

UNHCR's Prevention of and Response to Sexual and Gender Based Violence: Past, Present and Future

Introduction:

In 2007/8 UNHCR undertook an independent evaluation of its efforts to prevent and respond to sexual and gender-based violence (SGBV) in situations of forced displacement. The purpose of the evaluation was to review the implementation, quality, and impact of UNHCR's activities with relation to SGBV prevention and response in the areas of livelihoods, awareness-raising activities, safety/security response, legal/justice response, medical and psychosocial care for survivors of SGBV, and services for children, and to present recommendations which would form the basis of a three-year SGBV Strategy to enhance UNHCR's ability to meet this component of its global strategic objectives. The findings and recommendations are now available at <http://www.unhcr.org/48ea31062.html> .

Also, a review of UNHCR's programming to provide security from violence, particularly SGBV, from 2007 to 2009 was conducted using available information from the Standards and Indicators (SIR) reports from 2007 to 2008 and reports from the AGDM Accountability Framework for 2008-2009.¹

The findings and recommendations of the independent evaluation and the results of the programming review have highlighted a number of achievements and gaps in UNHCR's prevention of and response to SGBV. Based on this background of consolidation of achievements and the recognition of the gaps and challenges, as well as the finalization of the SGBV evaluation, it is considered timely to develop a three-year strategy to reinforce and guide the work of the organisation in prevention of and response to SGBV.

The following is an attempt to list some of the major UNHCR's successes, but also weaknesses in addressing SGBV, and to list a number of suggested recommendations that emanated from the independent evaluation. Some of the recommendations for the prevention of and response to SGBV need to be mainstreamed within the Organization and considered and implemented in all UNHCR's operations, whilst some others are more specific and target-oriented and aim at reinforcing programmatic responses and priorities as defined at country levels.

I - Why a Strategy?

Addressing SGBV among displaced populations has become an increasingly high priority over the past 20 years. UNHCR recognises the prevention of and response to SGBV as an integral part of international protection and it has been set as one of the organisation's Global Strategic Objectives.

During this time period, UNHCR has made major steps to establish effective services for preventing of and responding to SGBV within a community based, rights based and participatory approach that requires integrated and coordinated action by actors from the displaced community, international humanitarian aid organizations (international NGOs and UN agencies), national NGOs, and host governments. SGBV related issues have progressively been incorporated into UNHCR's operational activities.

¹ As of May 2009, SIR data for 2008 was available for 112 camps and 85 urban settings. 2007 SIR data was available for 141 camps and 111 urban settings. 75 country operations participated in the non-advocacy based AGDM Accountability Framework for 2008-2009. It is worth noting that the SIR data tabulates camps and urban settings, while the AGDM Accountability Framework monitors countries. Because of this, the results are not directly comparable, but rather complimentary.

However, UNHCR support to survivors of SGBV has sometimes been fragmented. Funding support has sometimes been limited and ad-hoc with a focus on small scale, one-time pilot projects that are not sustainable or viable.

UNHCR's quest for a strategy is based on the need to reenergize and revitalize its SGBV prevention and response policies and operational involvement in an evolving humanitarian environment where the dynamics and the actors are changing.

The Humanitarian Reform and the Cluster framework have created a new state of affairs in the protection framework related to the prevention of and response to SGBV both at the global level and at the country level - specifically in the IDP context. The protection response is divided up into nine overarching and generally applicable "areas of responsibility" — one of which is SGBV. The GBV Area of Responsibility (AoR) has been tasked with devising policies, training activities and capacity building, to enhance GBV programming and coordination in humanitarian settings. There is an opportunity for UNHCR as protection cluster lead to reposition itself in addressing SGBV and reinforce its commitment and leadership.

Current efforts to revitalize and reinforce the inter-agency coordination to address SGBV have led to the establishment of the UN Action against Sexual violence in Conflict. It is UN joint initiative that brought together 10 UN agencies. This body has created a momentum and a forum in which UNHCR could play a key role in preventing and responding to SGBV.

The purpose of a Strategy is to identify priority areas in which UNHCR should strategically direct its SGBV policies, priorities and programming building on its prior achievements, and amending its weaknesses and gaps. It is intended to provide guidance for UNHCR at country, regional and global levels to direct initiatives, resources and partnerships for an effective approach to addressing SGBV. It can also serve to clarify the areas of focus for UNHCR and its partners.

II - "Where are we now?" Some of UNHCR and its partners main achievements on addressing SGBV

The Legal and Policy Framework

- UNHCR's responsibility for SGBV prevention and response is outlined in a number of resolutions adopted by ECOSOC, the General Assembly, and the Security Council, and in instructions from the Secretary-General of the United Nations. UNHCR's responsibility has also developed progressively through the drafting and implementation of several policy documents among which:
 - The UNHCR ***Policy on Refugee Women (1989)***. It underscores the organizational goal of providing protection to fit the specific needs of women, which includes prevention and response to SGBV.
 - ***The 1991 Guidelines on the Protection of Refugee Women***. It operationalized the Policy on Refugee Women. In 2008, the UNHCR Handbook for the Protection of Women and Girls was published, replacing the 1991 guidelines.
 - ***The 1997 Policy on Harmful Traditional Practices***. It highlights such practices as an integral part of UNHCR protection responsibility. In **2008**, UNHCR signed ***An Inter Agency Statement on Eliminating Female Genital Mutilation*** – and a Guidance Note on refugee status determination related to female genital mutilation (2009).
 - In **June 2001**, as a result of recommendations issued by refugee women at a Refugee Women's Dialogue, the High Commissioner announced ***UNHCR's Five Commitments to Refugee Women***, which, among others, include the

development of integrated country-level strategies to address violence against women, as well as domestic violence.

- **The 2002 “Guidelines on International Protection: Gender-Related Persecution within the content of Article 1 A (2) of the 1951 Convention and /or its 1967 Protocol relating to the status of Refugees”.** These Guidelines complement the UNHCR Handbook on Procedures and Criteria for the Determination of the Refugee Status under the 1951 Convention. In **2008, UNHCR Guidance Note on Refugee Claims Relating to Sexual Orientation and Gender Identity** was issued. The Note supplements the aforementioned guidelines, which remain applicable to lesbian, gay, bisexual and transgender (LGBT) asylum claims made by both men and women.
- In **2003**, UNHCR published the **“Sexual and Gender-Based Violence Against Refugees, Returnees and Internally Displaced Persons, Guidelines for Prevention and Response”**. The Guidelines provide practical guidance on implementing prevention and response activities using an interagency, multi-sectoral approach to SGBV.
- **Goal No.4 of the 3^d Edition of the “Agenda for Protection,” 2004** focuses on addressing security-related concerns more effectively and specifically outlines the prevention of age, sexual and gender-based violence. **Goal No. 6** addresses the needs of refugee women and children, and calls for the promotion of women’s participation in decision-making and the operationalization of existing guidelines and international instruments.
- Other related policies and guidelines that govern SGBV prevention and response among people of concern include **the Policy on Refugee Children, 1993; Refugee Children: UNHCR Guidelines on the Protection and Care, 1994; the Policy on Adoption of Refugee Children, 1995; and UNHCR Guidelines on Determining the Best Interests of the Child, May 2008.**

The Operational Framework

Definition

- In its work, UNHCR adopted and implemented a broad and comprehensive definition of SGBV, denoting physical, sexual and psychological violence in the family and in the community, including battering, sexual abuse of children, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence, violence related to exploitation, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women, forced prostitution, and violence perpetrated or condoned by the state (“The UN Declaration on Violence against Women”, 1993).
- On this basis, UNHCR has achieved a common understanding of SGBV within the organization. To support this understanding, the UNHCR Guidelines have been disseminated to all UNHCR field offices, together with other relevant material on SGBV. UNHCR has posted best practices on the prevention and response to SGBV on the intranet and created a mailing list to send relevant information to UNHCR staff that work on SGBV in the field.

Age, Gender and Diversity Mainstreaming (AGDM) strategy

- UNHCR’s Age, Gender and Diversity Mainstreaming (AGDM) strategy has been a fundamental achievement in order to establish a participatory, rights-based and community-based approach to SGBV. The strategy is spearheaded by multi-disciplinary teams who conduct the assessments and ensure that the findings are

integrated into the country operation plans, program implementation, the monitoring and evaluations. This strategy provides an innovative tool to identify SGBV issues at the field-level by facilitating participatory needs assessments, programme design and implementation with participation from persons of concern throughout the programme cycle. The AGDM Strategy includes an accountability framework, which places accountability with the senior management.

- In 2008, 60% of the refugee camps and 67% of the urban locations reported to have conducted a Participatory Assessment at least once that year.²

Awareness raising and Training

- Awareness raising is a core part of the prevention and response activities in UNHCR SGBV projects. Various projects include theatre for development, a community based mechanism, back to school initiatives targeting girls, including those who are pregnant or already have children, the creation of posters by children, developing and showing educational films and documentaries.
- To further increase awareness of SGBV issues among UNHCR staff, UNHCR has set a minimum standard that at least 10% of its staff, and that of its implementing partners, should be trained on SGBV each year.
- In June 2004, UNHCR re-published its Code of Conduct to incorporate the Secretary General's Bulletin on Sexual Exploitation and Abuse (ST/SGB/2003/13). In addition, all agreements with implementing partners include an appendix (2) on "Standards of Conduct – Ensuring protection from sexual exploitation and abuse" which is mandatory. UNHCR continues to promote the implementation of the Bulletin, reports accordingly and is a member of the Executive Committees on Humanitarian Affairs and on Peace and Security (ECHA/ECPS) working on SEA. The task force spearheaded the General Assembly UN-wide strategy on assistance to victims of sexual exploitation and abuse by UN staff and related personnel (A/RES/62/214). UNHCR annually undertakes refresher code of conduct sessions and Sexual Exploitation and Abuse is among the topics of discussion.
- In November 2007, Secretary General issued a new Bulletin [ST/SGB/2007/11] which mandated the establishment of Ethics Offices system-wide and prescribed the principles and procedures on which they should be based. On 6 June 2008, the High Commissioner announced the Terms of Reference (TORs) of the Ethics Office at UNHCR. The Ethics Office's main objective is to foster a culture of ethics, respect and accountability by ensuring that all staff members understand, observe and perform their functions according to the highest standards of integrity required by the UN Charter, UN Staff Regulations and Rules, UN(HCR) administrative issuances and the UNHCR Code of Conduct.
- 61% of its refugee camps and 55% of its urban operations reported to have achieved UNHCR "Standards of Conduct – Ensuring protection from sexual exploitation and abuse" in 2008.³

Standard Operating Procedures

- Through the introduction of Standard Operating Procedures (SOPs) on SGBV, UNHCR has established clear standards for detailing the minimum procedures for reporting, referral and information management for UNHCR and partner's responsibilities in the four main sectors, health, psychosocial, legal/justice and safety/security. The Global Strategic Objectives for 2006 (IOM/FOM number 62/2006), states that 100% of UNHCR's operations should have SOPs for SGBV by the end of 2006. SIR data indicates that 87% of camps and 65% of urban areas had SOPs for SGBV in place in 2008. 66% of countries reported full implementation of

² Data from reported operations only.

³ Data from reported operations only.

SOPs. Implementation in camps is stronger than in urban settings. There was an increased implementation in camps from 2007 to 2008 but a decrease in implementation in urban settings.

Prevention

- UNHCR's country operations have also initiated a series of prevention activities to reduce the risk of SGBV, such transformation of social, cultural and religious norms; strengthening community support structures; influencing informal and formal legal frameworks; enhancing girl's education; strengthening women's empowerment and meaningful participation in decision- making.
- For example, UNHCR has acknowledged that strengthening the role of refugee women and girls in society will reduce some of the risk factors leading to SGBV. UNHCR has thus promoted the independence, economic self-reliance, leadership and decision-making of women in community-based structures. Data from 110 refugee camps showed the participation of women in refugee camp committees stood at 39% in 2008.
- "Women Leading for Livelihoods" project to support the economic empowerment of displaced women and girls to reduce their exposure to survival sex and to meet their basic needs has been launched in 2007. In addition, modules on Women's Leadership training targeting refugee communities have been developed in collaboration with the Centre for Refugee Research, University of New South Wales.
- UNHCR has recognized the essential role that male staff members and persons of concern can play in ending violence against women and promoting gender equality in its field operations, and initiated "masculinities" projects in several countries in Southern, Central and Eastern Africa to further this aim.

Education

- UNHCR has also promoted access to education for refugee children, particularly for girls. As of 2008, 83% of refugee children were reported to be enrolled in primary school (Grades 1-6). With regards to refugee children with special needs, 18% were reported enrolled in primary school in camps and 37% in urban settings. In addition, 47% of refugee adolescents (12-17 years old) were reportedly reached through targeted programming, such as vocational skills training and recreational activities, as of 2008. In 2007, in coordination with NGO partners, UNHCR launched a safe school initiative that seeks, among other things, to ensure that SGBV in schools is prevented and addressed. It was piloted in Namibia, Malawi and Rwanda.

Response

- UNHCR's country operations have further achieved progress in providing essential response services to survivors of SGBV, such as psychosocial, medical, legal/justice and safety/security support. In 2008, 97% of the survivors in 70 refugee camps were reported to have received support from UNHCR or its implementing partners. This constituted an improvement from the 90% reported from 81 refugee camps in 2007. A similar, although smaller, improvement was also reflected in UNHCR's urban locations, where 70% were reported to have received services in 2007 and 76% in 2008.⁴
- Activities at the field level include safe shelters in Panama, Azerbaijan, Thailand and Kenya for SGBV survivors, promoting access to justice through legal clinics in Thailand and India, and mobile courts in Kenya.
- As a priority the health needs of women and girls continue to be a particular focus with the key component being the implementation of the guidelines on clinical management of rape. UNHCR in collaboration with UNFPA organize regular training for health staff on the guidelines.

⁴ Data from reported operations only.

- UNHCR's Guidelines have acknowledged that children that are survivors of SGBV have unique needs that require special considerations through targeted information and awareness raising strategies, including alternative media and art, the creation of children and youth groups, and the inclusion of SGBV in school curricula.

Data collection

- To improve the quality and availability of reliable SGBV data, UNHCR has supported the development and implementation of data collection and analysis systems for reported incidents of SGBV in situations of forced displacement. In collaboration with UNFPA and IRC, UNHCR has developed a Gender-Based Violence Information Management System (GBVIMS), which aims at systematizing data collection and information sharing between SGBV actors in humanitarian settings.
- To further improve SGBV data, UNHCR has also included a section in its Health Information System (HIS) to collect data on injuries reported at health centers in refugee and IDP camps, disaggregated by age and sex. HIS further collects data on cases of domestic violence and rape reported to its health centers, as well as the medical assistance given to survivors (particularly post-exposure prophylaxis, emergency contraceptives and sexually transmitted infections presumptive treatment). Data is currently being collected and compiled from UNHCR's operations in 16 countries where the HIS is operational.

Multi-sectoral and inter-agency approach

- UNHCR is cognisant that States have the primary responsibility to take all appropriate measures to eliminate violence against women, including refugee and internally displaced women and girls and therefore works in collaboration with the governments, either directly, or through national / international operational partners; NGOs and other UN agencies. Within the cluster framework, UNHCR works closely with UNFPA who is the designated responsible agency for the GBV area of responsibility. UNHCR has signed a global MOU with UNIFEM, and there have been country specific collaboration arrangements in Afghanistan, Ecuador, Colombia and Liberia to address gender issues.
- The UNHCR Guidelines advocate a multi sectoral and inter-agency approach to prevent/address SGBV incidents. The refugees form the central core of the approach based on four pillars of response: health, legal/justice, safety, security and psychosocial services.
- UNHCR is a member of the Inter Agency Sub Working group on gender in humanitarian situations. The group predominate activity on SGBV in the last 3 years has been the development and dissemination of the IASC "*Guidelines for Gender Based Violence Interventions in Humanitarian Settings, Focusing on Prevention and Response to Sexual Violence in Emergencies*" and the IASC "*Gender Handbook in Humanitarian Settings – Women, Girls Boys and Men; Different Needs – Equal Opportunities*" UNCHR contributed to the development process both financially and technically and continues to disseminate the guidelines widely alongside the UNHCR guidelines.
- In collaboration with WFP and the Women's Refugee Commission and other agencies, UNHCR from 2007 to 2008 chaired an Inter-Agency Standing Committee Task Force on Safe Access to Firewood and Alternative Energy in Humanitarian Settings. The task force developed guidance to promote effective decision-making on fuel options in order the address the continued concern that women and girls are frequently exposed to sexual violence when collecting firewood. This guidance was launched in March 2009 and the Women's Refugee Commission will undertake a number of trainings in 2009 to promote the use of the guidance.
- UNHCR is part of the UN Action Against Sexual Violence in Conflict. It is UN joint initiative (participating UN agencies include UNICEF, UNFPA, UNIFEM, UNDP,

OCHA, DPA, DPKO, OHCHR, UNAIDS, WHO and WFP) which goal is to improve the coordination of the UN response to sexual violence in conflict. UNHCR is also a member of the Resource Management Committee of the Un Action Multi Donor Trust Fund.

Funding

- In 2004-2008 additional SGBV projects were supported through additional funding from the Bureau for Population, Refugees and Migration (BPRM) and in 2007 and 2008, the High Commissioner also allocated funds to 15 countries for additional SGBV projects. Additional funds are also raised through the private sector and have included donations from the International Olympics Committee (IOC), Angelina Jolie and the Princess of Jordan.

III - Some of UNHCR's main weaknesses and gaps on SGBV

Policy, strategies and priorities

- While UNHCR and its partners commit themselves to the use of the broadest current definition of sexual and gender-based violence⁵, in practice, UNHCR's programmes usually tend to concentrate predominantly on just a few types of sexual and gender based violence, predominantly sexual violence against women, while other forms of psychological, economic, or socio - cultural gender based violence are less commonly addressed. In addition, some important forms of SGBV that require specially adapted programmes and interventions are hardly addressed by many UNHCR operations. For instance, domestic violence is often perceived as an uncontrollable type of SGBV.
- The absence of an appropriate guiding policy on how to address and respond to SGBV against lesbian, gay, bisexual and transgender people of concern (LGBT) remains a serious problem. Initiatives targeting LGBT survivors of SGBV have often been impaired by deficits in knowledge and attitudes of humanitarian staff and are often ignored in discussions on gender-based violence within UNHCR. In addition, the sexual abuse of boys and men is often neglected, under-reported and hardly addressed by any of UNHCR's programmes.
- UNHCR's SGBV activities generally tend to focus more on adults and often do not address sufficiently the needs of children. Consequently, the prevention of and response to SGBV against children often remains more an objective, than a reality.
- Before, during and after voluntary repatriation, particularly when service provision during phase out in refugee camps is reduced, limited attention has been given in many operations to the improvement of the economic and social preconditions that contribute to SGBV. Consequently, people of concern to UNHCR are exposed to additional risks of SGBV.

⁵ Denoting physical, sexual and psychological violence in the family and in the community, including battering, sexual abuse of children, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence, violence related to exploitation, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women, forced prostitution, and violence perpetrated or condoned by the state (Articles 2 and 1 of the UN Declaration on Violence against Women, 1993).

Mainstreaming SGBV within the Organization

- UNHCR has not yet succeeded entirely in mainstreaming SGBV prevention and response in the Organization. Consequently, in many field offices the responsibility for the issue of SGBV has not yet been taken on as the common responsibility of all UNHCR staff members.
- Managers often view SGBV prevention and response narrowly, as essentially a social issue, which implies oversight responsibility by protection or community services officers for which they do not necessarily have expertise. In the absence of community services officers, prevention of and response to SGBV is often entrusted to junior and inexperienced staff members who do not necessarily have the required expertise, who are given little support by senior management and thus have little impact on programme planning and implementation.
- Gaps in knowledge awareness on SGBV within UNHCR and Implementing Partners staff and sometimes different understandings of the responsibility for SGBV-related activities continue to constitute major obstacles for UNHCR's SGBV response.
- Shortcomings have been identified in the areas of communication between UNHCR, Implementing Partners and the refugee community, participatory planning and programme implementation, the principal relationship between UNHCR staff and people of concern, the amount of training and the leadership positions in refugee committees.
- In 2008, only 16% of the camp operations and 24% of urban settings that reported fulfilled UNHCR's standards with regards to training Persons of Concern on SGBV. From 2007 to 2008 there was a slight decrease in the number of camps that fully met the standard and a slight increase in the number of urban settings that fully met the standard.

Livelihoods

- Although UNHCR's approach is based on the understanding that sexual violence not only has destructive and negative effects on the physical and psychological well-being of humans but also results in their economic and social disempowerment amid many operations. Standard Operating Procedures on SGBV outline innovative approaches to livelihood activities, e.g. the introduction of Women's Groups, focusing on educational activities, income-generating activities and mutual group support. However, only limited human and financial resources are allocated to livelihood activities and the extent and impact of these concerted efforts is generally imperfect.
- Micro-finance programmes have proved to be efficient, however the clients who are most likely to benefit from these programmes are those already with business expertise.
- Income-generating programmes are often not targeted sufficiently towards survivors of SGBV and groups most vulnerable to SGBV, like those with mental or physical disabilities.

Education

Access to education is another important SGBV prevention mechanism. In many operations, there is a lack of female teachers accounting for increased risk of SGBV against children.

Awareness raising and public information activities

- Awareness activities are often not sufficiently targeted to groups at heightened risks.
- Factors such as social class or gender will prevent many refugees/IDPs from attending awareness-raising activities.

Response Services to SGBV survivors

- There is a shortage of experienced psychological counselors; and there is often no self-help groups, women's groups and community centers designed to help survivors of SGBV.

Data Collection and Impact Measurements

- There are no accurate measurements for prevalence of SGBV. Surveys and reported cases can contribute to estimates of prevalence, but not give accurate numbers, as SGBV incidents are known to be significantly under-reported in any society.
- Most indicators used are more quantitative in nature and could therefore not reveal the true impact of programme activities. UNHCR knows very little about the impact of its SGBV projects, and even less about the social and cultural effects than about the technical outputs of its activities.

Medical health care in SGBV prevention and response

- The linkages between HIV/AIDS and SGBV have been ignored and few assistance programmes have addressed HIV/AIDS as a central component of SGBV prevention and response planning.
- Even in hospitals, only basic medical services are often provided in response to the specific needs of survivors of SGBV, e.g. reproductive health and mental health services is particularly poor in some field locations.
- Specialized training in the clinical and psychological management of survivors of rape is needed especially when survivors are children.
- Comprehensive psychosocial strategies, covering the full range of therapeutic options, have not yet been introduced in the majority of operations. All too often, psychosocial services and facilities are limited in terms of qualified staff and quality of services provided.
- With regard to mentally disabled people of concern, who are most vulnerable to SGBV, UNHCR often has to rely entirely on the existing public mental health service facilities, which often fail to provide for major human rights violations.

IV –Suggested recommendations

SGBV Mainstreaming

Policy, strategies and priorities

- More attention is needed to address different forms of SGBV in UNHCR's policies and strategies, such as domestic violence and intimate partnership violence.
- Adopt a policy that would explicitly recognize the needs of lesbians, gays, bisexuals and transgender (LGBT). Prevention strategies should prioritize awareness-raising activities in host and refugee communities and among UNHCR staff. All training, safety planning, and interventions, as well as prevention activities should include the specific issues related.
- Trainings activities on the prevention of and response to SGBV need to reflect on situations of mass sexual exploitation. Case management tools need to be developed and the safety of case workers and of victims need to be strengthened.

- The prevention of and response to SGBV against children should be taken on as an important crosscutting issue. Complementary skills and mandates from a variety of actors must be brought together in a concerted approach to respond to this issue.
- More consideration is to be given to children of SGBV survivors, foster children, orphans, and unaccompanied and separated minors. The community can be involved in selecting foster parents to ensure that children are placed in trustworthy families.
- Strengthen appropriate exit strategies for camps and phase-out for community services in the camps that take into account the specific risks related to SGBV before and during repatriation. These specific risks are being exacerbated with drastic reduction of assistance/support system in countries of asylum as opposed to services provided in the country of origin during the initial phases of the return.
- Senior management to take on a more prominent role in leading UNHCR's SGBV response, e.g. the effective guidance of the multifunctional teams and the allocation of well-defined responsibilities for each staff member with regard to SGBV are vital.
- UNHCR senior managers should be systematically assessed on their competences to supervise SGBV related activities.
- Recruit staff in a manner that will discourage sexual exploitation and abuse (SEA). Implement SEA focal group network. Minimize risk of SEA of beneficiary community by humanitarian workers and peacekeepers.
- Develop recruitment strategies aimed at attracting UNHCR staff with profiles and expertise in medical and psychosocial issues to respond to gaps in programme planning, monitoring and evaluation in the areas of medical and psychosocial care.
- Provide more basic, but regular and mandatory, (re-) training opportunities on SGBV for **ALL** UNHCR staff, including program staff and senior management. Besides UNHCR and Implementing Partner staff, offer some access to SGBV training to other local stakeholders.
- Strengthen the collaboration with other UN-agencies, GOs, NGOs and national and international universities to foster training quality, to ensure comprehensiveness and to limit the financial burden related to training.
- Strengthen the involvement of community leaders in SGBV programme planning and implementation from the very beginning of the programme planning cycle and consult community representatives in regular meetings during the planning and the implementation.
- Assess the coping mechanisms of a refugee/IDPs community and adapt psychosocial response strategies to the social and cultural context in each specific setting.
- Besides "performance indicators" used to measure a number of activities and services provided by the SGBV program, further emphasis should be given to "impact indicators" measuring changes in levels of knowledge, attitudes, skills, intentions, and behavior of the community.

Livelihood

- Introduce the provision of livelihood activities as the fifth main sector in UNHCR's SGBV prevention and response strategy.
- All skills training courses should be based on an assessment of market opportunities. Whilst mitigation work and programmes must be established quickly to respond to certain immediate situations, UNHCR country offices should nonetheless conduct a participatory survey to assess livelihood needs and income generating opportunities

among refugees and IDPs. Cooperation with local NGOs, business associations and refugees is essential.

- In every livelihood programme, UNHCR should aim to engage people with expertise, e.g. retired business people or other experts.
- UNHCR should increase the number of micro-financing programmes whenever applicable to support economic self-reliance and start-up of small enterprises.
- Existing youth work should be sustained financially and materially. Additional youth self-help groups could be initiated to foster self-reliance.
- Give special considerations to the needs of disabled adolescents, former child soldiers and adolescent heads of household with regards to livelihood opportunities.

Education

- Provide more scholarship programmes for children and young people: empowering young people is strongly connected to educational opportunities.

Awareness raising and public information activities

- Increase peer education in the IDP/refugee community. Identify adult and youth peer educators and provide training and peer educator tool kits on SGBV. Topics could include reproductive health, STIs birth control, the dynamics of sexual assault, consent & communication, etc. The peer educators could also train other community members about the importance of self-assessment, assertive communication, personal boundaries, power dynamics in relationships and sex role stereotypes.
- Develop improved strategies to improve knowledge management and information sharing within UNHCR and between UNHCR and other organizations.
- Increase awareness-raising and training both among UNHCR/IP staff and the community to highlight the particular protection risks children face and to provide guidance on how to develop and implement effective prevention strategies.
- Train children on how to protect themselves against sexual abuse, deal with anger, and resolve interpersonal conflicts.
- Strengthen awareness-raising activities in schools (safe school initiatives).
- Disseminate more information and raising awareness on HIV prevention and response and its interrelationships to SGBV prevention and response.
- Focus more on raising awareness on FGM elimination in countries where this is relevant.
- Implement confidential complaints mechanisms and develop follow up strategies targeting the competent investigative authorities. Monitor effectiveness of complaint mechanisms and institute changes where necessary.

Medical health care in SGBV prevention and response

- Increase women's support and self-help groups to relieve trauma. Consider the use of cultural mediators: identify and train female "cultural mediators" who assist doctors and psychologists in medical and psychosocial care. They will help to enhance understanding of cultural norms, share information on SGBV, and create a trusting relationship between psychologists/doctors and the refugee/IDP community.

Data Collection and Analysis

- Besides "performance indicators" used to measure a number of activities and services provided by the SGBV program, further emphasis should be given to "impact

indicators" measuring changes in levels of knowledge, attitudes, skills, intentions, and behavior of the community.

Targeted Actions

Water and Sanitation

- Train staff and community WATSAN committees on design of water supply and sanitation facilities, conduct ongoing assessments to determine gender-based issues related to the provision of water and sanitation, and ensure representation of women in WATSAN committees.

Food Security and Nutrition

- Train staff and community food management committees on design of food distribution procedures and strengthen the monitoring of nutrition levels to determine any gender-based issues related to food security and nutrition.

Shelter and Site Planning, and Non-Food Items

- Train staff and community groups on shelter/site planning and non-food distribution procedures, including safety of planned sites and of sensitive locations within sites, and plan provision of more shelter facilities for survivors/victims of GBV. Conduct ongoing monitoring to determine any gender-based issues related to shelter and site location and design.
- Implement safe fuel collection strategies.
- Provide more sanitary materials to women and girls.

Questions to help provoking a reflexion and orienting the debate

1. Where would you like to see UNHCR's activities for the prevention of SGBV 3 years from now?
2. Where would you like to see UNHCR's activities for the response to SGBV 3 years from now?
3. Where would you like to see UNHCR's accountability to POC regarding SGBV and SGBV activities 3 years from now?

Sources:

"Evaluation of UNHCR's efforts to prevent and respond to sexual and gender-based violence in situations of forced displacement", various UNHCR policy documents, the Standards and Indicators (SIR) data for 2007 and 2008 and the AGDM Accountability Framework for 2008-2009