



Evaluation of UNHCR's efforts to prevent and respond to sexual and gender-based violence in situations of forced displacement

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The views and findings in the report are those of the evaluators.

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Executive summary: Key findings and recommendations

The primary purpose of this independent evaluation is to identify and analyse key findings and to elaborate recommendations regarding the implementation, quality, and impact of UNHCR's efforts to prevent and respond to sexual and gender-based violence in situations of forced displacement. The recommendations are to form the basis of a three-year SGBV plan of action aiming to enhance UNHCR's ability to meet its Global Strategic Objectives.

The evaluation is global in scope and based on the findings from five country missions as well as the information collected in desk reviews, interviews and workshops at UNHCR's headquarters in Geneva, and case studies and phone interviews with representatives from a geographically representative number of countries.

Throughout the various sections of this report we conclude that UNHCR is playing an increasingly important role in the prevention of and response to SGBV in situations of forced displacement based on a community-orientated, participatory and rights-based approach. While acknowledging UNHCR's progress in SGBV prevention and response, this evaluation highlights current challenges that impede UNHCR's efforts. The recommendations in this report address UNHCR's limitations related to its mandate and the legal framework and focus on how to prioritize refugee needs and develop appropriate measures within the current financial constraints.

The evaluation assessed seven areas crucial to UNHCR's prevention of and response to SGBV: UNHCR's operational environment; policy, strategy and priorities; structural and management arrangements; human resource and staff development activities; participatory assessments, programme design and monitoring mechanisms; partnerships and inter-agency cooperation as well as UNHCR's services provided to survivors of SGBV.

In the following we present the major key findings and recommendations for each area. The findings related to UNHCR's structural and management arrangements and human resource development activities have been summarized under "Mainstreaming SGBV within UNHCR". Detailed analysis and more specific recommendations for each area will be given in the main body of the report. In addition to the original scope of the Terms of Reference, the evaluation assessed the quality and comprehensiveness of services provided to SGBV survivors in the areas of livelihoods, awareness-raising activities, safety/security response, legal/justice response, medical and psychosocial care for survivors of SGBV, and services for children. The related key findings and recommendations are presented in Chapter 9 of this report while Appendix 2 presents a selection of "good practice examples" in SGBV prevention and response.

Policy, strategies and priorities

UNHCR has developed a clear policy on SGBV prevention and response and detailed guidelines, operating procedures and tools to guide comprehensive action in preventing and responding to SGBV. Through the introduction of Standard Operating Procedures on SGBV, UNHCR has established clear standards for detailing the minimum procedures for Reporting, Referral and Case Information Management and for implementing partner's responsibilities in the four main sectors, health, psychosocial, legal/justice and security. UNHCR is committed to a community-based, participatory and rights-based approach and has introduced the AGDM framework as an important participatory tool for needs-assessment and programme planning. While the shape and focus of UNHCR's response is still evolving in many operations, these key activities have contributed to considerable progress in targeting UNHCR's programmes more effectively to SGBV-related tasks.

Key challenges:

- The existence of protracted refugee situations, where refugees remain in camps or live uncertain lives in urban settings for years is a particular challenge closely related to SGBV prevention and response.
- This is even more the case since UNHCR's livelihood activities remain limited in terms of comprehensiveness and coverage, in particular in urban refugee livelihoods.
- Before, during and after voluntary repatriation, particularly when service provision during phase out in refugee camps is reduced, people of concern to UNHCR are exposed to additional risks of SGBV.
- UNHCR's programmes usually tend to focus on sexual violence against women, while other forms of psychological, economic, or socio-cultural gender based violence are less commonly and comprehensively addressed. In particular, the absence of an appropriate guiding policy on how to address and respond to SGBV against lesbian, gay, bisexual and transgendered people of concern (LGBT) remains a serious problem. In addition, the sexual abuse of boys and men is often neglected, under-reported and hardly addressed by any of UNHCR's programmes.
- UNHCR's SGBV activities generally tend to focus more on adults and often do not address sufficiently the needs of children. Consequently, the prevention of and response to SGBV against children often remains more an objective, than a reality.
- Although UNHCR's intervention strategies reflect a comprehensive understanding of protection, the conceptual integration of psychosocial thinking into SGBV prevention and response is limited. Psychosocial issues are often misunderstood as a specific service area and not as a cross-cutting issue.
- The AGDM framework is a fundamental achievement in order to establish a participatory, rights-based and community-based approach. However, it's actual application varies significantly across the countries and is not equally applicable in every setting; in particular, difficulties were encountered in urban settings. On the ground, financial and time constraints, high staff turn-over, a lack of community services staff and lack of training in participatory techniques contribute to this partial failure. Further shortcomings in UNHCR's participatory approach have been identified in the areas of information exchange between

UNHCR, Implementing Partners and the refugee community, the transition from participatory assessments to programme planning and implementation, the control of resources and the principal relationship between UNHCR staff and people of concern.

- SGBV prevention and response programmes in many operations are still based on ad hoc arrangements, rather than on SOPs agreed to by all concerned.

Key Recommendations related to UNHCR's policy and priorities

- **As an effective SGBV prevention mechanism, UNHCR is advised to prioritize (and advocate for) local integration solutions for refugees. Full access to the labour market and educational systems are especially important in order to empower refugee communities in terms of self-help, self-management and self-reliance.**
- **UNHCR has a responsibility to refugees to create livelihood opportunities, thereby protecting people of concern from SGBV. The provision of livelihood activities should therefore be introduced as the fifth main sector in UNHCR's SGBV prevention and response strategy.**
- **UNHCR should also devise appropriate exit strategies for camps and phase-out for community services in the camps that take into account the specific risks related to SGBV before and during repatriation. In any repatriation operation, particular care should be given to ensure the continued protection of those who are unable or unwilling to return.**
- **Different forms of SGBV need different prevention and response strategies. Thus certain kinds of SGBV like domestic violence or trafficking require specific policies and strategies and the corresponding financial and human resources for implementation.**
- **UNHCR is advised to adopt a policy that would explicitly recognize the needs of lesbians, gays, bisexuals and transgenders (LGBT). All training, safety planning, and interventions, as well as prevention activities should include the specific issues related.**
- **The prevention of and response to SGBV against children should be taken on as an important cross-cutting issue. Complementary skills and mandates from a variety of actors must be brought together in a concerted approach to respond to this issue.**
- **Further policy input, repeated training and accompanying structures on the ground are needed to facilitate staff in dealing with the psychosocial dimensions of their work.**
- **All Field Offices should finalize Standard Operating Procedures on SGBV in cooperation with all Implementing Partners, government representatives and UNHCR staff from all units.**

Mainstreaming SGBV within the organisation

Within the AGDM framework, UNHCR aims to move away from the SGBV focal point system. Multi-functional teams are responsible for guiding the implementation of UNHCR's participatory AGDM assessments results including the planning and implementation of SGBV related activities. However, most UNHCR field offices mandate specialized SGBV personnel to plan and oversee UNHCR's activities in preventing and responding to SGBV.

Despite these efforts, UNHCR has not yet succeeded entirely in mainstreaming SGBV prevention and response in the organisation. Consequently, in many field offices the responsibility for the issue of SGBV has not yet been taken on as the common responsibility of all UNHCR staff members. Major explanations include the following key challenges:

Key challenges:

- Multi-functional teams do not function efficiently in many operations: equal participation of all UNHCR units is not always ensured and multi-functional teams are only established for the time of the assessment, particularly when leadership by senior management relaxes. In particular, programme planning and implementation according to the AGDM assessment results is not always accompanied by multi-functional teams, resulting in frustration among implementing partners and people of concern.
- SGBV focal points, many of them isolated, low ranking, junior and/or with insufficient expertise, are overburdened to coordinate all activities related to SGBV and to simultaneously mainstream SGBV within the office.
- Major steps have been made to develop a shared philosophical and theoretical foundation with regard to SGBV within the institution. However, gaps in knowledge awareness on SGBV within UNHCR and Implementing Partners staff and conflicting views on the responsibility for SGBV-related activities continue to constitute major obstacles for UNHCR's SGBV response. Gaps in guidance and supervision by senior management and coordination gaps between protection, programme and community services further aggravate the problem.
- The reduction of professional community services staff adds to lacking expertise and guidance to ensure the systematic inclusion of SGBV-related issues in work plans, situation analyses and programme planning.

Key recommendations:

SGBV strategies are cross-cutting, multisectoral, and interdisciplinary, all UNHCR staff must commit themselves to the programme if success is to be achieved. Involvement and support from every level, from the field to the highest levels of the management is vital. The following recommendations will ensure more effective SGBV mainstreaming within the organisation:

- **As an interim measure, we recommend the further co-existence of the multifunctional teams AND the focal point system. In such a combined approach the multi-functional teams will bring in the expertise of all UNHCR units and partners in order to develop and implement comprehensive SGBV prevention and response strategies within a participatory, community-based approach.**
- **Simultaneously, "SGBV officers" should be responsible to effectively mainstream SGBV within the field offices, i.e. they should oversee, but not implement in person, all facets of SGBV programme design and implementation, provide regular SGBV training for UNHCR and Implementing Partner staff, guide coordination and raise awareness on SGBV related tasks within the field offices and partner organisations. Experienced Professional Community Services Officers at appropriate**

levels within country operations provide the best and most cost-effective means of attaining SGBV-related objectives. However, we acknowledge that the implementation of the position of an "SGBV officer" might not be feasible due to financial constraints related to UNHCR's staffing procedures. We therefore offer a number of alternative recommendations with regard to UNHCR's management arrangements and staffing procedures to enhance the impact and quality of work done by the SGBV focal points.

- As the third main actor in mainstreaming SGBV within UNHCR's activities senior management must take on a more prominent role in leading UNHCR's SGBV response, e.g. the effective guidance of the multi-functional teams and the allocation of well defined responsibilities for each staff member with regard to SGBV are vital.
- Community services staff play an important role in establishing a comprehensive SGBV response. They can usually offer valuable technical expertise with regard to SGBV-related tasks. Planning and implementation of effective SGBV prevention and response programmes requires the provision of more (and more senior) professional community service staff at headquarter level and in the field.
- In addition, we urgently recommend developing recruitment strategies aimed at attracting UNHCR staff with profiles and expertise in medical and psychosocial issues to respond to gaps in programme planning, monitoring and evaluation in the areas of medical and psychosocial care.
- Effective SGBV prevention and response requires higher awareness on SGBV and better training of UNHCR and Implementing Partner staff. Basic but regular and mandatory (re-)training opportunities on SGBV for all UNHCR staff, from newly arrived junior staff to senior level management, should be provided. Besides UNHCR and Implementing Partner staff, at least some access to SGBV training should be offered to other local stakeholders. Strong collaboration with other UN-agencies, GOs, NGOs and national and international universities should be aimed for to foster training quality, to ensure comprehensiveness and to limit the financial burden related to training. Further awareness raising activities
- UNHCR is further advised to develop appropriate strategies to improve knowledge management and information sharing within UNHCR and among UNHCR and other organisations.

Participatory assessment, programme design and monitoring mechanisms

The AGDM strategy is the most innovative tool introduced by UNHCR to identify social problems and protection issues at field level by facilitating participatory need assessments, programme design and implementation throughout the programme cycle. UNHCR's AGDM strategy aims to ensure that the meaningful participation of all persons of concern and offers the highest potential to identify gaps and to initiate participatory planning in the field of SGBV prevention and response.

Key challenges:

- Our findings emphasise the limited implementation of UNHCR's current participatory planning and management procedures to adequately address emerging SGBV related social and protection needs. Although in most of the

countries visited UNHCR has developed procedures, defined roles and terms, and established systems for programme analysis in line with the AGDM strategy, participatory assessments are not undertaken regularly in all countries or settings and, if they are, the results are often not sufficiently incorporated in programme planning, resource allocation, implementation, monitoring and reporting, or evaluation. Currently, there is no sufficient systematic approach on how to address SGBV related issues in the AGDM assessments. Lack of knowledge on SGBV, low expertise in participatory techniques and feelings of insecurity and shame in addressing this sensitive issue contribute to this under-representation of SGBV related issues. In particular, shortcomings have been identified with regard to the extent and depth of situational analysis before and during AGDM planning and implementation.

Key recommendations:

- **The Community Services function needs to lead the AGDM process and develop a comprehensive monitoring system that will permit due attention to the issue of SGBV within the accountability framework. The appropriate staffing level, in particular with regard to community services staff must be ensured and staff must be equipped with the necessary tools and knowledge to provide a convincing assessment of SGBV-related needs, opportunities and available resources.**
- **Furthermore, it is UNHCR's responsibility to be transparent and inform all AGDM participants about the scope and the limitations of the AGDM assessment, to analyse collected data properly and to share the results appropriately with participants and Implementing Partners.**
- **External stakeholder reviews and staff supervision on SGBV related activities must be enforced and will increase accountability and reveal issues, challenges, and successes that can help in the design of staff training and support systems.**
- **UNHCR is furthermore advised to revisit the AGDM accountability framework and to include bottom-up accountability mechanisms.**

Partnerships and inter-agency cooperation

Given the complexity of situations requiring SGBV prevention and response, and the wide range of relevant actors (especially but not only in the context of UNHCR's increased activities for IDPs), UNHCR increasingly relies on partnerships in its operations – including partnerships with other humanitarian organisations and with governments.

Key challenges:

- The cooperation between UN agencies on SGBV prevention and response still remains inadequate in many operations due to weak coordination mechanisms. However, on the ground, UNHCR's opportunities to cooperate with other UN agencies in field activities are often limited due to their lack of presence in the field and their prioritization of policy change and institutional development.

- For the past, IPs efforts are reported to be partially undermined by UNHCR's budgetary procedures, e.g. low salaries lead to high staff turnover in Implementing Partner organisations, and funding has not always been provided in time. Furthermore, UNHCR's expectations on its Implementing Partners in terms of coverage and comprehensiveness of services may often simply be beyond the staffing, budget and time capacity of IPs, especially of local NGOs. The performance of IPs is further compromised by deficits due to unclear lines of communication with UNHCR. Some NGOs described a non-participatory attitude on the part of UNHCR, where they were treated simply as partners "implementing" UNHCR's programmes rather than having an input into conceptual thinking.
- Further shortcomings have been identified in some operations in the coordination and exchange between UNHCR, other NGOs than just Implementing Partners, and civil society groups.
- Coordination with governments is challenging, as they often do not speak with one voice and may lack the necessary staff, organizational structures, skills, funding and understanding of the need for a human rights-based and vulnerability-focused approach. Government and state institutions are often insufficiently trained on SGBV related issues and the cooperation with government institutions in regard to SGBV programming remains weak in most places.
- Although performances varied widely from cluster to cluster, the evaluation findings suggest that further improvements are necessary to allow effective SGBV planning and implementation within the Cluster Approach, e.g. clusters that focus on future livelihood strategies are not always regarded as immediately relevant to emergency relief efforts and there were also complaints of duplication and overlap.

Key recommendations

- **The agency's ability to secure and maintain inter-agency relationships and co-funding are crucial if stability is to be achieved for SGBV objectives, staff, and activities.**
- **In order to increase coordination, UNHCR must engage actively in the UN country teams. In particular, UNHCR representatives must make the coordination between UN actors a priority. As the one UN agency working closest to refugees, UNHCR should build up on its experience in SGBV prevention and response and provide its expertise to other agencies active in the field of SGBV prevention and response.**
- **If present in the field, UNICEF is the logical organization to take the lead on education and other child-related issues including protection. However, this does not imply that UNHCR does not have the responsibility to improve its SGBV response for children since strong cooperation links with UNICEF cannot always be established.**
- **UNHCR is advised to deepen partnerships with the many NGOs and civil society organisations that have been actively working to end sexual violence in conflict for many years. Early involvement by NGOs in policy discussions at national and international level is desirable. NGOs should be involved in the conceptual stages of planning and treated as genuine**

partners rather than implementing agencies. UNHCR has a central role to play in ensuring that expertise and skills related to assisting refugees is transferred to local NGOs. Local NGOs must be included in UNHCR training programmes and they should receive reliable access to UNHCR SGBV documentation as well as applicable guidelines needed for planning purposes.

- UHCR is advised to prioritize cooperation with organisations originating from the refugee/IDP community whenever possible. If they do not exist or if they are structurally weak, UNHCR should seek for capacity building.
- In order to address the issues of sustainability, UNHCR should initiate cooperation with governments in the early stages of every SGBV programme and throughout the operation. Building political will is essential to ensure the development of comprehensive national action plans to combat SGBV. Advocacy for governance and reform processes with the long term view of tackling gender-specific power imbalances is essential.
- The cluster approach carries a considerable amount of potential, but there is clearly some way to go before this can be fully realised. Unnecessary bureaucratization should be avoided, and efforts must be made to enhance SGBV mainstreaming and cooperation in SGBV related programmes. Clusters should focus on independent assessment of the government's capacities and on capacity building with NGOs. UNHCR, due to its long-standing experience in SGBV prevention and response in the field, can help to mainstream SGBV more effectively in inter-agency cooperation by linking programme planning within the cluster approach to the practical experience in the field.

1. Introduction

1. It has taken time to generate broad acceptance of the fact that sexual and gender-based violence is a violation of basic human rights and has a significant and long term impact on the lives of people who have already been traumatised by their forced displacement. Survivors of SGBV remain with physical, emotional and psychological scars.¹ SGBV affects persons in many countries over the world - in Africa, the Americas, Asia, the Middle East, and Europe.

2. Addressing SGBV among displaced populations has become an increasingly high priority over the past 20 years, coinciding with the growing worldwide attention to human and women's rights. The United Nations High Commissioner for Refugees (UNHCR), mandated to protect and assist refugees world wide, is the designated leader for efforts to address SGBV among refugee populations. Global Strategic Objective No.1 commits the organisation to ensuring that international standards of protection are met for all those of concern as identified by the High Commissioner's office, including improvement of their physical security and thereby reduction of violence, in particular by preventing of and responding to SGBV. UNHCR has thus shown an important commitment with the issue, continuously developing, implementing and mainstreaming new initiatives.

3. Dating back to 1991 when the organisation's 'Policy on Refugee Women' was first published, UNHCR has addressed SGBV prevention in a consistent manner. Specific guidelines on preventing and responding to SGBV were first issued in 1995. The process of revision started with the 2001 SGBV Lessons Learnt Conference. In the same year, the UNHCR collaborated with Save the Children UK in a study of sexual violence and exploitation in situations of forced displacement in West Africa. Additionally, the formulation of country level strategies on SGBV was included as one of five commitments to refugee women in 2001. As a result, the updated Guidelines on SGBV were issued in 2003. These were especially relevant in the context of the Agenda for Protection adopted in 2002 as a common UNHCR/state action plan that was aimed to improve refugee protection world wide, with a specific objective to prevent age based and sexual and gender based violence as one of its six principal goals. The agenda set up a rights-based framework, targeted actions and is solidly premised on mainstreaming both gender equality and age sensitivity.

4. The 2003 Guidelines have been complemented by other protection initiatives designed to enhance the accountability for protection performance. These include the Protection Management Workshops for senior protection officers and representatives, Protection Learning Programmes for all staff with key modules on how to prevent and respond to SGBV, and the Code of Conduct, which is adopted to ensure that UNHCR staff are clear about what constitutes appropriate behavior for humanitarian workers and what standards are to be observed in relation to persons of concern.

¹ "Protecting Survivors/Survivors of SGBV: Beyond Guidelines": Erika Feller, Director, Department of International Protection, UNHCR: Launch of the SGBV Guidelines, September 2003.

5. As a result of the findings and recommendations formulated during the implementation of the above-mentioned initiatives, a number of additional steps have been taken to strengthen the SGBV response, including the establishment of a 2006 Executive Committee Conclusion on women and girls at risk, the publication and provisional release of a new UNHCR handbook on the protection of women and girls and the implementation of a phased regional review of SGBV and Age, Gender and Diversity Mainstreaming.

6. UNHCR has thus made major steps to establish effective services for preventing of and responding to SGBV within a community based, rights based and participatory approach. SGBV related issues have progressively been incorporated in UNHCR's operational activities, many of which are implemented by NGOs and other partner organizations. UNHCR aims for prevention and response strategies requiring integrated and coordinated action by actors from the displaced community, international humanitarian aid organizations (international NGOs and UN agencies), national NGOs, and host governments. The key sectors, or functional areas involved are the health, psychosocial, security, and legal/justice systems.

7. In 2007 UNHCR announced a tender for an evaluation of its efforts to prevent and respond to SGBV in situations of forced displacement. The independent consultancy firm Health Focus GmbH was selected to carry out the evaluation, the purpose of which was to review the implementation, quality, and impact of UNHCR's activities with relation to SGBV prevention and response, and to present recommendations that can form the basis of a three-year SGBV action plan to enhance UNHCR's ability to meet this component of its global strategic objectives. The evaluation is global in scope, but based on the findings from five country missions as well as the information collected from a geographically representative range of countries.

2. Methodology

8. The evaluation, commissioned by PDES, was carried out by a 6-person team assembled by Health Focus GmbH, Germany, with guidance and input from a Steering Committee drawn from a cross-section of fields within UNHCR, and including both donor and NGO representation.

9. Five field missions were carried out to the following countries in order to collect primary data: Tanzania, the Democratic Republic of Congo, Yemen, Nepal, and Georgia. The countries were selected in order to provide a geographically representative picture of UNHCR's work and to cover the different refugee and IDP settings in which UNHCR operates. An attempt was made to select the most relevant sites, as defined particularly by the Steering Committee members and staff knowledgeable about the issues of the evaluation. The final selection of dates and sites was also determined by the ability of the UNHCR country operations to receive the mission as well as by the security situation within the countries.

10. In Tanzania, the evaluation focused on UNHCR's programmes in refugee camp settings, while in the DRC, the evaluation team predominantly evaluated the situation of returnees focusing on the impact of and services during and after repatriation. In Yemen, the evaluation team concentrated on UNHCR's activities in response to SGBV in the urban settings of Sana'a and Aden as well as in the reception centre of Ahwar.

11. The missions to the DRC, Tanzania and Yemen were carried out by two or three experts over a time period of 14 days, while the missions to Nepal and Georgia were carried out by one consultant over five days. In Nepal, the study examined the situation of refugees from Bhutan located in the camps settings in the Jhapa and Morang districts of south-eastern Nepal. The evaluation in Georgia concentrated on the situation of Chechen and Kits refugees in Pankisi valley and Tbilisi, and the situation of IDPs in Tbilisi and Zugdidi close to the Abkhazian border.

12. Each field mission included visits to field sites like refugee camps and settlements, as well as urban refugee programmes. In all settings, semi-structured interviews were held with UNHCR staff (country director, security/protection officers, community services staff, Gender and SGBV focal points, etc.), other UN staff, government representatives, implementing partners, other local and international NGOs, civil society groups, refugee committees and other refugee/IDP groups. The detailed itineraries of the country missions are provided in Annex No. 9.

13. In addition, workshops with UNHCR staff, refugee community leaders, refugee children and workshops with men, women and/or survivors of SGBV using various types of participatory workshop methods were conducted during each country mission. The workshops proved to be the most important instrument in order to facilitate data collection from a wider number of stakeholders and to initiate discussions on SGBV within the limited time frame of the missions. Furthermore, the workshops offered a space for stakeholders to explain and reflect on their work and

operational environment thereby contributing to enhanced awareness and communication on the issue of UNHCR staff. When talking to survivors, the team members built on their experience in working with survivors of SGBV in order to create an atmosphere of trust and to ensure that people would not suffer re-traumatisation. The active participation of beneficiaries during this evaluation proved to be one of the most valuable sources of information. Interactions with the people of concern not only provided first-hand information about SGBV, but also made it possible to identify where perceptions of professional staff working in the field coincided with perceptions of the beneficiaries and where they did not.

14. Efforts were made throughout to collect and analyse documents with both qualitative and quantitative data on activities, budgets, outputs and impacts. However, the issue of SGBV is basically a social one, an issue of human relations that requires a process-oriented and therefore more qualitative approach.

15. After each country mission, preliminary findings and recommendations were discussed with UNHCR staff during an extensive debriefing at UNHCR field offices. In addition, all initial findings from the country missions were sent to UNHCR staff, IP staff and refugees/IDPs in the respective countries for initial feedback to be integrated in the country reports. After each country mission a country report was compiled summarizing key findings and recommendations derived from the country missions. The Steering Committee at UNHCR headquarters was asked for revision and feedback after each country mission.

16. The country missions to DRC and Yemen were accompanied by a filmmaker in order to produce a documentary film on SGBV prevention and response strategies. This tool should be used to promote awareness about SGBV among UNHCR staff and to enhance learning on appropriate action. The filmmaker worked closely with the evaluators in developing a storyboard and highlighting the underlying reasons and key intervention strategies in preventing and responding to SGBV. The 30-minute documentary film can be obtained from UNHCR headquarters in Geneva or ordered by email at info@health-focus.de.

17. During three missions to UNHCR headquarters in Geneva, the evaluation team carried out interviews with a variety of stakeholders at UNHCR headquarters. Furthermore, a participatory workshop was conducted on 15 February, 2008 in Geneva with gender focal points and regional gender advisors from a geographically representative number of countries.

18. Throughout the evaluation process, the team met with UNHCR representatives and the Steering Committee several times in order to present the key findings and discuss important issues relating to the evaluation, its content and scope.

19. The evaluation team has undertaken extensive desk studies of background literature on SGBV and UNHCR's policy and programme documents. The documents revised include material of inter-agency expert meetings and conferences on violence against women and SGBV, global reviews on gender-based violence and related publications by UNHCR, UN agencies, humanitarian organisations, and NGOs.

20. In an effort to triangulate SGBV related information derived from the desk studies, the evaluation team has reviewed a geographically representative selection of UNHCR's Annual Protection Reports, AGDM assessment reports, Standard Operating Procedures, and Country Operation Plans.

21. The evaluation team also conducted phone interviews with UNHCR staff in Geneva. In addition, UNHCR field offices in a number of countries were contacted by phone in order to complement the geographical focus of the evaluation.

22. The global programme in SGBV prevention and response is carried out in very different cultural, political and organizational settings. It is therefore the aim of this evaluation to analyse UNHCR's SGBV prevention and response strategies while keeping in mind that each strategy has to be adapted to the specific social and cultural contexts in each country or region. The objective of this evaluation is to acknowledge these differences rather than giving recommendations of artificial unity.

3. UNHCR's operational environment

23. Sexual violence is a gendered phenomenon: its nature and extent reflect pre-existing social, cultural and economic disparities between men and women. It is clearly associated with situations in which relations are hierarchically structured in terms of dominance and submission.

24. Sexual and Gender based Violence may take place at any time of the refugee cycle: during conflict, while fleeing persecution, when living in exile or even after returning home.

25. Depending on the phase of the refugee cycle, UNHCR has to deal with specific obstacles to its efforts in preventing and responding to SGBV:

Obstacles to SGBV prevention and response in settings of conflict and war:

26. SGBV is present in all societies of the world, but requires special attention in conflict settings and war. Reaching out to people of concern in war situations is far from easy. Especially in the early stages of a crisis, refugees and IDPs are dependent on humanitarian aid for basic survival – security, food, and shelter. However, the security situation may not allow UNHCR's access to the population of concern.

27. In conflict situations, sexual violence may be politically motivated - when, for example, rape becomes a weapon of warfare and a tool of “ethnic cleansing”. Rape is used by armed forces and military groups to gain territorial control over displacements and establish a rule of fear over populations.²

28. The need to cross military lines or areas affected by civil war in order to reach safety puts women and girls in especially perilous circumstances as they are at great risk of being subjected to sexual exploitation in return for passage to safety, e.g. to border guards, who may detain and abuse them.

Obstacles to SGBV prevention and response in host countries:

29. The traumatic experience of the refugee or IDP does not end after they have fled. It merely enters into a new phase. People who have been forced to flee become subject to multiple losses. The loss of the family, the disruption of the power balance in a community or feelings of disempowerment, e.g. due to the loss of the traditional male role as the breadwinner, can leave communities more vulnerable to SGBV. Domestic violence is particularly known to escalate in displaced communities.

30. Displaced populations have their own attitudes, beliefs, and practices, which they take with them as they move to a different location. The types and extent of

² In-depth study on all forms of violence against women, Report of the Secretary-General, UN General Assembly, A/61/122/Add.1, 2006, p.33.

SGBV in their home community are likely to reoccur or increase in the refugee setting.

31. In the daily lives of refugees, SGBV can occur at the workplace, at border checkpoints, in detention centres and prisons, in educational institutions, classrooms, health centres, places where assistance and/or documentation is provided, areas for collecting firewood or water outside a camp, and at latrines located in poorly designed camp settings.³ Local residents, military and immigration officials, and police, often view refugee women as easy targets for assault.

32. The dependence of refugees and IDPs on humanitarian support makes them highly vulnerable to abuses of power and exploitation, which can lead to an increased risk of sexual exploitation. Women may be particularly vulnerable to sexual assault and sexual violence in camps, e.g. due to the limited police presence and/or because of the conditions of dependency that are often created in refugee camps.

33. There is often tension between the local population and the displaced community, e.g. due to perceptions among host communities that refugees and IDPs receive preference. Political and ethnic disputes may continue in camps and sometimes these are deliberately fuelled for political reasons. In consequence, refugee women may be raped because of their political or ethnic affiliations.

34. Security and safety for refugees and IDPs should normally be the responsibility of the host government, but the police and judicial systems in many countries of refuge lack the capacity to fully meet their responsibilities. Many refugees are often not granted legal status at their place of refuge, which prejudices their chances of obtaining aid from humanitarian organisations or public services.

35. With no easy access to the target population, SGBV prevention and response in urban settings is especially challenging. While it is relatively uncomplicated to provide people in refugee camps with a comprehensive selection of basic services in the areas of water and food distribution, shelter, health, psychosocial care and legal counselling, it is much more difficult to reach urban refugees, who often have very similar problems. In addition, unsafe spaces abound in cities and surrounding areas, particularly in the "slum areas" where many refugees live, can offer greater anonymity to perpetrators of violence against women and girls. There is also a causal link between domestic violence and urban violence, attributed to changes in social controls, in particular the breakdown of social bonds at neighbourhood level.

Obstacles to the prevention and response of SGBV against returnees:

36. Most of the time, decisions to repatriate are made by men and often motivated by the lack of any other durable solution in the host country. Many women face physical harm when they return home or are once more subjected to restrictive cultural, religious, educational and political practices that discriminate on the basis of sex.

³ UNHCR and International Protection: A Protection Induction Programme. Chapter 6: SGBV and Unaccompanied Children, First Edition, Geneva, 2006, pp.61-62.

37. While UNHCR can usually provide protection and services in refugee settings, the conditions often remain insecure in the areas of return and many refugees experience serious hardship in arranging their lives, e.g. if they cannot return to their region of origin due to destruction of the infrastructure or do not have access to their former property. After repatriation, women are likely to have more problems than men in arranging their livelihoods. They are also likely to have considerable difficulties in finding employment and shelter. The influx of returning refugees and displaced persons, the presence of large numbers of demobilised ex-combatants, the high prevalence of female-headed households, widespread lack of economic opportunity and general breakdown in social norms may all contribute to increased levels of sexual violence.

38. Furthermore, their problems are often reduced to the need for material goods and physical safety. Although returnees may settle down eventually, they may never completely 'come back' in the literal sense. Exile remains part of their life experience, positive because of the new skills they have acquired (e.g. dislocation can produce a climate in which women are no longer obliged to adhere to traditional, culturally determined roles), negative because of a lingering sense of not belonging. In reality, complex psychosocial processes are often involved, e.g. trauma, loss and existential uncertainty, but also personal growth.

39. Although UNHCR actively engages in the assistance for returnees, i.e. by offering basic assistance and ensuring free access to schools, UNHCR often does not have the capacity or political mandate to offer comprehensive long-term support for returnees.

General obstacles to UNHCR's SGBV prevention and response efforts:

40. Cultural and traditional norms constitute major obstacles to SGBV prevention and response. Women may face resistance to their activities in decision-making from formal and informal institutions, community members and family members. The stigmatisation of survivors of SGBV, the feelings of shame may lead individuals to conceal what has happened, even from their families. In some communities, those who have been sexually abused or raped are ostracised and punished rather than being supported, cared for and protected. This is particularly distressing for young girls who are affected by the consequences of sexual violence such as forced marriage, forced pregnancy, polygamy, female genital mutilation, or trafficking. Survivors, giving birth to children they conceived as a result of rape, frequently face ostracism in their families and communities. Living in incomplete families, without their fathers, renders these children totally unaccepted in the society.

41. In many post war societies, domestic violence accounts for most sexual violence. Survivors report that most attacks are committed by members of their extended family, teachers and household domestic staff. This reflects a general breakdown in social norms, withering of traditional conflict resolution and community sanction mechanisms and an absence of functioning law enforcement and judicial institutions as encountered in many post war societies.

42. UNHCR has also to struggle with a lack of baseline data on the prevalence of

different types of SGBV. There is often a lack of timely reporting and a lack of detailed information provided by survivors of SGBV. However, precise numbers of rape cases will never be known, as many survivors do not come forward due to potential repercussions or reprisals. Further reasons can be found in the culturally influenced reticence by many refugee women, the lack of professional female staff or the social stigma often attached to SGBV, most particularly when survivors are men and boys.

43. Mandate gaps are also a problem for full protection coverage. It is beyond doubt that the need for assistance and protection is not restricted to refugees and asylum-seekers. Especially in protracted refugee situations “mixed flows” of economic migrants, IDPs and refugees pose particular challenges related to SGBV prevention and response. A person’s legal status, or lack of legal status, can also play into the SGBV scenario. Not every displaced individual is recognized as a refugee or an internally displaced person.

4. Policy, strategies and priorities

4.1. UNHCR's policy and priorities in preventing of and responding to SGBV

44. UNHCR has developed a clear policy on SGBV prevention and response based on inter-agency, multi-sectoral action in order to address complex, multi-dimensional aspects of sexual and gender based violence in situations of forced displacement. UNHCR's responsibilities as regards SGBV and its approach to the prevention of and response to such violence are situated within the wider framework of gender equality mainstreaming and empowerment. The *UNHCR Guidelines on SGBV prevention and response* set up a comprehensive framework for SGBV prevention and response in displaced settings. Furthermore, UNHCR has developed detailed guidelines, operating procedures and tools to guide comprehensive action in preventing of and responding to SGBV.⁴

45. UNHCR's efforts on SGBV have spearheaded the international recognition of the multi-sectoral approach as best practice. The development of "integrated country-level strategies to address sexual violence, including domestic violence, against refugee women" is one of UNHCR's Five Commitments to Refugee Women.

46. UNHCR has addressed SGBV prevention and response in a consistent manner, setting forth a series of activities and recommendations to be taken into account and applied in each refugee situation. These activities include:

- conceptualizing and implementing an SGBV country action plan that should be reflected and incorporated in all country programme documents
- regional and country level training on SGBV, specifically targeting UNHCR staff, implementing partners, and people of concern
- increasing women's leadership and empowerment through increasing their participation in community decision-making mechanisms
- incorporation of SGBV issues in protection learning programmes and workshops
- establishment of Standard Operating Procedures for prevention and response to SGBV in all operations
- strengthening human deployment in protection and community services functions, in addition to increasing the number of experienced and qualified female staff in the field and female police officers in the refugee settings
- enhancing cooperation between local authorities and law enforcement agencies

⁴ Clear policy and practical guidance on prevention and response using an inter-agency, multi-sectoral approach is, for instance, provided in UNHCR Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response (2003) (*SGBV Guidelines*)

- IASC Plan of Action on Protection from Sexual Exploitation and Abuse in Humanitarian Crises (2002)
- IASC Guidelines for Mental Health and Psychosocial Support (2007)
- UNHCR Standard Operating Procedures for Prevention of and Response to SGBV (July 2006)
- UNHCR Handbook on the Protection of Women and Girls, First Edition, January 2008

- incorporation of SGBV in camp rules and regulations
- greater involvement of men in addressing SGBV
- adequate funding of SGBV related workshops and activities

47. While the shape and focus of UNHCR's response is still evolving in many operations, the above-mentioned activities have in general contributed to considerable progress in targeting UNHCR's programmes more effectively on SGBV-related tasks. Most importantly, as identified during a number of workshops and interviews with UNHCR staff, prevention of and response to SGBV is now treated as a high priority issue by many UNHCR employees who are not assigned directly to SGBV activities.

Major challenges in UNHCR's strategy in preventing of and responding to SGBV:

48. Despite significant progress in the past, SGBV prevention and response is far from being an easy task for UNHCR. In the following we will address six key strategic challenges that have been identified over the course of this evaluation. Together they constitute important issues which may require reflection and debate as UNHCR prepares the new strategic framework.

49. The following paragraphs will address the issues of self-reliance, voluntary repatriation, UNHCR's approach to group all types of SGBV under one programme, UNHCR's strategy in addressing SGBV against lesbian, gay, bisexual and transgendered people, UNHCR's activities in preventing of and responding to SGBV against children, and the integration of psychosocial thinking into UNHCR's SGBV prevention and response strategy.

Note: more detailed findings and recommendations with regard to self-reliance strategies, UNHCR's activities in preventing of and responding to SGBV against children and the psychosocial response will be given in Chapter 9.

Self-reliance while awaiting durable solutions

50. UNHCR traditionally refers to three durable solutions for refugees: voluntary repatriation, local integration, and resettlement to a third country. But in practice, most of the world's refugees have access to only one outcome: they are "cared for", often in refugee camps and often for years, until they can return to their countries of origin. The existence of protracted refugee situations, where refugees remain in camps or live uncertain lives in urban settings for years exposing them to the well known additional risks of SGBV is a particular challenge to UNHCR. This reality is a failure of host states to deliver the durable solutions to which refugees are entitled.

51. However, the creation of livelihood opportunities is vital in order to ensure the sustainable development of refugee communities and to protect people of concern from SGBV. Although UNHCR's approach is based on the understanding that sexual violence not only has destructive and negative effects on the physical and psychological well-being of humans but also results in their economic and social disempowerment, so far limited attention has been given in many operations to the improvement of the economic and social preconditions that contribute to SGBV.

52. The amount of self-reliance gained prior to repatriation is also one of the most important determinant variables of success for reintegration. The greater the dependency in exile, the more aid will be required during reintegration.

Risks related to SGBV during voluntary repatriation

53. Repatriation, even if voluntary, can contribute to increased vulnerability to SGBV if refugees are poorly prepared and if the country of origin does not have the institutional capacity to care for its returning people.

54. Sometimes, there are problems with the voluntary nature of repatriation due to inappropriate phase-out strategies, with a premature reduction of service provision in refugee camps when voluntary repatriation starts. For instance, when secondary schools in refugee camps are closed and refugee children remain with no access to education, repatriation can hardly be considered voluntary.

55. Furthermore, refugees are not always sufficiently informed of the situation in their country of return. This is particularly alarming since this will not allow people of concern to determine if their country of origin is safe to return to.

56. Once refugees 'return,' they join the mix of what may be several vulnerable groups all competing for resources and survival. It is difficult, if not impossible for UNHCR or other organizations to deliver aid discriminately when all are in need of assistance.

57. In addition, UNHCR does not always have the capacity to monitor the status of displaced people following their reintegration.

58. Repatriation is not the desire of all people of concern to UNHCR. However, the political framework in many host countries does not allow UNHCR to offer local integration solutions or even to keep on operating refugee camps in protracted refugee situations. In fact, host government fatigue might be the driving force behind repatriation. Creating the most conducive conditions for return remains fundamentally a political process, going well beyond the role and capacity of UNHCR, and involving actors with different interests which do not necessarily converge.

The prevention of and response to all types of SGBV grouped under one programme

59. UNHCR and its Implementing Partners commit themselves to the use of the broadest current definition of sexual and gender-based violence denoting physical, sexual and psychological violence in the family and in the community, including battering, sexual abuse of children, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence, violence related to exploitation, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women, forced prostitution, and violence perpetrated or condoned by the state (Articles 2 and 1 of the UN Declaration on Violence against Women, 1993). This basic conceptual approach of UNHCR is highly appropriate, since only within such an approach is it possible to understand that gender based violence not only refers to women and to

sexual violence, but also extends to all forms of violence that are rooted in some form of 'patriarchal ideology' resulting in gendered power inequities that exploit distinctions between males and females.

60. However, in practice, UNHCR's programmes usually tend to concentrate predominantly on just a few types of sexual and gender based violence, predominantly sexual violence against women, while other forms of psychological, economic, or sociocultural gender based violence are less commonly addressed.

61. In addition, some important forms of SGBV that require specially adapted programmes and interventions are hardly addressed by many UNHCR operations. For instance, domestic violence is often perceived as an uncontrollable type of SGBV. Another area with significant shortcomings in UNHCR's prevention and response strategy is the issue of trafficking in women.

62. Less visible types of SGBV like socio-economic violence in the private or public sphere (i.e. paternalistic family structures, poor working conditions for women, low access to education for girls), sexual harassment or public psychological violence like the isolation of young women or men who do not act according to gender roles, are not always addressed with appropriate campaigns and programmes and the related SGBV messages are not systematically included in UNHCR's mass information programmes.

UNHCR's activities in preventing and responding to SGBV against lesbian, gay, bisexual and transgendered people

63. The absence of an appropriate guiding policy on how to address and respond to violence against lesbian, gay, bisexual and transgendered people of concern (LGBT) remains a serious problem reflecting once more how LGBTs suffer from an unequal situation in comparison to heterosexual people of concern.

64. In particular, the sexual abuse of boys and men is often neglected, under-reported⁵ and hardly addressed by UNHCR's programmes, possibly due to cultural norms leading to taboos related to homosexuality even among humanitarian workers.

65. As revealed in this evaluation, initiatives targeting LGBT survivors of SGBV have often been impaired by deficits in knowledge and attitudes of humanitarian staff. For instance, it is not unusual for care providers to 'justify' their (non-) actions through expressing disgust at gay sexuality or gay masculinities. A less visible form of neglecting the needs of LGBT is found when violence and discriminatory behavior against lesbians, gays, bisexuals and transgenders (LGBT) is often ignored in discussions on gender-based violence within UNHCR. The neglect of SGBV against and between men leads to further marginalisation of LGBT survivors of SGBV.

⁵ E.g. the Concise Report "Hidden violence is a silent rape. Results of the research project: Prevention of sexual and gender-based violence against refugees in Europe" written by Keygnaert, Ines, Temmermann, Marleen, ICRH- University of Gent, shows that 68 % of SGBV survivors were female, 28 % were male, 0.6 % were transsexuals, the other survivors were not specified. 52.7% were younger than 30 years old (17 children, 51 adolescents, and 107 younger adults): pp.15-16. The report was published in 2008 and covers refugees in Belgium and the Netherlands.

66. Few of UNHCR's activities deal with the scope or nature or the psychosocial consequences. Of such violence In summary, one can say that prevention or response programmes for LGBT survivors of SGBV are virtually non-existent in most operations.

UNHCR's activities in preventing of and responding to SGBV against children

67. The Convention on the Rights of the Child is a normative frame of reference for UNHCR in its international protection work with unaccompanied and separated children. The aim of UNHCR is to prevent separations, to identify children who have become separated from their families, to ensure that such children receive the protection and assistance they need, and to reunite them with their families. UNHCR works to achieve these goals through a variety of initiatives involving action at policy and operational levels.

68. However, on the ground, this complicated issue is still insufficiently dealt with in many operations. UNHCR's SGBV activities generally tend to focus more on adults and often do not address the needs of children sufficiently. Consequently, the prevention of and response to SGBV against children often remains more an objective, than a reality.

The integration of psychosocial thinking into SGBV prevention and response

69. As can be seen from the multiplicity of purposes, protection of SGBV survivors ranges across a broad spectrum of activities. Protection policy is not focused exclusively on the legal support, even while the practice of addressing SGBV is framed by an important set of internationally agreed legal principles. Rather, the protection function is multi-faceted and action-based. It has overarching goals but it is performed through a wide range of specific activities, including necessary legal, medical and psychosocial interventions for individuals, livelihood and awareness-raising activities. Protecting people from SGBV thus goes far beyond the legal framework and implies a broad range of activities at the individual and community levels.

70. Although UNHCR's intervention strategies reflect this understanding of protection, we often encountered a legalistic orientation by UNHCR staff. In many country operations we missed the integration of psychosocial thinking into SGBV prevention and response activities. Trauma or psychological problems were often not perceived as substantial protection issues, but as the responsibility of the health or community services sector. Psychosocial issues were often misunderstood as a specific service area and not as a cross-cutting issue. Consequently, many members of staff did not show the motivation to integrate psychosocial thinking into their working approach.

Recommendations related to UNHCR's policy and priorities in preventing and responding to SGBV with regard to:

Self-reliance while awaiting durable solutions

- With regard to SGBV, the full integration in the host country with all opportunities to participate in all aspects of the economic, social, cultural, civil and political life constitutes the most effective protection strategy. UNHCR should advocate for full access to the labour market and educational systems in order to empower refugee communities in terms of self-help, self-management and self-reliance.
- Even when a truly durable solution is not immediately available for all people of concern, UNHCR has a responsibility to refugees to ensure, as an interim measure, that their time in the host country is spent productively. UNHCR should prioritize the systematic inclusion of livelihood activities in all UNHCR programmes. The provision of livelihood activities should therefore be introduced as the fifth main sector in UNHCR's SGBV prevention and response strategy.
- Self reliance strategies should be even enhanced prior to departure to prepare refugees for reintegration. The amount of self-reliance gained prior to repatriation is one of the most important determinant variables of success for reintegration.

Voluntary repatriation

- While voluntary repatriation remains the preferred solution for many refugees, access to the other two solutions, particularly in protracted refugee situations, is vital in order to protect people of concern from SGBV. UNHCR should advocate free settlement and local integration solutions for refugees in host countries. It is important to promote an open dialogue between all stakeholders that considers the multitude of options, including the possibility of local integration and/or resettlement in a third country.
- UNHCR should also devise appropriate exit strategies for camps and phase-out for community services in the camps that take into account the specific risks related to SGBV before and during repatriation
- In any repatriation operation, particular care should be given to ensure the continued protection of those who are unable or unwilling to return.
- UNHCR is advised to determine systematically when refugees plan to repatriate and then ensure that they are informed of what they are entitled to under the current UNHCR plan, and what they are likely to encounter when they return to their country of origin. It is therefore necessary to continue monitoring the status of displaced people following their reintegration.

The prevention of and response to all types of SGBV grouped under one programme

- Different forms of SGBV need different prevention and response strategies. Thus certain types of SGBV require specific policies and strategies and the corresponding financial and human resources for implementation.
- Domestic violence, or intimate partnership violence is the most common type of gender-based violence. It requires special consideration because it is a complicated type of violence relating to family and intimate relationships, and the dynamics are therefore very different from other forms of SGBV.
- UNHCR should address different forms of SGBV in its policies and strategies, such as domestic violence and intimate partnership violence.

Lesbian, gays, bisexuals and transgender people (LGBT)

- UNHCR is advised to adopt a policy that would explicitly recognize the needs of lesbian, gays, bisexuals and transgenders (LGBT) and incorporate these issues in its policy, strategies and guidelines. Given the extraordinary level of stigmatisation of the issue, prevention strategies should prioritize awareness-raising activities in host and refugee communities and among UNHCR staff.
- Sexual abuse of (heterosexual) boys and men and SGBV against LGBT is under-reported and hardly addressed by UNHCR's activities. Guidelines should be amended to explain in more detail the associated problems. On the ground, UNHCR and IP staff should be trained to actively engage in this subject. Expert discussion on how to provide assistance for men and boy survivors need to be established. It is important that all training courses, safety planning, and intervention, as well as prevention activities include the specific issues related to SGBV against LGBT.

Children

- The prevention of and response to SGBV against children should be taken on as an important cross-cutting issue. The range and complexity of situations in which children become separated from their families, and the diverse needs of the children themselves, means that no single organization can hope to solve the problem alone. Complementary skills and mandates from a variety of actors must be brought together in a concerted approach to respond to this issue of SGBV against children.

The conceptual integration of psychosocial thinking

- Effective SGBV prevention and response requires a conceptual integration of psychosocial thinking of all UNHCR staff. Psychosocial issues are not sufficiently understood as a cross-cutting issue. Psychosocial dimensions must be taken into account in any kind of SGBV intervention. Putting an

integrated psychosocial approach into practice requires further input at the policy level, repeated SGBV training and accompanying structures on the ground that facilitate staff to deal with the psychosocial dimensions of their work.

4.2. UNHCR's efforts to establish SGBV prevention and response in a participatory, community- based and rights-based approach

71. UNHCR is committed to a community-based, participatory and rights-based approach. UNHCR supports community participation and women's equal participation in decision-making structures, which was an important step forward in the organization's strategy to protect women and girls. Today, UNHCR has achieved considerable progress in promoting women's leadership and representation in community-based structures. For instance, in Nepal in 2006, women were reported to hold 61 per cent of the executive camp committee posts in all seven camps and were well represented in food and non-food distribution committees.

72. In particular, the AGDM framework is a fundamental achievement in order to establish a participatory, rights-based and community-based approach. However, findings from the case studies and country missions show that the actual application of participatory approaches, in particular the AGDM framework, varies significantly across the countries. Some of them devoted substantial resources and time to beneficiary consultation and participatory planning and there was evidence that the participatory approaches improved information flows substantially and, in some operations, created new decision making mechanisms.

73. Nevertheless, participatory approaches, especially the AGDM approach, were not equally applicable in every setting. Especially in urban settings, difficulties were encountered to engage a representative number of people of concern during the AGDM assessments.

74. While the systematic implementation of participatory assessments in most UNHCR operations is a major step forward in order to establish a community based approach, in some settings the participatory approach of UNHCR's field offices appeared to be rather formal instead of being driven by content or process. On the ground, financial and time constraints and high staff turn-over may have led to a situation in which participation seems too complicated and conflictive and also seems to take up too much time. Participatory approaches also require a kind of training many UNHCR staff-members do not have.

75. Further shortcomings have been identified in the areas of communication between UNHCR, Implementing Partners and the refugee community, participatory planning and programme implementation, the principal relationship between UNHCR staff and people of concern, the amount of training and the leadership positions in refugee committees:

- In many operations, the participatory approaches such as beneficiary consultations during the AGDM assessments focused on information flow from the refugee/IDP community to UNHCR staff and feedback (e.g. after the AGDM assessments) from UNHCR staff to the people of concern has not

always been satisfactory. In some settings, UNHCR field staff were more likely to respond to senior management staff and NGOs rather than to people of concern

- In several operations, there was no evidence that increased participation during the AGDM assessments empowered people of concern substantially in participatory planning and programme implementation and thereby enhanced their ownership and motivation. Consequently, beneficiary participation often achieved rhetorical rather than real results, leading to low motivation to engage in future participatory assessments.
- The way that participatory or bottom-up approaches have been implemented did not always offer an effective solution, because they did not alter the principal relationships among policy-makers, field staff, and people of concern. People of concern often do not really have the authority to hold UNHCR staff accountable and they control few resources and therefore have little power in decision-making and in controlling their lives.
- Other problems related to UNHCR's participatory approaches relate to training and the leadership positions in refugee committees. Without clear criteria for refugee leadership positions and transparent election processes combined with support in terms of training the successful performance of and continuous cooperation with refugee leaders, difficulties were encountered in some operations and non-elected refugee leaders exerted even more influence.

Recommendations related to UNHCR's efforts to establish SGBV prevention and response in a participatory, community- based and rights-based approach

- **Instead of applying a uniform participatory approach to all country settings, the design of participatory approaches needs to be based on a thorough understanding of local realities in project areas. The need for pilot testing of such measures is important, and this should be followed by an evaluation of the pilot testing before more widespread application.**
- **Depending on specific conditions, alternative forms of participation may be explored, such as those focusing on the establishment and strengthening of direct relationships between people of concern and UNHCR staff and making providers more accountable to the people of concern.**

Note: Detailed recommendations related to the AGDM framework will be given in Chapter 7.2.

4.3. The incorporation of Standard Operating Procedures on SGBV in UNHCR's operations

76. To ensure due implementation of its policy with regard to SGBV, UNHCR uses Standard Operating Procedures on SGBV prevention and response. The purpose is to establish clear procedures for each sector and responsibilities for each group, agency, and organization involved in the prevention and response to SGBV in a

specific operation. SOPs are supposed to be developed in a collaborative effort by representatives of UN agencies, Implementing Partners and GOs involved in prevention and response to SGBV and should detail the minimum procedures for Reporting, Referral and Case Information Management and for implementing partner's responsibilities in the four main sectors, health, psychosocial, legal/justice and security, as well as support from the education sector and the community.

77. The High Commissioner's 2006 Strategic Objectives and Measurable Performance Targets include "100% of UNHCR operations will have in place standard operating procedures to prevent and respond to sexual and gender based violence" by the end of the year.

78. In the majority of operations visited during our country missions, SOPs on SGBV have been formally introduced. Comprehensive and clearly articulated Standard Operating Procedures for the prevention of and response to the SGVB can be found, for instance, in Pakistan, DRC, Tanzania, Yemen, Nepal, Georgia. However, as derived from our analysis, SGBV prevention and response programmes in many other operations are often still based on ad hoc arrangements, rather than on SOPs agreed to by all concerned. All too often, drafting the SOPs remains the sole responsibility of the SGBV focal points and still, there remain a number of countries and regions where SOPs have not been yet adopted, e.g. SOPs in Sana'a (Yemen) are still being drafted, and in Sudan, SOPs were drafted and adopted only in West Darfur.

79. Although in general SOPs clearly enhance coordination between partners by establishing clarity and complementarity between different roles and responsibilities of each key actor/agency, in many settings the inclusion of stakeholders from the refugee/IDP community, UN agencies, government and UNHCR field office staff was not sufficiently assured. SOPs are not always developed with the same level of participation and do not always enable the effective and transparent involvement of the communities. While in Tanzania and the DRC, SOPs were elaborated in close collaboration with implementing partners, the implementing partners in many other settings have only been involved in the development of SOPs to a limited extent, and SOPs have not received official signed approval from all Implementing Partners. In addition, SOPs were often developed with only limited involvement of government representatives. It should be noted, however, that SGBV is predominantly tackled by non-governmental national and international actors, while governments often remain quite reluctant to address this topic within their national agenda.

80. In general, most SOPs define clear roles and responsibilities for SGBV prevention and response for each implementing partner, but could elaborate in more detail the real capacity of actors with regard to SGBV prevention and response, e.g. more detailed information could be given about the envisaged comprehensiveness and quality of psychosocial and medical services.

81. The SOPs on SGBV have significantly contributed to forging a common vision of SGBV among UNHCR staff to strengthen the action of prevention and response. Nevertheless, we found that in many settings not all UNHCR staff were aware of the content of the SOPs. In addition, many Implementing Partners were not sufficiently aware of the content and scope of the SOPs, resulting in limited understanding of what needs to be done and how it should be done in order to

prevent and respond to SGBV.

82. In conclusion, the SOP framework offers a systematic multi-sectoral approach for planning and implementation SGBV prevention and response programmes, an effective mechanism to identify gaps and weaknesses in SGBV protection and response programmes, and provide a foundation for creating plans of action.

Recommendations related to the SOP framework

- **All field offices should finalize Standard Operating Procedures on SGBV in order to address operational needs regarding compilation of incident reports, development of a standardized reporting and follow-up mechanism and outlining all partner's responsibilities in the four main sectors, health, psychosocial, legal/justice and security.**
- **While drafting the SOPs UNHCR should ensure the full participation by Implementing Partners staff, UNHCR staff from all field office units, government representatives, health and psychosocial staff from cooperating public facilities and, last but not least, the refugee and IDP community.**

4.4. SGBV mainstreaming within UNHCR

83. SGBV prevention and response is a core protection mandate for UNHCR and therefore the common responsibility of all UNHCR staff. SGBV strategies are crosscutting, multisectoral, and interdisciplinary, all UNHCR staff must commit themselves to the programme if success is to be achieved. Involvement at and support from every level – from the field to the highest levels of the management – is therefore critical. The goal should be to build SGBV capacity in every single UNHCR staff member.

84. UNHCR has not yet entirely succeeded in mainstreaming SGBV prevention and response in the organisation. Consequently, SGBV related activities are not yet sufficiently taken on as the common responsibility of all UNHCR units either at headquarter level or in the field. Major explanations include:

- Multi-functional teams do not function efficiently in many operations. In particular, programme planning and implementation of SGBV related AGDM assessment results is not always accompanied by multi-functional teams
- SGBV focal points, many of them isolated, low ranking, junior and/or with insufficient expertise, are overburdened to coordinate all activities related to SGBV and to simultaneously mainstream SGBV within the office.
- A general lack of awareness and knowledge gaps on SGBV within all UNHCR units and conflicting views on the responsibility for SGBV-related activities negatively affect UNHCR's response.
- Gaps in guidance and supervision by senior management and coordination gaps between protection, programme and community services further aggravate the problem.
- The reduction of professional community services staff to ensure the systematic inclusion of SGBV-related issues in work plans, situation analyses,

and programme and protection planning.

85. As we can see, the challenges in SGBV mainstreaming affect several areas of UNHCR's work. Throughout the following chapters we will address the successes but also the challenges that compromise successful SGBV mainstreaming within the organisation.

5. UNHCR's structural and management arrangements

5.1. The organisational responsibility for the issue of SGBV

86. Originally, in many UNHCR field offices, there was no UNHCR staff member available with both the time and expertise to perform SGBV related activities. Most UNHCR field offices have therefore adopted the approach of mandating specialized SGBV personnel to plan and oversee UNHCR's activities in preventing and responding to SGBV within the office. These so-called SGBV focal points are supervised by protection or community services officers and are in fact responsible for a wide range of tasks like consulting, advising, training, and mobilizing UNHCR staff, sensitisation campaigns, training initiatives, and supervising and managing specific SGBV related activities by UNHCR's Implementing Partners. In addition, they are responsible to lead and facilitate resolution of problems that arise in inter-agency planning and action. Mainstreaming SGBV within the office is only one of many tasks carried out by UNHCR's SGBV focal points.

87. Today, UNHCR aims to move away from the focal point system. Within the AGDM framework, UNHCR established multi-functional teams that bring together the expertise of management, programme, protection, field, public-information and community-services staff, both national and international, and government and partner staff to enable a comprehensive analysis and planning process and to ensure common goals and approaches in UNHCR's work. Multi-functional teams therefore play a vital role in planning and coordination, monitoring and evaluation of all SGBV related activities.

88. Despite these efforts to "mainstream" SGBV prevention and response into UNHCR's activities, there is still no sufficient involvement and support from every level – from the field to the highest levels of the management. Consequently, in many field offices the responsibility for the issue of SGBV has not yet been taken on as the common responsibility of all UNHCR staff members.

89. The following chapter will address five major issues impeding UNHCR's efforts to make every single staff member responsible for SGBV prevention and response:

- Coordination gaps due to conflicting attitudes between protection, programme and community services;
- Gaps in guidance and supervision by senior management;
- The role and responsibilities of the SGBV focal points;
- The role of the multi-functional teams

Conflicting attitudes within UNHCR staff and the existing divide between protection and community services staff

90. As identified in semi-structured interviews with UNHCR staff in the field offices and at headquarters, conflicting attitudes prevail regarding the responsibility for SGBV-related activities within UNHCR staff. For some protection staff, SGBV is still considered to be a social services problem with only occasional assistance needed from Protection Officers. The same staff members demonstrated little understanding of the issues and concepts surrounding gender and SGBV. Consequently, they were unaware of the roles and responsibilities they should assume in preventing and responding to SGBV. Obviously, such an attitude impairs integrated organisational action necessary to ensure a comprehensive SGBV response.

91. In turn, other UNHCR staff members believe that SGBV related activities belong under the larger umbrella of protection and that UNHCR protection officers should oversee all matters concerning SGBV. However, developing a SGBV programme in this direction might also be problematic since protection staff might not give sufficient attention to and might not have sufficient expertise in SGBV programming.

92. Last but not least, the SGBV work of protection, programme and community services staff is not always systematically coordinated. These are frequently seen as self-contained units with the result that SGBV related problems can go unidentified and gaps in protection can develop. Strained communication between various units may also significantly slow or halt the process of individual cases, even those of urgent protection needs.

Gaps in guidance and supervision by senior management

93. Senior managers have a key role in supporting the SGBV programme. Core competencies in this regard include careful consideration of organizational placement and oversight of SGBV within the country programme; receiving and reviewing reports with SGBV data and trends in SGBV prevention and response; meeting with the SGBV focal point regularly; listening carefully and providing support and assistance; engaging in the active collaboration with other UN agencies, refugees, NGOs, and the host government; providing high-level advocacy with governments and other organizations; identifying and obtaining resources to support SGBV activities including funding as well as technical and other support; promoting and monitoring the use of Guidelines.

94. However, managers often view SGBV prevention and response narrowly as essentially a social issue, for the oversight of which they do not necessarily have expertise. They may not view SGBV as integral to the design of assistance interventions, nor see it as central to their responsibilities, but rather as a responsibility of protection or community services officers. For these reasons managers do not always give sufficient guidance on SGBV related activities to the staff under their supervision. Sometimes there is little support by senior management to the SGBV focal points and in consequence, SGBV focal points have little impact on programme planning and implementation.

The role and responsibilities of the SGBV focal points

95. The organisational responsibility for the issue of SGBV within the UNHCR structure at field level is often exclusively in the hands of the SGBV focal point, who is then even more overburdened with activities. Obviously, SGBV focal points do not have the capacity to effectively coordinate all activities related to SGBV in the office, to participate in inter-agency coordination and to simultaneously mainstream SGBV within the office at the same time. Nevertheless, in some sites visited, all SGBV-related activities were referred to the specialized SGBV personnel, leaving them little time to fulfill all responsibilities in a satisfactory manner.

96. Given the multiple tasks and responsibilities, SGBV focal points are forced to interpret their task in many different ways and to concentrate on a few activities leaving other duties unfulfilled. While some SGBV focal points accompany every individual survivor of SGBV, other SGBV focal points predominantly concentrate on mainstreaming SGBV within the office, e.g. they participate in programme planning and coordination, review programme documents on SGBV related contents, organize training sessions and meetings on SGBV within the office and accompany all UNHCR office staff with advice on SGBV related activities. However, none of the staff members encountered was able to concentrate 100% of their time on mainstreaming SGBV within the office.

97. We have seen excellent work done by several junior SGBV focal points (UNVs JPOs and Surge Protection staff). However, as identified during the field missions, the performance of junior staff might be compromised by their low status position within the field office i.e. while in some offices, the SGBV focal point was in daily contact with colleagues and could thereby influence overall activities and methods, in many other offices the SGBV focal points find it difficult to maintain contacts with protection, programming, and administrative units and complain about lacking support by senior level management. In these cases, junior level staff did not have the status in the organisation to effectively mainstream SGBV within the office.

98. Additional constraints have been identified regarding the linkages of SGBV focal points, both upward (to senior level staff) and downward (to implementing field staff, IP staff and target groups). In some cases, SGBV focal points did not have sufficient linkages to IP staff or UNHCR community staff working in the field, making it for the SGBV focal point difficult to identify specific SGBV related needs.

99. Today, the role and impact of the SGBV focal point varies significantly from setting to setting. Whenever strong leadership by management was encountered and when SGBV focal points were able to concentrate on their core responsibility of mainstreaming SGBV within the office, the organisational responsibility had been taken on more effectively by all staff members resulting in higher staff awareness and knowledge on SGBV and, consequently, more comprehensive and mainstreamed action in preventing and responding to SGBV.

The role of multifunctional teams in SGBV prevention and response

100. In launching its age, gender and diversity mainstreaming strategy, UNHCR promoted the application of a multifunctional team approach to its protection work.

A multifunctional team should bring together the expertise of management, programme, protection, field, public-information and community-services staff, both national and international, and government and partner staff to enable a comprehensive analysis and planning process and to ensure common goals and approaches in our work. The main purpose of the multifunctional team is to support the representative and the office by following up on the implementation of UNHCR's age, gender and diversity mainstreaming strategy through participatory assessments, ensuring proper analyses and follow up, feedback to the community and targeted actions to support those persons of concern who are discriminated against. Multifunctional teams are expected to strengthen internal and external coordination and situation analyses and thus improve the delivery of protection.

101. In all countries visited during this evaluation, the multi-functional teams were responsible for guiding the implementation of UNHCR's AGDM assessments and assessments had been planned and carried out at least once.

102. In some settings, the multi-functional team was composed of protection, programme, and community-service staff. However, the selection and number of stakeholders participating in the multi-functional teams varied from country to country. While in some settings multi-functional teams consisted of stakeholders from all UNHCR units and government officials, we also witnessed multi-functional teams without the participation of government or other partners. In addition, the multi-functional teams did not always include both male and female staff.

103. Unfortunately, in many settings evaluated during the country missions and through phone interviews, multi-functional teams were only established for the time of the assessment. When leadership of multi-functional teams by senior management faded, the commitment by other stakeholders also decreased and, in consequence, ceased functioning. Consequently, programme planning and implementation of the AGDM assessment results was not accompanied by multi-functional teams, resulting in frustration among all stakeholders.

Recommendations related to the organisational responsibility for SGBV related issues:

SGBV prevention and response is a core protection mandate for UNHCR and therefore the common responsibility of all UNHCR staff. The following recommendations will help to effectively "mainstream" SGBV prevention and response in the offices and to ensure involvement at and support from every level in SGBV prevention and response:

- **As an interim measure, we recommend the co-existence of the multifunctional teams AND the focal point system. In such a combined approach the multi-functional teams will bring together the expertise of all UNHCR units and partners in order to develop comprehensive SGBV prevention and response strategies in a participatory, community-based approach.**
- **Simultaneously, experienced SGBV focal points who understand the basics of UNHCR programming and protection strategies will be responsible to effectively mainstream SGBV within the field offices, i.e. SGBV focal points should oversee, but not implement in person, all facets of SGBV programme**

design, planning, development, implementation, management, monitoring and evaluation. As technical experts they need to be highly accessible as resources to country office staff. Furthermore, the SGBV officer should provide SGBV training for UNHCR and Implementing Partner staff. The organisation of regular SGBV meetings within the office, the coordination between UNHCR staff, Implementing Partners, other national and international NGOs, other UN-agencies, government and refugee/IDP representatives should be among the main duties of the SGBV officer. Ideally, the SGBV focal points should be community services staff members.

In addition to the SGBV focal points and the multi-functional teams, senior management has a key role in supporting the SGBV programme. In the following paragraph we will provide recommendations how to strengthen the role of these three important actors in UNHCR's SGBV prevention and response strategy:

Recommendations in order to strengthen the role of the multi-functional teams in SGBV prevention and response:

- UNHCR should ensure that multi-functional teams accompany programme design and implementation throughout the whole planning cycle and not only during the AGDM assessments.
- UNHCR should ensure the balanced composition of stakeholders in the multi-functional teams according to UNHCR unit, level of seniority, age and gender.
- UNHCR is encouraged to organize regional meetings between multi-functional teams. Networking between multi-functional teams will improve information sharing, peer accountability and, in consequence, the commitment of all stakeholders.
- UNHCR should enhance the transparency of the work by multi-functional teams and establish public forums where multi-functional teams can render account of the implementation of AGDM results. SGBV related activities should be a substantial component of these meetings.

Recommendations in order to strengthen the role of the SGBV focal points in SGBV prevention and response:

- SGBV focal points need to be systematically involved in programme design, planning and implementation. Access to programme documents and strong communication lines with senior programme management have to be ensured.
- UNHCR should provide clear Terms of Reference for all SGBV focal points: a clear vision for the programme, along with realistic goals and specific objectives, will support the SGBV focal points in mainstreaming SGBV effectively within the office.
- UNHCR should ensure close contact between SGBV focal points, refugees/IDPs and IP staff working in the field. SGBV mainstreaming within the office is not meant to impede any contact between SGBV focal points and target groups. Visits to the field and regular (e.g. monthly) meetings in the

office between the SGBV focal point and Implementing Partners will help to ensure the indispensable contact to the field.

Recommendations with regard to the role of senior management in SGBV prevention and response:

- **UNHCR should ensure effective guidance of the multi-functional teams by senior management.**
- **In order to allow the comprehensive inclusion of SGBV related tasks, UNHCR should assess senior managers systematically on their competences to supervise SGBV related activities.**
- **Senior managers should guide regular meetings within the UNHCR field offices to discuss and allocate well defined SGBV related responsibilities for each staff.**

5.2. Accountability mechanisms to ensure that UNHCR offices and staff give due attention to the issue of SGBV

104. In order to ensure the full implementation of the AGDM framework and to evaluate the level of implementation of AGDM findings and recommendations UNHCR has initiated the AGDM accountability framework. The framework aims to support staff, especially managers, in meeting their commitments and to demonstrate organisational leadership by placing accountability with senior management in a transparent, public and personal manner. It highlights 16 activities for the country representative to undertake as a minimum organizational requirement including participatory assessment, mechanisms to ensure the equal participation of women in management structures, establishing SOPs for SGBV prevention and response, etc.

105. The AGDM accountability framework is not in itself a full reporting mechanism i.e. the purpose is not to report on how offices have complied. The impact of commitments/activities is not obtained in detail and verified. Nevertheless, the AGDM accountability framework provides important information on the compliance with actions within the AGDM framework.

106. However, people of concern and Implementing Partners are not actively provided with information on the results of the AGDM accountability framework and there is no systematic, bottom-up control of the AGDM framework results, e.g. through NGOs and persons of concern – an essential element for true accountability.

Recommendations related to accountability mechanisms to ensure that UNHCR offices and staff give due attention to the issue of SGBV:

- **UNHCR is advised to share actively the results of the AGDM accountability framework in a public and transparent manner. This will help Implementing Partners and people of concern to make better-informed decisions and have clearer expectations with regard to the implementation of the AGDM**

assessment results.

- **All managers should share the analysis of the AGDM accountability framework within the field offices and discuss accountability actions with staff on an ongoing basis.**
- **UNHCR should revisit the AGDM accountability framework and include bottom-up accountability mechanisms.**
- **Managers should ensure Staff Supervision and Evaluation: Regular observations of staff, and discussions with them will increase accountability and reveal issues, challenges, and successes that can help in the design of staff training and support systems.**
- **If UNHCR wants to prioritize SGBV prevention and response, SGBV related performance should be included in the staff performance appraisal of all (!) UNHCR staff.**
- **UNHCR should benchmark and measure performance related to SGBV through regular internal and external stakeholder reviews. In this regard UNHCR also needs to develop mechanisms whereby refugees and NGO staff can provide anonymous feedback regarding the competence and attitudes of UNHCR staff.**

5.3. Monitoring Implementing Partners' performance

107. Monitoring of IP performance varies widely from country to country. While in some countries Implementing Partners hand in extensive monthly reports with detailed information on SGBV related activities, in other settings monitoring is restricted to short monthly reports with only limited information on SGBV.

108. However, specific meetings on SGBV between stakeholders of all IPs and UNHCR staff are held in most field offices. Again, as identified during the country visits, the regularity and the numbers of stakeholders in these meetings vary widely from country to country. While meetings with Implementing Partners about SGBV are carried out on monthly basis in some settings, other UNHCR offices had hardly organised any specific meetings on SGBV in previous months.

109. Additional informal monitoring of IP staff is done via the daily contacts between UNHCR staff working closely with the target groups and Implementing Partner staff.

110. In general, it appears that IP monitoring is often ad hoc, unsystematic and sometimes sparsely documented and lacks sufficient linkages to later interventions and programmes. This has also been highlighted in several semi-structured interviews just like anonymous ranking questions handed out to UNHCR field staff highlighting the inability to judge the quality and comprehensiveness of the performance by Implementing Partners, especially with regard to the medical and psychosocial services.

Recommendations related to monitoring and evaluation of Implementing Partner staff:

- **UNHCR field offices should train Implementing Partner staff systematically on monitoring and report writing about SGBV related activities.**
- **On the basis of consultations with NGOs and people of concern UNHCR should propose a format for reports on the implementation of SGBV related activities**
- **Conduct external evaluations of all SGBV related IP activities every two years. Simultaneously a mapping of the local NGO landscape should be conducted to identify alternative or additional Implementing Partners.**
- **Alternative forms of monitoring and evaluation should also be explored. Ensure at least monthly (!) meetings on SGBV between Implementing Partners and UNHCR staff. This approach will foster peer accountability between Implementing Partners and UNHCR.**

5.4. The distribution of financial resources for SGBV related activities

111. UNHCR's efforts in SGBV prevention and response have been partially undermined by the UNHCR's budgetary limitations. With regard to SGBV prevention and response the evaluation identified three important SGBV-related financial resource requirements.

112. First, comprehensive SGBV prevention and response requires additional financial resources, eventually even well beyond UNHCR's current capacity, in particular since funding deficits in the past already resulted in significant cuts in community services posts.

113. Second, financial resource distribution gives higher priority to "SGBV response" rather than "SGBV prevention", e.g. comparatively limited financial resources are allocated to livelihood activities.

114. Finally, resources are urgently required for training UNHCR and Implementing Partner staff on SGBV prevention and response. There is danger that, when funding is limited, financial resources are reallocated to other, more "urgent" activities compromising further the level of expertise in the field offices. The donor factor has on occasions also served as a constraint to training opportunities for UNHCR staff because the support often comes with rigid specifications.

115. As reported repeatedly during the evaluation many Implementing Partners and local NGOs working in the area face serious resource-related barriers compromising seriously their performance, in one case even basic drugs were not available to offer appropriate medical care for survivors of SGBV. The situation was significantly better when UNHCR's Implementing Partners were able to collect co-financing from other organisations or donors. However, some donors have a tendency to fund big operations that attract high media attention while leaving

smaller, protracted situations often relatively under-resourced. The negative impact on SGBV prevention and response is noticeable.

116. As seen repeatedly over the course of this evaluation, UNHCR field offices are successful in accumulating co-financing for specific SGBV related programmes. However, staff limitations do not always allow the adequate implementation of the related activities

117. It is well known that UNHCR has to operate under financial constraints impairing many areas of its work. However, if UNHCR considers SGBV to be a priority issue, appropriate funds must be allocated to allow integrated action in all SGBV related working areas.

Recommendations related to the distribution of financial resources for SGBV related activities:

- **Financial resource distribution should give higher priority to “SGBV prevention” rather than “SGBV response”.**
- **Include staff costs in operational budgets, in particular when applying for co-financing.**
- **Give field offices more flexibility to allocate funds on an emergency basis to address urgent SGBV protection problems.**
- **Recognize the role of training for SGBV prevention and response and prioritize the distribution of financial resources accordingly. Revisit the current budget arrangement, as well as the capacity to undertake intensified training.**
- **Reallocate existing financial resources to prepare national staff in taking on leading roles in SGBV work.**
- **Empower local NGOs to manage SGBV prevention and response through provision of resources for staff training.**
- **Advise and guide Implementing Partner on co-financing opportunities by other organisations or donors.**

5.5. Headquarters support to UNHCR's field offices in relation to SGBV

118. UNHCR's field offices receive support from headquarters in many different ways: The headquarters provide training on request. Besides training, headquarters staff are available to respond to individual queries, e.g. to answer programmatic questions or to respond to comments on the SOPs. Furthermore, the headquarters provides access to SGBV related documents, e.g. through Ref-World or via the intranet for UNHCR staff. On request, UNHCR headquarters staff also identifies additional staff to support UNHCR field offices with expertise on SGBV. Also UNHCR headquarters collects, develops and disseminates guidelines, manuals and tool kits to foster SGBV prevention and response in specific areas.

119. Some field staff indicates a lack of constructive communication between HQ staff and field staff and difficulties to approach directly UNHCR HQ staff for assistance with their operations. Furthermore, more training on SGBV by HQ staff was requested on several occasions.

120. Headquarters staff members have a central role in organizational support for SGBV programmes and the SGBV focal point's work. They can install appropriate technical support mechanisms for SGBV focal points and should be easily accessible by field staff in order to provide advice on SGBV related queries. However, given the limited number of SGBV experts at headquarters level and the consequent time constraints for those responsible for SGBV training, many requests cannot be satisfied. SGBV training provided by headquarters staff is therefore necessarily limited.

Recommendations related to headquarter support to the field:

- **Ensure additional staff at headquarters in order to provide technical support to field office staff.**
- **Develop training capacity in the field: training on SGBV should primarily be provided by regional advisers and local SGBV experts in each country or region.**
- **UNHCR head quarter should compile and distribute a portable "SGBV toolbox" with the most important resources related to SGBV prevention and response.**
- **UNHCR headquarters staff should continue to involve actively in awareness raising and training targeting UNHCR field staff. Innovative approaches are exemplified by the Terms of Reference of this evaluation suggesting the production of a film on SGBV that can be used as a teaching/awareness raising tool.**

6. Human resource and staff development activities in relation to SGBV

6.1. Staffing procedures in relation to SGBV

121. Despite major progress in recent years, UNHCR's ability and capacity to deliver comprehensive SGBV related services is negatively impacted by staff shortages, especially of community services posts at headquarters and in the field. With regard to SGBV prevention and response this must be seen as a decisive shortcoming since community services staff play an important role in establishing a comprehensive SGBV response. They can usually offer valuable technical expertise with regard to SGBV-related tasks, e.g. they can often offer a high level of awareness and knowledge of gender issues and SGBV, good training skills and transcultural communication skills necessary in facilitating exchange on cultural beliefs, attitudes, and behaviour. Furthermore, professional community services staff with social science backgrounds and training in participatory research techniques are best placed to facilitate AGDM assessment. In general, community service officers work closer to the refugee communities and therefore often have a better understanding of the needs and dynamics of their relationships. Moreover, protection staff dealing with SGBV related activities need to know to whom they can turn apart from the SGBV focal points when they face specific problems that fall beyond the scope of the written guidelines on SGBV.

122. The complexity of SGBV demands a good understanding of psychological processes like defence mechanisms (denial, forgetting and deep repression of the traumatic event) and the symptoms of traumatisation. Furthermore, medical knowledge is needed to supervise planning and implementation of medical services for survivors of SGBV. First and foremost, medical and psychological expertise related to SGBV is urgently needed to advise UNHCR staff when determining the status of refugees or during resettlement. Educational backgrounds most suitable to provide staff with this kind of expertise can commonly be found in the fields of psychosocial work or public health. Psychosocial workers usually have skills in psychosocial counseling or the facilitation of self-help groups, making them better able to consult on programme planning, implementation and M&E of psychosocial services to survivors. Public health workers have a strong health orientation with special attention to the social context of disease and health focused on improving health through society-wide measures.

123. The over-dependence on deployment schemes involving external consultants and the absence of an internal stand-by capacity to deploy qualified and experienced UNHCR core staff to support field operations on a temporary, but more than a short term, basis aggravates the problem.

124. UNHCR SGBV focal points are often junior staff, e.g. UNVs JPOs and Surge Protection staff. Factors like short term contracts and low remuneration for SGBV junior staff, low status in the organisation, lack of support by senior management, excessive demands in terms of working time and responsibilities and the daily

confrontation with suffering may contribute to job dissatisfaction and early burn-out.

125. Obviously, high staff turnover negatively affects the continuity of service provision for survivors of SGBV. Especially junior staff tends to leave the organization as soon as better job opportunities show up. Local knowledge is drained from the office and trust and communication lines with partner organisations and refugee communities are interrupted.

126. As indicated by UNHCR staff during several country missions, new SGBV focal points are not always assigned in time to follow on from their predecessor. When the position of the SGBV focal point was not filled in time, there was usually no one available to ensure the full continuity of UNHCR's response.

127. Local field staff often has no decision-making powers and are obliged to refer to international staff colleagues for answers. The under-representation of local staff in decision-making positions virtually guarantees misinformed and/or inadequate responses to SGBV. Local staff usually brings in the better knowledge and understanding of the socio-cultural environment and the related problems of SGBV in the specific surrounding and are usually more aware of livelihood issues specific for the country context. Furthermore, they can offer specific language qualifications often vital to ensure proper communication with the refugee community and implementing partner staff. The over-reliance on international professionals is inevitably associated with capacity shortfalls that would otherwise be remedied by drawing on and building local capacity.

128. One important and under-discussed result is a poor working relationship between national and international staff, as the former sometimes regard the latter as lacking knowledge about the local situation. There have also been complaints by national staff of "teaching" the international "experts" how to carry out their roles, but being paid only a fraction of their salaries.

129. Refugees/IDPs often enjoy higher acceptance in the community. Furthermore, many people of concern can offer specific expertise on questions related to livelihoods and SGBV within the refugees community. In addition, many refugees/IDPs themselves can offer good professional skills in many important working areas related to SGBV.

130. In many settings, local experts may be more readily available/affordable. In addition, they often offer a better understanding of the local context/language.

Recommendations related to staffing procedures in relation to SGBV:

(Note: As already pointed out in Chapter 5.1, we consider, as an interim measure, the co-existence of the multifunctional teams AND the focal point system as necessary to establish a participatory, community-based approach and to provide simultaneously a person that can concentrate on effective SGBV mainstreaming within the field offices).

- **At this point, mainstreaming SGBV within the field office still needs a leader. We recommend the position of a "SGBV officer" who can work exclusively on SGBV mainstreaming in the office and the coordination**

between all stakeholders in the country rather than doing the fieldwork. Experienced Community Services Officers at appropriate levels within country operations provide the best and most cost-effective opportunity to fill these positions.

- Although we consider the position of the "SGBV officer" as vital to ensure effective SGBV mainstreaming, we acknowledge the financial constraints related to UNHCR's staffing procedures. We therefore offer the following alternative recommendations related to staffing procedures to strengthen the position and to improve the performance of the SGBV focal points:
 - Mandate two UNHCR staff members to share the responsibility of SGBV mainstreaming in the office, preferably a woman and a man to tailor SGBV programming more effectively to the needs of men. Mandate a woman, whenever there is no possibility to assign a second SGBV focal point.
 - Mandate senior level staff as one of the SGBV focal points to ensure expertise and a strong status position within the office. Again, experienced Community Services Officers provide the best and most cost-effective opportunity to fill these positions.
 - Assign local staff and/or stakeholders from the refugee/IDP community as one of the two SGBV focal points and offer training.
 - Undertake skills profiling of SGBV focal points with a view to assessing the extent to which needs match available skills and determining where the gaps are.

Further recommendations related to staffing procedures in relation to SGBV prevention and response:

- Ensure sufficient community services staff members in each field office and support the career development of core community services staff through adjustments in placement policies and provision of training in programme/finance.
- Develop recruitment strategies aimed at attracting UNHCR staff with profiles and expertise in medical and psychosocial issues and prioritize the assignment of SGBV focal points with psychosocial or public health background.
- Put greater emphasis on SGBV expertise outside the humanitarian sphere - e.g. look for national SGBV organizations/experts and stakeholders from the refugee/IDP community who could help provide training or set up programmes.

6.2. The current state of attitudes and knowledge of UNHCR staff

Awareness on SGBV related issues of UNHCR staff

131. As identified during workshops with UNHCR staff and through questionnaires, most UNHCR staff agrees that SGBV prevention and response should be treated as a high priority issue. Major steps have been made to develop a

shared philosophical and theoretical foundation with regard to SGBV within the institution. Today, UNHCR field staff widely accepts the premise that UNHCR has a responsibility to address the problem of SGBV as part of its core protection mandate and there is now common agreement that many types of SGBV are occurring and causing serious harm.

132. However, SGBV is a complex issue, deeply rooted in individual and cultural values, beliefs, and long-standing practices. More complex questions of gender and local cultures are often by-passed. Consequently, some important types of SGBV, e.g. the discrimination of and violence against lesbians, gays, bisexuals and transgender people are still not widely discussed and hardly addressed by any UNHCR's programmes. In this regard, semi-structured interviews and workshops conducted during the evaluation on this issue revealed conflicting views due to cultural and religious norms even within UNHCR staff.

133. The issue of SGBV is connected with intimate and emotional connotations; people tend to develop blind spots, repeat their own taboos or assume a harmful position of cultural relativism, or simply remain silent on the issue.

134. Further complications arise from fundamental divergences between the individualistic cultures from which the majority of international staff stem, and the more collective ones of many of their local colleagues. These differences may hamper efforts to empower local staff members to take charge of high-level responsibilities.

Knowledge and training opportunities on SGBV

135. As identified during workshops with UNHCR staff during all country missions, UNHCR field staff is not always well equipped with the necessary tools, knowledge, skills and expertise to address complex SGBV challenges on the ground.

136. However, in all sites visited some training activities could be identified (e.g. in Nepal in 2004, a 3-day-training had been organized on SGBV and in 2007, Save the Children Sweden has conducted a workshop on the involvement of men in issues of concern, including SGBV). Besides training activities initiated by the SGBV focal points, SGBV related issues are also addressed in UNHCR's protection learning programme. This programme contains material related to the prevention of and response to SGBV, elaborating on the incorporation of domestic violence in RSD, recommending stronger links with community service and health, and addressing concerns related to children, male and female adolescents, and men. Last but not least, the SGBV officer at UNHCR's headquarters and other UNHCR HQ staff, offer technical and training expertise to the field on request.

137. Nevertheless, as derived from workshops with UNHCR staff during the country missions, through ranking questions and in semi-structured interviews, technical expertise on SGBV related issues is often limited.

138. Many UNHCR personnel in the field, except Gender and SGBV focal points, judge their own state of knowledge in relation to SGBV as unsatisfactory. Whenever, SGBV focal points concentrated on mainstreaming SGBV within the office, the level of awareness and knowledge in UNHCR staff was significantly higher.

139. SGBV training learning programmes and workshops only reach a limited number of staff. Although SGBV training material is now available, there are still few people able to conduct the training. When workshops are conducted, the use of innovative teaching/awareness raising techniques like group reflection, games, role-play, digital stories, and other audio and visual presentations is not always ensured. The workshops were also not always based on an assessment of participants' knowledge on SGBV.

140. Most UNHCR staff, including the SGBV focal points, has not been trained in central SGBV principles, 'best practices' and the use of guidelines.

141. Some SGBV focal points themselves felt they only had limited knowledge of SGBV related issues and felt uncomfortable in providing training on SGBV to Implementing Partner or UNHCR staff. High staff turnover further accounted for the fact that most of the newer staff members had not participated in any specialized SGBV training or meeting on SGBV since no such activity had been offered since their arrival.

142. The majority of UNHCR staff expressed the urgent need for specialized training on the issue. Likewise, all SGBV focal points asked for additional support by training either through UNHCR headquarters staff, external consultants or via remote-learning courses.

143. Knowledge gaps have been predominantly identified with regard to medical and psychological response mechanisms related to SGBV which leave UNHCR staff unable to effectively plan and monitor programme components in these working areas. We could not identify effective recruitment strategies aimed at attracting UNHCR staff with specific profiles and expertise, e.g. in medical and psychosocial issues. Managers do not always see it as their responsibility to ensure that qualified personnel are hired.

144. The assessment of a survivor's traumatic experience of SGBV may be key to their entitlement to refugee status or resettlement, yet the necessary psychological expertise is often not available in the field offices.

145. In some settings, we found inadequate awareness of the AGDM Assessment tool, especially with regard to addressing SGBV related issues.

146. Language barriers and ineffective communication between the international humanitarian professionals and the communities they serve create challenges with regard to local knowledge on SGBV related issues.

147. Organisational policies, particularly regarding short contracts for international staff do not leave room for national staff to benefit or receive training from their international counterparts as it is difficult to build personal or even professional relations with them.

Recommendations related to the current state of attitudes and knowledge of UNHCR staff:

- **Improve knowledge management and information sharing within UNHCR and among UNHCR and other organisations:** besides the Sexual and Gender-Based Violence Information Management System currently under development by UNFPA, IRC and UNHCR, simple additional action can be taken to improve knowledge management and information sharing within and between field offices:
 - Two-monthly national forums on SGBV under participation of stakeholders from UNHCR, Implementing Partners, other NGOs and grass roots initiatives, GOs, Refugee Community and UN agencies.
 - Regular meetings between SGBV colleagues in the country, the region, and throughout the world.
 - Regular field visits for SGBV focal points in nearby countries and regions
 - Sharing resources and reference materials including best practices, lessons, innovations, and tool kits among UNHCR staff and organizations working on gender equality.
 - Working closely with national institutions and universities to exchange knowledge on SGBV.
- **Make use of innovative awareness raising and teaching strategies to influence UNHCR's staff attitudes and knowledge, e.g. screenings of films on SGBV could be organised on a regular basis within the office.**
- **Implement an on-line forum that will keep UNHCR and Implementing Partner staff informed about relevant changes to UNHCR policies and new SGBV protection strategies. A community of practice could be established to support participants and encourage the sharing of ideas and practical tips.**

Recommendations related to training activities on SGBV:

- **Provide basic but regular and mandatory (re-)training opportunities on SGBV for all UNHCR staff, from newly arrived junior staff to senior level management.**
- **Supervisors should support their colleagues in their training efforts and actively participate in the role of coach or mentor.**
- **Besides UNHCR and Implementing Partner staff, at least some access to the training should be offered to national SGBV experts, community services workers, interested staff from the health and psychosocial sector, the security, and legal justice system, humanitarian workers from other national and/or international organisations, and last but not least, experts from the refugee community, thereby enhancing collaboration and mutual understanding between UNHCR and other stakeholders.**
- **In order to facilitate SGBV training UNHCR should develop and test a UNHCR SGBV training package that could be included in the protection**

learning programme.

- **Strong collaboration with other UN-agencies, GOs, NGOs and national and international universities should be aimed for to foster training quality, to ensure comprehensiveness and to limit the financial burden related to training.**
- **The performance of training participants should be assessed through written exams and the successful completion of the SGBV training should be linked with career development and promotion.**
- **Make use of innovative teaching and awareness raising strategies during training and beyond. Basic SGBV training on SGBV should include innovative teaching tools like self reflection, group reflection, individual work, small group work, games, role play, lectures, large group discussions, digital stories, and other audio and visual presentations e.g. during this evaluation we developed a 30 minute documentary film demonstrating the major working areas and the related services needed in preventing of and responding to SGBV.**
- **Provide specialised training for SGBV focal points: besides the basic SGBV training for all UNHCR staff, SGBV focal points should profit from additional training courses covering more specific skills important for mainstreaming SGBV within the office and for guiding inter-agency cooperation.**

6.3. Applicability and dissemination of UNHCR's SGBV manuals and guidelines

148. UNHCR guidelines reflect a commitment to ensuring a shared vision and common approach to SGBV at organisational and field level. They highlight the need for comprehensive protection interventions covering prevention of and response to SGBV alike. They provide the conceptual framework for understanding sexual and gender-based violence and for establishing a comprehensive response to meeting the protection needs of survivors of SGBV. Furthermore, they include guidance on monitoring and evaluating SGBV programmes for effectiveness. In general, they have a strong human rights focus, addressing the need for information on and access to legal process.

149. UNHCR's guidelines on SGBV also highlight the need for access to medical and psychosocial support for survivors. Although the respective chapters provide information on the basic principles of health and psychosocial programming, they are rather short and give only limited guidance on the practical implementation of the recommended activities. However, UNHCR's guidelines are complemented through other guidelines and manuals like the WHO Guidelines on the "Clinical management of rape survivors" or the "IASC guidelines on mental health and psychosocial support".

150. In 2003, each UNHCR staff member received the Guidelines on SGBV and today the guidelines are available in 19 different translations. A Compact Disk containing up to 200 documents related to SGBV has also been distributed.

113. In all visited settings the "Guidelines for Prevention and Response of Sexual and Gender Based Violence against Refugees, Returnees and Internally Displaced

Persons (2003)", had been distributed to all UNHCR staff units. Nevertheless, field staff predominantly indicated that they were unfamiliar with the Guidelines on SGBV. Major reasons indicated by UHCR staff included "no time to read the guidelines" and "I arrived recently in the country".

151. The Guidelines on SGBV, especially in connection with other inter-agency manuals, provide in general an excellent framework for SGBV prevention and response and good practical guidance on most SGBV-related tasks. However, the evaluation revealed that UNHCR field staff is generally requesting more specific guidance and training on the implementation of the guidelines. Again, this demonstrates that guidelines cannot be a substitute for direct SGBV training.

152. It is necessary to develop a basic understanding of SGBV and the related prevention and response strategies in the field. Guidelines can be excellent but if they are not read and not discussed regularly they will only be applied to limited extent. The main aim must be to develop local capacities to practically deal with SGBV prevention and response in the field. Besides training it is important that senior managers facilitate an active communication process on these issues.

153. As part of a multifaceted approach, the Guidelines are important in reinforcing a message. However, constraints like limited time resources or reluctance to deal with the sensible and complicated issue of SGBV often lead people to not reading them. Keep in mind that extensive research suggests printed materials by themselves, do not produce behavior change. Usually, Guidelines are only useful if they are discussed in workshops and training courses!

Recommendations related to the applicability and dissemination of UNHCR's SGBV manuals and guidelines:

- **Complement the guidelines with a SGBV manual, in the form of a loose-leaf folder of best implementation practices.**
- **Include self-study exercises and an assessment component comprising the self-study exercises**
- **Develop an e-learning version of the SGBV Guidelines that makes the best use of telecommunications technologies and the interactive and just-in-time capabilities of the Internet.**
- **Continue to work on an "easy-to-read" style. Involve a professional designer early in the development process, involve media specialists and liaise with photographers, illustrators, and printing specialists. Use focus group discussion to help design and pre-test messages.**

6.4. Linkages of training and guidance materials on other issues to the problem of SGBV

154. Today, there is no lack of training and guidance materials around the problem of SGBV. Much training and guidance material on other issues provides good guidance on problems linked to SGBV prevention and response.

155. For instance, the IASC Guidelines on Mental Health and Psychosocial Services, although only available in a few languages, have been disseminated to all UNHCR staff working in refugee camp settings. Guidelines from other UN agencies and NGOs, e.g. The Guidelines on the Clinical Management of Rape, are also delivered to many countries and complement the training material on SGBV.

156. The Guidelines on SGBV and other guidance material are further being complemented by other protection initiatives providing additional guidance for the implementation of SGBV related activities. These include Protection Management Workshops for senior protection officers and representatives, as well as the Protection Learning Programme for all staff, with some modules addressing SGBV related issues. The protection-learning programme (PLP) provides an opportunity for discussion of various protection issues, particularly gender and age mainstreaming. They also provide information and strategies on sexual and gender-based violence and thus help the participants to analyse and respond to these types of protection concerns. However, the PLP is not mandatory and not all UNHCR personnel enroll in the programme.

157. However, for many SGBV focal points it remains difficult to provide training on specific SGBV related activities, especially in the field of psychosocial and medical care, although they will often be the only ones available to provide such training.

Recommendations related to linkages of training and guidance materials on other issues to the problem of SGBV:

- **Collect and distribute a collection of SGBV resources in hard copies to every UNHCR staff member to complement the Guidelines for Preventing and Responding to SGBV. Major training and guidance material should also be translated to reach UNHCR or Implementing Partner staff that is not fluent in one of the available languages.**
- **Develop and provide specific training tool kits to all SGBV focal points to strengthen the medical and psychosocial response.**

6.5. The psychosocial stability of UNHCR staff

158. Given the numerous complaints and testimonies by UNHCR staff collected during this evaluation, no report would be complete without addressing the danger of staff burnout and secondary traumatisation: SGBV fieldwork is a difficult and demanding task leaving nobody unaffected. As reported during a number of individual interviews, UNHCR staff is affected by the insecurity and fear, suffering and hopelessness of the populations with which they are working. Further challenges were related to the right blend of closeness and distance, of omnipotence (believing one can change everything) and acknowledgement of limitations. UNHCR SGBV focal points also have to deal with entrenched attitudes of both colleagues and clients. All of this has to be accomplished in societies where discussions of sex and sexual relations are exceptionally sensitive, embarrassing, and perhaps even taboo. It has been clearly expressed that it is difficult to live with these contradictions and many staff members feel depressed but do not know how to address these issues since

mentioning such problems may be considered an expression of dysfunction or weakness.

Recommendations related to the psychosocial stability of UNHCR staff:

- **The psychosocial stability of staff is an institutional responsibility for every organisation. Aid workers are best protected against burnout if their problems are discussed and dealt with in the organisation. Important measures to support the psychosocial stability of staff members include:**
 - **Training of senior management staff to enable them to regularly (!) address these problems and discuss them in the team**
 - **Preparatory seminars to prepare participants for the significance of psychosocial processes in conflict areas**
 - **Opportunities for counseling by professional psychological staff should be the rule not the exception.**
 - **Psychological supervision - the creation of a safe space where staff members can discuss their work and personnel problems supervised by a person from outside the organisation.**
 - **A culture of recreation and celebration**
 - **Last but not least, participatory structures in the organisation: humanitarian aid workers usually identify themselves to a great extent with their work. Consequently, good participation in programme planning and decision-making is one of the core preconditions for the psychosocial stability of UNHCR's staff.**

7. Participatory assessment, programme design and monitoring mechanisms

7.1. The incorporation of SGBV related issues in UNHCR's programme documents

159. The following chapter outlines key findings related to the inclusion of SGBV related issues in the protection reports. Findings related to the review of the AGDM assessments can be found in Chapter 7.2. while the global review of SOPs is discussed in chapter 4.3.

160. The evaluation team has analysed the protection reports of the following countries on the inclusion of SGBV related issues: Afghanistan, Algeria, Cambodia, Chad, Ethiopia, Germany, Guinea, Malta, Mozambique, Pakistan, Sri Lanka, Sudan, Tajikistan, Thailand, Uganda, and Lebanon. The most comprehensive information on SGBV was found in the protection reports on Guinea and Thailand. Both reports contained statistical data on SGBV, information on policy and programme arrangements, a description of the operational environment and the detailed description of SGBV prevention and response activities. The protection report on Guinea also indicated operational provisions and programme plans for the coming year, as well as major constraints on SGBV prevention and response. Some extracts from the protection reports of Guinea and Thailand are presented in Annex 3 as good practice examples.

161. In contrast, the protection reports on Malta, Mozambique and Lebanon contained almost no information on SGBV. In the rest of the country protection reports, the information provided on SGBV is rather superficial. There is mostly quantitative data on SGBV activities, without any additional qualitative information. For instance, the number of training courses is mentioned, but there is no assessment of impact on participant's knowledge and attitudes. Further gaps include missing information on UNHCR programming arrangements and a lack of details on the partners' involvement in SGBV related activities.

Recommendations related to the incorporation of SGBV related issues in UNHCR's programme documents

- **Senior management should engage actively in the process leading to the compilation of the protection reports in order to ensure the inclusion of all SGBV related activities in the country.**
- **Efforts must be made to ensure that NGO field staff is aware of how they can take part in joint assessments and planning exercises.**

7.2. Assessment methods employed by UNHCR in relation to the issue of SGBV

162. The AGDM strategy is the most innovative tool introduced by UNHCR to facilitate participatory need assessments, programme design and implementation

throughout the programme cycle. UNHCR's AGDM strategy aims to ensure that the meaningful participation of all persons of concern to the office is integral to the design, implementation, monitoring, and evaluation of UNHCR's policies and programmes.

163. The evaluation team reviewed the implementation and results of this important assessment tool during all country visits and through desktop analysis of 15 AGDM reports from 2005-2007 of the following countries: Angola, Armenia, Bangladesh, Belarus, China, Eritrea, Indonesia, Liberia, Panama, Rwanda, Sierra Leone, Tunisia, Jordan, Somalia and Spain. All AGDM reports have been revised with special attention to the inclusion of SGBV related issues.

164. According to our findings, AGDM assessments have in general proved to be an effective tool in increasing the dialogue with people of concern of diverse backgrounds, gender and ages. In all settings UNHCR managed to form multifunctional teams to lead the AGDM assessment process. Participatory assessment included separate discussions with women, girls, boys, and men, including adolescents, in order to gather accurate information on the specific protection risks they face, to identify their capacities and resources, and to hear their proposed solutions. All AGDM assessments were planned and carried out in line with the UNHCR Tool for Participatory Assessment in Operations.

165. Given the complexity of the multisectoral, interagency, and interdisciplinary approach that SGBV programmes demand, monitoring and evaluation of SGBV related activities is not easy. UNHCR staff usually acknowledges the need, but sometimes lack the time and expertise to implement and maintain effective programme monitoring and evaluation tools.

166. Although in most visited countries UNHCR developed procedures, defined roles and terms, and established systems for programme analysis in line with the AGDM strategy, these efforts often lacked follow-through and continuity and were incomplete. Participatory assessments are not undertaken regularly in all countries or settings and, if they are, the results are often not sufficiently incorporated in programme planning, resource allocation, implementation, monitoring and reporting, and evaluation. Major shortcomings in some of the visited countries during this evaluation have been identified with regard to the role of the multi-functional teams in programme planning and implementation as described in the appropriate chapter of this report.

167. Although the "UNHCR tool for participatory assessment" provides practical guidance to facilitate situational analysis, shortcomings have been identified with regard to the extent and depth of situational analysis before and during programme planning and implementation, especially when no training on AGDM assessment had been received.

168. In general, the analysis indicated the need to develop a more in-depth analysis of SGBV-related issues including the following:

- Type of SGBV taking place and perpetuating factors that contribute to incidents of SGBV.
- The political, legal, administrative, and social constraints in the host country

which may have a bearing on UNHCR's mandate functions.

- The capacities of national government, local authorities, non-governmental partners and refugee communities.
- Attitudes, knowledge, and behavior of the community, host government staff, and humanitarian staff regarding gender, human rights, power relations and SGBV.
- Formal and informal community systems for conflict resolution and leadership.
- Extent and effectiveness of interagency communication and collaboration.

169. As identified during semi-structured interviews, many SGBV programme focal points lack the experience in conducting the comprehensive situational analysis as requested in the UNHCR tool for Participatory Assessment in Operations. In consequence, AGDM assessments were more driven by general impressions than by in-depth situational analysis.

170. As revealed during the desktop analysis of the AGDM reports from 15 geographically representative countries, the amount of SGBV related information varies widely from country to country. For instance, some AGDM reports contain detailed data on SGBV, whereas others include no specific reference to SGBV related issues. In other reports, issues related to SGBV are included rather sporadically. However, many SGBV *related* issues mostly with regard to livelihoods (e.g. crowded housing conditions, discrimination of women on the labour market, etc.) had been addressed during all AGDM assessments. Direct references to sexual violence were primarily found in the participatory assessments involving girls and women, but hardly any information could be found with regard to many other types of SGBV including SGBV against and between men. The feasible interpretation of this finding is that SGBV issues are of higher concern to the female population and that SGBV against and between men is even more stigmatised and hardly addressed by men or in society in general.

171. Currently, there is no systematic approach on how to address SGBV related issues in the AGDM assessments. Certainly, SGBV is a sensitive subject for all stakeholders involved in the AGDM assessments. For persons of concern it is not easy to discuss issues related to SGBV in public. It takes time and repeated efforts to build trust with individuals and communities to address and prevent such problems and to move beyond the more immediate problems to in-depth dialogue and analysis.

172. UNHCR staff's feelings of insecurity and shame in addressing this sensitive issue further contribute to the under-representation of SGBV related issues in the AGDM assessments. As indicated during workshops and interviews with UNHCR staff, many UNHCR staff would rather not directly address SGBV related issues during the assessments. Furthermore, many UNHCR staff indicated not to have the necessary expertise or experience to deal with the suffering of survivors of SGBV. Semi-structured interviews with UNHCR staff involved in the AGDM assessments revealed "feelings of embarrassment related to the sensitive issue of SGBV" and "insecurity about how to address the subject". Obviously, even the best participatory assessment tool can become ineffective if staff responsible for its implementation is not experienced in addressing a sensitive issue like SGBV.

173. In addition, many UNHCR staff conducting the assessment expressed insecurity in facilitating SGBV focus group discussions, indicating that they had not received sufficient training. Although the guidance on M&E in the UNHCR's SGBV Guidelines on SGBV and in the UNHCR Tool for Participatory Assessment in Operations was generally appreciated, this could not balance the lack in training encountered by many UNHCR staff. However, even when no training was received, a majority of community services staff felt more confident in facilitating focus group discussions than other UNHCR staff. This is not surprising since Community Services personnel, with their professional background in social sciences, are often more experienced in conducting participatory assessments.

174. As identified within a number of workshops with IPs, refugees and UNHCR staff, AGDM assessments are generally appreciated by all stakeholders. Most UNHCR staff see them as a valuable opportunity to enhance cooperation between UNHCR/IP staff, to foster mutual learning and understanding of the refugee situation and to access information fundamental to adjust UNHCR's planning according to the needs of target groups. UNHCR staff members who participated in the AGDM assessments rated them more positively than those who did not.

175. However, several problems have also been pointed out by UNHCR staff:

- Some UNHCR staff expressed concerns that AGDM results do not automatically represent the opinions of the whole refugee community, e.g. in Nepal UNHCR had to battle with exclusion mechanisms related to caste and class.
- Other UNHCR staff questioned the applicability of AGDM assessments in urban and IDP settings. They argued that for example in Georgia with over 1200 collective centers for IDPs, AGDM assessments could not even roughly cover the whole target population. Some staff members therefore concluded that AGDM assessments should only be used in refugee camp settings.
- Some UNHCR staff pointed out that AGDM assessments are resource intensive and take a lot of time, especially in urban settings. AGDM assessments could therefore not be conducted as regularly as envisaged in the AGDM strategy.
- Some UNHCR staff expressed their concerns that AGDM assessments raise false expectations and that they should only be conducted if sufficient human and financial resources can be provided to implement the results.

176. On the part of the refugee community, the majority of interview partners reported general appreciation of this approach. However, when no proper follow-up to the AGDM assessments was assured, Implementing Partners and people of concern predominantly complained about the insufficient implementation of the AGDM results leading to frustration and low motivation to participate in future assessments. In fact, some UNHCR staff already reported low participation by people of concern in the second round of AGDM assessments.

177. In conclusion, AGDM assessments appear to offer the highest potential to identify gaps and to initiate participatory planning in the field of SGBV prevention and response. If adjusted to assess SGBV related information more effectively, participatory AGDM assessments are a well-suited tool to systematically gather, compile, and analyse qualitative information on knowledge, attitudes, and practice

related to SGBV. However, participatory assessments are not undertaken regularly in all countries or settings and, if they are, the results are often not sufficiently incorporated in programme planning, resource allocation, implementation, monitoring and reporting. In consequence, as identified in some settings, UNHCR is encountering increasing reluctance by the target groups to participate in the assessments.

Other assessments related to SGBV prevention and response:

178. UNHCR's assessment and monitoring mechanisms are, however, not limited to the AGDM assessments. SGBV related issues are also included in other forms of assessments, e.g. in 2007, a profiling exercise was conducted in Georgia identifying SGBV related protection issues like a high number of single-head households, a low degree of self sufficiency among the group of single refugee mothers, low school attendance among refugee children, and 92% of all marriages without certificates making it difficult to prove marriage and divorce. Other examples include a participatory evaluation carried out in November/December 2007 in Abkhazia and Western Georgia. The main SGBV-related concerns include a high rate of unemployment, lack of access to health facilities, especially Reproductive Health Services, costs related to medical treatment, low access to education, bad living conditions in community centers and lack of representation of IDPs in public services.

Recommendations related to the assessment methods employed by UNHCR in relation to the issue of SGBV:

- **Ensure systematic situational analysis in the beginning and throughout the programme cycle. Without effective situational analysis, SGBV programming lacks information necessary to guide ongoing design, revision, and improvements. Situational analysis must indicate needs, problems, issues, and successes related to SGBV.**
- **Continue the roll out of the age, gender and diversity mainstreaming strategy using participatory assessments and multifunctional teams to identify and address gaps in protection, make programmes responsive to identified needs, and set in place partnership agreements.**
- **Ensure the involvement and commitment of the management, especially Heads of Office, and the Representative in AGDM assessment approach.**
- **Be transparent and inform all AGDM participants about the scope and the limitations (!) of the AGDM assessment prior (!) to the assessments; this will help to counteract unrealistic expectations by the target group in order to ensure participation in future AGDM assessments.**
- **Develop a systematic approach on how to include SGBV related information in the AGDM assessments:**
 - **Train UNHCR staff in facilitating focus group discussions on SGBV: Participatory assessments are only as good as the people facilitating the**

assessment and will necessarily fall short if staff are not properly trained to conduct focus group discussion and interviews on sensitive issues like SGBV.

- **Mandate Community Services Staff with facilitating AGDM assessments on especially sensitive issues like SGBV: Given their professional background, community services staff are often more experienced in dealing with sensitive issues like SGBV and conducting qualitative focus groups discussions.**
- **Gathering, compiling, and reviewing information is only half of the assessment process. Analysing and using the information is the reason for AGDM assessments. It is therefore UNHCR's responsibility to analyse collected data properly and to share the results appropriately with participants and Implementing Partners.**
- **Follow-up to participatory assessment exercises is an essential step to let refugees know that their views are being taken into account and to keep channels of communication between refugees and multifunctional teams open. As envisaged in "The UNHCR Tool for Participatory Assessment in Operations", The AGDM assessment results should then provide the basis for building SGBV related perspectives into operational strategies and responses.**

7.3. Data collection and analysis activities and indicators used by UNHCR to measure the impact of its SGBV work

179. UNHCR's Standard Operating Procedures (SOP) on sexual and gender-based violence provide a template for monthly SGBV reporting including information on five SGBV indicators: the number of cases reported, information on services provided for survivors below 18 years and for all SGBV survivors, offices conducting SGBV training for at least 10 per cent of UNHCR/partner staff and for people of concern, and the development of standard operating procedures (SOP) for SGBV. In general, we saw great emphasis given to the difficult task of collecting comprehensive quantitative data on the number of incidents. All of the sites visited during the evaluation had monthly data reports on the number and types of incidents, and UNHCR staff usually used a clear incidence reporting and case management system for SGBV.

180. UNHCR efforts to improve information related to SGBV have resulted in a significant improvement in data availability. In 2005, only 59 refugee camps reported on SGBV events, this number has risen to 104 camps in 2006. At the same time, the 7,600 SGBV cases reported in 2006 was 77 per cent higher than the corresponding value in 2005 (4,300). Reporting on SGBV cases with survivors below the age of 18 years also increased from 1,500 in 2005 to 1,800 SGBV cases in 2006 (+14%). These trends do not necessarily mean an increase in the prevalence of SGBV cases; rather, this might be a reflection of improved monitoring and reporting of cases in camps.⁶

181. However, during this evaluation, inconsistencies could be found in all locations with regard to the classification of types of SGBV incidents, counting incidents, data collection and reporting and information sharing. Problems

⁶ UNHCR Statistical Book, *Monitoring Women's Protection: An Illustration using SGBV Data*, pp.62-64. 2006.

responsible for the difficulties in quantitative SGBV data collection include:

- Most incidents of SGBV, especially incidents of domestic violence or SGBV against children are usually not reported to UNHCR, the police or other institutions. If survivors or their relatives choose to report their cases, many of them approach doctors, psychologists or social workers, urging them not to report to any other individual or institution.
- Individual and collective socio-cultural factors impact on survivors' readiness to report incidents of SGBV, e.g. as identified during an extensive workshop with refugees, SGBV survivors do not seek help for fear of being stigmatized, fear of being blamed, feelings of guilt, loss of trust in legal and justice system, ignorance of legal rights and available services, inaccessibility to services like hospitals, police, courts, delayed justice, threats from perpetrators, etc.
- Individual and collective socio-cultural factors also impact on those who assess and report incidents of SGBV. Some sites complete Incident Report Forms predominantly for rape and sexual assault, while other sites include more reports on other types of SGBV incidents. Not all UNHCR and IP staff members share the same understanding of SGBV, making the comparison of data on SGBV very difficult.
- In some camp settings only incidents reported directly to UNHCR are included in the monthly SGBV reporting system due to confidentiality concerns by Implementing Partners.
- Information sharing between organisations on incident report data remains a challenge due to confidentiality concerns and different reporting mechanisms. Furthermore, incident reporting standards vary from organisation to organisation.

182. Shortcomings have been identified with regard to the impact analysis during and after programme planning and implementation. Most indicators used are more quantitative in nature and could therefore not reveal the true impact of programme activities. For example, indicators that count the number of staff training sessions will not reveal whether health staff has actually absorbed the requisite knowledge and skills. Equally, the impact of psychosocial counseling or achievements in changing male behavior cannot be monitored via quantitative indicators. Consequently, UNHCR knows very little about the impact of its SGBV projects, and even less about the social and cultural effects than about the technical outputs of its activities. Additional indicators used were often very general (e.g. „the attitude in the host population towards gender relationships“), making it impossible to monitor the progress of specific programme activities or outputs. In other cases too many specific indicators had been developed, thus making it impossible to effectively conduct regular M&E.

183. The lack of a common inter-agency information management system is a key challenge for the successful coordination and implementation of SGBV programmes for all agencies seeking to effect change in this critical area. Without such a system, the humanitarian community is not able to see a full picture of the effects of SGBV programming. UNHCR has been cooperating with the International Rescue Committee (IRC) and UNFPA to develop and test an information management system within the context of the Inter-Agency Standing Committee. The two main functions, statistical analysis (types of incidents, place of incidents, etc.) and sharing

SGBV data between agencies and within UNHCR, is likely to facilitate program-related decisions and to facilitate a coordinated response.

184. UNHCR is currently developing new approaches to managing SGBV information and documentation responsibilities, such as setting up an independent inter-agency information system to collect and share SGBV data anonymously. However, there is no easy way to address the problem of regular underreporting in the field. Conducting SGBV prevalence surveys and regularly collecting SGBV related data in conflict-affected settings presents too many ethical, and methodological challenges. Nevertheless, some initiatives, e.g. one initiative from 2000-2004 by the Reproductive Health Response in Conflict (RHRC) Consortium⁷, have demonstrated that "it is possible to design a survey questionnaire and conduct population-based research using methodologies that meet international standards for reliable data collection while supporting local partnerships and local ownership of the data"⁸.

Recommendations related to data collection and analysis activities and indicators used by UNHCR to measure the impact of its SGBV work:

- **SGBV programme coordinators and planners should select the few qualitative indicators that will enable M&E of the impact deemed most central and important to the program's objectives. Besides "performance indicators" used to measure a number of activities and services provided by the SGBV program, further emphasis should be given to "impact indicators" measuring changes in levels of knowledge, attitudes, skills, intentions, and behavior of the community. For instance, we would recommend an indicator to measure the change in attitudes related to SGBV rather than whether the issue has simply been addressed during a discussion.**
- **It is UNHCR's responsibility to analyse collected data properly and to share the results appropriately with participants and Implementing Partners.**

⁷ Gender-based Violence Tools Manual for Assessment and programme Design, Monitoring, and Evaluation, (2004).

⁸ Jeanne Ward is the GBV Research Officer at the International Rescue Committee

8. Partnerships and inter-agency cooperation

8.1. UNHCR's leadership role in the cooperation with other UN agencies and NGOs

185. UNHCR is the main agency delivering services for displaced communities in situations of war and conflict offering protection and basic services for people of concern. It is the one UN agency that has the technical and practical experience in the field to coordinate integrated action against SGBV in refugee settings.

186. Given the complexity of situations requiring SGBV prevention and response, and the wide range of relevant actors (especially but not only in the context of UNHCR's increased activities for IDPs), UNHCR increasingly relies on partnerships in its operations – including partnerships with other humanitarian organisations and with governments. While some actors certainly play a greater role in SGBV prevention and response, it is the common responsibility of all actors involved to coordinate their efforts and share the results of their activities for more complementary action.

187. However, coordination is necessary to achieve a more comprehensive impact and ensure a more targeted use of the available funding. As such, UNHCR is recognized by many as the lead agency responsible for SGBV prevention and response coordination in refugee communities.

188. UNHCR has proved its commitment to the issue by bringing forward SGBV policies and programmes in the IASC framework in order to ensure that all SGBV related actions are coordinated between the IASC members and their partners at the national level. Furthermore, in some of the settings evaluated during this evaluation, UNHCR staff have done an impressive job in providing the leadership and strategic direction to a diverse group of actors in the field. Interaction and cooperation in many operations is demonstrated by regular joint meetings, data exchange and collective programme efforts. In addition, UNHCR organizes inter-agency conferences on good practice and lessons learnt with regard to SGBV programme activities on a regular basis.

189. For instance, in Georgia, UNHCR has achieved good results in the joint UN work on policy instruments for improving conditions for IDPs. Under UNHCR leadership, UN agencies have continued to provide the necessary assistance to the IDPs, and have also collaborated with the Ministry of Refugees and Accommodation and other stakeholders for the elaboration of the state strategy for IDPs and the related IDP Action Plan. UNHCR continued strengthening its collaboration with the other UN-agencies and took part in four UN Theme Groups (UNTG), chairing one on "IDPs and conflict zones". Given the multiple tasks in inter-agency planning, UNHCR was not yet participating in the joint UN initiative on "Gender Equality" initiated in 2007.

190. UNHCR is actively engaged in the U.N. Action initiative designed to highlight and create awareness of sexual and gender based violence. It is a concerted effort by the UN (UNDP, OHCHR, UNHCR, OCHA, UNIFEM, UNICEF, WHO, WFP, UNFPA, and DPKO) to improve coordination and accountability, amplify programming and advocacy, and support national efforts to prevent sexual violence and respond effectively to the needs of survivors.

191. While UNHCR plays an increasingly positive role, the coordination between UN agencies on SGBV prevention and response remains necessarily inadequate in many operations. For instance, in the Bhutanese refugee camps in Nepal, UNHCR can only rely on the help by WFP. The other UN agencies are not present in the camps or even in the districts as the development indicators of these areas are above the national average and are thus not prioritized for intervention by other UN agencies.

192. At the field level, UNHCR's opportunities to cooperate with other UN agencies are often limited. While UNHCR demonstrates extensive field presence and works with displaced communities in areas of conflict, other UN agencies often concentrate on policy change and institutional development.

193. Inter-agency planning and implementation may also remain limited simply because other UN organisation are not present in the field. For instance, although UNICEF has greater expertise in the provision of educational services as well as services for children, cooperation is often not possible since UNICEF is not present in many settings of UNHCR's operations.

194. To respond to the need for food assistance, UNHCR is cooperating with the World Food Programme (WFP). For instance, in Yemen, a programme for school feeding and family rations for vulnerable families attending the MCH clinics has been designed to assist defined target groups in the urban refugee area of Basateen. Promising developments can also be seen in the UNDAF working group on gender, established and legally endorsed in 2007. At this stage, emphasis is placed on getting data which could provide the base for further programming. Other planned activities include a closer cooperation with UNFPA and its partner Oxfam in the implementation of gender training for police, religious leaders, doctors etc.

195. Despite major achievements in many operations, the evaluation also revealed shortcomings with regard to UNHCR's engagement in coordinated UN action at the country level, e.g. UNHCR did not always engage actively in the UN country teams despite existing initiatives in response to SGBV.

196. Since its founding at a Oslo conference in 1994, UNHCR's "Partnership in Action" aims to strengthen the partnership between UNHCR and NGOs at the national and local levels. But the ambitious plan, which created high expectations in the NGO community, has at times proved difficult to manage and to put into operation. The perceptions of NGOs and UNHCR often differ, and communication problems remain between UNHCR and the NGOs. While the programme has contributed to raising awareness of the potential of local and national NGOs, it has not always led to effective cooperation between governments, NGOs and UNHCR. However, significant progress is exemplified in the number of partnerships between UNHCR and national NGOs tripling since 1994.

197. UNHCR's expectations on local NGOs in terms of coverage and comprehensiveness of services may often simply be beyond the staffing, budget and time capacity of the organisation. However, over the course of this evaluation, local NGOs offering comprehensive services in SGBV prevention and response could be identified. Some of these NGOs described a non-participatory attitude on the part of UNHCR, where they were treated simply as partners "implementing" UNHCR's programmes rather than having an input into conceptual thinking.

Recommendations related to UNHCR's leadership role in the cooperation with other UN agencies and NGOs

- **Given UNHCR's leadership role in refugee situations, coordination must be seen as UNHCR's responsibility. It must reinforce efforts to better coordinate and streamline their activities and work as "one UN" at country and global levels. At country level UNHCR should lead UN action in refugee settings, including efforts to build capacity for joint UN programming.**
- **In order to increase coordination in SGBV prevention and response, UNHCR must engage actively in the UN country teams. In particular, UNHCR representatives must make the coordination between UN actors a priority.**
- **As the one UN agency working closest to refugees, UNHCR should build up on its experience in SGBV prevention and response and use its technical expertise in the working field to advise other agencies on SGBV-related activities.**
- **If present in the field, UNICEF is the logical organization to take the lead on education and other child-related issues including protection. Strong cooperation links with UNICEF have to be established in all refugee settings.**
- **UNHCR is advised to deepen partnerships with the many NGOs and civil society organisations that have been actively working to end sexual violence in conflict for many years. Consultations with other members of civil society than just the implementing partners such as women's and men's groups, human rights groups, policy institutions, religious organizations, etc. should be an integral part of a well-managed and participatory cooperation strategy.**
- **Early involvement by NGOs in policy discussions at national and international level is desirable, not only after decisions have been made.**
- **NGOs should be involved in the conceptual stages of planning and treated as genuine partners rather than implementing agencies.**
- **In particular, NGO field staff should be well informed of how they can take part in joint assessments and planning exercises. The role of NGOs in evaluations should also be enhanced.**

- **UNHCR has a central role to play in ensuring that expertise and skills related to assisting refugees is transferred to local NGOs. Local NGOs must be included in UNHCR training programmes and they should receive reliable access to UNHCR SGBV documentation as well as applicable guidelines needed for planning purposes.**

8.2. UNHCR's partnerships with its Implementing Partners

198. UNHCR cooperates with local and international partner organisations to implement all direct services for survivors of SGBV. This approach is highly appropriate in order to implement a community-based, participatory and rights based approach in the agency's operations.

199. However, the related expectations in terms of coverage and comprehensiveness of service may often simply be beyond the staffing/budget and time capacity of IPs, especially local NGOs. Although formally comprehensive SGBV-prevention and response programmes have been set up in most operations, services provided by Implementing Partners often remain poor in terms of quality and comprehensiveness, particularly in the areas of health and psychosocial care.

200. For the past, IPs efforts are reported to be sometimes undermined by UNHCR's budgetary procedures, e.g. according to some interview partners funding has not been provided in time, thereby impairing the performance of IPs, especially of those who depend totally on UNHCR funding. Funding delays can lead to serious misunderstandings between Implementing Partners and UNHCR: while UNHCR staff might have the impression that the local partners are not doing enough, Implementing Partners might feel that a problem is being forced on them that they are not resourced to deal with.

201. In some operations the performance of IPs is further compromised by deficits in the communication between UNHCR and IPs. While some IPs complain about unclear lines of communication and too many contact persons (e.g. from protection unit and community services), others express their strong wish for more contact to UNHCR, e.g. some IPs indicated that there was no formal meeting with UNHCR for periods of more than two months.

202. As seen during the country missions, low salaries and consequently high staff turnover in Implementing Partner organisations can lead to further negative effects.

203. While UNHCR plays an important role in the coordination of its Implementing Partners, we did not find effective coordination mechanisms between other NGOs and civil society groups in most settings encountered.

Recommendations related to UNHCR's partnerships with its implementing partners:

- **In every country operation, UNHCR should conduct regular and systematic assessments on the availability of suitable Implementing Partners to be integrated in UNHCR's SGBV prevention and response. In particular, local organisations originating from the refugee community offer valuable opportunities to foster lines of communication with the people of concern and to increase mutual understanding on issues related to SGBV. If they do**

not exist or if they are structurally weak, UNHCR should seek for capacity building.

- UNHCR should encourage partnerships between implementing partners and other local NGOs, e.g. through the organisation of regular forum meetings on SGBV, to coordinate SGBV-related activities among themselves and to disseminate their research and programme results. National SGBV networks should be established to enhance coordination of programme planning and implementation. This will only work if UNHCR actively encourages and protects such a network. Local partners usually compete too strongly with each other and are financially too weak to dedicate much time to the development of networks.
- Strong communication lines and regular meetings between Implementing Partners and UNHCR will foster participatory programme planning and implementation, peer accountability and monitoring of IP performance.
- Support is also needed to enable Implementing Partners to build new partnerships with other donors apart from UNHCR.
- Capacity building of local NGOs should be prioritized over the engagement of international NGOs whenever possible.

8.3. UNHCR's partnerships with governments in the prevention of and response to SGBV

204. The “responsibility to protect” is first and foremost a government responsibility. This includes the responsibility to protect against and provide remedies for acts of violence against women and girls. Under international humanitarian and international criminal law, states have an obligation to search for and prosecute persons suspected of war crimes and crimes against humanity. This includes crimes in relation to rape and other forms of sexual violence. A number of Executive Committee Conclusions and the Agenda for Protection have also highlighted the need for countries and UNHCR to take action to prevent and respond to SGBV.⁹

205. Protecting politically, socially, economically or otherwise marginalized individuals is a challenge for any government, but especially for countries in crisis. Where a country cannot or will not protect populations of concern to UNHCR, there is a collective responsibility to act.

206. Sexual violence during conflict remains vastly under-addressed due to weak national mechanisms for protection and judicial redress and inadequate health and social support services.

207. UNHCR is committed to aligning its work more effectively behind national efforts to address sexual violence. However, coordination with the government is challenging, as this often does not speak with one voice and lacks the necessary staff, organizational structure, skills, funding and understanding of the need for a human rights-based and vulnerability-focused approach. Government and state institutions

⁹ UNHCR Handbook on the Protection of Women and Girls, First Edition, Geneva, 2008

are often insufficiently trained on SGBV related issues and are therefore not sufficiently supportive of SGBV programmes implemented by UNHCR. Also, there is often no money attached to specific SGBV-related activities within the local budgets. Given the political instability in certain countries, there can be high staff turnover in the ministries and new relations have to be established when the staff changes.

208. As seen during this evaluation, the cooperation with government institutions in regard to SGBV programming remains weak in most places. In some settings we even found a general reluctance of governments to address SGBV.

209. As revealed during this evaluation, government institutions are often not sufficiently informed about the content and scope of UNHCR's SGBV prevention and response strategy, and therefore not sufficiently supportive of SGBV programmes implemented by UNHCR.

210. We also encountered a high staff turnover in many ministries resulting in the need to establish new relations whenever staff changes.

211. Overall, prevention and response to SGBV is not at the top of the priority list of most governments, and even less so in regions of war and crisis.

Recommendations related to UNHCR's partnerships with governments in the prevention of and response to SGBV:

- **In order to address the issues of sustainability, UNHCR should initiate the cooperation with governments in the early stages of every SGBV programme and throughout the operation. The aim must always be to provide services for as long as it takes to develop local capacities, rather than replacing the governmental structures.**
- **Training of government officials on SGBV-related issues should already start in the early phase of the planning cycle. If qualified staff is available, training could be provided by IPs and other NGOs thereby enhancing SGBV-related cooperation between governments and NGOs.**
- **Building political will is essential to ensure the development of comprehensive national action plans to combat SGBV. Not only the key officials must support and promote effective implementation of the action plans on SGBV. For success, political involvement must extend far beyond high-ranking public officials to ensure that all the actors, including judicial bodies, police and traditional leaders, are strongly supportive of the action plan to respond to and prevent sexual violence.**
- **UNHCR should further contribute to SGBV prevention and response by advocating with governments for local integration, full access to all public services, and specific livelihood activities designed to enhance the life of refugees.**
- **UNHCR should also foster governance and reform processes that improve women's access to decision-making and strengthen their voices in public affairs, with the long-term view of tackling gender-specific power imbalances.**

8.4. UNHCR's partnerships with the refugee/IDP community in the prevention of and response to SGBV

Community leaders

212. Focusing on community-based approaches requires a more in-depth understanding of customary law, as well as a community-driven review of existing practices in addressing SGBV through the involvement of community leaders. Community leaders can play an active role in the social reintegration of survivors. Community leaders can negotiate with husbands and fathers to allow wives and daughters back into the household. They can work with local administrators and community councils to ensure perpetrators are arrested, rather than having the case resolved. They can also educate communities on the risks and consequences of sexual violence and help identify cases.

213. However, community leaders may also take decisions based on traditional methods – which often involve restitution paid to the survivor's father or husband and, in some cases, forced marriage of a female survivor to her attacker. Community leaders may also subordinate women's rights to a "greater" good, be it community cohesion or family honor/reputation.

The displaced community

214. The active engagement and leadership of the community is a central element for SGBV programme success. Without this participation, there will be no incident reports, no clients, no active engagement in SGBV response, and only limited prevention. A top down approach to SGBV prevention and response, just like to development cooperation in general, does not build the community's capacity to help itself and can therefore not be sustainable. Today, the negative consequences of top-down humanitarian aid distribution, resulting in feelings of disempowerment on side of the "beneficiaries" is well known to the humanitarian community. The displaced setting is a valuable opportunity for influencing change and decreasing SGBV incidents through participation (and training) of community members in all SGBV programme activities. Many refugees will return home one day or integrate into the local community and take with them the new knowledge, attitudes, and skills and will thereby also add to SGBV prevention and response in other communities or countries.

Recommendations related to UNHCR's partnerships with the refugee/IDP community in the prevention of and response to SGBV:

- **UHCR is advised to prioritize cooperation with organisations originating from the refugee/IDP community whenever possible. If they do not exist or if they are structurally weak, UNHCR should seek for capacity building.**
- **Involve community leaders in SGBV programme planning and implementation from the very beginning of the planning cycle.**
- **Consult community representatives in regular meetings during programme**

planning and implementation.

- The potential positive impacts of refugee participation include:
 - Refugees become equal partners in the process.
 - Refugees will neither blame UNHCR and Implementing Partners for all problems. People of concern will see UNHCR and NGOs rather as partners than care givers → dependency is reduced.
 - Programmes are more likely to be cost-effective and successful in meeting objectives.
 - UNHCR will communicate more effectively with donors regarding resource constraints, based on the information gathered from the refugees.
 - Host governments will understand and appreciate the need to work with refugees as equal partners and not see them as a burden.

8.5. The Cluster Approach in IDP situations

215. The cluster approach carries a considerable amount of potential, but there is clearly some way to go before this can be fully realised. In particular, effective SGBV programming requires strong technical knowledge and practical experience in the field. Not all UN agencies have developed the same level of experience in SGBV prevention and response as UNHCR with its strong field presence and comprehensive programming approach to SGBV.

Recommendations related to the cluster approach:

- Although efforts for clustering and for inter-agency cooperation are useful, they need to be further developed. Unnecessary bureaucratization should be avoided, and efforts must be made to enhance SGBV mainstreaming and cooperation in SGBV related programmes.
- Clusters should focus on independent assessment of the government's capacities and on capacity building with NGOs and elected local bodies. A clear strategy for local involvement is required in every cluster operation. UN agencies need to make significant further outreach to NGOs, particularly local NGOs, to set out the role of clusters and how NGOs can interact with them. NGOs should be involved in the conceptual stages of planning and treated as genuine partners rather than implementing agencies.
- Full training should be provided for clusters on their roles and responsibilities in SGBV planning.
- UNHCR, due to its long-standing experience in the field, should help to mainstream SGBV prevention and response more effectively in inter-agency cooperation by linking programme planning within the cluster approach to the practical experience in the field.

9. Services provided to survivors of SGBV

216. This section explores the quality and comprehensiveness of services provided to SGBV survivors by UNHCR and its implementing partners in the following fields:

- Livelihood activities
- UNHCR's awareness raising and public information activities
- Safety/security response
- Response of legal system
- Medical Health Care for Survivors of SGBV
- Psychosocial Care for Survivors of SGBV
- UNHCR's activities in preventing of and responding to SGBV against children

Note: a number of good practice examples for SGBV prevention and response are illustrated in Appendix 3.

9.1. Livelihood activities

217. Refugees are entitled to obtain their full human rights in the host country, including their social and economic rights. Although UNHCR aims for a multi-sectoral approach based on the understanding that sexual violence not only has destructive and negative effects on the physical and psychological well-being of humans but also results in their economic and social disempowerment, so far limited attention has been given in many operations to the improvement of the economic and social preconditions that contribute to SGBV in the host countries. In many operations, Standard Operating Procedures on SGBV outline innovative approaches to livelihood activities, e.g. the introduction of Women's Groups, focusing on educational activities, income-generating activities and mutual group support, but only limited human and financial resources are allocated to livelihood activities and the extent and impact of these concerted efforts was generally limited in the operations evaluated.

218. Livelihood activities are vital for fostering self-reliance and long-term solutions for the lives of refugees/IDPs. It cannot be overemphasized that the ability to provide for their own needs is one of the main factors to protect refugees and IDPs from SGBV. For instance, without the ability to provide for their basic needs in terms of food, clothing and accommodation, refugees/IDPs are liable to acquiesce to sexual abuse in return for these basics. This problem is not restricted to adolescents, but also extends to younger unaccompanied and separated children who are not provided for. In many countries poor families are also driven by their economic circumstances to push daughters into early marriages where they are at a high risk of conjugal sexual violence.

219. Access to education is another important SGBV prevention mechanisms. It is well known that children and young people with educational deficits risk severe psychological consequences. If they do not have access to education and cannot imagine that this will ever be possible for them, they are more likely to adopt a

passive and frustrated attitude, in other words, to act on impulse or simply do what seems to be best for their current needs, without thinking about the consequences. Young males especially who are deprived of opportunities for self-realization and access to education often vent their feelings of frustration against their female peers.

220. The frustration is especially high in situations where refugees have to spend several years in the camps without the opportunity to live and work freely in the host country. These situations are particularly harmful for men who are deprived of their traditional role as providers for their families and therefore resort to violence that is often directed against women.

221. On the individual level, one of the major consequences of human-made disasters is a reduced choice of actions in response to external demands. Trauma experts see regaining agency and ability to act with responsibility as a decisive factor in overcoming traumatic experiences.¹⁰

222. Unfortunately, livelihood activities are often seriously restricted due to political interests by host governments, i.e. it is difficult to organize income-generating activities for refugees in camps when they are not allowed to work and cannot sell their products outside the camps. Government restrictions on refugee mobility also have a direct influence on whether refugee products gain access to the market.

223. The lack of opportunities to achieve self-reliance is a key protection concern in refugee and IDP communities, linked to a number of risks including SGBV. As part of a strategy to improve the livelihoods of displaced persons within their local communities and to prevent SGBV, UNHCR has supported a number of activities geared towards equipping refugee women with the necessary skills and education.

224. During the country missions, the evaluation team identified a number of small-scale skills training and income-generating activities for women and girls such as computer skills training, vocational training, training in traditional handicrafts, bakery, and catering. Micro-finance programmes have proved to be efficient, however the clients who are most likely to benefit from these programmes are those already with business expertise. Other UNHCR income generating activities include the follow-up on ideas to create business joint ventures with the local population.

225. In many settings, UNHCR has also taken on the responsibility to advocate for access to the public educational system. For instance, UNHCR Georgia together with its implementing partner NRC initiated discussions with the Ministry of Education to resolve inadequate certification of refugee school students. All refugee children and young people now have full access to the Georgian public school system.

226. However, the financial resources allocated to income generating activities and their scope were generally limited.

227. Furthermore, the evaluation revealed that income-generating programmes

¹⁰ See Rothkegel, Sibylle (2008) Die Situation von Flüchtlingen und Migrantinnen und die Folgen traumatischer Erlebnisse, in Opferschutz im Strafverfahren. Friesa Fastie (ed.) pp. 29 - 43. ; Herman, J.L. (1992). Trauma and recovery. From domestic abuse to political terror. London : Pandora

are often not targeted sufficiently towards survivors of SGBV and groups most vulnerable to SGBV like those with mental or physical disabilities. Good practice examples of UNHCR's work include income generating programmes and SGBV awareness raising activities targeted towards deaf children and young people in Nepal.

228. The impact of income-generating activities is also often restricted by the legal framework of the host country, e.g. in Nepal, refugees are not allowed to work or to sell their products outside the camps. Furthermore, government restrictions on refugee mobility have a direct influence on whether refugees gain access to the market.

Recommendations related to livelihood activities:

- **UNHCR is challenged to advocate for national policies that guarantee refugees their full rights in the host country including local integration and access to education and the labour market.**
- **All training courses should be based on an assessment of market opportunities. Before introducing training activities, UNHCR country offices should conduct a participatory survey to assess livelihood needs and income generating opportunities among refugees and IDPs. In this respect, cooperation with local NGOs, business associations and refugees is essential.**
- **In every livelihood programme, UNHCR should aim to engage people with expertise, e.g. retired business people or other experts.**
- **UNHCR is advised to set up business cooperatives exclusively (!) for women, especially single mothers, with elected representatives. This can be done with relatively modest funds.**
- **Introduce micro-financing programmes whenever applicable to support economic self-reliance and start-up of small enterprises.**
- **Consider building refugee/IDP committees exclusively for women to consult on income generating activities and to allocate funds for community activities.**
- **Provide scholarship programmes for children and young people: empowering young people is strongly connected to educational opportunities. UNHCR could reassess the availability of scholarship programmes for refugees/IDPs, e.g. the main aim of the DAFI programme offered by UNHCR and financed by the Albert Einstein German Academic Refugee Initiative (DAFI) is to contribute to human resources development in order to improve self-reliance for refugees.**
- **Existing youth work should be sustained financially and materially, additional youth self-help groups could be initiated to foster self-reliance.**

9.2. UNHCR's awareness raising and public information activities

229. The impact of many efforts in preventing sexual violence is often limited by the fact that they are unable to address the fundamental causes of the violence, including gender inequality and bad governance. In order to spread the knowledge about adequate response to SGBV and to improve prevention through a change of cultural attitudes and practices, UNHCR and its implementing partners are investing in awareness raising activities in all the locations visited. UNHCR's awareness raising strategies are based on a variety of operational tools that aim at influencing changes in knowledge, attitudes and behavior by transforming socio-cultural norms of gender inequality and discrimination. Besides the publication and distribution of informational booklets in many locations, UNHCR's implementing partners also provide workshops and training sessions on SGBV targeting refugees/IDPs, NGOs and GO staff.

230. In some operations, SGBV is mainstreamed in trainings on other crosscutting issues such as reproductive health or human rights, e.g. in Georgia training sessions were held for gender and age based groups, covering topics such as human rights, women and children rights, HIV/AIDS, and TB. By avoiding names such as "SGBV meetings", UNHCR and Implementing Partners managed to counteract stigmatisation and to encourage more people to attend the meetings.

231. Furthermore, several UNHCR country offices encountered during this evaluation increased awareness on SGBV and the rights of refugees and IDPs through training sessions and workshops targeting border guards and government officials dealing with asylum claims.

232. Schools are an ideal place in which to introduce primary prevention programmes to a wide range of children and young people. Much social learning takes place in schools, and influences the development of behavior and attitudes. Regular lectures on gender tolerance and non-discriminatory behavior have been planned and already given at schools in some countries. Several UNHCR operations also provide recreational activities, e.g. music and dancing classes, organized for children and youths.

233. UNHCR's implementing partners also developed innovative awareness-raising activities for children e.g. the participatory development of puppet theatre plays, a regional theatre contest, radio broadcasts on SGBV related issues, TV advertisements, talk shows or films on the problem of violence against women.

234. UNHCR has achieved progress in targeting children with awareness raising campaigns on SGBV. Children and young returnees from Tanzania, who lived for a while in the camps there, showed very good knowledge about preventing SGBV. Awareness-raising programmes are organized together with UNICEF in primary schools and secondary schools. In the DRC, awareness programmes are carried out in primary and secondary schools. However, awareness raising methodologies may not always be effective and the knowledge of trainers may not always be sufficient to initiate discussions on gendered attitudes and practices or the impact of SGBV.

235. However, the human resources allocated to these activities remain limited in most settings encountered. SGBV awareness raising activities are often based on

short-term arrangements rather than on an integrated awareness-raising strategy. Innovative strategies are implemented in some countries, but their experience is not known to other country operations.

236. In some country operations with mass information programmes, SGBV messages are not yet systematically included.

237. Awareness activities are often not sufficiently targeted to the most vulnerable groups. Factors such as social class or gender will prevent many refugees/IDPs from attending. Very poor and marginalized people usually do not join group activities unless a special effort is made to reach out and include them.

238. Very often, SGBV seems to be treated as a separate issue and is not included in the discussions with refugees on other issues such as for example reproductive health or child health.

239. In general, the linkage between reproductive health programmes, HIV/AIDS awareness raising programmes and activities dealing with SGBV is still insufficient. For instance, although many UNHCR programmes try to mainstream SGBV within their awareness raising activities on HIV/AIDS, they still do not sufficiently address the SGBV related psychosocial dimensions like feelings of fear and insecurity.

Recommendations with regard to awareness-raising activities:

- **UNHCR should raise public awareness and generate political will to address sexual violence as part of broader campaigns.**
- **UNHCR should ensure that SGBV messages are included in public information programmes whenever possible and applicable.**
- **Integrating SGBV in less stigmatized and sensitive topics is a way to encourage more people to reflect on the issue and to exchange experience.**
- **UNHCR should initiate awareness raising activities at schools whenever possible. Peer group education on SGBV could be provided in schools utilizing an “edutainment strategy”, i.e. students could be invited to submit creative ideas for a film on SGBV.**
- **UNHCR should introduce peer education in the IDP/refugee community: identify adult and youth peer educators and provide training and peer educator tool kits on SGBV. Peer educators could be trained on a range of topics including reproductive health, STIs birth control, the dynamics of sexual assault, consent & communication, etc. The peer educators could also train other community members about the importance of self-assessment, assertive communication, personal boundaries, power dynamics in relationships and sex role stereotypes. In regard to secondary prevention efforts peer educator programmes could be directed toward identified individuals who have exhibited particular risk behaviors or possess certain risk factors (e.g., male; prior exposure to violence) that are associated with SGBV. For example, specialised programmes for men who have a history of victimization or problems with substance abuse could be**

provided.

- **Additionally, awareness-raising and training should be carried out both among UNHCR /IP staff and the community to highlight the particular protection risks children face and to provide guidance on how to implement prevention strategies.**

9.3. Safety/security response

240. In many refugee communities, survivors of SGBV are often isolated and rejected by families and neighbours. Immediate relocation to other areas or cities is not always an option for survivors of SGBV. Survivors of SGBV therefore regularly remain without shelter and provision of basic services. Many survivors of SGBV and many women at risk are referred for resettlement but the procedure takes time and is only applicable to persons who meet the resettlement criteria.

241. UNHCR usually does not favour safe houses as a protection solution. However, in some operations UNHCR decided to establish a safe house for SGBV survivors due to the above-mentioned problems.

242. As identified during several visits to prisons and detention centres over the course of this evaluation, a number of people of concern remain in jail without sufficient access to legal services. In some operations UNHCR screens prisons and detention centres to identify potential persons of concern. Given the well-known facts about widespread SGBV in prisons these initiatives are likely to reveal serious protection concerns related to SGBV.

243. In camp settings, personal security and safety within the camps is still not always provided due to poor housing and lack of electricity in facilities. Other well known risk situations include fetching firewood and water, or going to work in local communities. Furthermore, SGBV by security providers and police remains a problem in many camp settings and urban environments. Some important steps have been taken in the right direction including specialized SGBV training for security providers in the camps and greater involvement of female security providers.

Recommendations with regard to security and safety:

- **UNHCR should revisit the question of safe houses for female survivors and children as a temporary solution while alternative solutions are thought of. Special consideration should be given to children of survivors, foster children, orphans, and unaccompanied minors, e.g. by the provision of safe housing. The community can be involved in selecting foster parents to ensure that children are placed in trustworthy families.**
- **UNHCR should revisit its protection strategies for Implementing Partners staff dealing with SGBV.**
- **UNHCR should systematically screen prisons and detention centres to identify potential persons of concern in order to protect them from SGBV and other protection concerns.**

9.4. The legal/judiciary response

The judiciary

244. In post war societies, we often find a general breakdown in social norms, withering of traditional conflict resolution and community sanction mechanisms, and an absence of functioning law enforcement and judicial institutions. A functioning legal system is crucial for effective SGBV prevention and response. Shortcomings in such a system not only make women more vulnerable to abuse but also reduce recourse to support and redress. The failure of legal systems across the globe to effectively investigate and prosecute human rights violations against women and girls has resulted in a system of global impunity for perpetrators which must be urgently addressed. Often, the legal framework addressing SGBV is problematic in transitional societies, i.e. regularly there is no specific legislation regarding domestic violence. Access to legal advice for SGBV survivors remains a major challenge in many operations. Lengthy procedures and institutional reluctance by law enforcement and justice administration bodies continue to constitute major obstacles to the provision of legal and police support for SGBV survivors. Traditional justice systems constitute an important and often neglected resource in dealing with SGBV, but at the same time they may also cause harm.

245. In many countries of refuge, the police does not have the capacity to provide their services to refugees and IDPs. This is often aggravated by the fact that refugee camps are located in inaccessible regions with limited police presence. In other settings, especially in urban settings, the police force itself constitutes a risk for refugees, particularly if the displaced population has no clear legal status, e.g. as reported in many countries, local police have demanded sexual favours in return for assistance. A lack of training and insensibility in dealing with survivors of SGBV often constitutes a major obstacle to successful legal recourse.

246. UNHCR aims to provide access to legal counseling and representation through UNHCR's implementing partners. In most settings encountered during this evaluation, lawyers are contacted and take on the case as soon as UNHCR or the psychosocial or medical partners refer them. UNHCR staff conduct regular training sessions for the staff of implementing partners on the procedure for referrals and reporting of SGBV cases. Furthermore, in several operations, people of concern are provided with information on reporting and referral pathway by means of leaflets, booklets, and posters and regular training and discussion rounds.

247. However, many SGBV survivors do not opt for legal recourse and do not report to the police. Large numbers of survivors withdraw their cases for fear of losing the breadwinner, as well as being blamed and rejected by their community members. Besides the societal and cultural attitudes, the lack of female legal counselors in some operations and insufficient training of lawyers on interviewing of or working with SGBV survivors may also partially account for the low request of legal services encountered in some operations. Access to legal services may also be difficult for some survivors due to long walking distances to the next counseling centre.

248. Considerable shortcomings have been identified in some settings in regard to inadequate provision with information on their cases, resulting in feelings of

disempowerment among survivors and an overall loss of faith in legal recourse.

Recommendations with regard to legal and police services for SGBV survivors:

- **UNHCR should give additional attention to partnerships with local lawyers' associations and women lawyers' associations or civil society groups.**
- **For many SGBV survivors, legal protection is not the first priority. SGBV survivors should never be pressed to follow legal recourse as this may lead to additional traumatisation. Furthermore, legal services to survivors of SGBV should always (!) be combined with concrete psychological assistance.**
- **UNHCR is advised to seek cooperation with state institutions in order to introduce strict sanctions for police officers who abuse or exploit women or men.**
- **UNHCR should also enhance training activities targeting police and lawyers on how to deal with survivors of SGBV.**
- **In some operations, UNHCR should consider to undertake measures to increase the accessibility of legal counseling i.e. through the provision of transport to legal counseling.**

9.5. Medical health care in SGBV prevention and response

HIV/AIDS - Reproductive health

249. Sexual violence is a public health issue that has both psychological and physical implications for HIV/AIDS prevention, treatment and care. Several issues that increase women's and girls' vulnerability to HIV also increase the vulnerability to SGBV, including among others: poverty, lack of access to education, harmful traditional/cultural and social practices such as FGM, lack of access and control of economic resources and subsequent high-risk coping strategies. Gender inequality and lack of respect for the rights of women and girls are key reasons for SGBV and simultaneously drive the HIV/AIDS epidemic.

250. People in displaced communities are also at greater risk of reproductive health concerns such as sexually transmitted diseases, unwanted pregnancy, and unsafe abortion.

251. Yet, these obvious interlinkages between HIV/AIDS and SGBV have long been ignored and few assistance programmes have addressed HIV/AIDS as a central component of SGBV prevention and response planning. It must therefore be the objective to mainstream HIV/AIDS prevention and response as cross-cutting issues into all SGBV related activities. Every SGBV programme must also take into account the gender dimensions of the HIV/AIDS epidemic. There is a need for analysis and exploration of systemic gender inequalities, and all stakeholders need to engage deeply with gender inequalities which both fuel the epidemic and are exacerbated by it.

Recommendations with regard to HIV/AIDS and reproductive health:

The following key activities should be part of every SGBV response programme:

- **Creating partnerships with other key stakeholders, e.g. from the medical sector, to enhance coordination and sharing experience on HIV/AIDS and SGBV.**
- **Disseminating information and raising awareness on HIV prevention and response and its interrelationships to SGBV prevention and response.**
- **Establishing sector-wide linkages on HIV and SGBV issues**
- **Providing pro-active leadership and advocacy on emerging social issues pertaining to HIV/AIDS and SGBV**
- **Advocating for the rights of women including promoting safe motherhood for women living with HIV/AIDS**
- **Contributing to the HIV and SGBV related policies and legal frameworks and overall HIV and SGBV response.**
- **Raising awareness on FGM elimination.**

Medical health care for survivors of SGBV

252. The effects of SGBV are frequently devastating for the individual, family and community, with severe physical, psychological and social consequences. Physical consequences can include injuries, fistulas, unwanted pregnancies, and sexually transmitted diseases including HIV/AIDS.

253. Basic medical services to refugees are generally provided by UNHCR's implementing partners and, in some countries, by municipal programmes.

254. If possible, patients with additional medical needs and all children are referred to state hospitals and psychiatric clinics. However, according to IP staff and target groups, even in hospitals, only basic medical services can often be provided in response to the specific needs of survivors of SGBV, e.g. reproductive health and mental health services may be particularly poor, as revealed during the country missions in this evaluation.

255. The limited time of the evaluation missions did not allow a full assessment of the quality of medical services provided by UNHCR's Implementing Partners or in the public sector.

256. However, according to UNHCR staff and the refugee community, there is often insufficient funding to provide comprehensive medical services for all refugees/IDPs. While most treatment costs are reimbursed by UNHCR through its implementing partners, treatment costs for chronic diseases and major operations are not reimbursed by UNHCR, leaving refugees/IDPs, many of them survivors of SGBV, without the necessary medical help.

257. All IP health staff interviewed during the evaluation requested additional training in the clinical and psychological management of survivors of rape. Most of health staff interviewed had not received specialised training on SGBV. None of them ever had any training in psychological interviewing techniques/counseling. Without adequate community services staff in place in some countries and no other UNHCR staff with medical background, the necessary medical expertise was often lacking to provide this kind of training.

258. The lack of qualified medical UNHCR staff furthermore accounts for shortcomings in monitoring the quality and comprehensiveness of health care services provided by IPs.

259. While in most settings encountered, rape survivors were treated by female clinic staff, access to qualified female doctors was not assured in all camps visited.

260. In several settings we encountered, IP medical staff provided training on HIV/AIDS and SGBV. However, they had not been trained to provide such training and they often lack basic training materials such as posters, handouts or flip charts.

Recommendations with regard to the medical health care for survivors of SGBV:

- **UNHCR should conduct regular assessments of the quality and comprehensiveness of medical services for survivors of SGBV offered by public services and the capacity of UNHCR's IPs for providing adequate medical and psychological services for survivors of SGBV. Special attention must be given to reproductive health services for refugee women.**
- **UNHCR must prioritize training for medical IP staff on the clinical management of rape as well as simple counseling techniques in order to ensure quality first line medical and psychological assistance to survivors of SGBV.**
- **For the same reason, qualified staff are needed to monitor quality and comprehensiveness of the health care services provided by IPs to survivors of SGBV.**
- **UNHCR should consider engaging international NGOs or hiring long-term consultants in order to introduce additional expertise in the medical field.**
- **Distribute detailed guidelines to all IP medical staff on how to design and implement medical and psychological services according to the needs of survivors of SGBV. Discuss these guidelines within the multi-functional teams and enhance SGBV training.**
- **Where health facilities are available, negotiate with the government in favour of more national health care services for refugees/IDPs and specialised programmes designed to respond to the needs of survivors of SGBV.**

9.6. Psychosocial care for survivors of SGBV

261. SGBV damages the intimate core and therefore the identity of the survivor. The violence is not only directed against the victim but indirectly undermines social structures. SGBV creates feelings of extreme shame and humiliation for survivors and their families. The taboos associated with sexual violence lead to emotional isolation and social marginalisation.

262. In all UNHCR operations evaluated, psychosocial services have been formally introduced, but there is a shortage of experienced psychological counselors and there are often no self-help groups, women's groups and community centres designed to help survivors of SGBV. Psychosocial services and facilities are limited in terms of qualified staff and quality of services provided. While a variety of therapeutic options like individual counseling, group therapy, "hot lines", etc. could be identified in the various operations, comprehensive psychosocial strategies covering the full range of therapeutic options have not yet been introduced in the majority of operations. All too often, psychological services are limited to individual psychological counseling, while therapeutic options like "group therapy" are hardly used.

263. In some operations UNHCR successfully adapted its psychosocial services to the cultural context and the specific needs of the target population, e.g. in Georgia, in response to the low number of Chechen refugees who requested psychosocial counseling, UNHCR now focuses on developing group activities for survivors of SGBV and other women which concentrate on building support networks, promoting skills and confidence and on economic empowerment. No specialised psychosocial counseling services could be identified except during one country mission to Georgia.

264. Training for psychosocial staff has been provided in many operations, but appeared to be inadequate in terms of duration and content (the duration varies from one day to one week). As a result, IP psychosocial staff indicated they were not adequately prepared for psychosocial counseling of survivors of SGBV, especially when the survivors are children.

265. UNHCR country teams were generally lacking staff members with the psychological expertise to monitor IPs performance effectively or to provide specific training on psychosocial counseling.

266. Psychosocial work with SGBV survivors is highly sensitive work which leaves nobody unaffected. Psychosocial staff indicated psychological problems related to their work, but psychological supervision for staff members was not usually provided.

267. With regard to mentally disabled people of concern, who are most vulnerable to SGBV, UNHCR often has to rely entirely on the existing public mental health service facilities, which often fail to provide for major human rights violations.

268. In general, many SGBV survivors express reluctance to talk about their psychological problems - partly because of fear of stigmatization, and also because

their families may view treatment for psychological problems as unacceptable. In particular, women often do not want to talk about problems related to domestic violence. Instead, many survivors frequently express symptoms of a somatic nature and seek medical help, with little understanding of the psychological nature of such symptoms. The individualistic orientation of Western psychology may not be in line with the community-orientation in many refugee settings, but the frequent lack of qualified national psychological staff may also account for the low acceptance of psychosocial services by survivors of SGBV.

269. A further complication is the lack of conceptual integration of psychosocial thinking into these approaches. The traumatic suffering of survivors is recognized and dealt with as well as possible on the ground. Nevertheless psychological suffering is understood by many staff as a problem that requires specific services. It is not often understood that first line psychological assistance is the responsibility of every staff member dealing with survivors of SGBV.

270. The individualistic orientation of Western psychology may not be always in line with the community-orientation of the local population. For example, more "traditional" societies may have different mechanisms to deal with bereavement which include the counseling of friends and relatives. Individual one-to-one counseling approaches are also limited in terms of impact and duration.

Recommendations with regard to psychosocial counseling for the survivors of SGBV:

- **Counseling must be informed by client needs and values and must exploit strengths that are already in place in the community system.** Therefore, psychosocial response strategies have to be adapted to the social and cultural context in each specific setting. Before and during psychosocial programme planning, it is most advisable to assess the coping mechanisms of a refugee/IDPs community. This will help to gain a better understanding of community resources and potential psychosocial intervention strategies and will ensure psychosocial planning according to people's needs.
- As outlined in the Guidelines for Prevention and Response to SGBV, more attention should therefore be given to community-based psychosocial activities (e.g. developing women's support and self-help groups, establishing "drop-in" centres, etc.), that are most effective in helping to relieve trauma. The main focus of each trauma therapy should be on supporting the ability of the individuals to form relationships, thus strengthening social networks.
- Consider the use of cultural mediators: identify and train female "cultural mediators" who assist doctors and psychologists in medical and psychosocial care. They will help to enhance understanding of cultural norms, share information on SGBV, and create a trusting relationship between psychologists/doctors and the refugee/IDP community.
- UNHCR should make use of "psychosocial counselors" from the refugee community. Even after relatively short training on psychosocial counseling,

empathetic non-professional psychosocial staff can generally offer good first line psychological assistance. However, non-professional counselors need to be given a clear position and have to be backed up by professional psychological staff.

- Although, in general, empathetic non-professional psychosocial staff can offer good psychosocial care, the psychological consequences of SGBV constitute a major challenge that certainly demands additional psychological expertise. For many operations in countries with limited psychosocial staff it might therefore be advisable to involve additional international NGOs with psychosocial expertise.
- UNHCR should make sure to include a psychosocial expert in each UNHCR country team. Momentarily, there is not much psychosocial expertise in many countries. The expert would be able to shape the psychosocial response more effectively and to guide and if necessary to train IP and UNCHR staff.
- Sufficient structures and service programmes for recreation activities should be developed according to the special needs of children as this helps children to socialize and decrease the feeling of frustration they encounter in refugee settings.
- Psychosocial counseling services should be also targeted at children survivors and the children of survivors of SGBV.
- It is necessary to improve the integration of the psychosocial dimensions into UNHCR's daily work in the fight against SGBV. This will be facilitated by basic psychosocial training for all UNHCR staff on the ground. However, it is important to understand that even if no specialist is available, talking to someone and finding an attentive listener is always better than having to deal with these issues in isolation. UNHCR staff dealing with SGBV survivors should be aware that "being there" and "listening" may constitute the most important immediate help for survivors of SGBV.

9.7. UNHCR's activities in preventing of and responding to SGBV against children and youth

271. The evaluation team carried out a number of workshops in Tanzania with children and adolescents and one group with orphans and separated children in camps while they were waiting for voluntary repatriation. The team also conducted working groups with adolescent returnees from Tanzania in DRC and a focus group discussion with newly arrived adolescent refugees in Yemen from Somalia and Erithrea.

272. Almost every operation encountered during this evaluation had some youth component or concurrent youth and adult programs. In Tanzania, UNHCR has achieved considerable progress in raising awareness on SGBV under children. For instance, awareness-raising programmes have been organized by UNHCR and UNICEF in primary and secondary schools. Consequently, children and youth who have lived

the Tanzanian refugee camps demonstrated excellent knowledge on prevention strategies against SGBV. Equally, in DRC, children demonstrated increased awareness and knowledge on SGBV after awareness raising activities in primary and secondary schools. In addition, in some operations, we found a very good practice examples, e.g. in the psychosocial approach implemented by UNHCR's IP 'World Vision' in Tanzania using innovative therapeutic techniques like art therapy and role plays.

273. However, serious protection concerns regarding SGBV prevention prevail. Much attention has been given in the past to the sexual violence that female youth suffer in refugee camps. Furthermore, as revealed during this evaluation, sometimes children are repatriated separately resulting in children being abandoned either in their country of origin or in the host country. Voluntary repatriation is especially dangerous for fostered children exposing them to serious additional risks of SGBV. Some children from Burundi even returned "home" to the "host" country after repatriation in order to access educational facilities.

274. Orphans and unaccompanied minors are especially stigmatized, are most vulnerable to SGBV and have little or no knowledge on their human rights.

275. Adolescents are more likely than younger children to be recruited into military service and to engage in armed combat. Extreme forms of abusive child labor include forced military recruitment, prostitution and sex slavery.

276. Adolescents are also particularly vulnerable to economic exploitation and may be subjected to SGBV on the work place. Due to the disruption of war and the loss of parents and other adult role models, adolescents may lose traditional opportunities to learn a trade, such as through apprenticeships, and to develop a productive role in their community.

277. Economic marginalisation accounted for additional exposures to SGBV. Due to lacking opportunities for gainful employment and a meaningful role in society, adolescents are vulnerable to the lure of participating in armed conflict and prostitution.

278. Children, who do not go to school, are more likely exposed to SGBV from neighbours or within their families. In particular, girls are more likely than boys to miss out on an education and adolescents often attend school in far fewer numbers than other children due to economic and family responsibilities exposing them to SGBV

279. As revealed during a workshop with regional Gender focal points at UNHCR headquarters in Geneva on 15th February, 2008 in many operations there is a lack of female teachers accounting for increased SGBV against children.

280. Attention was also drawn to a lack of implementing partners with the capacity to deal with the problems of children and UNHCR's neglect of the problem of trafficking of children.

Recommendations

- The range and complexity of situations in which children become separated from their families, and the diverse needs of the children themselves, means that no single organization can hope to solve the problem alone. Complementary skills and mandates must be brought together in a concerted approach to respond to this issue."
- Dealing with SGBV against children requires a conceptual understanding of child sexuality, something many adults find hard to deal with and know very little about. It is important to know that SGBV against children can destroy the child's sexuality and future capacity to love trustfully.
- In times of conflict, educational programmes provide security and a sense of normality to children. Education is a life-saving and life-sustaining activity that instils hope, dignity and a sense of purpose for the future. Well-designed programmes introduce new survival skills to children. Children may be taught how to protect themselves against sexual abuse, deal with anger, and resolve interpersonal conflicts.
- Not only can vocational and skills trainings provide a much sought-after income and relative stability, but they also provide psychological and social rehabilitation benefits, as they help to increase the youth's sense of identity, self-worth and stability.
- Vocational training that connects youth to local business leaders in the form of mentoring or apprenticeships is a promising vehicle for integrating youth into the community thereby protecting them from SGBV. It is vital that these vocational and life skills training opportunities be relevant to the realities of their experiences and the needs of their communities as the completion of training programs does not always lead to employment. If income generation is the primary objective of the program, an analysis of the local economy is needed to assure that the skills being taught are indeed what is needed within the communities
- Special efforts must be made to engage female youth in vocational activities, as they suffer from the same problems as their male counterparts. However, their safety is at an even greater risk from sexual violence and they may be denied opportunities based solely on their gender.
- In addition, the needs of disabled adolescents, former child soldiers and adolescent heads of household must be given special consideration with regards to livelihood opportunities.
- Gender sensitivity training for male and female youth should be conducted in all camps.
- Adequate legal, medical and psychosocial support services must be offered to cope with the needs of affected youth.
- To promote the prevention of SGBV against youth, awareness-raising

meetings with parents regarding the rape of minors should be conducted where applicable.

Appendix 1 • Acronyms

AGDM	Age, Gender and Diversity Mainstreaming
AIDS	Acquired Immune Deficiency Syndrome
CEDAW	Convention on the Elimination of All Forms of Discrimination
Against	Women
CMC	Camp Management Committee
COP	Country Operations Plan
ExCom	Executive Committee
FAO	Food and Agricultural Organization
FGD	Focus Group Discussion
GSO	Global Strategic Objectives
HC	Humanitarian Coordinator
HIV	Human Immune-Deficiency Virus
IASC	Inter-Agency Standing Committee
ICLA	Information, Counseling and Legal Assistance
IDP	Internally Displaced Persons
IOM	International Organization for Migration
IP	Implementing partner
JAM	Joint Assessment Mission
JOS	Joint Organisation Strategy
LGBT	Lesbians, Gays, Bisexuals and Transgenders
M&E	Monitoring and Evaluation
NGO	Non - Governmental Organization
SGBV	Sexual and Gender Based Violence
SOPs	Standard Operating Procedures
SOSPA	Sexual Offences Special Provision Act
STIs	Sexually Transmitted Infections
UNFAD	UN Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Funds
UNTG	UN Theme Groups
WFP	World Food Programme
WHO	World Health Organisation

Appendix 2 • Good practice examples

SGBV prevention and response is not an easy task. Although guidelines and handbooks on SGBV are available, humanitarian workers may still struggle when developing comprehensive projects to prevent and respond to SGBV. As stressed by the expert group meeting on good practices in combating violence against women held in Vienna in 2005, sharing good practice on addressing different forms of sexual violence is becoming more and more common, leading to transfers of practices and the adaptation of interventions to local peculiarities based on the lessons learned by partners.¹¹ However, during this evaluation, we encountered many situations where information sharing and exchange of ideas was still limited, even between UNHCR staff.

The evaluation team therefore decided to add to this report some good practical examples in SGBV prevention and response which we encountered during the country missions and during our desk studies. We hope that they will help UNHCR staff to design their own projects. Certainly, it will not be possible to apply each proposed project universally and/or for every community or individual. Family relations, living conditions and organisational capacities vary across and within societies. All good practice examples will have to be adjusted to the specific country context.

The present compilation of good practices has been collected by the evaluation team through observations and extensive interviews with UNHCR, Implementing Partners and refugees/IDPs. Additional examples of field practice have been selected from the following handbooks, articles and reports of inter-agency conferences:

- UNHCR Handbook for the Protection of Women and Girls, 2008
- Supporting Women's Engagement in Peace Building and Preventing Sexual Violence:
Community-led approaches, UNIFEM, 2007
- "Operational Protection in Camps and Settlements" - A reference guide of good practices
in the protection of refugees and other persons of concern, UNHCR, 2006
- Report on the International Symposium on Sexual Violence in Conflict and Beyond, UNFPA,
Brussels, 21-23 June 2006
- "Good practices in combating and eliminating violence against women",
Report of the Expert Group Meeting organized by the UN Division on the
Advancement of Women,
17-20 May 2005, Vienna, Austria
- Prevention and response to sexual and gender-based violence in refugee
situations:
Inter-agency lessons learned conference proceedings, UNHCR, Geneva, 27-29
March 2001 • FMR 27 - Addressing sexual violence in post-conflict Burundi by
Nona Zicherman

¹¹ "Good practices in combating and eliminating violence against women", Report of the Expert Group Meeting organized by the UN Division on the Advancement of Women, 17 to 20 May 2005, Vienna, Austria.

Advocacy for policy change with governments

Tanzania:

In Tanzania, UNHCR managed to form an alliance with government and other agencies to develop integrated programmes against Sexual and Gender Based Violence. There are also guidelines, agreed upon by all actors, for handling and investigating incidents of sexual exploitation. (*Identifying Gaps in Protection Capacity: Tanzania, UNHCR, 2005*)

DRC:

In 2006, the DRC's National Assembly adopted a bill on sexual and gender-based violence that was drafted largely by human rights and women's organizations, with the assistance of OHCHR's Office. The bill considerably strengthens the legal protection available to survivors of sexual violence, and reflects the growing awareness amongst Congolese decision-makers of the need to adopt concrete measures to address the problem of sexual and gender-based violence in the DRC. (*Action Plan 2006, Mid Year Review, DRC*)

Georgia:

UNHCR together with its implementing partner NRC initiated discussions with the Ministry of Education in order to resolve inadequate certification of refugee school students. All refugee children and youths now have full access to the public school system. In fact, the Ministry of Education has opened so-called Russian school sectors in Pankisi where refugee children is given the opportunity to attend Georgian schools in Russian while their school certificates from Chechnya are accepted and issued by the Ministry of Education. (*Country mission to Georgia, May 2008*)

Cooperation with implementing partners

Georgia:

Close cooperation with and between implementing partners is a central component of UNHCR's approach in Georgia. UNHCR created effective strategic partnerships in relation to SGBV prevention and response by creating a network of IPs working on SGBV related activities. All measures to address SGBV are collectively agreed upon between UNHCR and IPs. Monthly meetings between the implementing partners are held in all UNHCR offices in Georgia. In addition, two-monthly national meetings on SGBV related activities are conducted with all implementing partners in the office in Tbilisi. These meetings serve as a tool for joint planning, monitoring and evaluation of the activities carried out. Furthermore, they serve as a forum to share incident information, analyse overall trends and develop prevention and response strategies. In addition, individual cases of SGBV are discussed in *ad hoc* meetings at the field level.

UNHCR supported the registration of its local implementing partner "Coordination Council of Chechen Refugees in Georgia (CRCC)" representing the refugee community and involved in a dialogue on SGBV related issues to increase mutual understanding and to adopt its SGBV strategy according to the views expressed by the people of concern.

Inter-agency cooperation

Pakistan: In Pakistan, over the past couple of years, UNHCR Sub-Office Quetta has taken the lead in guiding a local Protection Working Group and in establishing an SGBV Network. Within this framework, UNHCR is working closely with other UN agencies, international and local NGOs, most notably ARC and CRS/ALAC in order to increase the protection levels and adjust to the changing protection circumstances, particularly for the Afghan population. The establishment of the Protection Working Group and the SGBV Network have been instrumental. There is now common understanding of SGBV protection principles amongst UNHCR and associated agencies, IPs and OPs. On the other hand, it remains a considerable challenge to fully engage the government in protection-related activities. (*Country Operations Plan 2008 – Pakistan*)

Income-generating activities and education

Nepal: In 2007, skills training was provided to 1453 refugees (of which 871 were female). The plans for 2008-2009 include increased attention to vocational training for children and young people in order to prepare them for resettlement or integration. The plans also foresee the follow-up on ideas to create business joint ventures with local population. Around 260 refugee women from vulnerable families now generate income by producing relief items (sanitary napkins, jute mats, chalk for schools, candles, etc.). In Nepal, where the legal framework does not allow refugees to sell their products outside the camp, UNHCR explores possibilities of creating business joint-ventures with the local population, thereby fostering self reliance and contacts to the host population. (*Country mission to Nepal, May 2008*)

Georgia:

In Georgia, UNHCR has adapted its SGBV strategy to the needs of women and is now putting more emphasis on awareness raising activities and the prevention of SGBV through women's empowerment. For instance, "women's clubs" in Pankisi find broad acceptance in the target population and income generating activities are seen as effective protection strategy in preventing and responding to SGBV. The SGBV strategy has been developed in close cooperation with UNHCR's implementing partners and under guidance by the Associate Protection Officer and the SGBV focal point and relevant staff in Akhmeta, Zugdidi, Gali and Tsknkhvali. The strategy has been effectively communicated to all UNHCR staff members and implementing partners during regular local and national meetings. In the last quarter of 2007, Chechen women in the Pankisi Valley were able to start up small enterprises including a bakery and a tailor shop. As identified during focus group discussions with refugee women, this approach is highly appreciated by the people of concern. Refugee women requested even more space in more locations for small enterprises. Some refugee women underlined their own wish to provide training to other people of concern. In Tbilisi, UNHCR is applying for external funding to set up a Specialized Employment Centre for survivors of sexual and gender-based violence through the Georgian Women's Employment Supporting Association "Amagdari".

(*Country mission to Georgia, May 2008*)

Awareness-raising activities

Yemen:

In Yemen, examples of good practice by Implementing Partners include workshops in 2007 on SGBV organized by the Implementing Partner ADRA in the refugee camp of Kharaz and in the urban refugee quarter Basateen. In addition, peer group education on domestic violence was initiated through the medical Implementing Partners CSSW and IDF. (Country mission to Yemen, March 2008)

Georgia:

In Zugdidi, SGBV related issues have been communicated to people of concern through meetings and presentation on related topics such as human rights, women and children rights and HIV/AIDS. By avoiding explicit titles such as "Sexual and Gender Based Violence" which might infringe local taboos, UNHCR and its implementing partners managed to encourage more people to attend the meetings.

UNHCR, in collaboration with the United Nations Association of Georgia (UNAG), also conducted workshops addressing issue of gender and sexual violence for border guards and government officials dealing with asylum claims. In order to target children and youth, regular lectures on gender tolerance and non-discriminatory behavior have been planned and given at schools in Pankisi. In Zugdidi, one Implementing Partner developed innovative awareness-raising activities for children, e.g. the participatory development of puppet theatre plays, a regional theatre contest, and radio broadcasts on SGBV related issues. In Tbilisi, the UNHCR's Implementing Partner Sakhli used TV advertisements and films to raise public awareness on SGBV. (Country mission to Georgia, May 2008)

Security response

Nepal:

According to the focus group discussions in 2008, food and water distribution did not expose camp inhabitants to heightened risks of SGBV. In 2007, 55% of the elected refugees in the "distribution committee" for food and water were women. Toilets were built very close to the huts and the need for firewood was reduced by the distribution of bio-briquettes. After the police were withdrawn by the government of Nepal in 2003, Community Watch Teams (CWTs) composed of elected refugee volunteers (30% women) supported the government's Refugee Coordination Unit (RCU) to enhance safety with regular patrols, guard duty and crowd control, although they were not able to patrol at night due to concerns for their own safety. When the armed police were redeployed in the camps at the end of 2007, UNHCR provided them with training, also addressing issues related to SGBV. The CWT and the armed police now conduct joint patrols. (Country mission to Nepal, May 2008)

Another successful project was initiated in support of speech and hearing impaired women and girls particularly at risk for SGBV. In a protection workshop, they learned to use a whistle in case of sexual harassment. According to the supervisor of one of the disability centres, the participants now report incidents of harassment and make use of their whistles whenever they feel insecure. In a second step, training sessions will be held to help care providers and parents of disabled children to protect them from SGBV. (Country mission to Nepal, May 2008)

Georgia:

In Georgia, a safe house for SGBV survivors was established and operationalised in

Tbilisi offering comprehensive medical, psychological and legal services that cover all basic needs. Furthermore, a 24-hour hot line service was made available in Pankisi and Tbilisi. UNHCR also plans screening of prisons and detention centres to identify potential persons of concern. Given the numerous reports of human rights violations in prisons and detention centres and the well-known facts about widespread SGBV in prisons of other countries, this initiative is likely to reveal serious protection concerns related to SGBV.

Reporting Mechanisms

Nepal:

In Nepal, all survivors are accompanied to a clinic or hospital by the Gender Focal Point in the Camp Management Committee or UNHCR field staff (field assistants are present in each refugee camp). The survivor receives initial medical treatment if required and is then escorted to the police for an initial report. The survivor is then referred to the bar association for legal support. Whenever needed the survivor is offered psychosocial counseling and the SGBV points person helps to find necessary protection solutions. *(Country mission to Nepal, May 2008)*

Legal response

Nepal:

In Nepal, survivors of SGBV have full access to legal counseling and legal representation through the local Nepal Bar Association (NBA). The NBA is contacted as soon as incidents are reported to UNHCR. In addition, NBA legal counselors are present in the camps on regular basis to provide legal counseling as close as possible to people of concern. Perpetrators do not receive legal assistance under the UNHCR programme, but UNHCR ensures that they have access to free legal aid and legal representation by a *pro bono* lawyer appointed by the court or through a local NGO. UNHCR also monitors the situation of detained people of concern engaging ICRC if required. *(Country mission to Nepal, May 2008)*

Tanzania:

UNHCR Tanzania noted that few incidents of sexual and gender-based violence were reported due to traditional leaders who discouraged the reporting of SGBV. In many Tanzanian camps, traditional leaders continued to settle cases of SGBV despite discouragement from UNHCR. In response to these challenges, UNHCR, with support from the Turner Foundation established improved co-ordination with Government and NGOs to establish more effective legal counseling services and to ensure legal representation. In consequence, a significant number of SGBV incidents could be brought to court and perpetrators were convicted. *(Identifying Gaps in Protection Capacity: Tanzania, UNHCR, 2005)*

Columbia

In Columbia the humanitarian crisis continues to affect a large segment of the civilian population, including more than two million IDPs. In February 2004, the Colombian Constitutional Court issued a landmark judgement, which deemed Government policy inadequate vis-à-vis existing IDP legislation. This judgement followed a series of separate petitions on behalf of 4,000 persons requesting "tutela" - a rapid remedy to defend their constitutional rights. This judgement brought increased attention to IDP issues in the country.

The involvement of young men in preventing and responding to SGBV

Brazil - Rio de Janeiro¹²: The Guy to Guy project

“Instituto Promundo” has made exemplary achievements by engaging young men in order to reduce and prevent violence against children, youths and women through awareness raising activities targeting young men. The Guy to Guy project was developed on the basis of the baseline research conducted by the Instituto Promundo in 2001 in low-income settings in Rio de Janeiro. It is based on the following programmatic implications:

- 1) The need for reflections on gender roles and traditional norms of masculinity.
- 2) The provision of positive male role models
- 3) The promotion of gender-equality in peer groups with young men and at the community level.

Activities of the project:

- (1) To recruit, train and supervise young men from low income communities in Rio de Janeiro to act as peer promoters on gender-based violence and reproductive health reaching approximately 1000 adolescent boys each year
- (2) To work with these peer promoters to develop educational materials for youths on gender based violence and relevant health needs and concerns
- (3) To provide skill training and leadership training for the peer promoters;
- (4) To document and disseminate the programme experiences through case studies and other formats, encouraging other organizations (particularly in the public sector) to replicate the idea of engaging “more gender-equitable young men”
- (5) To engage adult men, families, NGOs and governmental organizations (including the public health sector) in the communities in promoting male involvement in reproductive and sexual health, domestic violence prevention and promoting more gender-equitable behavior
- (6) To develop and implement a condom social marketing initiative for and with young men, with a distribution and sales system designed by the young men themselves, both as a way to promote condom use and to provide ongoing income generation for the project.

Values and attitudes that perpetuate gender inequalities are instilled in childhood; adolescence may offer a last opportunity to offer alternatives. The Guy-to-Guy Project by Instituto Promundo demonstrates that young men can be successfully engaged as change agents in the prevention of gender based violence and the promotion of sexual and reproductive health. Through the project many of the targeted young men have come to question men’s violence against women and girls

Cooperation with community leaders

Burundi

With funding from ECHO, CARE Burundi implemented an 18-month programme to help prevent sexual violence and improve the medical and psychological health of survivors. The project included awareness-raising activities via radio and cultural and sporting events. It also piloted the use of interactive community theatre, which proved highly effective in promoting discussion on this sensitive topic. CARE also helped establish over 110 networks of community leaders in Bujumbura Mairie, Bujumbura

¹² BARKER, G. and NASCIMENTO, M. (2002) Case Study Guy to Guy, Rio de Janeiro: Instituto Promundo

Rurale and Bubanza provinces. These community leaders educated local people on the risks and consequences of sexual violence and helped identify cases within their communities. Survivors were then referred to a clinic in Bujumbura which treated over 500 victims, 99% of them female – of whom approximately 70% were under eighteen years. Community leaders played an active role in the social reintegration of survivors. Despite its prevalence, sexual violence remains a taboo subject in Burundi and stigma against survivors is extremely high. Community leaders negotiated with husbands and fathers to allow wives and daughters back into the household. They also worked with local administrators and community councils to ensure perpetrators be arrested, rather than having the case resolved by traditional methods – which usually involve restitution paid to the victim’s father or husband and, in some cases, forced marriage of the survivor to her attacker.

(FMR 27 - Addressing sexual violence in post-conflict Burundi by Nona Zicherman)

Appendix 3 • Terms of Reference

Independent evaluation of UNHCR's efforts to prevent and respond to sexual and gender-based violence in situations of forced displacement

1. Introduction

UNHCR's mandate is to lead and coordinate worldwide action for the international protection of refugees and other persons of concern to the organization, and to seek permanent solutions to their plight. UNHCR has established a number of Global Strategic Objectives (GSOs) relating to this responsibility, and has established targets to monitor, assess and enhance its performance in this respect.

The proposed independent evaluation of UNHCR's efforts to prevent and respond to sexual and gender-based violence in situations of forced displacement relates to GSO No. 1, which commits the organization to ensuring that international standards of protection are met for all persons of concern to the High Commissioner's Office, including "improving physical security... and reducing incidents of violence, in particular by preventing and responding to sexual and gender-based violence (SGBV)."

2. Background

UNHCR's effort to address the problem of SGBV date back to 1991, when the organization's 'Policy on Refugee Women' was first published. Specific guidelines on preventing and responding to SGBV were issued four years later and then updated in 2003. UNHCR undertook a general 'lessons learned' exercise on SGBV in 2001, and in the same year collaborated with Save the Children-UK on a study of sexual violence and exploitation in situations of forced displacement in West Africa. Additionally, the formulation of country level strategies on SGBV was included as one of five commitments to refugee women in 2001.

As a result of the findings and recommendations of these initiatives, a number of additional steps have been taken, including the establishment of a 2006 Executive Committee Conclusion on women and girls at risk, the publication and provisional release of a new UNHCR handbook on the protection of women and girls, and the implementation of a phased regional review of SGBV and Age, Gender and Diversity Mainstreaming in Southern Africa.

Consequently, SGBV issues have progressively been incorporated in UNHCR's operational activities, many of which are implemented by NGOs and other partner organizations. UNHCR has addressed SGBV prevention and response in a consistent manner, setting forth a series of activities and recommendations to be taken into account and applied in each refugee situation. These activities include:

- conceptualizing and implementing a SGBV country action plan that should be reflected and incorporated in all country programme documents;
- regional and country level training on SGBV, specifically targeting UNHCR staff , implementing partners, and people of concern;

- increasing women’s leadership and empowerment through increasing their participation in community decision making mechanisms;
- incorporation of SGBV issues in protection learning programmes and workshops;
- establishment of Standard Operating Procedures for prevention and response to SGBV in all operations;
- strengthened human deployment in protection and community services functions, in addition to increasing the number of experienced and qualified female staff in the field and female police officers in the refugee settings;
- enhancing cooperation between local authorities and law enforcing agencies (for example, the establishment of mobile courts);
- incorporation of SGBV in camp rules and regulations;
- greater involvement of men in addressing SGBV;
- adequate funding of SGBV related workshops and activities.

3. Purpose of the evaluation

The purpose of the evaluation is to review the implementation, quality, and impact of the suggested activities in relation to SGBV prevention and response. It will assess the effectiveness and impact of UNHCR’s recommendations; identifying the key constraints and good practices regarding the implementation of these recommendations.

This evaluation will also serve to identify and establish benchmarks for the recommended activities that will enable UNHCR to track the progress of SGBV prevention and response efforts in the future. Finally, it will set forth recommendations that can form the basis of a three-year SGBV plan of action that will enhance UNHCR’s ability to meet this component of its Global Strategic Objectives.

4. Coverage

The evaluation will be global in scope but will draw upon information and analysis collected from a geographically representative range of countries. Bids for the contract should specify the methods that will be employed to collect such data (see Section 5 below).

The evaluation will focus primarily on UNHCR programmes involving refugees and IDPs in both rural and urban areas. The evaluation may also address the issue of SGBV in relation to returnees and asylum seekers.

5. Evaluation process and methods

The evaluation will be undertaken in strict conformity with UNHCR’s evaluation policy, which, *inter alia*, requires evaluations undertaken by the organization to adopt a disaggregated and participatory approach in relation to populations of concern. A copy of the policy can be found on the UNHCR website, at <http://www.unhcr.org/research/RESEARCH/3d99a0f74.pdf>.

The team selected to undertake this evaluation will also be required to sign the UNHCR Code of Conduct, to familiarize themselves with UNHCR's protection training module, and to respect UNHCR's confidentiality requirements.

UNHCR welcomes the use of diverse and innovative evaluation methods. Bids for the contract should specify the methods to be used by the evaluation team, demonstrating that such methods will enable the team to (a) collect information from persons of concern and other local stakeholders in countries visited by the evaluation team, and (b) collect information from a wide range of countries other than those which are visited by the team. The latter objective might be achieved, for example, by means of a secondary literature review, a review of UNHCR's Annual Protection Reports and other relevant documents, questionnaire surveys and telephone interviews.

The evaluation process will be managed by UNHCR's Policy Development and Evaluation Service (PDES) with the assistance of the Community Services, Gender Equality and Children's Section (CDGECS). These sections of the organization will ensure that the evaluation team has access to relevant documents and personnel, and will assist in the organization of field missions.

A number of expert commentators will be engaged to review a final draft of the evaluation report.

6. Bidding requirements

The evaluation will be undertaken by a diverse (i.e. multidisciplinary, multinational and gender-balanced) team of consultants, selected by means of a competitive bidding process. It is anticipated that the team will consist of no less than three people, working on either a full or part-time basis for the duration of the project.

Bids for the contract should designate a Team Leader for the project. The Team Leader must have proven expertise in relevant areas, such as SGBV, refugee protection and the work of UNHCR and other humanitarian and protection organizations.

Some or all members of the team will undertake at least three visits to Geneva for consultations, briefings, interviews and the collection of relevant documents.

The bid should include provision (person-days, Economy Class travel and DSA) for four evaluation missions of approximately two weeks each, by some or all members of the team. UNHCR will generally provide ground transport and logistical support for such missions.

At least two of these missions will take place in sub-Saharan Africa and the remainder will take place in other developing or transitional countries. The UN's official Daily Subsistence Allowance in such locations is generally between US\$ 150 and US\$ 200.

7. Timeframe

The evaluation will ideally commence in June 2007 and be completed by early 2008 at the latest. Initial findings of the evaluation should be presented to the UNHCR Executive Committee meeting in October 2007.

8. Outputs

The primary output of the project will be an evaluation report; the findings and recommendations of which will provide the basis for the establishment of a three-year UNHCR SGBV strategy. The recommendations should also integrate the Recommendations of the UN Study on the Violence Against Children and the UN Study on the Violence Against Women. Other potential outputs include:

- a collection of testimonies from persons of concern;
- the documentation of effective practices presented in an innovative way such as a short documentary that will serve as an awareness raising / learning tool;
- recommendations for country and sub-regional operations included in the review;
- proposals for the establishment of more effective SGBV monitoring and evaluation mechanisms: and,
- a proposed dissemination strategy for the evaluation's findings and recommendations

9. Steering Committee

An Evaluation Steering Committee will be established, with the following responsibilities to:

- advise on the Terms of Reference for the evaluation;
- assist in the selection of an evaluation team;
- meet the team in the course of their work and to monitor the progress of the project;
- review the team's draft report; and,
- ensure that the findings and recommendations of the evaluation are effectively disseminated and utilized.

The Steering Committee will be comprised of Geneva-based representatives of UNHCR, Executive Committee members, other UN agencies and the NGO community. Independent experts may also be invited to sit on the committee. The Steering Committee will be chaired by PDES.

Key themes and indicative issues to be addressed by the evaluation

The evaluation will focus on a number of key themes and issues, including but not limited to those listed below.

Policy, strategy and priorities

To what extent does UNHCR have a clearly articulated policy and strategy on SGBV

prevention and response?

To what extent has that policy and strategy been communicated effectively to staff members and other stakeholders?

To what extent has the issue of SGBV prevention and response been adequately prioritized by UNHCR?

To what extent has UNHCR's policy and strategy resulted in increased prevention of and response to SGBV in displaced settings?

UNHCR's operational environment

What are the principal obstacles to UNHCR's efforts in relation to preventing and responding to SGBV, and how can UNHCR overcome those obstacles?

What role do actors other than UNHCR and its implementing partners (e.g. police, judiciary, local government officials, community leaders, etc.) play in addressing the issue, and how have UNHCR and its implementing partners affected the behavior of these actors?

How is the issue of SGBV linked to other cross-cutting issues and sectors, such as HIV/AIDS, reproductive health and livelihoods? How effective have UNHCR and its implementing partners been in establishing these linkages, and what are some of the examples of linkages that have been established?

Human resource deployment and development

What kinds of staff development activities have taken place in relation to the issue of SGBV, and how could their relevance and impact be reinforced?

What is the current state of knowledge, attitudes and practice of UNHCR staff, both at Headquarters and in the field, in relation to SGBV?

To what extent does and should UNHCR employ specialized SGBV personnel? How has this impacted, if at all, on SGBV prevention and response?

To what degree are UNHCR's SGBV manuals and guidelines useful and applicable? How effectively have they been disseminated? Disseminated to whom?

Do training and guidance materials on other and related issues make sufficient linkages to the problem of SGBV?

Structural and management arrangements

Where does organizational responsibility for the issue of SGBV lie within the UNHCR structure, both at Headquarters and in the field? Is there a difference between the location of organizational responsibility in theory and in practice?

What accountability mechanisms are in place to ensure that UNHCR offices and staff members give due attention to the issue of SGBV and act consistently with UNHCR policy?

To what extent are UNHCR personnel and implementing partner personnel held accountable? What accountability mechanisms exist, if any, and how effective are they?

Are UNHCR's SGBV-related initiatives provided with adequate human and financial resources?

Do UNHCR's field offices receive adequate support from Headquarters in relation to SGBV?

What is the actual and potential role of multifunctional UNHCR teams in SGBV prevention and response?

Protection strategies, planning and programming methods

To what extent is the issue of SGBV incorporated in UNHCR's protection strategies, programming methods and operating procedures? Is SGBV present in all program documents?

To what extent is UNHCR's SGBV suggested activities and recommendations incorporated into countries and regional action plans?

To what extent has the issue of SGBV been incorporated in UNHCR's advocacy and public information activities?

To what extent have UNHCR's SGBV strategies involved awareness-raising, participation and community-based approaches amongst people of concern? How have these activities impacted on SGBV?

To what extent does UNHCR's prevention and response to SGBV cover the needs of children?

Partnerships and inter-agency coordination

Has UNHCR provided sufficient leadership in relation to SGBV prevention and response?

To what extent UNHCR created effective strategic partnerships in relation to SGBV prevention and response?

To what extent has UNHCR created and fostered effective partnerships with its implementing partners? How clear are implementing partners on their roles and responsibilities in relation to UNHCR?

To what extent does UNHCR monitor and support the performance of implementing

partners in relation to SGBV? Should monitoring increase?

How effectively is UNHCR using partnerships with governments in the prevention of and response to SGBV and how can this be done more effectively?

Do the Cluster Approach and other inter-agency arrangements in IDP situations give adequate attention to the issue of SGBV? How effective is the Cluster Approach in addressing SGBV in the context of internal displacement?

Participatory assessment, programme design and monitoring mechanisms

How effective are the assessment methods and monitoring systems employed by UNHCR in relation to the issue of SGBV?

Are UNHCR's efforts to counter SGBV based upon the participatory, community-based and rights-based approaches to which the organization is committed?

How useful are the indicators used by UNHCR to measure the impact of its SGBV work and how effectively and consistently are they employed?

How effective are UNHCR's SGBV data collection and analysis activities, and to what extent are they used for programming purposes?

PDES
14.3.07