

# PREVENTION AND RESPONSE TO SEXUAL AND GENDER-BASED VIOLENCE IN REFUGEE SITUATIONS



**INTER-AGENCY LESSONS LEARNED CONFERENCE PROCEEDINGS**  
**27-29 MARCH 2001 - GENEVA**



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# FOREWORD

*It is no exaggeration to refer to sexual and gender-based violence as a pandemic. Globally, women and children are most in danger of being targets of this insidious form of human rights abuse, and those displaced or caught-up in conflict are often at greatest risk. The problem is pervasive and spans everything from domestic violence to rape as a war crime. No community, society, country or region is immune to sexual and gender-based violence.*

*Some may perceive sexual and gender-based violence as essentially a criminal law issue. The disease analogy, however, is apt. We are confronting a systemic form of human rights abuse on the scale of a global epidemic. It demands continued action by a broad coalition of humanitarian actors deploying a variety of multi-sectoral and multi-dimensional approaches to the problem. Both our agencies are committed to such concerted action.*

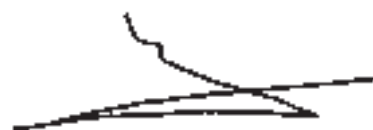
*We were encouraged by the level of discussion at the Inter-agency Lessons Learned Conference on Sexual and Gender-based Violence in Refugee Situation. We appreciate the progress already made in recognizing the problem and identifying responses to it. The commitment demonstrated to date has made those responses even more effective. Six years after the publication of UNHCR's Sexual Violence Against Refugees: Guidelines on Prevention and Response, the humanitarian community is even more strongly determined to protect refugees against this abuse of their human rights. We support the Conferees' call for a Code of Conduct for humanitarian workers: persons in need should not have to fear those who are mandated to protect and assist them.*

*The conclusions and recommendations that emerged from this Conference provide a clear guide and implementation framework for the way forward. Key to improving protection from, and developing responses to, sexual and gender-based violence is inter-agency coordination and the full participation of the refugee community in all stages of programme development, from design to evaluation.*

*We are convinced that the ideas and initiatives developed at the Conference, if they are implemented with the energy and determination they deserve will make a significant difference not only to those who have survived abuse but also to those many millions in the world today who remain at risk.*



Ms. Mary Robinson,  
High Commissioner for Human Rights



Mr. Ruud Lubbers,  
High Commissioner for Refugees

# PREFACE

**F**ive years ago I was asked to write the introduction to the UNHCR publication “**Sexual Violence Against Refugees: Guidelines on Prevention and Response**”, which was to offer guidance and useful tools to the field. The Inter-Agency Lessons Learned Conference: Prevention and Response to Sexual and Gender-based Violence in Refugee Situations, held in March 2001, comes at a time when we need to evaluate and assess where we are with regard to sexual and gender-based violence in refugee situations.

Even though violence against women and especially refugee women may never be eliminated, we must always strive to understand the causes and raise awareness about the consequences and how they may be addressed. States and civil societies need to be more sensitive to the issues and to be more creative and effective in devising strategies to deal with the problems. Joint action by governments and national and international aid agencies are a crucial necessity in addressing sexual and gender-based violence in refugee situations. Commitment on the part of all actors to combat sexual and gender-based violence in refugee situations is more than a requirement, it is an obligation.

Even though conflicting schedules prevented me from being present at the conference, I have every confidence that the findings of the conference, along with the opportunity for dialogue and discussion, will lead to effective results. I hope that the conference will lead to the formulation and implementation of strategies that will help combat the increasing problem of violence against women refugees and the internally displaced.



Radhika Coomaraswamy  
Special Rapporteur on Violence Against Women  
Commission on Human Rights

# ACKNOWLEDGEMENTS

The conference could not have taken place without the kind support of the United Nations Foundation (UNF) and the State Department of the United States, through the Bureau for Population, Refugees and Migration (BPRM). UN Foundation (Ted Turner Funds) granted UNHCR USD 1.6 million in 1999 to undertake sexual and gender-based violence programmes (SGBV) in five refugee situations. BPRM has been supportive of work by UNHCR and partners in SGBV programming world-wide.

To organize the conference, UNHCR established a unique multi-sectoral Steering Committee that provided oversight to the design, implementation and reporting of the conference. Representatives from the Division of Operational Support, the Department of International Protection, the Emergency and Security Service and the Division of Resource Management from inside UNHCR and several experts allied to non-governmental organizations worked to make the conference a success.

To all the participants and their organizations who supported them to attend the conference, we trust that the lessons learned and experience gained will assist all to provide quality programmes to prevent and respond to SGBV so that refugees the world over receive the support they rightly deserve.

## TERMINOLOGY

Throughout the conference, the terms **refugee** and **Internally Displaced Person (IDP)** were used inter-changeably. The issues and problems related to programme development are essentially the same for the two groups. Although UNHCR's mandate and action may differ in some settings for refugees, other conference participants are engaged in programmes that include both refugees and IDPs. For ease of reading this report, the term "refugee" is used to represent both refugees and IDPs.

The term **survivor** is used to refer to individuals who are victims of sexual and gender-based violence. For legal settings, the term "victim" may be appropriate and required to conform to applicable laws. In non-legal settings, however, being a "victim" connotes powerlessness and stigmatization, which is to be avoided by all concerned parties.



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# EXECUTIVE SUMMARY

Acutely aware of the magnitude of sexual and gender-based violence (SGBV) and the efforts underway to respond to the problem, UNHCR hosted an inter-agency lessons learned conference on sexual and gender-based violence in Geneva from 27-29 March 2001. The conference gathered 157 actors working in refugee situations to share wisdom and experiences, collectively review progress and impact to date, identify lessons learned, and plan the next steps for addressing sexual and gender-based violence in refugee and internally displaced settings.

The conference was held at this time to document progress since UNHCR published in 1995 **Sexual Violence Against Refugees: Guidelines on Prevention and Response**. It was also held to allow a forum for review of the UN Foundation-supported initiatives in establishing multi-sectoral prevention and response initiatives in five countries in East and West Africa. It was time for humanitarian actors to reflect on progress to date and share lessons learned in addressing prevention and response to SGBV in a variety of refugee settings around the world.

## CONFERENCE OBJECTIVES

1. Increase knowledge and understanding of sexual and gender-based violence programmes.
2. Analyze sexual and gender-based violence programmes: what has been accomplished and the impact.
3. Refine protocols, monitoring and evaluation tools for each sector.
4. Strengthen co-ordination mechanisms in prevention/response plans to ensure mainstreaming into each sector.
5. Develop recommendations for future sexual and gender-based violence programmes.
6. Identify gaps in the UNHCR Sexual Violence Guidelines (1995) and propose changes to current guidelines to reflect lessons learned on SGBV multi-sectoral programming.
7. Use findings and recommendations of the conference to inform discussion in the Global Consultations

Participants came from 25 countries representing all regions of the world. There were representatives from refugee communities, NGOs, UNHCR community services, protection, security and health sectors, human rights organizations, donors, UN sister agencies, and host governments.

For three days, participants met in plenary and small group sessions to identify and discuss accomplishments, issues, and challenges in this work. Listening to the experience and wisdom from the field, participants were able to clarify lessons learned and outline the way forward.

# CONFERENCE CONCLUSIONS AND RECOMMENDATIONS

Participants reached a general consensus that much has been achieved, much learned, and there is now a wealth of knowledge about sexual and gender-based violence in refugee settings: knowledge about what to do, what not to do, and what is needed to improve prevention and response and thereby enhance protection of refugees.

Each of the eight conference working groups developed a set of recommendations specific to the group's topic area. The following are the overarching recommendations for action from the conference.

**1. Strengthen institutional commitment to a multi-sectoral approach to the prevention and response to sexual and gender-based violence in UNHCR, other UN organizations, governments and NGOs.**

A strong institutional commitment would be demonstrated by:

- Codes of conduct for all staff levels, and sanctions for violations
- Integration of gender equity policies into day-to-day work of all staff
- Minimum standards for SGBV prevention and response, job descriptions that support those standards, and effective systems for staff support and accountability
- Country and international level leadership and active support in planning and action for SGBV prevention and response
- Adequate funding levels for staffing and programmes to support gender and SGBV work

**2. Revise the 1995 UNHCR *Sexual Violence Against Refugees: Guidelines on Prevention and Response*.** Develop a comprehensive inter-agency field guide for prevention and response to sexual and gender-based violence in refugee settings. The guide should also include sector-specific tools and recommendations for implementation in the field.

**3. Strengthen and develop SGBV sensitization and training programmes for all actors, all sectors and functional areas.** Support the development, field-testing, publishing, distribution, and implementation for each training programme.

**4. Incorporate monitoring and evaluation in all phases of programme design and planning. Allocate adequate resources for monitoring/evaluation activities.**

**5. Strengthen inter-agency co-ordination and develop stronger links and partnerships with national organizations and groups engaged in sexual and gender-based violence programming and advocacy work.**

**6. Engage and actively include the refugee community through all stages of programme design, implementation, monitoring and evaluation.**

# GLOBAL OVERVIEW OF SEXUAL AND GENDER-BASED VIOLENCE

Sexual and gender-based violence is a violation of basic human rights and a criminal act in most countries. Sexual and gender-based violence carries serious health and psychological consequences, and often death.

Sexual and gender-based violence can occur in the home, in the community, and in the culture. Forms of sexual and gender-based violence include physical, sexual, and psychological abuse, such as:

- Non-consenting sexual acts
- Rape
- Forced marriage
- Involuntary prostitution
- Sex with a minor
- Female genital mutilation
- Domestic abuse
- Sexual harassment

## SEXUAL AND GENDER-BASED VIOLENCE

Physical, sexual and psychological violence occurring in the family and in the community, including battering, sexual abuse of female 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 1 and 2 of the UN Declaration on Violence against Women, 1993)*

There are many factors contributing to acts of sexual and gender-based violence in any setting. In general, the overriding causes are gender inequity, assertion of power, and lack of respect for human rights. In situations of armed conflict and displacement, women and children face additional risks and vulnerability.

## Sexual Violence During the Refugee Cycle <sup>1</sup>

Phase	Type of Violence
<b>During conflict, Prior to flight</b>	<ul style="list-style-type: none"> <li>● Abuse by persons in power</li> <li>● Sexual battery of women</li> <li>● Sexual violence by "soldiers"</li> </ul>
<b>During flight</b>	<ul style="list-style-type: none"> <li>● Sexual attack by bandits, border guards, pirates</li> <li>● Capture for trafficking by smugglers, slave-traders</li> </ul>
<b>In the country of asylum</b>	<ul style="list-style-type: none"> <li>● Sexual attack, extortion by persons in authority</li> <li>● Sexual abuse of fostered girls</li> <li>● Domestic violence</li> <li>● Sexual attack when collecting wood, water, etc.</li> <li>● Sex for survival</li> </ul>
<b>During repatriation</b>	<ul style="list-style-type: none"> <li>● Sexual abuse of women and girls who have been separated from family</li> <li>● Sexual abuse by persons in power</li> <li>● Sexual attack by bandits, border guards</li> </ul>
<b>During reintegration</b>	<ul style="list-style-type: none"> <li>● Returnees may suffer sexual abuse as retribution</li> <li>● Sexual extortion in order to obtain legal status</li> </ul>

1. Table developed by Susan J. Purdin, based on the life cycle of violence by Heise, L.. Information Source: *Sexual Violence Against Refugees: Guidelines on Prevention and Response*, Geneva, UNHCR, 1995.

## Some Statistics: The Magnitude of the Problem

- In South Africa, it is estimated that every 83 seconds one woman is raped; only one in twenty of these cases is ever reported to the police (Vetten: 1995).
- More than 90 million African women and girls are victims of female circumcision or other forms of genital mutilation (Heise: 1994).
- "During the armed conflict in Bangladesh in 1971, it is estimated that 200,000 civilian women and girls were victims of rape committed by Pakistani soldiers" (Human Rights Watch).
- "A European Community fact-finding team estimated that more than 20,000 Muslim women have been raped in Bosnia since the fighting began in April 1992" (idem).
- 16–41 per cent of women surveyed reported a physical assault by a male partner in an intimate relationship in studies conducted between 1986-1997 in the following countries: Canada, New Zealand, Switzerland, the United Kingdom, the United States, Cambodia, India, Korea, Thailand, Egypt, Israel, Kenya, and Uganda<sup>2</sup>.
- 14.8 per cent of all adult women said they had been victims of a completed rape. An additional 2.8 per cent said they had been victims of attempted rape<sup>3</sup>.
- At least 60 million girls who would otherwise be expected to be alive are missing from various populations, mostly in Asia, as a result of sex-selective abortions, infanticide or neglect.

## Violence throughout the Life Cycle

Even though most documentation refers to the different forms of violence affecting women and girls, this does not mean that men and boys are not affected; nor does it fail to recognize that the violence they suffer is no less of a crime.

Phase	Type of Violence
<b>Pre-birth</b>	<ul style="list-style-type: none"> <li>● Sex-selective abortion; battery during pregnancy</li> <li>● Coerced pregnancy</li> </ul>
<b>Infancy</b>	<ul style="list-style-type: none"> <li>● Female infanticide; emotional and physical abuse</li> <li>● Differential access to food and medical care</li> </ul>
<b>Girlhood</b>	<ul style="list-style-type: none"> <li>● Child marriage; genital mutilation</li> <li>● Sexual abuse by family members and strangers</li> <li>● Differential access to food, medical care and education</li> </ul>
<b>Reproductive age</b>	<ul style="list-style-type: none"> <li>● Physical, psychological and sexual abuse of women by intimate male partners and relatives</li> <li>● Forced pregnancies by partner; sexual abuse in the workplace</li> <li>● Sexual harassment; rape</li> <li>● Abuse of widows, including property grabbing and sexual cleansing practices</li> </ul>
<b>Girlhood</b>	<ul style="list-style-type: none"> <li>● Abuse of widows, including property grabbing and accusations of witchcraft</li> <li>● Physical and psychological violence by younger family members</li> <li>● Differential access to food and medical care</li> </ul>

Source: Heise, L: 1994

2. Heise, L., Ellsberg, M. and Gottemoeller, M., 1999. "Ending Violence against Women." *Population Reports, Series L, No. 11, Baltimore: Johns Hopkins School of Public Health.*

3. The National Institute of Justice and Centers for Disease Control and Prevention based on a telephone survey of 8,000 men and 8,000 women conducted between November 1995 and May 1996.

# A FRAMEWORK FOR PREVENTION AND RESPONSE

## The Context of Gender

Gender-based violence is an integral part of every society in every part of the world. There is no one group, no matter their culture, class, religion or geographical location, that is immune to the devastation of this violence. Gender-based violence is an attack on the fundamental human rights of adults and children alike. It is recognized as a major contributor to global poverty, an accelerator of the HIV/AIDS pandemic and an impediment to the achievement of peace, freedom, and prosperity.

Gender and gender/power relations refer to social constructions of masculinities and femininities. Gender refers to both men and women and the relationships of power, or lack thereof, between them. Gender-based violence is a manifestation of the difference in power relations at its most extreme. For this reason, it is important to recognize that the sexual and gender-based violence equation is made up of a perpetrator, almost always male, a victim, usually female (sometimes they are men and boys), and an act of violence. Yet, very often our responses to sexual and gender-based violence are designed as "women's programmes". To see rape and other forms of gender violence as a "women's issue" ignores gender analysis entirely.

Put simply, gender is one way of putting people into groups and defining a hierarchy that assigns entitlement and superiority to one group over another. These power relations are maintained by and condone violence that inhibits freedom of choice and opportunity for the group assigned the inferior status. Gender-based violence is violence that attempts to establish or enforce gender hierarchies and perpetuate gender inequalities. The bottom line is that gender-based violence is predominately men's violence towards women and children. (Of course, not all men are perpetrators of violence.)

One of the goals when looking at violence from a gender perspective is to see both women and men as potential agents of change in a collaborative partnership. This will require looking at the possible reasons behind violence, how these reasons may vary in different contexts, and how sexual and gender-based violence may be connected to other systems of violence and power. It is important to avoid seeing gender violence only as individual acts by individual men against selected women. Clearly, when all women of a particular ethnic group are targeted for sexual attacks (as in the rape camps established during the war in the Balkans or the systematic rapes that occurred during the genocide in Rwanda) this is a more structured form of gender violence. Even when violence is not a concerted attack against the women of one ethnic group, constant fear when walking home in the dark, collecting firewood or water, or even for some women, simply being in their own homes, are all forms of structural violence that create an atmosphere of fear and inequality.

Research on views of violence according to gender describes how men see gender-based violence as discrete events: "I hit her because she didn't keep the house tidy"; "I raped her because I felt lousy about myself". Women see gender-based violence as a continuing state: "I was always afraid he would hit me"; "I don't know why I took the shortcut through the park, I was always scared to do that". In a sense, even how we perceive gender violence is influenced by gender. For most men, it is personal or individual, while for many women it is structural, ongoing. This difference in view is also an impediment to addressing gender violence.

A comprehensive response includes focusing on the roles of both women and men and generating new knowledge on how this partnership can end violence and work towards gender equality. It is clear that without enabling both men and women to understand their roles and responsibilities in ending violence we will be attempting to resolve this multi-dimensional problem from a vastly limited perspective. A gender analysis is always needed when looking at each of the sectors and searching for cross-sectoral responses if we are to strengthen our approaches in each sector and forge links to develop strategies for eliminating this violence.

## Multi-sectoral Framework

International protection is the foundation for programmes and activities to address sexual and gender-based violence. Protection of refugees involves all actors – UN, government, non-government, and the refugees themselves.

A well co-ordinated, multi-sectoral and inter-agency approach can **prevent** sexual and gender-based violence and provide appropriate and compassionate **responses** to survivor needs. Prevention and response includes each sector, every actor (including refugees), UNHCR, NGOs, and the host government. The diagramme on this page provides a visual representation of this multi-sectoral framework.

All actors must engage in continuous review and analysis of anecdotal and factual data to discover the causes and contributing factors, and to develop strategies to address the consequences of SGBV for the individual survivor, the family, and the community. This team approach requires referral and reporting systems, co-ordination mechanisms, and engagement of all actors in a collaborative and co-operative effort.

Success of the multi-sectoral approach depends on engagement and action by the refugee community and all actors working with the community to support the design and implementation of solutions.

### MULTI-SECTORAL AND FUNCTIONAL APPROACH TO SEXUAL VIOLENCE PREVENTION AND RESPONSE



# LESSONS LEARNED – BY SECTOR

In keeping with the multi-sectoral functional approach, participants broke into working groups focusing on each of the five primary sector areas in SGBV prevention and response. Each group included strong representation from the field. The sectors were:

- Refugee Community
- Community Services
- Health
- Protection
- Security

While each sector had the opportunity to meet and share lessons learned, only in the co-ordination session on DAY 2 did the conference focus on bringing the various sectors together to discuss how they should work to jointly plan, implement and monitor their activities as an integrated team. Future conferences should allow time for inter-sectoral work and team-building.

## Refugee Community

The roles and responsibilities of the various actors that make up the community must be clearly defined to avoid duplication and confusion. While community can be defined as the various groups and individuals that are found in a specific location, this section and the following section focus specifically on the three groups of actors at the core of SGBV prevention and response programmes – the refugee community, UNHCR community services and field officers/assistants, and NGOs engaged in community services/psycho-social programmes.

The refugee community should be at the heart of all SGBV programming activities. Community involvement in decisions that relate to SGBV programmes is essential for successful development and implementation of SGBV prevention and response activities. SGBV programmes implemented in partnership with humanitarian organizations and refugee communities have proven to be more effective, providing compassionate services sensitive to positive cultural trends. The multi-sectoral approach to prevention and response to sexual and gender-based violence strongly recommends that the refugee community be involved during all programme stages: assessment, planning, implementation, monitoring and evaluation.

### COMMUNITY PARTICIPATION: TANZANIA AND LIBERIA

**In both Tanzania and Liberia, the refugee community worked in co-ordination with UNHCR and implementing agencies to locate suitable sites for SGBV drop-in centres.**

**In each location, the community chose the Maternal Child and Health Centre (MCH) because:**

- **it provided nearby access to medical services**
- **it is a space for and created by women, therefore it limits the possibility for stigmatization, isolation, and breaches of confidentiality**
  - **since women often frequent the MCH, there was no reason for a woman to explain why she was there**
- **the inconspicuous nature of the location gives women the freedom to choose, even once at the Centre, whether or not to report**

# ROLES AND RESPONSIBILITIES

- Build and increase knowledge and understanding of gender relations and sexual and gender-based violence within the refugee community.
- Maintain and strengthen existing social support networks.
- Act as awareness-campaign promoters for SGBV prevention and response.
- Support the role of women as equal decision-makers and community leaders.
- Provide safe shelter and immediate emergency assistance to survivors.
- Escort survivors to seek social, medical and legal assistance.
- Ensure the safety of the survivor, the perpetrator, their families, and the community.
- Co-ordinate within the refugee community and with other actors to promote effective SGBV prevention and response activities.
- Advocate for refugee inclusion in decision-making for SGBV programme activities, such as what services to be provided, at what location, what language to be used and by whom.
- Advocate for culturally sensitive SGBV services.
- Advocate for the rights of survivors and for the rights of women in general.

## ISSUES FACED AND LESSONS LEARNED

### Female Leadership

In most refugee situations the leadership structure is male dominated. When there are structures in place that represent female interests, these are rarely recognized as community leadership structures. They are viewed as “women’s issues.”

● Inclusion of refugee women in leadership structures has increased the level of female involvement in decision-making. In situations where there are women representatives, their recognition as leaders and their inclusion in leadership structures has led to increased presentation of SGBV issues.

**IN TANZANIA**, the women representatives are recognized as leaders and are included in the decision-making structures. Burundian refugee women attended the Arusha peace negotiation conference. Some of the participants are refugee women leaders and members and SGBV programmes staff.

● Women leaders have played a critical role in providing services to survivors and encouraging survivors to come forward to seek assistance. Women leaders, when trained as awareness campaign promoters or peer counsellors, have acted as a social force raising SGBV issues in the community and ensuring that gender issues are not left aside.

**IN KIBONDO, TANZANIA**, IRC worked with men who had come from areas of conflict. The men were encouraged to discuss their own experiences of violence and how it was directed towards them because of their gender. This exercise helped men to understand how women experience violence because they are women.



## Traditional Conflict-resolution Mechanisms

Despite the establishment of social support networks that encourage refugee survivors to seek legal services, most SGBV survivors still prefer to attend traditional courts. In most situations, the decisions of these courts often trivialize the crime of SGBV and do not support the human rights of women.

- Building critical consciousness of gender relations and sexual and gender-based violence among refugees is essential to reinforce the sentencing imposed by traditional courts so that it becomes a deterrent. Most traditional courts have little or no female involvement. Introducing and strengthening the number of refugee women leaders in the traditional courts and ensuring that their voices are heard is essential to positive change. Male involvement in awareness raising and peer counselling influences the traditional courts' attitude towards survivors.

## Refugee Committees Against SGBV

Some SGBV issues can be difficult to address when they are strongly supported by refugee culture. Examples of this include domestic violence, female genital mutilation and the forced marriage of minors. This is why it is important to have groups or committees of refugees who come together to discuss all aspects of SGBV.

**IN DADAAB, KENYA, Anti-Rape Committees were formed and met regularly to review the progress of the SGBV programme. Committee members were given letters of introduction from UNHCR. These letters were used when committee members came in contact with Kenyan authorities, such as the police**

- The entire refugee community must be involved in SGBV prevention and response activities. This includes the involvement of males and females of all age groups from all ethnic and religious groups.

## Safety and Security

Delays and inadequacies of the legal system can lead to perpetrators being released into the community without mechanisms to ensure survivor and community safety. The perpetrator can then harass survivors without consequence.

- Building awareness among refugees and the local population is essential to prevent sexual and gender-based violence. The refugee population becomes active in the community-based security system that prevents and responds to SGBV. Heightened awareness and understanding of SGBV can also improve the timeliness of SGBV incident reports.

### **REFUGEE LEADERS IN GUINEA, TANZANIA AND LIBERIA**

**trained in SGBV awareness-campaign promotion, peer counselling, and providing safe shelter.**

**These teams are effective because:**

- they are chosen by the community
- they are also refugees and therefore understand the refugee environment, language and culture
- they know about both the home country and the host country
- the members of the community know and trust these leaders

## Information-sharing

Disseminating SGBV data among refugees and other actors can be very difficult and can lead to misinformation.

- Co-ordination of all actors at all levels is essential to ensure appropriate and accurate information-sharing.

## Assistance for Perpetrators

Most refugee communities view perpetrators as being in need of punishment and not assistance. This makes it difficult to assist perpetrators of domestic violence who are often repeat offenders.

- Sexual and gender-based violence response activities should include the perpetrator. Cases of domestic violence represent a significant proportion of SGBV programme caseloads. Survivors of domestic violence will most often choose to remain with the perpetrator for economic reasons. If the perpetrator is not helped, he is likely to continue the abuse.

## Safe Place for Survivors to Ask for Help

Most refugee settings do not have ideal locations for encouraging survivors to come forward to seek assistance.

- Deliberate efforts must be made to provide services at the community level. In refugee camps, services can be provided at “Drop-in Centres”, “Women’s Centres”, community services offices, or other suitable locations where survivors feel comfortable to come forward and report. The location of services is built on the guiding principle of maintaining the confidentiality, anonymity, and dignity of the survivor.

## Advocacy

Most host governments do not allow refugees to be involved in political activities such as advocating for changes in the law. This limits the ability of refugees to form women’s social movements to advocate on their own behalf in the country of asylum.

- Establishing links with host nation NGOs involved in gender and SGBV advocacy work enables the refugee population to benefit from public advocacy without violating the laws of the host country.

**IN LIBERIA, the Association For Female Lawyers of Liberia (AFELL), who were already playing an advocacy role in SGBV among the Liberian population, are now doing advocacy on SGBV issues affecting Sierra Leonean refugees.**

# COMMUNITY SERVICES

## ROLES AND RESPONSIBILITIES: UNHCR Community Services

- Build and increase knowledge and understanding of gender relations and sexual and gender-based violence within UNHCR and among other humanitarian aid workers.
- Support the establishment and maintenance of an SGBV database within UNHCR and the implementing agency.
- Ensure safety for the survivor, the survivor's family, and the refugee community.
- Ensure compassionate assistance, emotional support and counselling to survivors.
- Advocate for survivor assistance from within UNHCR and other actors.
- Support the establishment of referral and reporting systems and outreach identification strategies.
- Support the establishment of community-based social support networks.
- Support the inclusion of refugee women in leadership roles and in decision-making bodies.
- Support the inclusion of men in SGBV prevention and response activities.
- Support initiatives that promote the social re-integration of survivors and perpetrators into the community.
- Establish co-ordination bodies within UNHCR, humanitarian organizations and between other actors. Through these bodies, SGBV trends can be analyzed and strategies for prevention and response developed.
- Increase the use of UNHCR guidelines and information resources, solicit feedback on revisions and/or additions needed in guidelines and resource materials.

## ROLES AND RESPONSIBILITIES: Community Services NGOs

- Receive and review incident reports. Ensure reports are sent to protection officer.
- Ensure survivors' safety and provide compassionate assistance, emotional support and counselling.
- Provide direct emergency material aid to survivors, and advocate on behalf of survivors for assistance from all actors.
- Establish referral and reporting systems ; outreach identification strategies, and mobilize the community.
- Establish service-provision facilities (e.g., drop-in centres, safe shelters) with the active participation of the refugee community.
- Conduct awareness campaigns to increase an understanding of SGBV, encourage reporting, and promote refugee participation in programme strategies.
- Build the capacity of community-based awareness campaign promoters.
- Support the existing social support networks in the refugee community.

- Maximize refugee resources (groups, schools, etc.), design and implement strategies for women’s empowerment in camp decision-making.
- Design and implement strategies for the social reintegration of survivors and economic assistance for women; partner with national SGBV groups; maintain records and data to monitor SGBV trends, analyze problems, and develop strategies for prevention and response; co-ordinate with other sectors and actors.

## Prevention

Capacity-building with refugee leaders, traditional courts, refugee security, women, birth attendants, community health workers, teachers and peer educators has helped to raise critical consciousness of SGBV in the community.

Prevention strategies have included the following:

- Community sensitization and awareness raising using participatory methods such as folk media, role playing, and drama. These methods have proven to be most effective in reaching a large number of people in a culturally sensitive manner.
- Promotion of girls' education and the importance of staying in school.
- Awareness workshops, radio programmes, posters and leaflets that disseminate information on available services, rights of refugees, and host country laws. This advocacy work emphasizes how to prevent SGBV incidents at individual, family, and community levels and how to support would-be survivors.
- Community-based counsellors and women’s forums that act as social pressure groups that bring SGBV issues to the attention of the community and humanitarian organizations.
- Skills training, income generating activities, and literacy programmes that empower women to make choices about staying or leaving situations of violence.
- Encouragement of the refugee community to be involved in the systems that provide security to their community.

## Response

Refugee staff and volunteers at “Drop-in Centres”, “Women’s Centres”, community services offices, or other suitable locations may provide the following services:

- Referral to medical and legal services.
- Survivor accompaniment to medical and legal appointments.
- Crisis intervention.
- Emotional and psychological support for the survivor and his/her family.
- Documentation of the SGBV incident.
- Provision of physical and material needs.
- Ensuring safety; engaging the community in providing safe shelter.
- Home visits/home-based support.

**IN NGARA  
TANZANIA, UNHCR  
and NGO partners  
working on Community  
Services assisted the  
refugee community  
to form Crisis Intervention  
Teams. Members of the  
CIT were the first line  
of support to survivors.  
A HOW TO GUIDE has  
been written on the CITs.  
(See appendix 7)**

# ISSUES FACED AND LESSONS LEARNED

## Gender Awareness

International and national staff members have varying levels of understanding of gender relations and sexual and gender-based violence.

- To support the refugee population and other staff members in building a critical understanding of SGBV, staff members must also understand the problem. This understanding is also needed for staff to design and implement effective SGBV programmes.

## Staff Expertise

Many staff members do not have facilitation or community-development skills that enable them to work with refugee communities in ways that build relationships of mutual trust. While UNHCR's transition from a "social services" to "community development" model is a positive step, measures to build staff capacity to make this transition must be incorporated.

## Funding

Budget cuts often affect the capacity of SGBV programme to provide adequate services to deter and respond to SGBV. Community development programmes, such as those addressing SGBV, take time and cannot usually be completed with only special one-off funding.

- There is a direct relationship between funding and the capacity to provide assistance. When funding for SGBV activities is limited, the capacity to provide SGBV related services is also limited.

## Security of Staff and Volunteers

Staff members' lives can be put at risk when they are seen as advocates for refugees on issues of sexual and gender-based violence, especially when it involves people in authority. Sexual and gender-based violence is often a political issue that can be dangerous for the survivor and the staff unless handled with care.

- Community services staff must work co-operatively with local and national groups, including teachers, health workers, lawyers, government authorities, police and camp commanders, to avoid isolation and identification. The local and national NGOs can then promote refugee issues in the host country.
- Staff must be committed to SGBV issues and the team of actors involved in SGBV programming activities.

## Care for the Caregivers

Many of those who care for survivors of sexual and gender-based violence themselves can suffer secondary trauma and burn out.

- In situations where mechanisms have been established to provide emotional support and counselling to caregivers, incidence of trauma and eventual burnout of those working on SGBV activities have been reduced and sometimes prevented.

- Individuals and organizations must be realistic about their limitations. We must recognize that refugee and refugee-like situations present a greater need for SGBV-related activities than can be adequately provided given staff, funding, and community resources.
- Establishing realistic and achievable programme objectives and measurable indicators of success can prevent staff feeling powerless and ineffective.

## Gender Programmes vs. Women's Programmes

Most sexual and gender-based violence programmes tend to focus on women.

- The entire refugee community – males and females of all age groups, from all ethnic and religious groups – must be involved in SGBV prevention and response activities.

## RECOMMENDATIONS

**Increased Organizational Commitment:** Since sexual and gender-based violence is a pervasive problem in refugee and refugee-like situations, organizational leadership must increase its commitment to eliminating and responding to SGBV in these situations. This will be demonstrated through resource allocation (time, funding, and staff) for the recommendations that follow.

**Increased Capacity-building of all Actors:** To make sustainable changes in attitudes and behaviours related to SGBV, community awareness education must be provided through all levels of the community. This will be manifested by implementing the following by senior management in UNHCR and NGOs:

- Implementing a community-based, multi-disciplinary inter-agency approach in SGBV programming activities.
- Deployment to the field of health, community, protection and security staff trained in the response to and prevention of sexual and gender-based violence.
- Development and implementation of SGBV and gender-training modules directed towards men and women at all community levels (refugee/implementing partner agencies/UNHCR/local population/teachers, health workers, lawyers/government authorities/etc.).
- Development and use of culturally sensitive gender education modules in refugee primary and secondary schools.

**Greater Support to the Community Development Approach:** With re-emphasis on the implementation of the Community Development Approach in working with refugee and refugee-like communities, some field locations could benefit from refresher training on this approach. As the Community Development Approach relates to sexual and gender-based violence, the following is recommended:

- Develop a Community Development toolkit that includes training modules and written resource guides that include examples of the successful implementation of the approach into SGBV programme activities.
- UNHCR should use the toolkit to provide training to UNHCR and implementing partner staff.
- UNHCR staff should oversee the successful implementation of the Community Development Approach into field-based SGBV activities.

**More Advocacy for SGBV:** The amount of SGBV advocacy work done in refugee and host communities should be increased through partnerships with the media, human rights groups and national NGOs. The lead agency in SGBV activities in each refugee community should begin identifying and recruiting possible partners and then build and strengthen the relationship between all SGBV partners.

# HEALTH

The health sector is composed of staff and volunteers working in UNHCR and other UN organizations, NGOs, host government ministries, and refugee communities. Health workers include doctors, nurses, midwives, traditional birth attendants (TBAs), community health workers, health assistants, laboratory technicians, and others. In most settings, traditional healing practitioners and drug vendors are also an integral part of the community's health care system. Health sector activity occurs in health facilities (hospitals, outpatient clinics, health posts) and in the community. The health sector is concerned with a survivor's physical, psychological, and social well-being.

Underlying principles that guide the actions of healthcare actors:

- Prevention is an integral part of action to address sexual and gender-based violence.
- Respect survivor's needs for privacy and confidentiality.
- Plans and actions are guided by compassion for the survivor and respect for his/her dignity.
- Focus on the best interests and wishes of the survivor, avoiding our own biases
- Encourage community participation.
- Strive to provide early and comprehensive care.
- Ensure that care is accessible and accessed: Inform clients, community, other actors and organizations.

## ROLES AND RESPONSIBILITIES

- Provide healthcare to survivors of SGBV. Care should be easily accessible and include medical examination and treatment to:
  - Prevent disease (sexually transmitted infections and others)
  - Prevent unwanted pregnancy
  - Treat injury
  - Collect forensic evidence
  - Provide counselling and treatment for psychological trauma
  - Screen healthcare patients for sexual/gender violence
- Provide follow-up care:
- If survivor chooses to pursue legal action, testify in court about medical findings.
- Document, collect and analyze data.
  - Monitor healthcare services, including access and quality of care
  - Monitor health needs of survivors
  - Identify and design strategies to address contributing factors, e.g., alcoholism

- Co-ordinate and collaborate with the community, other sectors, other actors, other organizations.
  - Share information and data with other actors
  - Attend and participate in inter-sectoral and inter-agency meetings
  - Refer to other sectors, receive referrals
  - Identify survivor needs and gaps in services
  - Conduct needs assessments and research
- Advocate on behalf of survivors.
  - For protection, security, safety
  - To address host country laws and policies that may conflict with survivor rights and/or survivor needs
- Provide training and sensitization to healthcare workers and the community.

*All of these actions require preparation and planning to ensure:*

- ❖ *Adequate supplies and equipment, private examination/interview room*
- ❖ *Sensitization and training for healthcare workers*
- ❖ *Community education on where to go for help*
- ❖ *Development and consistent use of standards, guidelines and protocols to guide actions and interventions*
- ❖ *Monitoring and evaluation integrated into programme activities*
- ❖ *Inter-agency and inter-sectoral procedures, referral and reporting pathways, and co-ordination mechanisms*

## **ISSUES FACED AND LESSONS LEARNED**

### **Monitoring and Evaluation**

In all programmes represented, there are weaknesses in monitoring and evaluation, a lack of clear intended outcomes and indicators, and a lack of systematic collection and analysis of SGBV data (incidents, care provided, outcomes).

This dearth of data collection and monitoring prevents evaluation of programme outcomes. It is necessary to develop indicators and appropriate monitoring and evaluation activities to evaluate healthcare and other services in SGBV programmes.

#### **MEXICO: EARLY IDENTIFICATION AND OUTREACH TO SURVIVORS**

**The health facility recognized that midwives and women's health promoters were well positioned in the community to receive reports of SGBV, identify and assist survivors early. Specialized training and sensitization was provided to this group of health providers. As a result of this training, the midwives and women's health promoters engaged in active case identification and outreach. Over time, there was an increase in SGBV reports. It is hoped that outreach activities such as these will assist survivors to receive early medical care, prevent after-effects and complications that can result from sexual and gender-based violence.**



## Standards, Protocols and Procedures

There is no consistent, step-by-step guide for healthcare responses to different types of SGBV, including standards and protocols for examination, laboratory, treatment, and follow-up. Each field site or organization has “reinvented the wheel”, establishing its own standards and protocols. In many settings, standards and protocols for SGBV health response have not been established.

The “Medical Management for Post-Rape Care” document (presented in draft form to this group) is a useful and comprehensive guide, recommended for immediate use by all providers.

Procedures and processes for inter-sectoral referrals, communication, and co-ordination are not in place in most settings. This often leads to confusion, gaps, and overlapping services.

## Vertical Programmes vs. Integrated Programmes

Vertical programmes have been developed in some settings, presenting challenges for integration and co-ordination with other providers. There has been no systematic analysis of the advantages and disadvantages of integrated vs. vertical programmes, but experience indicates that integrated programmes are more effective.

## Staff Capacity

The quality and quantity of staff, combined with organizational support and supervision, present significant challenges in the field. There is no standard curriculum available for use in multiple field sites for SGBV awareness raising and training of healthcare staff. Again, without standard procedures and protocols, there are no clear and specific expectations for staff behaviour and skills.

Provider attitudes can be an obstacle to care for survivors. Health-worker training at all levels has not consistently included an examination of and challenge to attitudes and beliefs (sensitization and awareness raising). Rather, it has tended to focus on building clinical skills. Health providers may communicate attitudes and beliefs that blame the victim, reinforce gender inequity, and perpetrate additional emotional/social harm to the survivor. In addition, a healthcare provider’s biases may preclude advocacy on behalf of the survivor. For example: A survivor becomes pregnant as a result of rape and wishes to obtain an abortion in a country that permits abortions only under special circumstances and as documented and approved by a doctor. The only doctor available may be one whose personal beliefs are against abortion. The doctor may not pursue this option, not complete the necessary paperwork and not provide the required documentation of need and evidence of compliance with the law. As a result, because of one health provider’s personal biases, the survivor will not receive the required and requested services that could be available under existing laws.

**DADAAB CAMPS, KENYA.** In the Dadaab Camps and surrounding areas, violence in general and rape in particular have been identified as serious problems for refugees and the local population.

Over the past five years, there has been much community awareness raising concerning rape, prevention strategies, and the need for early health care post-rape. The sensitization campaigns have yielded some positive results: in the year 2000, of all rape survivors that reported to the health centre, over 75 per cent sought health care within 3 days of the rape incident.

This represents a significant programme success – and is due to co-ordinated efforts by multiple actors, especially the active participation of the refugee community.

## Access to Early, Safe and Comprehensive Care

In many settings, barriers to access can prevent survivors from receiving early and safe care that meets their multiple needs for healthcare, safety, and psycho-social support. These barriers include:

- Intake interview at a health facility occurs in an open area where other patients and staff can hear the presenting problem and listen to the complaints.
- Lack of facility supplies and equipment.
- Lack of staff skill and knowledge to detect signs of possible SGBV and ask probing questions accordingly.
- National policies and laws may conflict with survivor needs and wishes (e.g., abortion).

## Lack of Attention to Prevention

A screening tool was introduced in some healthcare settings in Venezuela, where between 20 and 60 per cent of women are exposed to domestic violence. Detection levels increased from an average of seven per cent of clients identified as survivors of SGBV, to more than 30 per cent in eight months. Active screening means that all clients/patients are asked if they have experienced sexual or physical abuse through a short set of questions. Screening will improved the quality of care by diagnosing the root of the problem instead of focusing exclusively on the presenting symptoms (see screen tool, page 19).

**IN UKRAINE,** The Family Planning Association identified high STI rates and complex social/economic problems among urban refugee women. With no additional funds and by using existing staff and volunteers, the organization conducted special outreach to these refugee women. Training was offered in topics such as reproductive health, literacy, and social/cultural norms and behaviour in Ukraine to support integration into the community. As a result of these training courses, more women sought and received healthcare, including treatment for STIs. This sensitive and practical approach to addressing client needs for increased access to care, information, and assistance eventually brought an additional result: women began bringing their partners to the clinic for treatment.

## RECOMMENDATIONS

**Implement actions to assure best practices.** Best practices include:

- Deliver of services to rape survivors within 72 hours of the incident.
- Analyze and remove barriers to access.
- Provide services according to an approved protocol.
- Distribute the “draft-for-field-testing” version of Medical Management of Post-Rape Survivors.
- Within six months, conduct a systematic review of its use in the field and revise as needed.
- Implement the SGBV Screening Checklist (see nett page).
- Build staff capacity to perform according to established protocols.

- Ensure that 50 per cent of staff, particularly doctors, are female.
- Enlist local expertise to train all staff in how to execute correctly specific procedures.
- Use information to guide programme improvements.
- Develop monitoring and evaluation guidelines for SGBV services (with relevant indicators).

Analyze the fundamental concepts underpinning our programmes:

- Philosophical foundations (human rights approach, primary health-care concepts).
- Vertical versus integrated approaches.
- Clients' and providers' needs for information, resources, assistance and support.
- What are the best practices ?

## MEDICAL MANAGEMENT FOR POST-RAPE CARE

Participants in the health working group reviewed and approved a draft document containing guidelines and suggested protocols and documentation forms for medical management post-rape.

These guidelines are a comprehensive set of information and tools containing recommended best practices compiled from multiple internationally published and unpublished sources. The guidelines can be adapted for any setting.

*For copies contact WHO participants to the Conference: See Appendix 8*

## HEALTH SCREENING TOOL

Case number: \_\_\_\_\_ Date: \_\_\_\_\_

Name of staff member: \_\_\_\_\_

### Introduction:

Since abuse and violence are so common in women's lives, we have begun asking these questions of all women who come to \_\_\_\_\_ (name of organization).

### Psychological/emotional violence in the family

1. Have you ever felt harmed emotionally or psychologically by your partner or another person important to you? (For example, constant insults, humiliation at home or in public, destruction of objects you felt close to, ridicule, rejection, manipulation, threats, isolation from friends or family members, etc.)\*. If Yes, when did this happen ? \_\_\_\_\_

By whom ? \_\_\_\_\_

### Physical violence

2. Has your partner or another person important to you ever caused you physical harm? (Examples, hitting, burning or kicking you?)\* If Yes, when did this happen ? \_\_\_\_\_

Who did it ? \_\_\_\_\_

### Sexual violence

3. Were you ever forced to have sexual contact or intercourse ? If Yes, when did this happen ? \_\_\_\_\_

By whom ? \_\_\_\_\_

### Sexual violence in childhood

4. When you were a child, were you ever touched in a way that made you feel uncomfortable? If Yes, when did this happen ? \_\_\_\_\_

By whom ? \_\_\_\_\_

### Safety

5. Will you be safe when you return home today?

# PROTECTION

## ROLES AND RESPONSIBILITIES

The key UNHCR protection function is to ensure that the human rights of refugees are protected in accordance with international human rights and refugee laws and relevant guidelines. Protection staff will normally take the lead on this, often by:

- Being aware of host country laws and police procedures related to sexual and gender-based violence.
- Ensuring that cases of sexual and gender-based violence are reported to the authorities and that the victim/survivor is referred to UNHCR's implementing partners for reproductive health services and support.
- Ensuring that all refugees are issued identification documents by the relevant authorities.
- Following-up on cases with the local police and judicial officers to ensure that the rights of the victim/survivor are promoted and protected through the legal process.
- Monitoring court hearings and trials. Besides addressing the needs of the victim/survivor, protection officers will evaluate the needs of the victim/survivor's family members and address the rights and needs of the perpetrator.
- Ensuring that the accused is treated in accordance with due process under the relevant laws.
- Considering alternative solutions for the protection of the victim/survivor, or resettlement (where appropriate).
- Establishing partnerships and collaborations with local lawyers and women's rights organizations. Through this partnership, protection officers can access professional legal advice and representation for victims/survivors of sexual and gender-based violence. They will work with local lawyer groups and women's rights advocacy groups to promote the rights of refugee women.
- Taking the lead in keeping records and data to facilitate monitoring of sexual and gender-based violence trends and analyzing these to strengthen strategies for prevention and response.

## Prevention

Protection officers' tasks to prevent sexual and gender-based violence include:

- Collaborating with the host country law enforcement agencies, implementing partners, and non-governmental organizations to develop measures to prevent SGBV.
- Working with the refugee community and refugee workers to develop and design practical steps to prevent SGBV. Consultations with the community include the participation of women refugees. The needs of single women and female heads-of-households should be identified and addressed.
- Ensuring the participation of women in all decision-making structures in the camps that address issues of security, response to and prevention of SGBV.

- Initiating legal awareness and civic education campaigns on SGBV and human rights norms among the refugee community. As far as possible, protection officers should ensure that they use the most effective communication strategies to create awareness of national laws and international human rights principles.
- Initiating specific activities to encourage tolerance between the host community and the refugee community.

## Response

The key response measures that protection officers should undertake include:

- Ensuring cases of sexual and gender-based violence are reported and investigated by the local police. Protection officers or field officers should accompany the victim/survivor to police stations and courts.
- Working with local law enforcement agencies to ensure access to justice for the victim/survivor. This includes allocating resources for mobile courts and/or transport and subsistence for the victim/survivor and witnesses to attend court hearings outside the camps.
- In countries with legal sanctions against SGBV, encouraging victims/survivors to seek legal redress from the courts. In situations where the application of customary and traditional laws and practices by the refugee community leads to injustice against the victim, protection officers should normally discourage recourse to such mechanisms.
- Establishing working relationships with local police, judicial and prison officers with the aim of strengthening strategies for the prevention of and response to sexual and gender-based violence.

### **IMPROVING ACCESS TO THE LAW THROUGH MOBILE COURTS**

**The Government of Kenya, with assistance from UNHCR, established mobile courts in response to SGBV cases in refugee camps. Mobile courts respond to the need for the judiciary in remote settings where there are no regular courts accessible to refugees. Mobile courts are convened in refugee camps and preside over criminal and civil cases. Encouraging results from the mobile courts have included increased reporting of cases of SGBV, convictions and enhanced community awareness of the benefits of supporting the formal legal system.**

*UNHCR Kenya, SGBV Report (2001)*

# ISSUES FACED AND LESSONS LEARNED

## PARTNERSHIP WITH NATIONAL BAR ASSOCIATIONS

Partnerships with national lawyers' associations and bar associations in Kenya, Tanzania, Liberia and Turkey have resulted in improvements in the legal response to SGBV. Partnerships have:

- Improved implementation of the *Sexual Violence Against Refugees: Guidelines on Prevention and Response*, 1995.
- Resulted in quality professional advice, information and representation for refugee women.
- Increased access to national legal processes for refugee victims of sexual and gender-based violence.
- Increased legal awareness among the refugee community.

*UNHCR Kenya, Tanzania and Turkey SGBV Reports (2001)*

## Lack of Legislation on SGBV

In most countries of asylum, international law standards on sexual and gender-based violence have not yet been fully incorporated into national law. For example, in Sierra Leone, there are no specific laws on sexual violence. This situation is compounded by a culture of fear that prevents victims/survivors from reporting cases. On the other hand, Kenya has laws on sexual violence, but not on domestic violence. In contrast, Tanzania has recently amended its laws to strengthen response to SGBV cases by providing minimum sentences. This aims to deter prospective perpetrators and give confidence to survivors of sexual violence. The United Nations Interim Mission in Kosovo is in the process of finalizing a regulation on the prohibition of domestic violence.

Whereas a lack of appropriate laws results in gaps in procedures, in some instances a country may have laws and customs that do not support UNHCR's policies and guidelines on sexual violence.

Given these challenges, protection officers should use a combination of existing guidelines and practical measures to address SGBV cases. In some countries, UNHCR has institutionalized legal services in partnership with local bar associations and women lawyers' associations and advocacy groups. As a result, the guidelines have been incorporated into local response procedures and quality legal representation, advice and interpretation of laws and legal procedures for protection and inter-agency staff.

## Application of Traditional Laws and Practices

In matters of sexual and gender-based violence, some refugees prefer to use their customary and traditional laws and practices. Although customs and traditions are important for social cohesion and group identity, in some situations they present problems for refugee women, as their application often results in discrimination against women. Some customs and traditional practices pose specific problems for the SGBV programme. First, they send the wrong message to the refugee community: that acts of sexual and gender-based violence are not serious crimes and thus, they frustrate the objectives of the programme, and in some cases are in direct violation of international laws and standards. A good illustration of this is the practices of Maslaha, a form of compensation among Somali refugees

in Dadaab, Kenya. This is a community-based conflict-resolution mechanism that arbitrates cases of rape and defilement and pronounces sentences that are binding on the respective community members. The sentence may result in having the victim/survivor of rape or defilement marry the perpetrator. In Tanzania, a similar process is practiced among Burundi refugees. In most of these instances, the victim is intimidated to accept traditional settlements that benefit male relatives.

Protection officers and field officers should discourage the use of customs and traditional practices that violate basic human rights principles. Protection staff should engage in dialogue with refugees and implement legal awareness training using a community development approach.

**UNHCR NGARA, TANZANIA**, has instituted affirmative action measures to ensure that refugee women participate in decision-making structures equally with men. Women now hold 50 per cent of the positions in these structures in Ngara. It is the responsibility of protection officers to ensure that women have equal access to decision-making structures.

Dialogue should be encouraged among all segments of the refugee population to ensure that they appreciate the value of incorporating and involving a substantial part of the population in decision-making.

*UNHCR Tanzania report*

## Reporting SGBV Cases

UNHCR Tanzania noted that few incidents of sexual and gender-based violence were reported because of the strong socio-cultural practices that discourage reporting. These practices are influenced by traditional structures of leadership that are dominated by male elders who discourage victims/survivors of SGBV from reporting cases so they can play a role in settling the cases. The elders resist formal legal structures that challenge their authority and influence over the community. In many of the camps in Kenya and Tanzania, they have continued to settle cases despite discouragement from UNHCR.

In response to these challenges, UNHCR implemented the SGBV programme with support from the UN Foundation (Ted Turner) project funds. Funding has accelerated the establishment of an effective prevention and response mechanism through better co-ordination. Through improved co-ordination between UNHCR, NGOs, refugees and the authorities, an increased number of cases have been resolved, including a significant number of convictions. For example, counselling services gives support to victims/survivors, while legal representation throughout the judicial process gives confidence to victim/survivors.

**IN TANZANIA**, twenty-one cases were resolved in court

between April and September 2000.

Of these, seven cases (33 per cent) were resolved by conviction with up to 30 years imprisonment. Nearly 23 per cent of the 61 cases pending in court as of 30 September were dismissed, mainly because victims refused to testify.

*UNHCR Tanzania report*

Kenya reported a 50 per cent reduction in cases between 1998 and 1999. This is attributed to effective prevention measures, community participation and the presence and accessibility of the mobile court. In 2000, the mobile court at Dadaab passed three convictions on SGBV carrying sentences of five, seven and thirty years. The presence of the mobile courts has encouraged victims/survivors and community members to volunteer information that has led to the arrest of offenders. In addition, there were successful legal-awareness campaigns and a marked decrease of cases of violence against women as they collected firewood.

## Logistical Problems

Successful investigation and prosecution of SGBV cases depends on the availability of law enforcement institutions within close proximity to the victim/survivor and the scene of crime. The Kenyan and Tanzanian reports indicate that police stations and courts are established long distances away from refugee camps. As a response, UNHCR has allocated additional resources to build offices in refugee camps for police officers and helped establish a mobile court in Kenya.

## Effective Partnerships with National Lawyers' Associations

Working with national female lawyers' associations from the host countries has proven invaluable in strengthening prevention and response to SGBV. Since the national lawyers are familiar with local laws and practices, they can easily address issues with the national judiciary. In Kenya, Tanzania and Liberia UNHCR works closely with these women lawyers' associations and in some cases hires them to assist survivors in processing cases in local courts. National lawyers are also training refugees, NGOs and others in human rights and local laws and procedures.

### **Gaps in UNHCR's policy contained in the *Sexual Violence against Refugees: Guidelines on Prevention and Response***

Discussions in the protection working group focused on practical experiences using the *Guidelines*. Participants noted that the *Guidelines* do not address situations where there is ignorance or lack of enabling legal structures to respond to SGBV cases. Also, culture and tradition may influence the effective implementation of the *Guidelines*. Participants mentioned various other factors that affect the implementation of the *Guidelines*:

- The *Guidelines* must be available to all institutions working directly with refugees. These include host country law enforcement agencies, international and national non-governmental agencies, and implementing agencies.
- Successful implementation of the *Guidelines* depends on the legal system in the host country and its commitment to uphold the rule of law. Without appropriate legislation specifically addressing sexual and gender-based violence or the incorporation of international norms in national law, full implementation of the *Guidelines* is not possible.
- The report from Kosovo notes that the *Guidelines* need to be amended to address the special circumstances of women victims of trafficking. The Colombia report highlights the need to expand the scope of the *Guidelines* to address situations of internally displaced persons.
- The *Guidelines* would be enriched if they also deal with refugee status determination in more detail. Such a revision could ensure that SGBV is taken into account in the consideration of asylum claims from refugee women and could include reference to UNHCR's policy on gender-related persecution. In light of recent developments in international human rights law and the practice of States, revised *Guidelines* should include cross-referencing to other existing documentation, such as new legislation and guidelines on refugee status determination status from the United States, Canada, Australia, Ireland, South Africa and the United Kingdom.

**UNHCR TURKEY** reports that its strategic partnerships with national lawyers' associations have resulted in the use of the *Guidelines* alongside Turkish law to respond to SGBV cases. Some of the cases that have been settled include cases of domestic violence, resettlement of women, matrimonial cases, forced prostitution, rape and trafficking in women. In 2000, seven cases of sexual and gender-based violence were handled. The Programme reports increased awareness among refugees on SGBV issues and improved co-ordination among collaborating agencies.



## **Confidentiality**

One of the main challenges facing protection officers and others working in the area of SGBV is safeguarding the confidentiality of the victim/survivor in a close-knit refugee community. Harassment and intimidation by the perpetrator aggravate this problem. Some successful interventions to address this problem include protecting the name of the victim/survivor in reports and during inter-agency meetings. Further measures include restricting access to information on SGBV cases to a few qualified and experienced staff. UNHCR in Ngara, Tanzania has successfully avoided stigmatizing survivors by establishing up women's centres that address the holistic needs of women.

## **Ensuring the Rights of the Perpetrator**

Protection officers have the dual responsibility of protecting the rights and needs of both the victim/survivor and perpetrator. Protection officers should ensure that the rights of the perpetrator are respected during any pre-trial detention and that due process and rule of law are respected in the treatment of the accused. In consultations with police and prisons officials, protection officers should ensure that the rights of the perpetrator are not violated.

## **Lack of Adequate Resources**

Most country programmes report that a lack of resources has had a negative impact on the capacity of protection staff to expand protection and response activities. This is demonstrated by the fact that only Kenya and Tanzania (recipients of special financing from the Ted Turner fund) have managed to employ female lawyers and other staff to deal exclusively with SGBV. The added value of additional resources cannot be over emphasized as it is evident in the breadth of programmes and reporting from the two countries.

## **Poor Administration of Justice**

This is a major challenge to the programme. Reports from Kenya and Tanzania note that the legal systems in both countries are overworked, understaffed and lack essential equipment and adequate resources. This situation leads to delays in proceedings, poor investigations, and poor case management by police which results in non-prosecutions. Furthermore, corruption and a lack of commitment from police officers reduces victim/survivor confidence in the legal system and may prompt them to withdraw their cases.

## **Sexual and Gender-based Violence Committed by Police Officers and Military Personnel**

In the course of their duties, law enforcement officers may perpetrate sexual abuse, rape and other forms of violence. The role of protection in such situations is to document the case and advocate for investigation and prosecution through intervention with senior government officials.

# RECOMMENDATIONS

**Revise *Sexual Violence Against Refugees: Guidelines on Prevention and Response*.** The *Guidelines* should be reviewed to include cross-referencing to other recent UNHCR *Guidelines* (e.g., *Action for the Rights of Children Resource Packs on Critical Issues*, *Guidelines on Policies and Procedures in dealing with Unaccompanied Children Seeking Asylum*, and *Policy on Gender-related Persecution*). They should also be amended to include a section on co-ordination and an expanded section on international instruments reflecting recent developments in international law. In addition, the *Guidelines* should include selected best practices. The title and content could be amended to include Internally Displaced Persons (IDPs) and returnees.

**Adopt a Step-by-Step Guide for Protection Officers.** The *Protection Step-by-Step Guide* should be user-friendly by making it pocket-size. It should contain practical procedural steps and basic information from the *Sexual Violence Against Refugees: Guidelines on Prevention and Response*. The step-by-step guide attached to this report was proposed by the protection working group.

**Address Challenges Facing Protection Staff.** There should be sufficient resources to address deficiencies in national law enforcement structures, specifically those relating to the police and the judiciary. The protection concerns of victims of sexual and gender-based violence should be budgeted for in annual programmes. Responsibility for SGBV should be included in the job descriptions of staff with responsibility for the programme. Prevention and response to SGBV should also be included in the overall protection framework and country operations plan. This would include facilitating access to legal counsel, and assistance with transport and subsistence during trials for victims, witnesses, police and judicial authorities.

## DEPLOYMENT OF NATIONAL LAWYERS

The deployment of female lawyers focusing primarily on sexual and gender-based violence in Kenya and Tanzania has enhanced the protection response to the legal needs of victims/survivors of sexual and gender-based violence. National lawyers enhance collaboration between UNHCR and host country law enforcement agencies, such as the police, judiciary and prisons, by improving follow-up on cases. They also intervene where there is a miscarriage of justice, and interpret the laws and procedures for service providers. In addition, they ensure that victims/survivors are counselled on the legal process and accompany them for interviews and court hearings.

### Conduct Human Rights Awareness Training for Refugees.

- All UNHCR protection officers should conduct basic training or government officials, and partner agency staff on basic human rights under international law and raise awareness about national laws on sexual and gender-based violence. This training should be conducted in partnership with national human rights or women's groups, emphasizing access to legal processes.
- Protection officers should prepare and disseminate an index of national laws relevant to addressing sexual and gender-based violence, which they should share with the authorities and the refugee community. Efforts should be made to have the relevant provisions of national laws translated into a language that refugees understand.

**Adequately Address Confidentiality by Ensuring:**

- Access to case files and specific details about victims/survivors of SGBV are limited to senior staff in service provision.
- Confidentiality provisions contained in the *Guidelines* are scrupulously adhered to.
- Reports use non-identifying codes and are kept secure.
- Inter-agency collaboration meetings highlight these concern at every opportunity.

**Strengthen Co-ordination in the Field.** Protection officers should take the lead in ensuring that the various actors in SGBV prevention and response co-ordinate their activities.

**Further Strengthen Capacity-building of UNHCR and Other Humanitarian Actors.**

- The Protection Learning Programme, which contains a chapter on SGBV, should be expanded to include more UNHCR staff and key partner agency staff.
- UNHCR should provide better training for staff from implementing agencies and host countries.
- Protection officers should ensure that refugee women contribute to needs assessments to ensure that their human rights and protection needs are identified and addressed.

# SECURITY

**Security is maintained by many actors, including the police, the military and other relevant national security institutions, the refugee community and humanitarian workers, including health, protection, community and security personnel. In short, security – and, by extension, the prevention of sexual and gender-based violence – is the responsibility of all.**

Security has generally been seen both as a concept and a service. As a concept, it has been described as a situation characterized by an absence of violence and threats.

In refugee situations, security affects several levels of society: the home, the refugee setting, the local community and the national environment. Traditionally, assistance to refugees focused on securing food, shelter, sanitation and healthcare. Physical security and access to justice were seen to be the responsibility of state authorities, in deference to the sovereignty of host governments. But given that in many situations, governments have proven unable or unwilling to protect refugees on their territories, the security sector of humanitarian work has had to expand to fill this gap.

## ROLES AND RESPONSIBILITIES

In principle, the primary responsibility for ensuring refugee security rests with the host government. However, in situations of failed, marginalized or collapsing states, the security of refugees is endangered and humanitarian actors must step in to protect them. In response, UNHCR has shifted its focus from staff security to exploring how to ensure refugee security, including safety from sexual and gender-based violence.

To ensure refugee security, it is important to:

- Empower community leaders and the refugee guard networks in camp settings.
- Sensitize and increase the capacity of the local police to discharge its responsibilities effectively.
- Set minimum standards of security that should exist in the refugee community.

**IN CHIAPAS, MEXICO**, refugee women determined how to gain safe access to water and firewood and were active in reporting SGBV incidents to the relevant authorities. At first, the authorities believed that SGBV incidents were rising until they realized that the increase in reporting was not linked to an increase in incidents but to an increase in awareness, including of how to access justice.

**IN TANZANIA**, UNHCR supports refugee guards known as Zungu Zungus. They are provided with training and support. They liaise with the Tanzanian police units in or near the camps.

## Prevention

Security should be considered at all stages of a refugee crisis, including before camps are established, during the settlement and the registration processes, and within the camps after settlement. To help prevent sexual and gender-based violence, humanitarian actors should:

- Design camps in a way that reduces women's exposure to attacks.

- Ensure that a number of female security personnel are featured among the police or other relevant law enforcement agencies posted in or near the camps.
- Place single female refugees and children in separate, protected accommodation, away from men who are not family members.
- Provide refugee women with escorts when they leave the area to collect firewood or water or to trade or engage in other forms of income-generating activities.
- Establish community guard units, which are drawn from the refugee community itself.
- Ensure that an adequate number of women are included in the community guarding units.

## Response

- Mobilize the refugee community to identify their own security needs and establish systems in collaboration with law enforcement agencies.
- Ensure the rule of the law in refugee settings with an effective presence of law enforcement elements, gender-sensitive referral procedures and the fair and rapid trial of perpetrators.
- Educate the leaders of the community on the consequences of SGBV and harmful traditional practices to eradicate deeply-rooted models of violent behaviour; isolate perpetrators in the community.
- Ensure the participation of the whole community in all stages of community policing.
- Involve refugee elders to assume responsibility in assisting female survivors of SGBV.
- Ensure the participation of neighbouring local populations to prevent SGBV incidents as a result of inter-community tensions.
- Use existing resources to address SGBV.

## ISSUES FACED AND LESSONS LEARNED

### UNHCR Security – Role Definition

UNHCR must clearly define and address its role with regard to refugee security. Some organizational restructuring is already underway to introduce measures that specifically address the subject of refugee security. These include implementing the ‘ladder of options’ concept, which analyzes and addresses the different types and degrees of insecurity that can threaten refugees, strengthening the group of security experts who work with national and local public security institutions, and assessing the nature and sources of threats.

### Strengthening Community Security Action

The composition and operating procedures of community police must be clearly defined. The community must be the driving force behind this issue. However, training, support and capacity-building must be provided by UNHCR and other humanitarian organizations. Women should make up a substantial proportion of the community police force.

**IN GUINEA, refugees were identified to undertake night patrols in the camps. They were provided with whistles and torches. IRC also donated lanterns to illuminate dark areas of the camp. Fuel for the lanterns was provided by refugee families on a rotational basis.**

## Measuring and Analyzing the Security Situation

There is a need to develop a threat-response matrix that will assess the level of threat and the appropriate response to make camps or IDP settings more secure. Local law enforcement services should be trained in how to prevent sexual and gender-based violence and how to protect refugee children from military recruitment.

Compilation and analysis of incident data and participation in co-ordination groups are also effective strategies for monitoring security.

### **TANZANIA AND THE 'SECURITY PACKAGE'**

Following a series of fact-finding missions and consultations, and the visit of the United Nations High Commissioner for Refugees to Tanzania in February 1998, UNHCR agreed to assist the government which was overwhelmed by the refugee crisis.

It was agreed that the Tanzanian authorities would deploy additional police officers to the refugee camps to maintain the humanitarian and civilian character of the camps. Today, UNHCR is, among other activities, assisting the police with operational support, such as providing transport and radio equipment, and providing advice and training to improve the effectiveness of their work and the level of security in the camps.

The presence and visibility of the police patrolling and working closely with refugee guards in the camps has deterred criminal activities. The patrols are conducted day and night.

The system of reporting crimes has been greatly improved in the camps because refugees have quick and easy access to the police. A clear role for the police was defined in the protocol of an SGBV project that was being implemented at the time. The police had received specific training on how to handle reported cases of rape, sexual harassment, domestic violence and similar complaints that mainly affect refugee women.

Since refugee women often go to remote areas to collect firewood and poles and grass for construction work, the police were given motorbikes to improve their response capability in those areas.

In addition to improving the security in the refugee camps, the security package also ensures a safe working environment for the field staff of UNHCR, UN agencies and NGO partners.

The security package in Tanzania must be systematically evaluated for its overall effectiveness before it can be replicated in other situations. Specific measures to ensure the security of refugee women should also be included in any similar package.

## **Integrating Procedures Among the Sectors Involved in SGBV**

A management plan should be developed that will spell out the co-ordinating roles and responsibilities of all actors involved. Any information, including records and documentation, of sexual and gender-based violence in camp settings, should be shared; and SGBV incidents should be handled as a team.

## **Dedicated Resources for Camp Security and Prevention of SGBV**

Lack of adequate resources often means a lack of security in camp settings. Institutional commitment to the prevention and response to SGBV must be reinforced, and the best way to reflect that commitment is by devoting more resources to security-related programmes and activities.

## **RECOMMENDATIONS**

Early identification of threats and the early formulation of appropriate responses is crucial. The following recommendations are not only directed to UNHCR security personnel; they are for all actors involved in a refugee setting.

### **Build the Capacity of the Security Sector**

- Sensitize and train law enforcement personnel, including police, military and other relevant national security institutions, about SGBV incidents and concerns.
- Conduct systematic SGBV training sessions every six months to ensure that all law enforcement personnel understand how to deal with cases of SGBV.
- Establish the post of an SGBV-trained dedicated security expert from UNHCR in complex refugee situations.
- All UNHCR field security personnel should undergo SGBV sensitization and training. In complex refugee or IDP situations, it may be necessary to place a security expert in the field.

### **Involve Refugees in Security Issues**

- Neighbourhood watch or the defensible-space concept should be put into practice. This means good lighting should be installed and good observation by all members of the refugee community should be encouraged and rewarded. Place responsibility for maintaining the lighting systems on the refugee community. Train the refugee community in the 'neighbourhood watch' philosophy.
- Refugee women must be involved in key issues such as food distribution. Women must be drawn into decision-making processes from the outset. Encourage the participation of women in the various refugee committees. Establish direct dialogue with the refugee women with the assistance of female humanitarian workers.
- Ensure that a good proportion of the community police force drawn from the refugee community is female. Train both the men and women of the community police in SGBV prevention and response practices. Encourage leadership among female community police officers.
- Planning the layout of camps, including the location of latrines, water sources, community services, firewood supplies, etc., is important. Work with the refugee community and the local population to learn about local and traditional practices concerning these facilities. If possible, separate male and female latrines or equip female latrines with safety locks. Ensure that both latrines and water areas have adequate lighting. Be prepared to provide escorts to refugee women when they leave the camp to collect firewood.

## **Develop Tools to Address SGBV**

- Establish a curriculum and training package on SGBV sensitization for law enforcement personnel.
- Produce, in one year, a programme that will train all law enforcement personnel on SGBV.
- Develop measures for, and locate sources that have experience in, treatment and rehabilitation of perpetrators. Explore the practicality of applying those measures in refugee settings. Train relevant actors and implement the system as soon as possible.
- Establish a safe channel for reporting SGBV and ensure that there is witness and survivor protection. Confidentiality and the physical security of the survivor and witnesses must be ensured. Provide escorts, establish safe houses, if necessary and practical, protect drop-in centres and, if necessary, be prepared to relocate individuals.

## **LESSONS LEARNED - CROSS-CUTTING ISSUES**

In addition to the sector-specific roles, responsibilities, accomplishments and challenges, there are number of issues that cut across all sectors and functional areas. Working groups gathered at the conference to discuss the following cross-cutting issues:

- Children
- Co-ordination
- Monitoring and Evaluation
- Prevention I - Involvement of men in SGBV programmes
- Prevention II - Code of conduct
- Prevention III - Access to resources to reduce exposure to SGBV



# CHILDREN

Refugee and displaced children are at an increased risk of sexual and gender-based violence given their age and the particular circumstances in which they and their families find themselves. The abuse may take place in a variety of contexts: as part of a political and/or military strategy, or an organized prostitution ring; or in the domestic context or within the education system. All children are at risk, boys as well as girls, and some children, for example separated children, may face an increased exposure to this kind of abuse. Children may also be perpetrators, a fact which must be considered along with the usual issues of prevention and response.

According to the 1989 Convention on the Rights of the Child, a child is a person “below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier” (Art. 1) There are two recent international treaties that confirm the age of 18 even more categorically: the ILO Convention Concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (No. 182); and the Palermo Protocol against Trafficking in Persons especially Women and Children.

**Child rape was reported to have doubled in South Africa in 2000. It has risen particularly sharply among girls from six years and peaks among eight- to 15-year-olds. According to UNICEF, the same trends are emerging in Zimbabwe, with the highest incidence of rape reported in girls under the age of four. Cultural beliefs seem to be behind this rising trend, particularly the myth that men can be cleansed of HIV by having sex with a young girl. Such ideas are rooted in cultural rituals to cleanse away misfortune. HIV sufferers, unable to obtain conventional treatment, are resorting to these types of behaviours in a desperate search for a cure.**

## LESSONS LEARNED

### Separated Children

Separated children include unaccompanied children as well as children who are separated from both parents and their previous legal or customary caregiver, but not necessarily from other relatives. Separated children, whether they are completely alone and unaccompanied or with other people, face particular risk of sexual and gender-based violence.

- The term “separated children” should be widely promoted to recognize this broader category of children-at-risk. This is especially important given different cultural definitions of family relationships.
- Awareness-raising and training should be carried out both among staff and the community to highlight the particular protection risks such children face and to provide guidance on how to respond to these situations.
- Community participation is a key element in responding to the needs of separated children. The community can be involved in selecting foster parents to ensure that children are placed with trusted adults. The community, including teachers, can often play a role on monitoring the well-being of separated children.
- Whenever possible, steps should be taken to ensure that children are not separated from their parents/legal caregivers in the first place.

## Education

Education can be an important protection tool as it keeps children out of harm's way and helps rehabilitate children who have suffered abuse. School and educational establishments can, however, also be arenas where sexual and gender-based violence may occur at the hands of teachers or fellow pupils, especially in large unruly classes where discipline is a problem.

- The community should be involved in recruiting and managing teaching staff whom they feel they can trust.
- Carefully selected teachers should be involved in monitoring for signs of sexual and gender-based violence.
- It is important to be aware of and address the sensitivities of girls regarding their physical development by providing them with suitable clothing, sanitary materials, etc.
- Access to education for both boys and girls should be ensured.
- Underlying factors that impede school attendance, such as conflicting work responsibilities, must be addressed. Agency programmes and schedules must ensure that they are not exacerbating such conflicts.

## Boys as Victims

- Assumptions based on gender stereotypes should be challenged. Boys may also be victims of sexual and gender-based violence; females may also be sex abusers.
- Staff require specialized training to deal with the sensitive issues of sexual abuse and violence, especially when dealing with taboo subjects such as sodomy.
- Rehabilitation of survivors requires particular attention. Placing young survivors in group homes has proven successful in some places. Accelerated learning and rapid education programmes are also key to enabling survivors to overcome the abuses they have suffered and to build new futures for themselves.

## Political/Military Context

Sexual and gender-based violence may be linked to the broader political/military context, as abduction and abuse of children is often now used as a weapon of war.

- In such situations, it is important to be aware of factors that can be influenced by humanitarian agencies and those that cannot.
- Mobilizing parents, churches, community representatives and political actors into lobby groups has proven to be successful in addressing these issues.

## Child Perpetrators

There are known cases of children sexually abusing other children.

- The link that often exists between first being a survivor and later becoming a perpetrator must be recognized. It is therefore important to address the whole range of physical and mental abuse children may be suffering from to break a potential vicious cycle of violence.
- Laws and procedures that ensure proper safeguards for juvenile offenders must be promoted where they do not exist or properly implemented where they do.
- Juvenile offenders must be protected from suffering abuse themselves while they are in the prison system by using fast-track hearings and monitoring.

# RECOMMENDATIONS

- Responses to children who have suffered sexual abuse and violence should seek to empower them and develop their capacity to survive and move forward. A careful balance needs to be struck between recognizing the pain the victim has suffered while at the same time drawing on the child's inherent strength and resilience to help him/her come to terms with what has happened and move on.

- Training and capacity-building on the rights and needs of children who have been sexually abused should be conducted more extensively and should target a range of actors, including government officials, parents, staff of international organizations and NGOs, refugee and host communities, and the children themselves. The Action for the Rights of Children (ARC) training and capacity-building initiative, especially the module on "Abuse and Exploitation", should be used.

- Community mobilization strategies may be especially appropriate in developing both preventive approaches and in responding to allegations of child abuse and exploitation.

- Advocacy should be carried out all levels – international, national and local – and should be based on accepted international standards, including the 1989 Convention on the Rights of the Child and its two Optional Protocols, the Convention on the Involvement of Children in Armed Conflict, and the Convention on the Sale of Children, Child Prostitution and Child Pornography. Advocacy should also be based on traditional norms and values concerning the protection of children where these exist.

- Children and adolescents, particularly those who are themselves survivors, should be encouraged to participate in developing and implementing programmes concerning sexual abuse and violence.

**IN KASULU, TANZANIA**, an assessment of the incidence of child rape was conducted in Kasulu refugee camp, Tanzania, between October and December 2000. The findings showed that of 41 survivors of rape during that period, 30 (73 per cent) were minors. All reported cases involved girls, although a case of sodomy of a boy child had been reported prior to the assessment period. The alleged perpetrators are 49 males, including 16 (33 per cent) who are minors themselves. The awareness-raising campaign that had been carried out in the camps had resulted in an increased willingness to report cases.

The recommendations of the refugee community include more education campaigns, open discussions, and seminars. A meeting between SGBV programme staff and "witchdoctors" and members of the local tribunal was specifically suggested. The need for early reporting, counselling and increased numbers of police and security guards was also mentioned.

- Sexual abuse and violence usually has a devastating effect on the physical and mental health of children, and also on their families and communities. Responses therefore need to be holistic and multi-sectoral: addressing the whole range of physical and psycho-social consequences for the child and his/her personal relationships.

- A child-centred situation analysis is an essential basis on which an effective preventive strategy can be developed.

- Strengthening the legal and institutional framework at the national level is essential in prosecuting cases of child sexual abuse and violence.

- Skilled and sensitive intervention is required when cases of sexual abuse or exploitation are reported or suspected. Inappropriate or insensitive intervention can cause further distress to the child and can discourage others from seeking help. It is important to be aware of and deal with one's own prejudices and emotions, as these can negatively affect the child's ability to recover. Different situations call for different strategies of intervention.

- Child abuse within the family presents especially serious protection issues that require rapid, skilled and sensitive intervention. A protection plan for the child and for other child members of the household should be urgently designed and implemented.
- More research and documentation is needed to identify the scope of the problem among refugee children so effective strategies and programmes can be developed.
- Given that poverty is frequently a root cause of sexual and gender-based violence, it is important to take all possible steps to meet the basic needs of children, such as food, water and shelter, so that the lack of these essentials does not lead to prostitution and abuse.

## **Co-ORDINATION**

Co-ordination is people working together toward a common goal. Co-ordination must occur on a number of levels in order for SGBV prevention and response activities to be successful. First, the individuals within the health, community, security, and protection sectors must co-ordinate. Together, humanitarian workers, government officials, and the refugee community must identify their short- and long-term goals and then work together to find ways to achieve them. Finally, humanitarian organizations must work with donors and policy-makers to ensure that the problem of SGBV is effectively addressed.

Co-ordination promotes timely and high-quality responses to SGBV survivors, perpetrators, and community needs. Co-ordination also enhances the security and safety of the survivor and her family while maintaining confidentiality.

It also leads to shared ownership, accountability and commitment on an organizational, as well as individual, level.

## **ROLES AND RESPONSIBILITIES**

While some actors involved in SGBV prevention and response activities may have a greater role to play in co-ordination efforts, all actors are responsible for doing their part to promote successful co-ordination.

### **Lead Agency**

- The lead agency in SGBV activities is responsible for facilitating the participation of all actors in SGBV-related co-ordination activities.

### **UNHCR**

- Whether or not UNHCR is the lead agency in SGBV activities, it is seen as the agency responsible for ensuring that co-ordination structures are in place and functioning in refugee and refugee-like situations. This involves co-ordinating from the camp block level to the country level to the international level.

## **NGOs**

- NGOs are responsible more for the co-ordination of activities specific to SGBV prevention and response. Their levels of co-ordination should include the following: block, camp, inter-camp, district, regional, national, and organizational.
- NGOs should develop sectoral protocols, guidelines and referral systems for SGBV prevention and response activities.

## **Refugee Leaders**

- Refugee leaders are responsible for co-ordinating participation in SGBV prevention and response activities at the block and camp levels.

## **Co-ordinating Bodies**

- Information on sexual and gender-based violence should be shared within and between sectors, organizations and the refugee community.
- On an on-going basis, SGBV activities should be critically analyzed by identifying gaps in services and strategies for improving and strengthening activities. The implementation of the identified strategies should be overseen.
- A supportive forum for actors to ask for guidance and assistance from others involved should be provided, as should space for constructive feedback to be given and received among the various actors.
- Roles and responsibilities of all those involved with the planning, implementation and monitoring of SGBV prevention and response activities should be clearly defined.
- The range of SGBV-related services available to survivors, their families, and the community should be made known to the refugee community.
- Ownership of SGBV activities should be shared, which will lead to an effective partnership among all involved.

# **ISSUES FACED AND LESSONS LEARNED**

## **Organizational Commitment**

- For SGBV programmes to be integral to refugee programmes, commitment to the prevention of and response to sexual and gender-based violence must be strengthened at the organizational level.

While there are individuals in UNHCR and implementing partner organizations who are committed to SGBV response and prevention, the commitment of individuals may not be enough to sustain activities or co-ordination. Furthermore, as these individuals leave their respective organizations or country operations, the level of co-ordination and services provided may decline if there is not another person there to advocate for SGBV programmes. Through increased organizational commitment to the issue of SGBV in refugee settings, the creation and maintenance of effective SGBV programmes will be ensured.

## Emergency Operations vs. Post-emergency Phases

- While there is a high level of co-ordination and commitment on refugee needs during emergency operations, including within UNHCR and between UNHCR and its implementing partners, SGBV is not a priority issue for these operations.

When SGBV programme activities are not included from the beginning of an emergency operation, they are often left out or minimized during later stages of the operation. Furthermore, when SGBV activities are viewed as peripheral, they are often eliminated early when operational budgets begin to be cut. When SGBV is viewed as a priority issue in every refugee and refugee-like situation, then it will be included in programming just as water, sanitation, food, etc., is now.

- There is a high level of co-ordination within and among all actors during emergency operations.

The level of co-ordination seen during emergency operations should apply throughout all stages of a refugee operation – from the planning stages of an emergency to the follow-up stages of care and maintenance. Because this high level of co-ordination is not maintained throughout an operation, the quality and effectiveness of services provided to refugees often suffers.

## Include SGBV in General Co-ordination Meetings

- SGBV is not an item that is automatically included on the agendas of most co-ordination teams.

In most cases, individuals committed to SGBV prevention and response push the issue onto the agenda. Even in cases where SGBV is discussed either in a general co-ordinating meeting or in a SGBV co-ordinating meeting, the information shared usually consists of general statistics and activity information. While it is important to share this type of information, there is also a need to give and receive constructive feedback among the sectors and actors to ensure the implementation of the most effective and highest quality prevention and response activities possible.

## Sharing Lessons Learned

- The ability of UNHCR and implementing partners to share lessons learned in a co-ordinated manner is limited.

This co-ordination and information sharing must occur at all levels – block, camp, inter-camp, district, regional, country, and international. While all details may not be appropriate for all locations, basic working principles and information on programme successes and failures can be shared among programmes around the world. Staff should visit other locations to talk with those involved with SGBV prevention and response and to see what is being done.

Where co-ordination bodies have been established, their function has been limited primarily to selective information sharing. For the most part, co-ordination forums have not been used to provide constructive feedback within UNHCR, between UNHCR and implementing agencies and among sectors. Furthermore, the refugee community has been largely excluded in co-ordination efforts undertaken to date.

## Co-ordinate Data Collection

- The low level of co-ordination in data collection limits the usefulness of data collected.

When sectors and actors do not have co-ordination and information sharing mechanisms in place, the may find their data is inconsistent. By working together, the various sectors involved in SGBV prevention and response activities can identify successes, areas for improvement and potential solutions. Furthermore, when sectors use similar data collection forms and tools, the data collected then becomes comparable across sectors, and thus more useful in examining trends, identifying gaps, etc.

## Guidelines

- Existing guidelines and mechanisms have not systematically supported the creation of SGBV co-ordinating bodies and do not clearly delineate co-ordination structures needed for SGBV prevention and response.

Ineffective co-ordination has led, in some locations, to limited transparency in information sharing within and among organizations. This limited transparency undermines the ability of UNHCR and its implementing partners to form sustainable partnerships. At times, this lack of co-ordination has resulted in multiple organizations appealing to the same donors for funding for similar SGBV programming activities.

## RECOMMENDATIONS

**Identify a Lead Agency:** In each refugee situation, appoint an agency to be the lead, or focal, agency for SGBV prevention and response activities. This agency must have the capacity and authority to ensure that effective and high-quality services will be delivered in the community through a co-ordinated system. In addition, identify in each agency or relevant group a person to act as SGBV focal point to promote intra- and inter-agency co-ordination.

**Ensure the Creation of Co-ordinating Structure at All Levels:** From the block level to the international level. Organize SGBV co-ordinating bodies at different levels in the community. These groups will be representative of the actors involved at each level in prevention and response efforts for survivors, perpetrators, and the larger refugee and host communities.

**Develop Working Protocols for Each Sector Involved in SGBV Activities:** These documents will be situation-specific, reflecting the individual needs and resources of each community. Therefore, the protocol for each sector (health, community, security, and protection) must be drafted with input from all relevant actors, from the refugee community level to international policy-makers. UNHCR will support the successful implementation of these protocols.

# MONITORING AND EVALUATION

Monitoring and evaluation (M&E) is an integral part of any programme, essential for design and implementation. It is a systematic process that involves:

- Monitoring the problem
- Monitoring programme activities
- Monitoring change
  - in the nature and extent of the problem
  - in the environment/context
  - in staff
  - in the organization(s)
  - in target beneficiary group
  - in others
- Evaluating services provided
- Evaluating programme effects and outcomes

The steps involved in effective monitoring and evaluation can be simply summarized as follows:

1. Identify the problem you want to address; state the objective.
2. Define intended programme outcomes.
3. Develop specific and measurable indicators for those intended outcomes.
4. Determine information needs for monitoring incident data and outcomes.
5. Design documentation and record-keeping systems.
6. Maintain systematic records and documentation.
7. Establish systems for review of information, discussion, thinking, and reporting.

## *Review and analysis of data reveals an unexpected problem in the Kasulu Camps, Tanzania*

**IN TANZANIA**, UNHCR and partners established systems and tools for programme monitoring and evaluation. The tools included a standard incident report form, outcome indicators for each sector, systematic monitoring forms for monthly compilation and analysis of incident report data, monthly report formats, and regular information sharing and co-ordination meetings. As a result of this systematic and consistent monitoring, the UNHCR field assistant identified a significant number of rape and attempted rape cases [allegedly] perpetrated by children. The field assistant gathered all available information from incident reports and monitoring tools into a special report giving details and summarizing trends and available information. This special report was distributed to multi-sectoral actors, including refugee community leaders. This simple analysis and summary enabled actors to understand the problem and develop a well co-ordinated inter-sectoral plan to address the problem.



Monitoring and evaluation, including systems, procedures, and tools (forms, tracking formats, etc.) enables appropriate programme planning, on-going programme improvements, and re-direction, when needed. Specifically, this can include:

- Understanding the impact.
- Measuring progress toward objectives.
- Seeing and measuring the unexpected.
- Evaluating sustainability.
- Measuring cost effectiveness.

It is crucial that all actors in SGBV programmes understand the problem and understand effective strategies to address the problem in order to:

- Develop policy.
- Obtain information for advocacy.
- Use information as an education tool and method for giving feedback.
- Understand the lessons learned and good practices, and share them with other actors internationally.

Co-ordination and teamwork, integral components of SGBV programmes, are enhanced by effective monitoring, evaluation, and use of information and data.

## **ISSUES FACED AND LESSONS LEARNED**

### **Include In M&E at the Initial Programme Planning Stages**

Programme implementation plans and budgets generally do not provide adequate resources to perform the direct services work and also accomplish the needed M&E. Additionally, staff may lack skills for developing and implementing effective M&E plans. Both of these problems stem from inadequate high-level support within organizations for SGBV programmes, and under-estimation of the complex issues of multi-sectoral programme implementation and the resources needed to monitor and evaluate such programmes.

There are no SGBV programmes represented that have incorporated systematic M&E. As a result, statistics and data are not available. Programmes cannot evaluate effectiveness, and world-wide comparisons of refugee SGBV issues cannot be made.

### **Education**

Staff skills, attitudes and beliefs contribute to the success of M&E activities. The following summarizes the situation at present:

- M&E is not viewed as part of the programme.
- People are busy doing “programme” work, too busy for M&E work.
- Staff may be intimidated by M&E and have insufficient training in M&E.
- There may be poor understanding of how M&E benefits our work.
- There may be a mistaken belief that SGBV is too difficult to define and measure, too intangible for effective M&E.
- Often, non-field staff prepare M&E plans. The plans are then imposed on field staff, and are sometimes unrealistic for the field site. Often, there are insufficient resources available for developing the M&E process and for a systematic continuation of M&E throughout the life of the project.

## **Decide on Indicators to Monitor**

It is clear that monitoring staff, programme planners, and organizational leaders have neglected the evaluation of SGBV programmes. This must change. Appendix 10 provides a sample of indicators for each sector and functional area in SGBV programming that can be used and/or adapted for any field setting. They are specific, measurable, and simple. See Appendix 7 for the formula calculating the SGBV report rate in any setting.

## **Adapt Tools for Data Collection**

In Tanzania, a set of tools was developed for collecting, compiling, and analyzing data, and for sharing information among actors. Those tools are included in the *How To Guide: Monitoring and Evaluation of Sexual and Gender-based Violence Programmes* (see Appendix 2 for resource information). As a first step towards establishing tools for use by providers world-wide, the working group reviewed and revised the Incident Report Form. This form is included as Appendix 11.

# RECOMMENDATIONS

1. Incorporate monitoring and evaluation into the initial stages of project design so that appropriate resources are allocated to ensure the full integration of M&E into ongoing programme implementation.
2. All stakeholders should participate in programme design to ensure commitment to M&E, avoid competing needs, represent all actors (donor, NGOs, UN agencies, refugees, clients, host government, etc.), minimize obstacles to M&E (lack of time, expertise, collaboration, etc.), and build collaborative and co-operative teamwork.
3. There must be multi-sectoral and inter-agency participation in and support for designing and implementing monitoring and evaluation systems.
4. Train staff at all organizational levels in monitoring and evaluation. Include:
  - Incorporating M&E from the beginning of the programme planning and development process in order to create realistic indicators/objectives.
  - Building skills in data collection and analysis, and field-level implementation of M&E processes.
5. With a view towards revising the *Guidelines on Prevention and Response*:
  - Develop common definitions and coding for types of SGBV that can be applied to any setting. This will enable comparisons of incidence rates and other information across countries and regions.
  - Distribute sample indicators, presented at this conference as “draft”, as a first step in developing indicators for each sector.
  - Release the Incident Report form, as “draft” now, as a first step in developing consistent data collection, monitoring and evaluation in the field.

# **PREVENTION I: MALE INVOLVEMENT**

## **Working Against SGBV with Men as Partners**

A popular adage says, "Prevention is better than cure". Working with men, statistically the major perpetrators of sexual and gender-based violence, as partners in prevention of SGBV is crucial to the success of any prevention strategy. The key objective of prevention is to ensure that the crime is not committed at all. This implies that encouraging male involvement is a pre-requisite for the effective prevention of SGBV. There is no doubt that men are a major part of the problem; but it is important to regard them, at least potentially, as part of the solution as well. It is time for men to put an end to SGBV.

## **CHALLENGES**

### **Masculine Socialization**

The long silence about men, masculinities and male violence is a major obstacle to involving men in the fight against SGBV. Many of the barriers to male involvement in the campaign against SGBV are centred around their highly gender-orientated socialization. The expectations that derive from male socialization, such as power and authority, entitlement and servicing by women and children, are often impossible to meet. Violence erupts from the resulting frustration, from a sense of thwarted expectations and entitlement: surplus repression produces surplus aggression. Michael Kaufman of the White Ribbon Campaign speaks of the "triad of male violence", i.e., men's violence against self, other men and then against women and children. Men's and women's different perceptions of SGBV are similar to the differentiated gender roles and inequalities that stem from the patriarchal nature of most societies. These all pose major challenges to effective and sustained male involvement in SGBV prevention.

### **Justification for Male Involvement**

Part of the solution to male involvement in prevention of SGBV lies in finding answers to the following questions:

1. How do men see SGBV?
2. How do women see SGBV?

A shared understanding of the imbalance of power between both genders that produces SGBV is required. This, in turn, presents another challenge. How can men be led to recognize, acknowledge and appreciate the advantages of changed power relations that can enable a shared understanding of the problem of SGBV?

### **Lack of Programmes for Men in Camps**

Most SGBV programmes in refugee camps are for women. Often, male refugees claim to be isolated from these discussions, at best, or, at worst, feel accused of being a sex abuser. This creates resentment among men and reinforces the sense of frustration and threat to masculinity.

### **Difficulty in Reaching Out to Men**

How can men who are perceived as perpetrators be allowed or convinced to join the campaign against SGBV?

### **Ignorance of the Law**

A lack of understanding about refugees' rights and/or sexual and gender-based violence presents a great challenge to preventing sexual and gender-based violence.

# LESSONS LEARNED

- Male children should be educated from as young an age as possible about gender, equality, the dangers of violence of all kinds and, specifically, of sexual and gender-based violence and its consequences for society. Waiting until boys become adults to offer this kind of education is too late: their behavioural patterns and beliefs become harder to change as they mature.
- The misconception that 'gender' is only about women must be corrected. Men shy away from engaging in programmes that can lead to the empowerment of both women and men and real change in the power relations between them.
- Parents and carers play an important role in early childhood development, gender socialization and character formation. Mothers, as nurturers of self-image, and fathers and other senior males, as role models, can either reinforce gender stereotypes, such as hegemonic masculinity and the subordination of women and negative attitudes towards girls, or, with education, they can begin to break these patterns of socialization and work towards developing new attitudes among the young based on equality and mutual respect.

## MODELS OF MALE INVOLVEMENT

### South Africa

In South Africa, youths form mobile drama groups, dubbed the "Men for Change" show, campaign against rape. Through 'edu-drama', the young boys simulate a rape then one of them speaks directly to the young audience about the need to stop sexual violence against young girls. According to a group member, the campaign was effective because it was peer-designed and -focused. Though this campaign did not emerge from a camp, it should be possible to replicate it successfully in a camp setting.

### The White Ribbon Campaign

This is the largest effort by men to end violence against women. The White Ribbon Campaign was started by Michael Kaufman and a small group of friends in 1990 in Canada, following the massacre of 14 female engineering students by a man in Montreal. The campaign, which recognizes that this kind of violence is a way of asserting power, privilege and control, has spread around the world. It advocates a 10-point action plan for men who want to do something about male violence against women:

1. Listen to and learn from women.
2. Learn about the problem.
3. Learn why some men are violent.
4. Wear a white ribbon.
5. Challenge sexist language and jokes that degrade women.
6. Learn to identify and oppose sexual harassment and violence in your workplace, school and family.
7. Support local women's programmes.
8. Examine how your own behaviour might contribute to the problem.
9. Work towards long-term solutions.
10. Get involved with the WRC's educational efforts.

### UNHCR Women Victims of Violence Project, Kenya

This is a project that worked with policemen to discover their views of women, vulnerability, violence and rape. The objective was to enable the police to work better with refugee women to reduce the incidence of sexual and gender-based violence (Gardiner, 1996).

# QUESTIONS

## Why have we been so silent about men as partners against SGBV?

- Traditionally, work on SGBV has focused on victims, i.e., women and children; the focus has moved from there to women as survivors. This perhaps allows for the inclusion of men as collaborators in the project of recovery/survival and prevention.
- Women are more able to work with men as survivors rather than as victims.
- Women's fear of reprisals by powerful males and a lack of confidence in the genuine commitment of men to stop sexual and gender-based violence prevents them from seeing men as partners in this fight.
- Ultimately, the unequal power relations between the genders has prevented working together on this and many other issues for women's empowerment.

## What makes male involvement an issue now for SGBV?

- Men in many countries have themselves taken initiatives to confront this and other aspects of gender inequality.
- Men and women now recognize that since men are the major perpetrators of SGBV, they have to take a decisive stand against it before real progress can be made ("It takes two").
- Since men are the main perpetrators of SGBV, and with increasing criminalization of SGBV and the introduction of stringent international standards, many men end up in prison. This, in turn, adversely affects families and entire communities.
- Men are in leadership positions and have the power to influence change. Once influential males are convinced to join the campaign against SGBV, they can act as persuasive role models for others.

## Gender equality: What's in it for men?

- Men understand the advantages they would derive psychologically and economically from gender equality. A less oppressive and more inclusive redefinition of 'power' will benefit both men and women.

# RECOMMENDATIONS

## Start Early

- Early childhood training should be targeted at parents, especially the primary carer who plays a crucial role in early development.
- Life-skills education that addresses sexual and reproductive health and rights and gender awareness should be provided in schools.

## Work with Women as Well as Men

- Involve both men and women in the assessment of patterns and causes of violence.
- Interventions for men and for women should be focused on human rights, women's rights, the rights of the child, legal literacy, gender awareness, emotional intelligence, sexuality, conflict resolution, sexual and reproductive health rights and paternity.
- Prevention campaigns should be organized to familiarize men and women with public policy in the health, legal and education sectors with a view to making the policies more accessible to them.

## **Prevention Means Helping Survivors and Perpetrators**

- Assistance in the form of legal and psycho-social counselling should be made available to perpetrators. Prison should not be the only option; therapy and re-education should also be available, especially for first-time offenders.
- Humanitarian staff should try to build a working relationship with perpetrators, prisoners, 'problem' children and juvenile delinquents.
- Rehabilitative and counselling programmes for both victims/survivors and perpetrators should be designed and provided, even in prison, but particularly during probation.

## **Develop Male-specific Programmes**

- Self-help and reflection groups should be established among the male refugee population to work against SGBV.
- Appropriate information with themes against SGBV could be provided to young men and boys to distribute among their peers.
- Men in refugee situations should be able to hold focus-group meetings and brainstorm on what they can do to prevent SGBV.

## **Who Can Help?**

- Religious and educational leaders in host communities can be a positive influence.
- Adolescent peers, as well as older males, could train others.
- The community should support men and survivors of SGBV and can help prevent future incidents of SGBV.
- Active collaboration with men and women (especially groups) in the host community should be encouraged and supported, as should the planning and implementation of programmes.

## **Methods**

- Age-specific interventions, using participatory methodologies, should be designed to meet men at their level of understanding and in physical locations where they are most likely to congregate.
- Use case studies of SGBV from outside the community, while maintaining confidentiality, to serve as a motivation for men to get involved in prevention programmes.
- Monitor and evaluate all programmes regularly to ensure effective implementation.
- Outreach programmes that break the silence and cycle of violence should involve the entire community and include the host community as much as possible.

## **Resources**

- Identify dedicated resources to support male involvement programmes.
- Meet regularly with refugee groups, humanitarian staff and partners to maintain awareness of evolving needs, successes and challenges. Use this information to plan new programmes.
- Ensure that programmes on male involvement in prevention are mainstreamed into the budget.
- Build capacity for male involvement through training-of-trainers and provision of adequate resources, including time, for these programmes.

# **PREVENTION II: CODE OF CONDUCT**

## **Definition of the Problem**

The importance of the Code of Conduct as a means to prevent sexual and gender-based violence cannot be overemphasized. UNHCR staff have a responsibility to adhere to the highest standards of professional and ethical conduct. There are internal as well as external dimensions to the problem: the quality of internal staff relations is a fair measure of the quality of staff relations with refugees and other equally powerless populations of concern, as well as with host communities. Humanitarian personnel must uphold human rights, not violate them.

Experience shows that there is need for a Code of Conduct. Cases in which humanitarian workers have failed to treat refugees with the respect and dignity to which they are entitled have been reported. Allegations of asylum fraud and of the involvement of UN peacekeepers in SGBV-related crimes have also been made. Clearly, one of the biggest challenges facing the UN today is preventing behaviours, through self-policing, that bring any of its member agencies into disrepute.

The proposed Code of Conduct will be founded on familiar guiding principles and UN system-wide values, such as equality, human rights, clear vision, tolerance, internal loyalty, impartiality, independence, international outlook, non-discrimination and non-harassment.

These principles must be translated into practices that ensure proper monitoring and redress of staff behaviour, even in emergencies. How can we ensure that staff at all levels take ownership of these values and principles and internalize them? How can we ensure that what we preach to the world is actually practiced throughout our own system? How can we match our words with appropriate action? The Code will draw on a plethora of existing models already tested and tried in other settings. It is a privilege to be entrusted with the care of the unprotected. The proposed UNHCR Code of Professional and Ethical Conduct for Humanitarian Workers should uphold all the values and principles needed to discharge this mandate successfully.

## **REVIEW OF EXISTING MODELS**

### **Organization for Security and Co-operation in Europe (OSCE)**

The Organization for Security and Co-Operation in Europe (OSCE) Code of Conduct came out of a mandate that dealt with post-conflict rehabilitation and the human dimension concerned with democratization, human rights and the rule of law.

### **Justification for a Code of Conduct**

The Organization realized that all staff must reflect the values of the OSCE uniformly in the host country.

### **Content of the Code of Conduct**

The content comprises internal policies, sexual harassment, discrimination, the international nature of service, impartiality and discretion, etc. It also deals with international human rights standards, trafficking in human beings and other violations of human rights. Staff are expected to behave according to the principles established in the Code.



## Implementation

The OSCE Code of Conduct is translated into concrete staff regulations at all field stations. For example, each field office lists places and establishments that are deemed out of bounds for their employees. It is field- and country-specific. There is also a structure in place to monitor and ensure that the Code is strictly adhered to. Disciplinary procedures are included.

## Challenges

Some of the problems that have arisen in the course of operationalizing the OSCE Code of Conduct are:

- The legal liabilities with regard to the different nationalities and cultural backgrounds among staff members, all of which contribute to high staff turnover.
- A lack of resources and time constraints.
- The wide-spread reluctance to report incidents.
- The need for a global network where sanctions can be uniform for optimal effectiveness.

## Outstanding activities

- Tackling the legal aspects.
- Increasing understanding of gender issues in interpersonal behaviour.
- Training and skills development on issues such as gender analysis.

# THE HUMANITARIAN ACCOUNTABILITY PROJECT (HAP)

## Justification for a Code of Conduct

A Code of Conduct is necessary to ensure accountability among humanitarian workers, both at the organizational and leadership level, and at the level of individual behaviour. Abuse of power and harassment can occur within international organizations. If international workers cannot foster a good working environment among themselves, how can they do so among others?

- International workers have a responsibility to the persons they serve. They are assigned to protect refugees and they should do so in a manner that respects the dignity of the refugees.
- A Code of Conduct can also be justified because of:
  - The increase in humanitarian crises
  - Wide-spread violence fuelled by the easy availability of weapons, and especially the targeting of civilians and humanitarian actors as a tactic of warfare
  - The erratic funding of humanitarian assistance
  - The absence of co-ordination
  - The lack of professional standards
  - Humanitarian "tourism" (the appearance of humanitarian organizations with little or no experience, and the danger they pose in crisis situations)
  - The lack of consultation with and redress for the intended beneficiaries of assistance

# ISSUES

## Accountability

The different actors and stakeholders involved in humanitarian crises and the various levels of duties and responsibilities must be taken into account. These include:

- The context under which field workers operate, whether political or economic.
- The organizational context, in terms of its responsibilities to employees, intended beneficiaries and other shareholders.

Accountability is concerned with developing an ethical approach to all aspects of humanitarian work. It involves respect, understanding responsibilities, and understanding and recognizing power and, in particular, the power one may hold over others.

### **STATEMENT BY THE UNHCR HIGH COMMISSIONER DURING THE CONFERENCE**

The issue of workplace relations and behaviours has inevitably caught my attention. I understand that instances of abuse of power, bullying, unfair decision-making, bias, favouritism, deliberate lack of resource allocation, undermining tactics and harassment, including sexual harassment in all forms, have occurred at UNHCR in the past. The list is interminable and infinitely worrying. Every now and again at UNHCR, as is the case in most large organizations, definite cause for concern arises about staff behaviour and management styles, generally.

I am told that a serious organization-wide discussion of the need for a UNHCR Code of Professional and Ethical Conduct for Humanitarian Workers is going on.

This is a good thing. Codes of Conduct are preventative tools.

They are a demonstration of a resolve to self-police and to set and uphold proper standards and discourage behaviours that can re-victimize vulnerable members of our populations of concern, violate human rights, undermine the mandate and bring the organization into disrepute. This effort enjoys the endorsement of the DHC, the Inspector General and a broad spectrum of staff and managers. I add my endorsement to theirs.

## What an Accountability System Includes

Work on a framework for building an accountability system is still in progress at HAP. The seven main areas of the framework are:

1. **Duty-bearers:** The naming, identifying and agreeing on the different responsibilities and duties at the macro-level and on the division of labour at the organizational and individual level.
2. **The "Affected":** This refers to those affected by the activities of duty-bearers. This requires naming the affected and identifying and agreeing on their rights. Humanitarian actors and the local population may also become "Affected", depending on the circumstances.
3. **Duty-holders:** Each duty-holder should be named, identified and an agreement should be reached as to their respective obligations. Each duty-bearer should/may have an established duty-holder. The duty-holders could be governments, humanitarian organizations or humanitarian field workers, depending on the situation.
4. **Duties and standards :** This area involves identifying and agreeing on the respective duties of all humanitarian actors, be they duty-bearers or duty-holders and further elaborating on these duties through standard-setting. The Humanitarian Charter and the Sphere Standard provide a good basis on which NGO humanitarian activities can be assessed and monitored.
5. **Mechanisms on investigation:** Mechanisms of inquiry/investigation at field and other levels must be identified and established and the actors responsible for these inquiries must also be identified.
6. **Mechanisms of responses:** This involves identifying and implementing mechanisms of response following an investigation and identifying actors responsible for this activity.
7. **Consequences:** This final area includes developing and agreeing on awards, sanctions, redress, and reparations.

## RECOMMENDATIONS

Further to the endorsement of the High Commissioner, UNHCR should develop a Code of Conduct for the Organization.

# **PREVENTION III: ACCESS TO RESOURCES**

A key activity in prevention is to identify circumstances of high risk and vulnerability to incidents of sexual and gender-based violence and reduce exposure to those risks. It is well known that females moving in isolated areas are at great risk of assault. Collecting wood for fuel, gathering food or water or walking long distances for trading are all high-risk activities.

In the Dadaab Camp in Kenya, women were reporting high numbers of rape as they collected firewood outside the camp. To combat this problem, a firewood distribution project was initiated. In 2000, UNHCR supported an external evaluation of this project.

## **INDEPENDENT EVALUATION OF FIREWOOD PROJECT – DADAAB, KENYA**

### **Background**

The Dadaab firewood project was introduced in 1998 with the intention of reducing the high incidence of rape and sexual assault experienced by refugee women and girls when collecting firewood in the bush. The project was funded by USD 1.5 million.

The independent evaluation was initiated by UNHCR's Evaluation and Policy Analysis Unit (EPAU), and guided by a Steering Committee comprised of staff members with various backgrounds and responsibilities. The evaluation was undertaken by an independent consultancy firm, CASA Consulting, which is based in Canada.

The terms of reference of the independent evaluation included the following:

1. To assess the impact of the firewood project in addressing the problem of sexual violence in Dadaab.
2. To assess the cost effectiveness and sustainability of the project.
3. To make recommendations concerning the future of the firewood project.

### **Key Findings**

One of the hypotheses put forward by the evaluation team was that the firewood project "causes rapes to go down in the period immediately after a distribution." Results of the data analysis indicate that the incidence of rape was reduced by 45 per cent during periods when households were fully stocked with firewood<sup>1</sup>. However, the report notes that these periods also see an increase in rapes in other locations and contexts of between 78 and 113 per cent. The report recommends great caution in drawing assumptions that the Firewood Project has been highly successful at reducing the incidence of reported rape<sup>2</sup> of women and girls while collecting firewood.

It is mostly the poorer and more vulnerable members of the camp population who collect firewood. These refugees do not have the financial resources to purchase firewood and many collect firewood for sale as they lack alternative income sources.

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1. The report reveals that the actual supply of firewood covers only about 11 per cent of the entire camp consumption.

2. The report notes the difficulty estimating the direct impact of the firewood distribution on the incidence of rape and attempted rape in Dadaab, mainly because of issues concerning the reporting of rape.

**According to the report, women are discouraged from reporting incidents of rape mainly due to: Somali culture, where a strong stigma is attached to rape; risks to physical security associated with reporting; and “added intrusion of repeated questioning by police and social workers, the sense of profound personal violation, degradation and shame for which formal ‘justice’ brings little sense of relief.” On the other hand, women’s reporting patterns may have been overly high, with some degree of false reporting encouraged, particularly given the programme to resettle female victims of violence.**

The evaluation report highlights the fact that UNHCR failed to make a proper analysis of the problems of rape and sexual assault during the project development phase. It acknowledges, however, that this was partly due to donor pressure on UNHCR to accept the funds, to spend the funds over a one-year period, and to “mainstream” firewood supply and distribution. UNHCR did not strongly resist this pressure, and many of the key recommendations from the design workshop, in which key stakeholders, including refugees, participated, were subsequently abandoned.

The report points out that the distribution of free firewood created dependency among the refugees. It also raised expectations that firewood supply is the responsibility of the international community. The contracting and distribution of firewood became an end in itself and, as a result, serious monitoring of firewood provision has not been conducted. It also deflected attention and agency resources from other pressing and fundamental issues.

Relative to firewood consumption, the supply of firewood is very costly. If 100 per cent of firewood needs were to be fulfilled, it would cost close to USD 10 million. A suggestion to provide 100 per cent of the camp’s firewood needs is both unrealistic and myopic. Costs are exorbitant and results in terms of rape reduction are limited. The main issue here is the need for income that sends women out to collect firewood.

Firewood collection was an opportunity for, rather than the cause of, sexual assaults and rapes of refugee women and children in Dadaab. The firewood project tended, however, to “contain” the sexual violence without clearly articulating the nature of the problem. It is neither the women’s mobility nor their attempts to meet their basic needs that is the problem here. The real cause of rape and other forms of violence in Dadaab is that rapists and perpetrators of violent crimes commit their crimes with impunity and are tolerated by and harboured within the local and refugee communities.

## **Recommendations**

The independent evaluation recommends that greater efforts and more resources be directed at increasing community awareness and strengthening community capacities to take action towards preventing and discouraging rape and other forms of violence. More specifically, provision of firewood must be tied to other socio-economic and cultural activities, such as “wood for community, security and environmental work,” “wood for the vulnerable,” training opportunities for women leading to alternative income-generating activities, and formal education for girls. The firewood project should be associated with developing a strategy for increased security within and around the camps. All these activities should be designed through stakeholder consultation. No longer-term and sustainable solution to the problems of rape and other forms of violence in Dadaab will be possible without seriously challenging the socio-cultural beliefs and practices that perpetuate them.

**The final report will soon be available at the following web site:  
[www.unhcr.org/evaluate](http://www.unhcr.org/evaluate).**

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## TUESDAY, 27 MARCH 2001

<b>08h00-09h30</b>	<b>Registration of Participants</b>
<b>09h30-10h30</b>	<b>Official Opening</b> <i>Chair: Ms. J. Mends-Cole</i> <ul style="list-style-type: none"> <li>■ Welcome Remarks by <i>Ms. J. Mends-Cole</i></li> <li>■ Statement by <i>Mr. Ruud Lubbers</i> - High Commissioner for Refugees</li> <li>■ Statement by <i>Ms. Hermelinda Martinez Hernandez</i> - Refugee Human Rights Activist</li> <li>■ Conference Overview - <i>Ms. K. Burns</i></li> </ul>
	<b>Thematic Presentations</b> <ul style="list-style-type: none"> <li>■ Protection of Refugee Women and Children - <i>Ms. I. Khan</i></li> <li>■ Global Overview - <i>Ms. S. Purdin</i></li> </ul>
<b>10h30-10h45</b>	<b>TEA/COFFEE</b>
<b>10h45-12h30</b>	<b>Thematic Presentations</b> <ul style="list-style-type: none"> <li>■ The Role of the NGO Community - <i>Ms. E. Ferris</i></li> <li>■ Update on Gender-based Persecution - <i>Ms. B. Cisse</i></li> <li>■ Gender Equality and Impact on SGBV - <i>Ms K. Samara</i></li> </ul>
	<b>Sector Presentations – Setting the Stage for the Group Discussions</b> <ul style="list-style-type: none"> <li>■ Community - <i>Ms. E. Nhleko</i></li> <li>■ Health - <i>Dr. W. Doedens</i></li> <li>■ Protection - <i>Mr. P. Tigere</i></li> <li>■ Security - <i>Ms. J. Lim</i></li> </ul>
<b>12h30-14h00</b>	<b>LUNCH</b>
<b>14h00-15h30</b>	<b>Working Groups – Sectors &amp; Facilitators</b> <ul style="list-style-type: none"> <li>■ Community - <i>Ms. L. Kesseley</i></li> <li>■ Health - <i>Ms. B. Vann</i></li> <li>■ Protection - <i>Ms. K. Ally</i></li> <li>■ Security - <i>Mr. J.-F. Durieux</i></li> </ul>
<b>15h30-15h45</b>	<b>TEA/COFFEE</b>
<b>15h45-17h15</b>	<b>Working Groups – Sectors</b>
<b>17h30-18h00</b>	<b>Presentation by Ms. Mary Robinson</b> - High Commissioner for Human Rights
<b>18h00</b>	<b>Welcome Reception – CICG Building</b>



## WEDNESDAY, 28 MARCH 2001

<b>08h00-09h30</b>	<b>Working Groups (Continue from previous afternoon)</b>
<b>09h30-09h45</b>	<b>Housekeeping Issues</b>
<b>09h45-10h30</b>	<b>Report Back to Plenary</b> <b>Chair: Ms. Bea Abrahams</b> <ul style="list-style-type: none"> <li>■ Community</li> <li>■ Health</li> <li>■ Protection</li> </ul>
<b>10h30-10h45</b>	<b>TEA/COFFEE</b>
<b>10h45-12h30</b>	<ul style="list-style-type: none"> <li>■ Security</li> <li>■ Feedback from Gender Perspective – <i>Ms. C. Lamptey</i></li> </ul>
	<b>Presentations - Setting the Stage for the Small Group Discussions</b> <ul style="list-style-type: none"> <li>■ Children - <i>Ms. S. Fozzard</i></li> <li>■ Co-ordination - <i>Ms. S. Nduna</i></li> <li>■ Monitoring and Evaluation - <i>Ms. B. Vann</i></li> <li>■ Prevention 1 – Male Involvement - <i>Mr. A. Ramirez &amp; Ms. J. Oyegun</i></li> </ul>
<b>12h30-14h00</b>	<b>LUNCH</b>
<b>14h00-15h30</b>	<b>Working Groups and Facilitators</b> <ul style="list-style-type: none"> <li>■ Children - <i>Ms. C. Linner</i></li> <li>■ Co-ordination - <i>Dr. Serge Male</i></li> <li>■ Monitoring and Evaluation - <i>Ms. B. Vann</i></li> <li>■ Prevention - <i>Ms. J. Oyegun &amp; Mr. A. Ramirez</i></li> </ul>
<b>15h30-15h45</b>	<b>TEA/COFFEE</b>
<b>15h45-17h00</b>	<b>Working Groups (Continue as above)</b>
<b>17h00-18h00</b>	<b>Country Specific Presentations – Market Place</b>

## THURSDAY, 29 MARCH 2001

08h00-09h30	Working Groups (Continue from previous afternoon)
09h30-09h45	Housekeeping Issues
09h45-10h30	<b>Report Back to Plenary</b> <ul style="list-style-type: none"><li>■ Children</li><li>■ Co-ordination</li><li>■ Monitoring and Evaluation</li><li>■ Prevention 1 – Male Involvement</li></ul>
10h30-10h45	TEA/COFFEE
10h45-12h30	<b>Plenary Discussion</b> <ul style="list-style-type: none"><li>■ Prevention 2: Code of Conduct – Moderator: <i>Mr. K. Kalumiya</i></li><li>■ Prevention 3: Access to Resources - Moderator: <i>Ms. C. Kapaya</i></li></ul>
12h30-14h00	LUNCH
14h00-15h30	<b>Conference Recommendations Chair: <i>Ms. L. Greenfield-Thomas</i></b>
15h30-15h45	TEA/COFFEE
15h45-17h00	<b>Donor Response - Way Forward - Official Closure</b>



# **STEP-BY-STEP GUIDE FOR PROTECTION OFFICERS PREVENTION OF AND RESPONSE TO SEXUAL AND GENDER-BASED VIOLENCE**

## **Objectives of Guide**

The objective of UNHCR's Step-by-Step Guide is to provide a formal step-by-step checklist to help protection officers and others handle incidents of sexual and gender-based violence more effectively. Acts of sexual and gender-based violence violate a number of human rights principles enshrined in international human rights instruments. These include the right to security of the person, the right to the highest attainable standard of physical and mental health, the right to freedom from torture or cruel, inhuman, or degrading treatment, and the right to life. Furthermore, the Declaration on Violence against Women, adopted by the General Assembly in 1993, and the Global Platform for Action, adopted in Beijing in 1995, expand the definition of violence against women and reiterate States' responsibility to protect women.

UNHCR has issued directives specifically targeting refugee women. These include *Sexual Violence Against Refugees: Guidelines on Prevention and Response*. In addition, the UNHCR Executive Committee Conclusions have addressed the issues of sexual and gender-based violence and general protection of refugee women. In particular, Conclusion no. 73 (XLIV) on Refugee Protection and Sexual Violence highlighted the urgent need for:

“States to respect and ensure the fundamental right of all individuals within their territories to personal security, *inter alia* by enforcing relevant national laws in compliance with international legal standards and by adopting concrete measures to prevent and combat sexual violence”

Protection officers should ensure the safety and well being of the survivor/victim. All possible avenues should be explored, including relocation to other camps in the country of asylum and resettlement to a third country in situations where the survivor/victim's physical security is threatened.

**Acts of sexual violence violate basic human rights. Therefore, UNHCR staff have an obligation to intervene whenever cases are reported or suspected.**

*Sexual Violence Against Refugees: Guidelines on Prevention and Response, p. 30*

1. For a full reading, see Universal Declaration of Human Rights 1948, Articles 3 and 5, International Covenant on Civil and Political Rights, 1966, Article 7, the International Covenant on Economic, Social and Cultural Rights, 1966, Article 12, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 1984, Articles 1 and 4, and the Convention on the Elimination of All Forms of Discrimination against Women, 1979.

This guide is meant to benefit all refugees who are vulnerable to sexual violence.

**Refugees most at risk of being subjected to sexual violence:**

- single women
- female heads of households
- unaccompanied children\*
- children in foster care
- those in detention or detention-like situations

*Sexual Violence against Refugees: Guidelines on Prevention and Response, Separated Children in Europe, Statement of Good Practice 2000*

\*Includes separated children unaccompanied by relatives who are not legal or previous customary primary care-givers.

## **DEFINITION OF SEXUAL AND GENDER-BASED VIOLENCE**

Protection officers should be aware that sexual and gender-based violence includes a broad range of acts. Some of these are defined in current UNHCR guidelines.

The key principles that protection officers should remember are:

- Sexual and gender-based violence includes domestic violence.
- Both women and men can be targets of sexual and gender-based violence.
- Young women and minors, especially separated children, are particularly vulnerable to sexual violence.
- Male survivor/victims should be provided with support to overcome the cultural barriers that discourage them from reporting sexual violence.

- In the event that the guardian is the perpetrator of sexual violence, the child should be separated from the guardian, either through foster care or by finding alternative housing for the guardian.

**Sexual violence is used to cover all forms of sexual assault, interference and exploitation, including “statutory rape” and molestation without physical harm or penetration.**

*UNHCR Sexual Violence against Refugees: Guidelines on Prevention and Response*

## **THE DECLARATION ON THE ELIMINATION OF VIOLENCE AGAINST WOMEN**

**Domestic violence against women includes physical, sexual and psychological violence occurring in the family, including battering; sexual abuse of female children in the household; dowry-related violence; marital rape; female genital mutilation and other traditional practices harmful to women; non-spousal violence and violence related to exploitation.**

**Physical sexual and psychological violence perpetrated or condoned by the state, wherever it occurs.**

*Declaration on the Elimination of Violence Against Women*

# REFUGEE STATUS DETERMINATION

UNHCR's Executive Committee has denounced sexual and gender-based violence and recommends that States consider such violence during their procedures for determining refugee status.

**“...strongly condemns persecution through sexual violence, which not only constitutes a gross violation of human rights when committed in the context of armed conflict and a grave breach of humanitarian law, but is also a particularly serious offence to human dignity...**

**“...recommends in procedures for the determination of refugee status, asylum-seekers who may have suffered sexual violence be treated with particular sensitivity.”**

*Executive Conclusion No. 73 (XLIV), 1993, paragraph (a)*

Sexual and gender-based violence may affect the determination of refugee status both for the applicant who is a survivor and for the applicant or refugee who is a perpetrator.

When rape or other forms of sexual violence are committed for reasons of race, religion, nationality, political opinion or membership of a particular social group, it may be considered persecution under the definition of the term 'refugee' found in both the 1951 Convention relating to Status of Refugees and the Statute of the Office of UNHCR.

The protection officer should be particularly sensitive in cases where the asylum-seeker may have suffered sexual violence.

## LEGAL ADVICE/INFORMATION/ REPRESENTATION

Only qualified persons should provide legal services. They will provide information, advice, and representation. All UNHCR staff who conduct interviews with survivors/victims should be familiar with UNHCR guidelines, related international laws and host country laws. For purposes of continuity and effective representation, the same staff should handle the case until its conclusion.

# **COMPLIANCE WITH NATIONAL CRIMINAL LAWS AND PROCEDURES**

**The local UNHCR legal adviser or protection officer must be familiar with national criminal and civil law on the subject of rape and sexual violence in general. Research should include a review of the relevant legal provisions, rules of criminal procedure, role of the authorities and any medical requirements.**

## **HOW TO HANDLE A COMPLAINT**

- The survivor/victim should be informed of what to expect from the legal process. Protection and community services should collaborate to ensure that the complainant is adequately informed of her rights, procedures and time involved in the legal process. Staff should be adequately prepared to answer any queries the survivor may have.
- The complainant should be counselled on the nature of the crime, the time it will take to investigate and prosecute the crime, and the possible outcomes from the judicial process.
- Staff should address the concerns and expectations of the complainant and her family regarding the judicial process, explain the role of UNHCR and collaborating agencies in the process, and the reproductive health services available to the survivor. This will include access to counselling, sexual health services for the treatment of injury and prevention of disease and unwanted pregnancy, as authorized under national laws.
- The protection officer will ensure that the survivor and perpetrator have identity cards and should work closely with local lawyers familiar with national laws and procedures concerning sexual violence.
- Once the protection officer receives an incident report, he/she should ensure that the complaint is recorded with the local police. The protection officer should also ensure that the medical report and a statement from the survivor/victim are recorded and communicated to the relevant national authorities (i.e., police or prosecutor).
- Crucial witnesses from the refugee community should comply with legal procedures by providing statements and attending court when required. Protection officers should determine if there are any specific legal provisions to protect survivors and witnesses giving testimony.
- The protection officer, working with security officers and police, should ensure that parties to sexual violence are protected against intimidation and other threats to physical security. He/she should also ensure that all refugee survivors/victims of sexual violence are accompanied to court hearings by UNHCR or implementing agency staff.

## **RESPECT FOR THE SURVIVOR/VICTIM**

At all times the protection officer should ensure that the final decision on whether to institute legal proceedings is made by the survivor/victim.

# CONFIDENTIALITY

The protection officer should ensure that the confidentiality of case files and identities of victims is respected.

## **STRICT CONFIDENTIALITY IS ESSENTIAL**

**Wherever possible, a victim's anonymity should be maintained. Written information on the victim must be kept locked and secure from others.**

**If confidentiality is breached, it could bring grave consequences for the victim, particularly if adequate protection is not in place. It may discourage others from coming forward.**

*Sexual Violence Against Refugees: Guidelines on Prevention and Response*

The protection officer should ensure individual case information is shared with other multi-sectoral actors working in the SGBV programme. All information about the survivor/victim and alleged offender is privileged information and should not be disclosed to a third party without the informed consent of the survivor/victim. The only exception to this rule is when disclosure is required under national law, e.g., medical reports as evidence in support of the complaint of a sexual and gender-based violation. All efforts should be made to respect the confidentiality of the survivor/victim at all stages of the case.

## CASE MANAGEMENT

The protection officer should maintain weekly case lists and circulate this information to other sectors representing health, community and security services working on cases of SGBV. Refugee witnesses should be given logistical support to attend court hearings. Regular follow-up should be maintained with local police and the judiciary on all cases.

## ROLE OF THE POLICE

The police receive the complaint and conduct investigations following the legal and criminal procedures as laid out in the law. In accordance with the standard police procedures, they arrest the accused persons, conduct investigations, prepare charges, serve summonses and ensure that all potential witnesses appear in court. They advocate with the judiciary for the expeditious investigation and prosecution of SGBV cases and help the survivor/victim understand the legal and criminal process. Police officers should be sensitive to the needs of the survivor/victim for privacy, confidentiality and respect. Police should also participate in legal and rights-awareness education campaigns to benefit the refugee community.

## ROLE OF THE JUDICIARY

The judiciary prepares the weekly case register, indicating which matters involve refugees as parties (complainant or accused). In accordance with standard procedures, the judiciary administers legal proceedings in cases of sexual and gender-based violence, including admitting cases, presiding at hearings and trial, summoning witnesses, and passing judgement and sentences. The judiciary should also participate in workshops and awareness raising initiatives organized by protection staff.



# ROLE OF THE IMPLEMENTING AGENCY PROVIDING LEGAL SERVICES

Protection officers should identify local women's rights organizations and lawyers' associations working on SGBV issues and create partnerships to address the problems in refugee communities.

**National women's organizations in host countries can play a valuable role in advocating and addressing the issue of violence against women. Contacts can be established with them and discussions initiated regarding the role they can play.**

*Sexual Violence Against Refugees: Guidelines on Prevention and Response*

When an NGO is working with protection to support legal services, the following guidelines should apply:

- A representative of the organization will take instructions from the complainant. He/she will provide all the necessary information on the legal and criminal procedures with the objective of preparing the complainant and his/her family members for the court process.
- The representative will assist the complainant in applying for legal aid funding, if this assistance is available under national law. If this option is not available, UNHCR should ensure that budgets include an item to cover the costs of legal representation for victims of sexual and gender-based violence.
- A representative of the organization will accompany the complainant to the police station and court and be present during all interviews and court appearances.
- The representative of the organization should apply to the court for observer status in all cases so he/she will be able to address the court. This is particularly helpful in cases involving children.
- The legal representative should explore the possibility of the court hearing being conducted *in camera* to protect victims and their families from further trauma.
- The representative will accompany the complainant to court for all appearances. He/she will provide legal services and representation for the survivor until the case is completed.
- The organization shall maintain records of all cases and provide regular updates to protection staff.
- All service providers (health, security, community services) shall maintain records of persons of concern to UNHCR in strict confidence and shall not disclose any information to a third party.

## FAIR TRIAL AND HUMANE TREATMENT

**The accused is entitled to be treated with the rights accorded to a person whose guilt is not proven. UNHCR has an obligation to the accused to ensure that he has a fair trial and is subjected to humane treatment in the course of interrogation and incarceration.**

*Sexual Violence against Refugees:  
Guidelines on Prevention and Response,*

# RIGHTS OF THE ACCUSED

UNHCR protection staff will ensure that the rights of an accused person are respected while in detention. Protection officers should monitor the progress of the case and pay attention to the following:

- Delays in the trial.
- Torture of the accused while in detention.
- Inhumane treatment.

The protection officer should intervene with local law enforcement agencies on behalf of the accused person.

# ALTERNATIVE FORMS OF DISPUTE RESOLUTION

- Should the survivor/victim wish to pursue justice through traditional and customary laws, the protection officer should ensure that the procedures and processes are fair and just.
- In the event that they fail to provide justice in accordance with internationally accepted standards, the protection officer should advise the survivor/victim of these limitations.
- The final decision on which process and procedures will be adopted rests with the survivor/victim.
- The protection officer should monitor and keep track of cases in which traditional and customary laws are used.
- The protection officer should ensure that traditional dispute-resolution mechanisms are consistent with national laws and international human rights standards. When these alternative structures violate national law, protection officers should conduct training and awareness-raising with the community and encourage the refugee community to modify its conflict-resolution practices in accordance with international human rights standards.

## TRADITIONS AND CUSTOMS OF THE REFUGEE COMMUNITY

**Some refugee communities may have traditional means of responding to incidents of sexual violence within their community.**

*Sexual Violence against Refugees: Guidelines on Prevention and Response*

# CO-ORDINATION WITH OTHER ACTORS

A successful SGBV prevention and response strategy depends on collaboration with various service providers and host government authorities. The protection officer should ensure that an appropriate co-ordination mechanism is established involving police, community, and health workers to address SGBV issues.



# **GUIDELINES FOR COMMUNITY-BASED RESPONSE AND PREVENTION ACTIVITIES SEXUAL AND GENDER-BASED VIOLENCE**

These recommendations represent “best practices” from the field and can be implemented by:

- Community services organizations working in partnership with UNHCR.
- National and international NGOs establishing vertical SGBV programmes.
- National SGBV NGOs expanding services to include refugee populations.
- Any government or non-governmental organization seeking to address any of the psycho-social needs of survivors and/or to develop community-based strategies for the prevention of SGBV.
- UNHCR staff.

## **COMMUNITY-BASED INTERVENTIONS FOR SEXUAL AND GENDER-BASED VIOLENCE INCLUDE:**

- 📁 Sensitization activities - targeting refugees/IDPs, host communities, IO and NGO staff, local government authorities - for human rights and protection awareness, prevention, and awareness of available assistance
- 📁 Outreach and identification of survivors
- 📁 Establishment of a place where survivors can go to receive confidential assistance
- 📁 Counselling (short-term listening and emotional support) for survivors and families
- 📁 Advocacy and assistance for survivors with health care, legal/justice, community services, and other needs
- 📁 Group activities for survivors that focus on building support networks, reintegration into communities, confidence building, skill building, and promotion of economic empowerment
- 📁 Economic empowerment through income-generation and micro-credit projects

*It is acknowledged that males are often survivors of sexual violence; however, the majority of survivors of sexual and gender-based violence are females. For simplicity, pronouns used in these recommendations are in the feminine voice.*

# **A. GUIDELINES FOR COMMUNITY WORKERS AND PSYCHO-SOCIAL ASSISTANCE PROVIDERS:**

1. The foundation for an SGBV programme shall be the refugee community. Together with the refugee community, the SGBV implementing agency should strive to fill the gaps between existing community resources and the identified survivor and community needs in the area of SGBV. Refugees, IDPs, and host communities should be integrally involved in community/social services, including community groups, women's groups, men's groups, youth groups, schools and training projects, religious groups, community leaders (formal and informal), and traditional/healing practitioners.
2. Services to survivors and their families should be available at the refugee community level, i.e., in the camp, with trained refugee volunteers or staff. Same-sex counsellors/advocates should be available. Survivor assistance should be provided in a location chosen by the community. At this location, survivors will feel most comfortable in reporting incidents because their privacy, confidentiality, and security will be ensured to the highest degree possible. This location will not be known as the "rape centre" or "rape building."
3. There should be a national staff person designated as the SGBV focal point. The SGBV focal point will liaise with all sectors of the community (community services, health, protection and security, UNHCR and implementing partner staff, national and local government and NGOs, and other relevant actors) involved in the prevention of and response to sexual and gender-based violence in refugee communities. It is recommended that the focal point be a non-refugee staff person, given the need for advocacy and co-ordination with government authorities and other actors. In many settings, refugees are limited in movement, access, authority, and credibility with non-refugee actors.
4. At all times, all actors will respect the survivor's choices, maintain confidentiality, and ensure security.
5. Basic emergency supplies, such as food and clothing, should be available to survivors with emergency needs.
6. A "lead" agency should be designated, in consultation with relevant actors and the SGBV focal point. The lead agency will be responsible for maintaining and storing survivor records. Likewise, the lead agency will also be responsible for collecting data and for monitoring and evaluating SGBV activities and services. This includes ensuring that accurate recording and reporting mechanisms are developed and maintained.
7. In refugee and IDP camps, SGBV incident reports and other survivor records will be kept in locked and secure cabinets located in a locked and secure building. When this is not possible, SGBV Incident Reports and other survivor records will be kept in locked and secure cabinets located in the lead agency's locked and secure office outside the camp.
8. Volunteers and staff providing psycho-social support for survivors will follow these general principles:
  - ▶ Practice active listening.
  - ▶ Reassure survivor that the incident was not her fault.
  - ▶ Respect survivor's wishes and choices.

- ▶ Maintain confidentiality.
  - ▶ Support the survivor in resolving family and community disputes (when appropriate, considering safety and security).
  - ▶ Help the survivor to integrate into community activities.
  - ▶ When appropriate, enlist the support of the family and the community.
- 9. When possible and while maintaining survivor confidentiality and security, consider the following for the alleged perpetrator:
  - ▶ Counselling.
  - ▶ Medical treatment.
  - ▶ Helping the perpetrator to re-establish his/her relationship with the community.
- 10. During both the development and implementation of an SGBV programme, persons with special needs must be considered. These persons may include persons with physical or mental disabilities, older persons, or children. The following is an example of specific guidelines for working with children who are survivors of SGBV:
  - ▶ Ensure respect for the best interests of the child. If the child's rights and/or protection and family wishes are in conflict, provide family counselling, seek assistance from community services or SGBV supervisor, and consider seeking assistance from elders or other family members. In these difficult situations, use special care to maintain survivor confidentiality and security.
  - ▶ Consider visiting the child at her dwelling for a private interview, away from family members. Relatives should be informed of the importance of privacy. If the child survivor insists on the presence of a relative, this should be respected. In some cases, the child survivor may not feel free to share some information with SGBV staff and will share more information with a family member.
  - ▶ The SGBV staff may also hold consultations and counselling with family, teachers, and members of the community close to the survivor to support her re-integration into the family, school, and community. Again, carefully consider the confidentiality and security of the survivor. In many cases, the community will know the general situation and so it may be appropriate for the worker to acknowledge this and work with the family, community, and teachers in addition to the survivor.
- 11. As one prevention strategy, ensure ongoing SGBV community awareness raising activities with the support and co-operation of the refugee community.
- 12. Conduct sensitization and awareness raising training workshops with actors and organizations involved in SGBV prevention and response, such as health facility staff, community health workers, police, field officers, refugee traditional healers, elders, and traditional courts.
- 13. Identify gaps in services and unmet survivor needs, and facilitate on-going development of new ideas for prevention and response. Advocate for the establishment of new services and/or expansion of existing programmes and activities. Promote refugee community leadership and active involvement in addressing SGBV.
- 14. Compile and analyze SGBV data regularly. Assess trends, problems, and successes. Share information and reports with UNHCR, NGOs, the host government, and the refugee community. Use this information to monitor and evaluate SGBV programme activities and develop/revise programme strategies.
- 15. Ensure mechanisms for inter-agency and inter-sectoral co-ordination are established and implemented, involving UNHCR, international and national NGOs, the host government, the host community, and the refugee community.

## **B. SURVIVOR RESPONSE GUIDELINES**

1. The survivor can report her case to any of the following:
    - ▶ Refugee leaders or elders.
    - ▶ SGBV focal person.
    - ▶ Health care facility.
    - ▶ SGBV lead agency or “drop-in” centre.
    - ▶ NGO or UNHCR staff.
    - ▶ Host-government police or other authorities.
    - ▶ Refugee security personnel.
    - ▶ Friends, family, or any person the survivor trusts.
  
  2. The contact person listens to the survivor, reassures her that the incident was not her fault, and encourages her to get help through medical examination and treatment, and follow-up counselling and support (if available). The support person will accompany the survivor to available assistance, according to the survivor’s wishes.
  
  3. At the centre (the location chosen by the community, see Guidelines for Community Workers section, no. 2), the volunteer or staff member will assess the survivor’s need for immediate medical attention. If the survivor needs immediate medical attention, the counsellor will escort her to the health facility, leaving the interview and documentation to be completed later. If the survivor does not require immediate medical attention, the survivor should be interviewed and the necessary documentation completed.
  
  4. For each case, the lead agency will ensure that the following documentation is fully completed, with a copy submitted to the UNHCR protection officer as soon as possible:
    - ▶ SGBV incident report form, fully completed.
    - ▶ For complex or especially difficult situations, a brief summary report describing the incident, circumstances, situation, and any follow-up conducted or needed.
- These are confidential documents and are not to be shared with other actors without the express permission of the survivor.
5. During the interview, inform the survivor about the type of services available to her and her family:
    - ▶ Medical services.
    - ▶ Legal options.
    - ▶ Security options.
    - ▶ Community services.

It is vital for SGBV counsellors to know about the services available to survivors and their families. Providing accurate and realistic information to survivors will enable them to make informed choices.

- 6. Medical services:** All survivors of sexual or physical violence, with or without visible injuries, shall be encouraged to undergo a medical evaluation within 72 hours, or as soon as possible. It is the role of the SGBV community worker to accompany the survivor for medical treatment, giving support and advocating for the survivor (however, the survivor's decision on whether or not she wants this service must be respected). Survivors shall also be encouraged to comply with recommendations for medical care or treatment.
- 7. Legal options:** All survivors will be apprised of their legal rights, options, and consequences, and their choices will be respected. This will include asking the survivor whether she wants to make a report to the police. Legal options shall be discussed honestly, describing what generally occurs when a survivor decides to initiate police action, such as going to the police, explaining the incident in detail, and later testifying in court against the perpetrator.
  - ▶ If the survivor decides to report the incident to the police, submit the SGBV incident report to UNHCR protection staff within 24 hours.
  - ▶ Where available and appropriate, discuss the option of taking her case to the traditional courts. Again, this option should be discussed honestly, describing what action is generally taken by these traditional courts. If she is interested in pursuing this option, refer the case accordingly.
- 8. Security options:** Assess the security needs of the survivor and take necessary action. This may result in finding safe shelter for the survivor or it may mean discussing with the survivor strategies to keep herself as safe as possible.
- 9. Community services:** Assess other social and psychological needs of the survivor and her family. Assist or refer the survivor and her family to other relevant organizations and programmes.
  - ▶ Counselling.
  - ▶ Medical treatment.
  - ▶ Helping the perpetrator to re-establish his/her relationship with the community.
- 10.** Encourage the survivor to obtain any follow-up services needed, including medical treatment, counselling and legal assistance.
- 11.** Where possible, follow up with those survivors who do not return for subsequent care. This must be done in a manner that ensures the confidentiality, privacy, and safety of the survivor.
- 12.** For those survivors pursuing legal or medical services, it is important that they be offered the option of being accompanied by someone they trust to their appointments, including to the police, to court, or to the hospital. Being accompanied helps to ensure that a survivor feels supported since she will then have a person who can answer her questions and advocate on her behalf.





# MONITORING AND EVALUATION: PREVENTION OF AND RESPONSE TO SGBV

This document contains suggestions and ideas for monitoring and evaluating programmes to prevent and respond to sexual and gender-based violence in refugee and IDP settings. The sample indicators reflect some of the major tasks, roles, responsibilities, and programme activities identified and discussed in the SGBV Lessons Learned Conference (Geneva, March 2001).

This document is a **draft**, combining lessons learned and practices already in use in some field sites. It is intended to support field efforts to establish and/or improve sexual and gender-based violence programming. As such, it should be used as a tool to assist multi-sectoral actors to develop co-ordinated plans for monitoring and evaluating SGBV programmes and activities. The indicators listed here are neither exhaustive nor inclusive of all programme strategies and activities.

## Suggestions for Use in Field Settings

Remember that monitoring and evaluation is a systematic process that should be incorporated into a programme during the planning phase. As needed, seek additional training or assistance in establishing or strengthening your monitoring and evaluation process.

Meet with multi-sectoral actors (including the refugee/IDP community) to discuss programme objectives and activities.

- Decide on indicators for your setting.
- Determine information needs:
  - Clear definitions of the different types of SGBV
  - Incident report form
  - Medical examination form
  - Worksheets, log books, report forms and formats
- Agree on reporting methods, report formats, distribution of reports.
- Agree on mechanisms for analysis, discussion, information sharing, and planning.

UNHCR's Executive Committee has denounced sexual and gender-based violence and recommends that States consider such violence during their procedures for determining refugee status.

One important data element is the “SGBV reporting rate” in your setting. Calculate “SGBV reporting rate” for the month or year or other designated time period:

$$\frac{\text{Number of cases of SGBV reported during designated time period}}{\text{Total population during designated time period}} \times 10,000$$

This calculation will give you the overall SGBV report rate, an aggregate number that may or may not be useful for programming. It is important to repeat this calculation for each type of SGBV seen in your setting: in-camp rape report rate, out-of-camp rape report rate, attempted rape report rate, domestic violence report rate, etc.

Compare report rates over a period of time.

## **SAMPLE INDICATORS FOR MEASURING EFFECTS, OUTPUTS, ACTIVITIES OF SGBV PROGRAMMES**

### **SGBV Programme Co-ordination**

Name of indicator	Type of indicator	Definition of Sample Indicator
Multi-sectoral approach	Process	Multi-sectoral and inter-agency procedures, practices, and reporting forms established in writing and agreed by all actors
	Process	Number of organizations involved in developing those guides
	Process	Number of written procedures distributed for multi-sectoral referral and co-ordination
	Process	Number of inter-sectoral co-ordination meetings held
Co-ordination	Process	Number of contributing factors identified in co-ordination meetings through trend analysis of SGBV reports
	Process	Number of inter-sectoral strategies developed to address identified contributing factors

## Health

Name of indicator	Type of indicator	Definition of Sample Indicator
Health staff training tools	Process	SGBV training curriculum for health care staff developed and in use
Health staff qualifications/training	Process	$\frac{\text{Number of health care staff successfully completed SGBV training}}{\text{Total number of health-care staff (all levels)}}$
Active screening for SGBV	Outcome (effect)	$\frac{\text{Number of SGBV reports identified by screening at health centre}}{\text{Number of SGBV reports}}$
Timely and appropriate post-rape care	Outcome (effect)	$\frac{\text{Number of rape survivors receiving basic health services within 3 days of incident}}{\text{Number of reported rape incidents}}$

## Community

Name of indicator	Type of indicator	Definition of Sample Indicator
Gender balance in community mobilization	Process	Number of men's groups engaged in SGBV awareness-raising and prevention (Note: If using this indicator, need to clearly define the characteristics of groups)
Gender equity in decision-making	Outcome (effect)	Number of refugee governing bodies that include equal numbers of men and women
	Outcome	$\frac{\text{Number of women members of refugee governing bodies who state women's opinions are influential in group decisions}}{\text{Number of women members of refugee governing bodies}}$
Level of community awareness	Outcome (effect)	Increase in SGBV report rate Increase in timely post-rape care
SGBV and human rights awareness-raising	Process	SGBV and human rights training curriculum developed and in use
	Process	$\frac{\text{Number [refugees, NGO staff, UNHCR staff, police, etc.] successfully completed human rights training}}{\text{Total number of [refugees, NGO staff, etc.]}}$

## Protection

Name of indicator	Type of indicator	Definition of Sample Indicator
Proportion of SGBV cases filed in court	Outcome (effect)	$\frac{\text{Number of SGBV cases filed in court}}{\text{Number of SGBV cases reported to police}}$
Case outcomes	Outcome (effect)	$\frac{\text{Number of SGBV cases with acquittal or conviction within X months of the date charges are filed}}{\text{Total number SGBV cases filed in court}}$

## Security

Name of indicator	Type of indicator	Definition of Sample Indicator
Security system	Process	Number of police present per 10,000 population
Police training and capacity-building tools	Process	SGBV training curriculum for police developed and in use
	Process	Police procedures or guidelines for SGBV cases established in local language
	Process	Number of guidelines distributed to police officers and commanders
Police trained in SGBV procedures	Process	$\frac{\text{Number of police successfully completed SGBV training}}{\text{Total number of police (all levels)}}$
Gender-balanced security forces	Process	$\frac{\text{Number of female camp-based security workers}}{\text{Number of camp-based security workers}}$
	Process	$\frac{\text{Number of female police officers}}{\text{Number of police officers}}$
Police interview procedures	Outcome (effect)	$\frac{\text{Number of police posts with private interview space for SGBV cases}}{\text{Total number of police posts}}$
Community awareness-raising and police training	Outcome (effect)	$\frac{\text{Number of SGBV cases reported to police}}{\text{Total number SGBV case reports}}$

Before using this form, systems for referral and co-ordination must be established among all actors. Revisions to this form may be needed for your setting. DRAFT Apr 2001

**SGBV INCIDENT REPORT FORM****CONFIDENTIAL**

<b>Instructions:</b>	<ul style="list-style-type: none"> <li>◆ Form to be completed by fully trained and designated staff</li> <li>◆ Original to be maintained in NGO office (outside camp)</li> <li>◆ Copy to be delivered to UNHCR protection officer, in sealed envelope, as soon as possible. (If survivor wishes to report incident to police, protection officer must have copy within 24 hours)</li> <li>◆ Attach additional pages with continued narrative, if needed</li> </ul>
<b>NOTE</b>	This form is NOT an interview guide. Staff must be properly trained in interviewing survivors.

Type of Incident (Code)		Additional Incident Types (codes)	
NGO Incident No.	Camp	Date and Time of Interview	
Previous Incident Numbers for this Client (if any)			
<b>SURVIVOR INFORMATION</b>			
Name	Age	Yr. of Birth	Sex
Address	Tribe	Marital Status	Occup.
No. of children	Ages	Head of family (self OR name, relationship to survivor)	
"Vulnerability"		Ration Card No. or ID Card No.	
If Survivor is a minor >>>Name of Caregiver			Relation
<b>THE INCIDENT</b>			
Location	Date	Day	Time
Description of Incident (summarize circumstances, what exactly occurred, what happened afterward)			

<b>PERPETRATOR INFORMATION</b>			
Name	No. of Perpetrators	Sex	
Address	Nationality	Age	Tribe
Relationship to Survivor	Marital Status	Occup.	
If perpetrator unknown, describe him/her, including any identifying marks			
Current location of perpetrator, if known:			
If Perpetrator is a Minor>> Name of Caregiver:                      Relation:			
<b>WITNESSES</b>			
Describe presence of any witnesses			
Names and Addresses			
<b>ACTION TAKEN – Any action already taken, by anyone, as of the date this form is completed.</b>			
<b>Reported to</b>	<b>Date Reported</b>	<b>Action Taken</b>	
POLICE Name			
SECURITY Name			
UNHCR/PROTECTION Name			
LOCAL LEADERS Name			
HEALTH CARE see page 3 of this form for name/info.			
OTHERS Name			
<b>MORE ACTION NEEDED AND PLANNED ACTION – As of the date this form is completed.</b>			
Immediate safety plan:			
Is survivor going to report the incident to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is she/he seeking action by elders tribunal/traditional court? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What follow up will be done by the community development/SGBV workers?			
What further action is need by UNHCR and/or others?			
Form completed by (Print Name):		Signature:	

Page 1 and 2 (filled) + Page 3 (1st two lines filled) to be hand carried by staff, with survivor, to health centre. Page 3 to be completed by health-care staff. Or if survivor did not have medical examination at the time of reporting the incident, explain reasons below.

**SUMMARY OF MEDICAL EXAMINATION**

Survivor Name

Yr. of Birth

Sex

(If applicable) Reasons survivor did NOT have a medical examination at this time:

**TO BE COMPLETED BY HEALTH CENTRE STAFF**

Date of Exam

Time

Name of IPD/OPD

- ◆ Before interviewing/examining the survivor, read pages 1-2 of this form.
- ◆ Avoid asking survivor to repeat information s/he has already provided.
- ◆ Medical examination findings are to be recorded on the appropriate health facility forms, in accordance with relevant protocols and guidelines.
- ◆ Medical records, documentation, forms, etc. are confidential and are to be kept in the health facility in a secure location. Medical information is to be released only with specific survivor consent.
- ◆ THIS PAGE DOES NOT REPLACE THE HEALTH FACILITY MEDICAL EXAM FORM; IT IS IN ADDITION TO THAT FORM.

**Summary of Medical Treatment Given**

NOTE: This information may be important for the community development/SGBV worker to know for follow up assistance; however **obtain survivor's consent to share this information.**

**Medical Follow-up Recommended**

Follow-up visit to health facility in two weeks  
 Follow-up visit to health facility in six months  
 Other, specify:

Additional Comments

Examination conducted by:

Print Name

Title

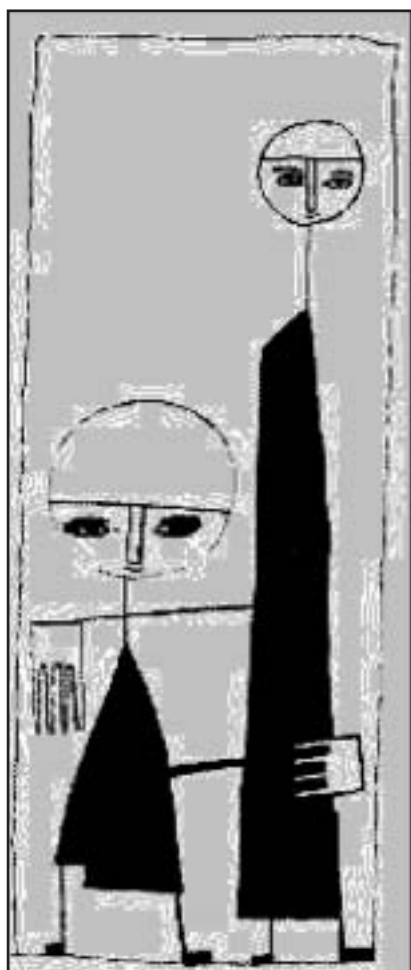
Signature

Name of organization & stamp





# ACTION FOR THE RIGHTS OF CHILDREN



## ARC – A RIGHTS-BASED CAPACITY-BUILDING AND TRAINING INITIATIVE

### INTRODUCTION

UNHCR and the Save the Children Alliance initiated ARC in 1997 as a direct response to the United Nations Study on the Impact of Armed Conflict on Children (the Graça Machel Study). The Machel Study points out that UNHCR is often one of the first agencies to intervene in emergencies, where approximately 50 per cent of refugees and other people of concern to the Office are children and adolescents. ARC's primary goal is to increase the capacity of UNHCR, government, and NGO field staff to protect and care for children and adolescents from emergency through to durable solutions.

In line with the importance placed on mobilizing inter-agency collaboration in the area of child rights, UNICEF and the Office of the High Commissioner for Human Rights (OHCHR) were welcomed to the ARC Steering Committee at the beginning of 1999. Both organizations are actively involved in regional initiatives and in reviewing training materials.

ARC directly links training to field operations. Participants in regional pilot training programmes review the contents of resource packs and identify training methods in accordance with the political, economic, social, and cultural context of the region. In turn, ARC's participatory framework engages regional staff to identify pilot projects that address critical issues affecting children and adolescents.

ARC reinforces the child and adolescent components of existing UNHCR and NGO emergency training programmes. Workshops establish regional training teams that identify training needs and develop action plans. Needs are addressed through further ARC training sessions, and joint NGO-UNHCR situation assessments. As children's and adolescents' concerns become increasingly part of mainstream programming, ARC evolves from a free-standing initiative into a resource that is incorporated into existing training programmes.

ARC has been generously supported by the governments of Denmark, Norway, South Africa, Sweden, and the United States.

# CONTENT

ARC is a compendium of guidelines, critical issues, case studies, and participatory training materials that encourages field workers and policy programmers to integrate their experience into regional situations. Its content is divided into two sections: Foundations and Critical Issues. Both sections include an age-gender perspective to ensure that girls and boys benefit equally from all protection and assistance efforts. In addition, there is a Facilitator's Toolkit that provides the potential facilitator with ideas about participatory approaches and with guidance on how to navigate the various resource packs.

It is vital that our responses to the needs of children and adolescents are addressed through a multi-sectoral approach. There are multiple and complex factors that interrelate to affect the well-being of children and adolescents. Alerting staff to some of these complex relationships is one of the objectives of the ARC project. The resource packs thus include multiple cross-references to other issues related to the matter under consideration.

In certain cases, a specific issue may be identified as being of concern, for example, separated children. Taking this issue as a vertical learning opportunity, it becomes clear that we should also be considering a number of cross-cutting themes represented as Foundations within the ARC resource packs. ARC thus seeks to engage staff in a broader analysis and discussion of issues to serve the best interests of the child.

## ARC RESOURCE PACKS

### Foundations

International Legal Standards

Durable Solutions

Situation Analysis

Child and Adolescent Development

Working with Children

Community Mobilization

### Critical Issues

Separated Children

Landmine Awareness

Disability

Education

Child Soldiers

Sexual and Reproductive Health

Abuse and Exploitation

### Tools

ARC Facilitator's Toolkit

## ARC RESOURCE PACK ABSTRACTS

### FOUNDATION

#### International Legal Standards

Effective protection of refugee children requires an initial recognition of the rights to which all children are entitled. Such rights are well established under international law and, in turn, have been

incorporated into UNHCR policy. This resource pack outlines the legal foundations of protecting refugee children, taking as its starting point the State's responsibility to protect the human rights of all persons within its territory, including refugee children. The resource pack examines the guiding legal principles that provide the basis for prioritized action on behalf of refugee children and suggests means of implementing these actions.

## **Child and Adolescent Development**

Concepts and beliefs about childhood and adolescents differ according to place and context. Definitions, both legal and cultural, have operational significance. This resource pack introduces a dynamic model of children's physical, cognitive, social and psychological development. It emphasizes that in the early stages of an emergency, priorities for children and adolescents should be on promoting normalization and preventing further harm. Moreover, it explores the need to promote children's and adolescents' development, even though adolescents are active agents in their own development. Special capacities, needs and vulnerabilities of adolescents are also addressed. It concludes by exploring the concept of "Best Interests", the standard established by the Convention on the Rights of the Child as a measure for all actions on behalf of children.

## **Durable Solutions**

One of UNHCR's primary functions is to seek durable solutions for refugees. This resource pack examines the basic principles of protecting refugee children and adolescents; the particular needs and difficulties which children may face while in transit and while integrating and reintegrating into communities; and appropriate action to meet these needs, minimize or overcome these difficulties. The resource pack focuses on voluntary repatriation and reintegration as it is, when feasible, the durable solution that applies to the greatest number of refugee children.

## **Working with Children**

This resource pack is intended to provide an introduction to working effectively with children. It examines some introductory concepts and considers the importance of communicating with children so that humanitarian workers comply with a number of articles of the Convention on the Rights of the Child. It also presents some of the particular skills and personal qualities needed for communicating with distressed children. The pack considers principles and approaches for promoting the psycho-social well-being of refugee children, the importance of cultural factors in understanding how children react to distressing experiences, and the concept of resilience.

## **Situation Analysis**

Situation analysis is the process of assessing a complex situation within its wider context. This involves systematically gathering information, identifying the main problems and needs within a refugee population, identifying the principal resources contained within that population, and analyzing the information gathered to facilitate the process of planning in a systematic, strategic, integrated and co-ordinated manner. This resource pack gives a broad overview of the topic of situation analysis related to children, adolescents and families, and an introduction to the skills required. It discusses how to examine particular situations, how to consider what information is required and how to acquire it, and how to analyze that information in order to make planning decisions. Situation analysis requires both quantitative and qualitative information, as well as an element of forecasting to take account of the long-term needs of children and adolescents.

## **Community Mobilization**

Community mobilization is a process whereby local groups are assisted in clarifying and expressing their needs and objectives and in taking collective action directed at meeting them. It emphasizes the involvement of the people themselves in determining and meeting their own needs. This resource pack examines the questions: what is community mobilization? And why is it important? It looks at

the importance of community structure for children's development, outlines the characteristics of a community mobilization approach and examines the factors that help decision-making about re-establishing previous community structures and facilitating the establishment of new ones. It also looks at the value of community mobilization for women and examines the importance of community mobilization of adolescents.

## **CRITICAL ISSUES**

### **Separated Children**

Separation is a devastating experience for children in situations of conflict and displacement and can have serious long-term consequences for the child's well-being. It is vital for staff at all levels to have a broad awareness of the issues facing separated children and, in particular, the prevention of separation, broad knowledge of interim care and family tracing, and the need for inter-agency co-operation. It is important to note that some of the key messages in this resource pack may seem counter-intuitive to some people, such as the disadvantages and potential dangers of institutional forms of care, and the dangers of evacuating children from war zones.

### **Child Soldiers**

This resource pack creates an understanding of children's active participation in armed conflict. It focuses on measures to prevent recruitment and on appropriate procedures for demobilization. Ways to facilitate social integration, such as family reunification, education, and income-generating activities are also explored. Special consideration is given to the impact of armed conflict on children's psychological and social development.

### **Disability**

One of the major reasons why children with disabilities are discriminated against is because of attitudes of other people towards or about them. This resource pack aims to address negative attitudes towards disability and encourages participants to seek more specific knowledge so they can ensure that all children and adolescents, including those with disabilities, have access to services to meet their basic needs and that they are able to exercise their rights. Differing concepts of disability according to regional and cultural attitudes are explored. The resource pack looks at how the Convention on the Rights of the Child and other legislation that concerns disabled children can help protect disabled children and ensure their participation in children's activities. The resource pack also looks at the importance of advocacy work for disabled children, particularly the contribution of parents' organizations and disabled-persons' organizations.

### **Education**

This resource pack aims to provide senior managers, programme staff and field staff with what they need to ensure that the education rights of the children within their jurisdiction/care are fully met. The resource pack takes as its starting point the relevant legal instruments that underpin children's rights to education. It shows how to be prompt and efficient in setting up educational activities in an emergency. The resource pack offers general information about education, the role of adults within the process, what should be taught and how, and about how to ensure that all children and adolescents are included.

### **Landmine Awareness**

Children are seriously endangered by mines and UXO (unexploded ordnance). Analysis of the situation and of community needs determines if mine education is an appropriate response. The aim of a mine education programme for children is to modify the children's behaviour so as to reduce the

risk of death or injury. This resource pack introduces the subject of mine education for children and examines the legal basis behind any intervention to ensure children's rights by protecting them from landmines. It addresses the need for situational analysis to determine the nature of the problem and whether mine education is the most appropriate response. It shows how children can take part in both situation analysis and mine education programming, discusses the components of programmes, and addresses the role of UNHCR and NGOs in developing policies and programmes for mine awareness.

## **Reproductive Health**

The health of children and adolescents depends on the people and social conditions found within the child's immediate environment. When children and adolescents live in refugee situations, they are often at greater risk of health concerns, such as sexually transmitted diseases, HIV/AIDS, unwanted pregnancy and unsafe abortion. This resource pack provides a structure for creating a safe and supportive environment in which refugee children and adolescents can receive health information and services. It examines the health problems faced by children and adolescents, the key elements of health promotion and prevention, and interventions that respond to the needs of children and adolescents.

## **Exploitation and Abuse**

Children and adolescents are vulnerable to exploitation and abuse during flight, while in exile, and in the process of voluntary repatriation and reintegration. Using the principles contained in the Convention on the Rights of the Child and in UNHCR guidelines and policy as a framework, this resource pack looks at risk situations, preventative measures, and how to respond when children are exploited or abused. Particular attention is paid to the prevention of, and response to, sexual exploitation of children and adolescents.

# **TOOLS**

## **ARC Facilitator's Toolkit**

This resource pack was produced for people who will be facilitating the ARC training programme. It can be read alone as a basic introduction to training and facilitating, but it is best used in conjunction with the ARC resource packs that one is planning to use when conducting a training event. The Toolkit provides instructions on principles of learning, guidelines on preparing for training, and instructions on how to use the participatory training methods cited in the ARC resource packs. It also gives guidelines for writing and producing case studies, handouts and overhead projections, and suggestions for evaluating training.



# **SELECTED RESOURCE MATERIALS**

## **SEXUAL AND GENDER-BASED VIOLENCE IN REFUGEE SITUATIONS**

### ***ANNOTATED BIBLIOGRAPHY***



**This is an annotated bibliography of selected resource materials on SGBV in refugee and non-refugee situations. It is aimed to assist field actors in accessing reference documents on SGBV to improve their knowledge of the issues and to guide the design, implementation, monitoring and evaluation of SGBV programmes.**

Prepared for the Inter-Agency Lessons Learned Conference:  
Sexual and Gender-based Violence in Refugee Situations  
Geneva, March 2001





# REFERENCE MATERIAL SPECIFIC TO REFUGEES

## **1. Sexual Violence Against Refugees: Guidelines for Prevention and Response (UNHCR, 1995)**

This publication provides guidance on sexual and gender violence from a multi-sectoral point of view. There are special chapters on legal aspects of SGV as well as practical advice on responding to incidents. Copies of legal instruments are provided in the Annex.

Sexual Violence in Refugee Crises: A Synopsis of UNHCR Guidelines for Prevention and Response is also available. Produced by the Women's Commission.

Contact: UNHCR offices world-wide for copies

Available in E & F

## **2. Inter-Agency Field Manual on Reproductive Health in Refugee Situations (Inter-Agency, 1999)**

This is a practical tool to guide programmes in the components of RH, including safe motherhood, HIV/AIDS/STDs, family planning, special attention to young people and other RH concerns. The manual dedicates one chapter to sexual and gender-based violence prevention and response from the health perspective.

[www.rhrc.org](http://www.rhrc.org)  
[wink@womenink.org](mailto:wink@womenink.org)  
[www.ippf.org](http://www.ippf.org)

Available in E/F/P/R

## **3. How to Guide: A Community-based Response to Sexual Violence Against Women, Crisis Intervention Teams, Ngara, Tanzania (UNHCR, 1997)**

This is the first How to Guide describing what one field programme did to address SGBV. It tells how actors in the field developed a refugee-run CIT to assist in the planning, implementation and evaluation of SGBV activities in the camp. The teams were the main link between survivors of violence and the services they needed.

Contact: UNHCR offices world-wide for copies

## **4. How to Guide: Building a Team Approach to the Prevention and Response to Sexual Violence, Kigoma, Tanzania (UNHCR, 1997)**

This guide describes how to bring all the important actors together to co-ordinate a comprehensive multi-sectoral programme to respond to and prevent SGBV. It gives suggestions for training team members and the importance of all actors to define their roles and responsibilities.

Contact: UNHCR offices world-wide for copies

## **5. How to Guide: Monitoring and Evaluation of Sexual and Gender Violence Programming (UNHCR, 2000)**

This guide gives practical tools in developing protocols for what each sector and actor should do as a basis for setting up a monitoring plan with detailed indicators. There are examples of different report forms and incident report forms. Indicators are defined for each sector and tracked on a monthly basis.

Contact: UNHCR offices world-wide for copies

## **6. How to Guide: Sexual and Gender Violence Programme in Guinea (UNHCR, 2001)**

The out-going IRC programme manager prepared this guide. It describes how IRC set up the SGBV project, including selecting members of the refugee community to be project staff both in providing direct support to survivors and in building awareness of the issue among the community. Job descriptions and training curricula are given.

Contact: UNHCR offices world-wide for copies

**7. How to Guide: Sexual and Gender Violence Programme in Liberia (UNHCR, 2001)**

The Liberia SGBV programme is described in detail, specifically how a community-based approach was created through the development of block teams to undertake direct support work at the community level. It describes how different agency partners work together to support the community in taking the lead in planning SGBV programmes. Examples of their reporting forms are given.

Contact: UNHCR offices world-wide for copies

**8. Action for the Rights of Children (Training and capacity-building material)**

The ARC project aims to increase the capacity of UNHCR, government and NGO field staff to protect and care for children and adolescents from emergency through durable solutions. The Abuse and Exploitation Resource Pack looks at risk situations, preventative measures, and how to respond when children are abused or exploited. Particular attention is paid to the prevention of, and response to, sexual exploitation of children and adolescents.

Contact: UNHCR offices world-wide for copies

**9. Refugee Children: Guidelines on Protection and Care (UNHCR, 1994)**

This book was written with several groups in mind. It is primarily for UNHCR staff, but can also be useful to staff of UNHCR's operational partners, whether they are voluntary organizations, UN agencies or governments. Each chapter takes a subject and discusses it from the point of view of children's needs and rights.

Contact: UNHCR offices world-wide for copies

**10. Summary Update of Machel Study Follow-up Activities 1998/1999 (UNHCR, 2000)**

This brochure describes UNHCR's activities to implement its comprehensive follow-up strategy to the United Nations Study on the Impact of Armed Conflict on Children. The Office identified five areas of particular concern, namely: unaccompanied and separated children, adolescents, education, sexual exploitation and child soldiers.

Contact: UNHCR offices world-wide for copies

**11. Guidelines on the Protection Of Refugee Women (UNHCR, 1991)**

These guidelines on the protection of refugee women have been prepared to help the staff of UNHCR and its implementing partners to identify the specific protection issues, problems and risks facing refugee women. The Women's Commission has prepared a synopsis of the guidelines.

Contact: UNHCR offices world-wide for copies

**12. UNHCR Policy on Refugee Women (UNHCR, 1989) (currently under revision)**

The paper provides information on the Executive Committee's adoption of four general conclusions relating specifically to refugee women.

Contact: UNHCR offices world-wide for copies

**13. Camp Security and Refugee Guidelines – Vulnerable Groups**

This document (to be found in the Field Security Compilation Document prepared for this conference) outlines the measures to be taken in conjunction with security officers when setting up a camp.

Contact: UNHCR offices world-wide for copies

**14. Building Partnerships Through Equality: UNHCR Good Practices on Gender Mainstreaming (UNHCR, 2000)**

This publication represents a first attempt to document and reflect upon lessons learned on UNHCR good practices on gender mainstreaming.

Contact: UNHCR offices world-wide for copies

**15. Protecting Refugees (UNHCR, 1999)**

This publication provides practical advice for on-the-ground interventions that can make the difference between rights abused and rights secured. It also provides field workers with guides to other sources of information for more in-depth explanations and analyses.

Contact: UNHCR offices world-wide for copies

**16. Introduction to International Protection (UNHCR)**

This background paper examines why there is international concern for the plight of refugees and how this concern is manifested.

Contact: UNHCR offices world-wide for copies

**17. Pain Too Deep for Tears: Assessing the Prevalence of Sexual and Gender-based Violence Among Burundian Refugees in Tanzania (IRC, 1997)**

This publication describes two different methods used to discover the types and magnitude of the problem. The assessment was used to engage the refugee population in examining the issue and sought their participation in defining how they wished to respond to survivors and implement preventive actions.

Available from IRC  
[www.theirc.org](http://www.theirc.org)

**18. A Safe Space Created By and For Women: Sexual and Gender Violence Program Report (IRC, 1998)**

This publication describes how IRC staff worked with women refugee leaders to design specific intervention strategies, including providing appropriate response to survivors, educating men and strengthening leadership skills.

Available from IRC  
[www.theirc.org](http://www.theirc.org)

**19. Shattered Lives: Sexual Violence during the Rwandan Genocide and its Aftermath (HRW, 1996)**

This book documents the widespread rape of women during the genocide in Rwanda. Despite profound trauma and grief, these women have begun to rebuild their shattered lives.

Available from Human Rights Watch  
[www.hrw.org](http://www.hrw.org)

**20. Seeking Protection: Addressing Sexual and Domestic Violence in Tanzania's Refugee Camps (HRW, 2000)**

Based on research in eight Tanzanian refugee camps, this report documents attempts by UNHCR, NGOs and the Tanzanian Government to address violence against women refugees in a timely and effective manner.

Available from Human Rights Watch  
[www.hrw.org](http://www.hrw.org)

# GENERAL SGBV REFERENCE MATERIALS

## **21. Violence Against Women: The Hidden Burden, by Lori Heise, 225 World Bank Discussion Papers (1994)**

This useful document on SGBV provides information on the magnitude of the problem world-wide, consequences, and interventions to respond to and prevent violence. A must-read for anyone interested in SGBV.

[www.worldbank.org](http://www.worldbank.org)

## **22. Violence Against Women Information Packet (WHO, 1997)**

This publication presents a global overview of violence against women, particularly as it affects the health of women and girls. The package focuses on violence in families, rape and sexual assault, and violence against women in situations of conflict and displacement.

Available from WHO,  
Geneva

## **23. Eliminating Sexual Violence Against Women: Towards a Global Initiative (Global Forum for Health, 2000)**

This report provides a summary of the proceedings of the Consultation on Sexual Violence Against Women and outlines the progress of this consultation towards the creation of a formal Initiative on sexual violence against women.

Available from Global  
Forum for Health

## **24. Elimination of Violence Against Women: In Search of Solutions, (WHO/FIGO Pre Congress Workshop, 1997)**

This document includes a summarized version of each paper presented at the meeting and is most useful to gynaecologists and other health personnel working to prevent violence against women.

Available from WHO,  
Geneva  
[pvi@who.ch](mailto:pvi@who.ch)

## **25. Mapping a Global Pandemic: Review of Current Literature on Rape, Sexual Assault and Sexual Harassment of Women (Global Forum for Health, 2000)**

This document recognizes the systematic nature of violence against women, its pervasiveness and the fact that it is both caused by and perpetuates gender inequity.

Available from Global  
Forum, c/o WHO, Geneva  
[www.globalforumhealth.org](http://www.globalforumhealth.org)

## **26. Management and Care of Women Victims of Violence – Orientation Workshop, Rwanda (WHO, 1997)**

This document is the product of a workshop that took place in Kigali in February 1997 that focused on problems of management and care of female victims of violence in Rwanda.

Available from WHO,  
Geneva  
[pvi@who.ch](mailto:pvi@who.ch)

## **27. Counselling Skills Training in Adolescent Sexuality and Reproductive Health: A Facilitator's Guide (WHO, 1993)**

This document is based on many different sources, primarily human and experiential rather than written. The methods described have been used with participants from more than 60 countries throughout the world since 1986.

Available from WHO,  
Geneva

## **28. Annotated Bibliography on Violence against Women: A Health and Human Rights Concern (WHO, 1999)**

This bibliography was commissioned by WHO to assist health policy-makers in developing a greater understanding of some of the causes of violence against women, and strategies for its prevention and redress.

Available from WHO,  
Geneva

**29. Sexual Coercion and Reproductive Health:**

**A Focus on Research (HDPP, 1995)**

This publication explores the context of sexual coercion as well as its causes and consequences.

Available from Health and Development Policy Project  
hdpp@igc.apc.org

**30. Women of the World: Laws and Policies Affecting Their Reproductive Lives, Anglophone Africa (CRLP, 1997)**

This report on Anglophone Africa is the first in a unique series of collaborative reports describing and analyzing the content of formal laws and policies affecting women's reproductive lives.

Available from the Centre for Reproductive Law & Policy

**31. Overcoming Violence (WCC, 2000)**

This book is about a common challenge facing the churches and Christians everywhere.

Available from the World Council of Churches

**32. Sexual Assault Nurse Examiner – SANE (US Department of Justice)**

This guide, written in accessible language, explains how to establish and operate a SANE programme.

Available from the U.S. Department of Justice

## GENERAL SGBV REFERENCE MATERIALS

**33. How to Guide: From Awareness to Action – Pilot Project to Eradicate FGM in Refugee Situations in Ethiopia (UNHCR, 1997)**

This guide describes how the refugee community in Harteshek, eastern Ethiopia, worked to change behaviour on FGM. A video was also produced to demonstrate the community's actions to eradicate FGM. The Annexes site other FGM reference documents as well as international legal instruments that call for an end to the practice.

Contact: UNHCR offices world-wide for copies.

Video available in Somali and English

**34. Female Genital Mutilation Information Packet (WHO, 1996)**

This provides fact sheets on prevalence of FGM, health consequences, role of professionals, international instruments, actions for elimination and prevention, medicalization, case histories, international NGOs active in the field and a selected bibliography.

Available from WHO, Geneva

**35. The Road to Change: A Film on Female Genital Mutilation**

Available from WHO, Geneva

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## CONFERENCE EVALUATION

A total of eighty-two participants completed the evaluation/message card. Fifty wrote messages addressed to the High Commissioner for Refugees, High Commissioner for Human Rights, Special Rapporteur on Violence against Women and Conference Organizers. Fifty-four participants gave feedback on impressions of conference organization, participation and resource materials.

## GENERAL SUMMARY OF FEEDBACK

Conference organization: Participants generally thought that the conference was well organized with adequate resource material. The conference offered a great opportunity for sharing information and experiences as it brought together a variety of actors. Participants hoped that the conference was the beginning of a momentum that will lead to high-level commitment within UN agencies and NGOs to address SGBV in refugee and IDP situations.

## KEY POINTS RAISED

- Participation from Field-based Staff: While participants generally believed it was good that participants from the field were invited, they also felt that those from the field should have been given more time to present papers in plenary and to share their experiences. The Market Place was an interesting initiative.
- Working Groups: Participants generally felt that the groups were too large, making it for meaningful discussion difficult. It was also felt that there was not enough time for the small groups to be productive.
- Time/Duration: Participants felt that the duration of the conference was short and that even one more day would have made a difference. They expressed concern that there was not enough time for questions in plenary, not enough time for discussions in small groups, and that there were many issues to be discussed but not enough time given.
- Refugee Presence and Participation: Participants pointed out that refugee input and participation in this conference was low and that next time more refugees from different settings, including urban refugees, internally displaced persons and camp-based displaced persons, should be invited. It was also felt that men, women and survivors should be given a chance to participate and share their experiences.
- Male Involvement: Some participants felt that more men should have been invited to participate in the conference. Increasing the number of men in the conference was seen as a way to build male understanding of SGBV.
- Recommendations/Follow-up: Most participants felt that there should be a follow-up conference as soon as one year from now to see how far new and existing programmes have progressed. It was also felt that the follow-up conference should be held in the field and that senior management should be more involved. It is important to ensure that the conference recommendations are implemented by the different actors and that participants continue to build and strengthen networks among themselves.





