-step guidance in designing and implementing a project to combat GBV. Available in more than 8 languages, it can be adapted for use in any part of the world.

Leadership Checklist

- ✓ As a strategic leader of RH, what should you do to address DV using the strategic leadership framework?
- ✓ Have key stakeholders received the necessary support and training to implement policies?
- ✓ How have communities been mobilised?



Inspiring and Empowering Stakeholders

Leaders must pay attention to inspiring and empowering key stakeholders involved in implementing policies. Gaining their support and increasing their capacities is instrumental in the fight against DV.

Stakeholders include public and private service providers, the criminal justice system and communities (community and religious leaders; men and women; adolescents). Possible strategies and actions to inspire/ empower them are to:

- Involve them in the whole process from vision sharing to management
- Advocate and influence them at an emotional level taking into consideration political and socio-cultural factors
- Provide support for them to effectively perform their roles such as through resource mobilisation, budgets, sensitisation and training for VAW

Empowering Communities

Mobilising local communities to change gender-biased attitudes/practices and empower them is key to reducing DV through:

1. Awareness raising campaigns including media coverage
2. IEC materials on available help (e.g. legal aid, shelter home, crisis centres)
3. Community watch groups; support networks; peer groups
4. Training community leaders and organisations, women and men
5. Outreach activities – counselling, hotline, education activities
6. Encouraging men's and boy's involvement as partners

Planned Parenthood Association of Thailand (PPAT)**:** Men's perceived superiority in Thai society results in DV as a common practice. PPAT (an NGO) created a support network at the grassroots level by forming a VAW Watch Group and setting up referral systems. It raised awareness and collaborated efforts with the mass media, health professionals, police force, community leaders, government and NGOs.

"I have never thought of the importance of DV but with an incident of a husband killing his wife due to jealousy in the community, I became more aware of the impact of DV and have since taken action"

A VAW Watch Group Leader

Management Lessons for DV Programmes

With committed leaders and the appropriate strategies, eliminating DV can be an achievable goal. Sound programme management is needed in planning and design, implementation, and monitoring and evaluation.

In tackling a multi-dimensional issue like DV, strengthening cross sectoral partnerships and their roles is essential. Joint forces among the civil society, private sector and government agencies enable each to play effectively individual roles in undertaking preventive, treatment or rehabilitative measures to counter the pandemic (ICOMP, 2001). Collaboration amongst stakeholders is also important for pooling existing resources.

Research findings when assessing the vision-reality gap and diagnosis of the root causes of DV need to be integrated into planning. This will help highlight the seriousness of the problem and identify effective programme strategies.

A management strategy and coordination mechanism is then needed to organise and streamline the roles of different partners. This would draw on each partner agency's strength, avoid unnecessary duplication or confusion of roles. Monitoring mechanisms, such as regular meetings for a working committee represented by all sectors, helps ensure exchange of information and experiences to improve DV programmes.

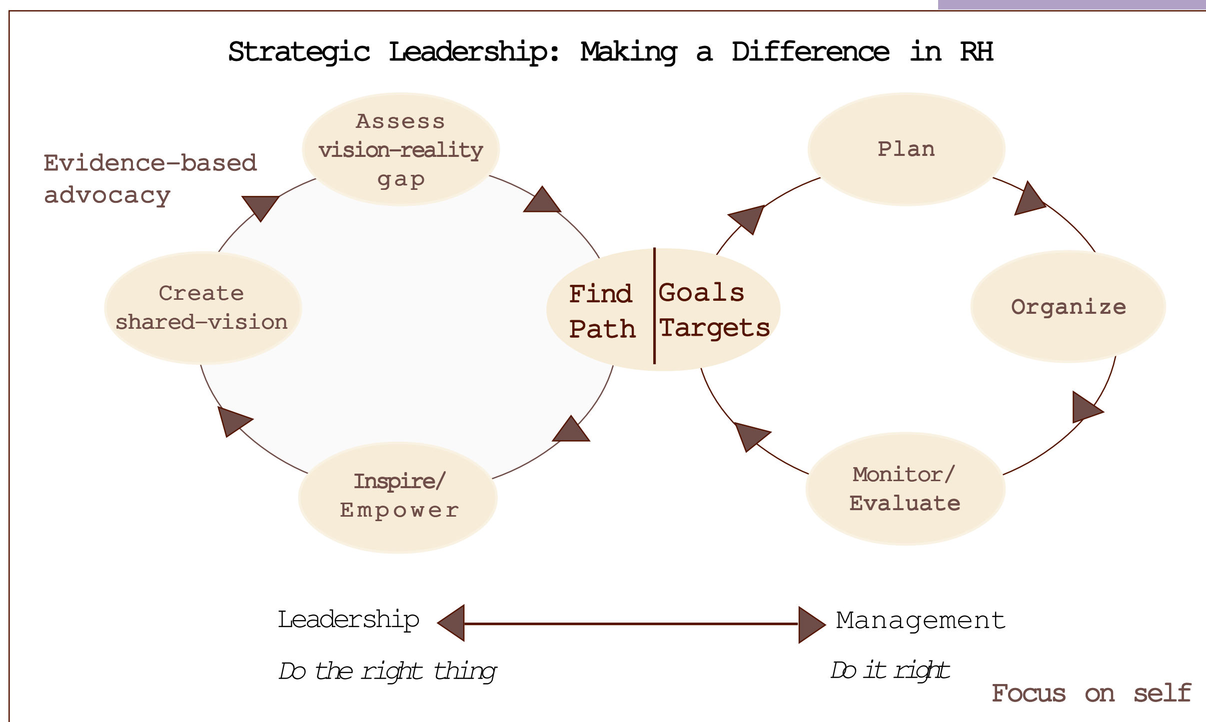


Photo credits: ICOMP, AMREF (website)