

DRCC's Broad Response to the invitation to make a submission on the Second National Action Plan on Women Peace and Security – We would need more time to respond more comprehensively-

International

A lot seems to be about the Defence Forces, which is great and with Jayne Lawlor they give the impression of being on top of things re their own forces behavior. However I have heard rumbles that NGO personnel can be exploitative of local populations.

1. The policies re Child Protection, GBV developed by Irish Aid (identified as in development in the half term review) to be fully implemented with associated training of all personnel. Irish NGOs and local CSOs required and supported to have similar policies and training of staff, monitoring of policies, stringent good practice guidelines, sanctions where transgressions occur. Monitoring and review of these policies and good practices on an ongoing basis to be built into the NAP.
2. Support to women and children via strategic links with and support to women's organisations already in existence in conflict situations e.g. in Syria. These organisations may have been established post the beginning of the conflict and may be seen as unwelcome by the government and may not have government recognition. Need to consider how to channel support and partner with such organisations whose personnel are on the ground in the heart of the conflict, protecting and caring for women and children affected by GBV.
3. Local women's networks and organisations to be utilized to research and monitor the impact of UN peacekeeping forces and other UN interventions on experiences of GBV, and to take into account in concrete ways the recommendations of these groups as to how women and children can be protected from and cared for in the aftermath of GBV.

Ireland

1. State and voluntary organisations providing services to women and children affected by GBV in conflict areas need to have specific training on this so that services can be delivered sensitively and effectively. Implementation of wide scale training of key staff. Consideration of the impact including the intergenerational impact of conflict related GBV to inform all health and educational initiatives and service delivery.
2. Planning for and resourcing of the provision of specialist services to these women and children, e.g. counselling, medical services. This resourcing to include cost of providing interpreting. This group requires access to specialist intensive services, which should not be provided out of existing service levels.
3. Schools are a key service for children affected by GBV in conflict (those whose parents have been affected will themselves be affected inter-generationally). Training for school staff

particularly in geographic areas where there is a high number of children impacted in this way, needs to be implemented.

4. Services for women and children affected by GBV in conflict, need to be designed and delivered to take account of this for example many aspects of direct provision systems are contra indicated for this group and may exacerbate the impact of the GBV they have experienced and leave them vulnerable to further GBV.
5. Policy on GBV developed by RIA in consultation with CSOs to be implemented including training of key personnel and staff in Direct Provision centres. NGOs to be supported in working with women asylum seekers and refugees affected by GBV to raise awareness of GBV and empower them.
6. Experience of GBV in conflict is an additional barrier to access to asylum. It adds to fear of state authorities, difficulty trusting the applications process, incomplete disclosure of experiences: training for staff of organisations such as ORAC, GNIB to provide them with the understanding and skills that will lessen the impact of this barrier and facilitate full disclosure.
7. Provision of specialist services i.e. IFPA/AkiDwa specialist FGM clinic to be provided to meet specific needs.

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