

# **SGBV response, risk mitigation and prevention in humanitarian crises:**

## **A synthesis of findings from evaluations of UNHCR operations 2019**

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# Table of Contents

Acronyms.....	iii
1. Introduction.....	4
1.1 Introduction.....	4
1.2 Synthesis aims and scope .....	4
1.3 Audience.....	5
2. SGBV Response.....	5
2.1 Introduction.....	5
2.2 Flexibility.....	6
2.3 Men and boys as survivors .....	7
2.4 LGBTI survivors.....	8
2.5 Recurrent challenges.....	9
Uptake of specialist services.....	10
Dealing with instability.....	10
Shortage of safe shelter.....	10
Livelihoods .....	11
Speed, scale and sustainability .....	11
3. Mainstreaming SGBV risk response, mitigation and prevention .....	12
3.1 Introduction.....	12
3.2 SGBV mainstreaming in protection.....	12
Cooperation between programming to address SGBV and child protection .....	13
3.3 SGBV, assistance and livelihoods .....	14
3.4 Challenges to mainstreaming risk mitigation.....	15
3.5 Promising initiatives.....	16
4. SGBV Prevention.....	17
4.1 Introduction.....	17
4.2 Promising community-based initiatives .....	17
4.3 UNHCR focus.....	18
5. Cultural context.....	19
5.1 Introduction.....	19
5.2 Understanding and responding to cultural contexts .....	19
6. Organisational issues.....	20
6.1 Introduction.....	20
6.2 Data management and use .....	20
6.3 Effectiveness of SGBV interventions .....	21
6.4 Preparedness .....	22

6.5 Strategy, planning and documentation .....	22
6.6 Leadership .....	22
6.7 Resourcing.....	23
7. Conclusions .....	24
Bibliography .....	27

## Acronyms

HQ Head-quarters

IASC Inter-agency standing committee

LGBTI Lesbian, gay, bisexual, transgender and intersex

OV Outreach volunteer

PoC Persons of concern

SGBV Sexual and gender based violence

# 1. Introduction

## 1.1 Introduction

This report is a synthesis of key findings from evaluations of UNHCR approaches to Sexual and Gender Based Violence (SGBV) in humanitarian crises with a focus on the years 2016-18. Preventing, mitigating risks and responding to Sexual and Gender based Violence is a core component of UNHCR's protection mandate. SGBV prevention, mitigation and response mainstreaming, as well as dedicated interventions, are lifesaving and must begin at the very outset of an emergency.

Since 2017, the UNHCR Evaluation Service in consultation with the SGBV Unit in the Division of International Protection, and concerned Bureaux and Country Offices, included in the annual Evaluation Work Plan a series of Decentralised Evaluations<sup>1</sup> with a primary focus on evaluating SGBV prevention, mitigation and response in country and crisis specific settings. These included evaluations of UNHCR's SGBV Prevention and Response in refugee populations in western Tanzania, Brazil, Lebanon as well as SGBV-related findings from the multi-sector evaluations of UNHCR response to L3 emergencies in Bangladesh and the Democratic Republic of the Congo (DRC). The evaluations are the main documents used for this synthesis but in a few instances, examples outside this are referenced to further substantiate the finding.

## 1.2 Synthesis aims and scope

The synthesis looked across the evaluations and reviews as mentioned above to draw lessons and conclusions across the different contexts. The synthesis aims to identify:

- recurrent issues, patterns and trends, and promising initiatives and lessons learned from existing programming including mainstreaming in how UNHCR prevents, mitigates and responds to the risks of SGBV;
- institutional management and leadership for SGBV in UNHCR;
- factors which are contributing to success, including sustainability of services, and those which are inhibiting it;
- the extent to which questions on SGBV are part of UNHCR evaluations of emergency responses;

The synthesis included a review of UNHCR evaluation documents of its operations focusing on the time period 2016-18<sup>2</sup>. It also draws on a selected number of related documents such as lessons learning documents and case studies as well as a limited number of earlier evaluations and external reports related to areas where UNHCR operates. The full list of documents reviewed is attached.

The number of evaluations dedicated to UNHCR's SGBV interventions in emergency operations is limited (see above). The related nature and scale of the evidence regarding UNHCR's SGBV approaches used in this synthesis is insufficient to comment on overall operational effectiveness. The results from the evaluations are used to identify recurrent issues and trends and emerging promising practices.

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<sup>1</sup> See UNHCR Evaluation Policy 2016 <https://www.unhcr.org/3d99a0f74>

<sup>2</sup> It should be noted that the documentation reviewed includes some documents which are not published externally including the evaluation of Tanzania outputs which were not completed and the Brazil draft evaluation report. Findings from these documents are only included if sufficient evidence is provided in the report to ensure they are robust.

## 1.3 Audience

This report is intended for an internal UNHCR audience including senior management as well as those involved in the development of policy, guidance and implementation of SGBV approaches at country and head-quarters levels. The synthesis aims to inform the drafting of the first ever SGBV policy.

## 2. SGBV Response

The response to identified, and reported, incidents of SGBV in emergencies is an immediate priority for UNHCR staff. The risks of SGBV are pre-existent in varied degrees in different societies, and the risks can be aggravated by the conditions of displacement in emergencies. The response by UNHCR staff can provide life-saving assistance. The synthesis looks at the different responses first, followed by a review of prevention and risk mitigation activities.

### Key points

- Flexibility in the implementation of UNHCR’s multi-sector SGBV response has enabled its adaptation to a range of different, challenging contexts.
- UNHCR has made significant contributions to the wider sector in the areas of SGBV response for men and boys and LGBTI Persons of Concern (PoC) which provides a strong foundation for further needed work internally and externally.
- Evidence highlights the importance of community-based interventions.
- A recurrent priority for SGBV survivors is support for their livelihoods which is an area that could be strengthened in UNHCR programming.
- A recurring challenge is low uptake rates of specialist services but initiatives which build understanding and relationships between service providers and PoC show promise.
- Building relationships with national civil society networks and groups including LGBTI and women’s rights groups can strengthen UNHCR SGBV interventions.

## 2.1 Introduction

UNHCR’s utilises a multi-sectoral SGBV response model involving case management, referral to specialist services with a focus on medical, legal and psycho-social services (PSS), as well as measures to address safety and security. SGBV response comprises activities targeting individuals, households and communities and also national levels. This section goes on to discuss some of the recurrent themes in the evaluative evidence regarding response activities.

**Table 1: Summary of key UNHCR SGBV response activities (not exhaustive)**

Level/ Intervention	UNHCR Response Interventions
<b>Individual</b>	Establishment of case management system Identification and referral systems for specialised services – health, legal, protection, PSS, shelter Provision of safe spaces, including in community centres Safe houses Hotlines and other communication processes Sensitization on SGBV and availability of services
<b>Community</b>	<ul style="list-style-type: none"> <li>• Awareness raising of SGBV and availability of services via community communication channels e.g. Outreach Volunteers</li> </ul>
<b>National</b>	<ul style="list-style-type: none"> <li>• Capacity-building of national service providers</li> <li>• Sector coordination and development of tools to promote good practice</li> </ul>

## 2.2 Flexibility

**Evaluations have credited the flexibility of UNHCR in adapting the SGBV multi-sector model to different contexts.** This has included operations developing alternative methods of service provision, creating innovative spaces to promote awareness of SGBV and available services and adapting to local capacity. For example, in Lebanon UNHCR made significant modifications to adapt services to reach the dispersed, urban-based population through the use of mobile services, outreach volunteers and investment into new communication strategies to enable good coverage. The operation in Lebanon used multiple communication channels including social media (WhatsApp, Facebook). UNHCR Lebanon further created an “information and communication tree” to cascade information through communities via known contacts in addition to widespread face-to-face interaction. In the Rohingya response in Bangladesh the evaluation noted the value of the early assessment of available local services capacity which led to a revision of the planned case management approach due to the limited availability of quality referral services; instead the approach was broadened to include more community-based activities.

In Afghanistan, UNHCR supports a promising initiative with the establishment of a women-only internet café providing a safe space to promote awareness of SGBV and available services alongside practical support. In another promising example the establishment of an urban refugee women’s network in Turkey showed encouraging results. Early reports indicate that the network served to strengthen confidence, improve understanding of rights and supported positive change.

**Community-based elements of the SGBV response have shown great promise.** An increasingly frequent component in the responses reviewed is the use by UNHCR of outreach or community-based volunteers (OVs) from the refugee and host communities. Operations have developed a structured network of OVs who are provided with systematic training for differentiated roles. The networks aim to improve community understanding of SGBV, to increase awareness of availability of services, to support identification and referrals, and to monitor trends. The OVs serve as a key two-way communication link between communities and UNHCR. The volunteers are not necessarily only focused on SGBV alone but at least some will have specialist support.

The work of the OVs in the Rohingya crisis response was noted as crucial for engaging with the large population arriving rapidly into growing and densely populated camps. In Lebanon, the OVs enabled the operation to reach the PoC who were widely dispersed in peri-urban environments outside of camps. However, evaluations also highlighted their need for attention to the OVs’ own well-being. This resonates with other (non-UNHCR) research from Dadaab camp in Kenya which found that community volunteers can face challenges due to additional workload, community resistance, logistical challenges and their own experiences of SGBV (Hossain 2017). These findings resonated with the findings from the Lebanon-based response. They suggest the need for investment into good systems to ensure robust support for community volunteers as part of UNHCR’s duty of care responsibilities.

**Evaluations consistently show that there is a high level of demand for immediate SGBV response services particularly case management, psycho-social support and access to safe spaces. Emerging evidence suggests these interventions have positive effects for SGBV survivors.** Evaluations report high levels of use of SGBV immediate response services, particularly participation in activities in safe spaces and psycho-social support activities, but lower uptake of some specialist services particularly legal and medical (discussed later). Evaluations from Lebanon, Tanzania and Brazil present some qualitative evidence of SGBV-survivor self-reports of benefits of participation in these services when available. These findings are based on relatively small-scale qualitative evidence but are in line with more robust research underway in the sector which also point to the potential positive impact of psycho-social support in particular on participant’s mental health and stress levels (Hossain 2018).

## 2.3 Men and boys as survivors

**UNHCR has made significant contributions to the sector in the reviewed locations to support the development of activities targeting men and boys who maybe survivors. UNHCR's efforts provide a good foundation for the considerable work still needed in this area.** Of particular note based on the evaluation evidence is the work undertaken in Lebanon which was able to take advantage of the protracted nature of the Syria refugee crisis to implement a structured, multi-pronged strategy to support UNHCR and the sector to address SGBV risks and needs of men and boys as survivors.

Activities reported by UNHCR to be underway in some other locations such as Bangladesh, CAR and Turkey were not captured by the evaluations. The strategy, described in Box 1 below included research to demonstrate the reality of men and boys as sexual violence survivors, as well as capacity building internally and with partners to increase understanding of SGBV risks faced by men and boys. The strategy was supported through communication and leadership by senior management that this is an issue for UNHCR and the sector. This structured, long-term approach contributed to the sector's increased capacity and attention to SGBV among men and boys.

### **Box 1 UNHCR approach to increase attention to men and boys as survivors – example of the Syrian response in Lebanon**

#### **Key elements of UNHCR's contribution to the change**

- Established an evidence base through MENA office-commissioned research in 2017, highlighting high levels of SGBV experienced by Syrian men and boys both in Syria and countries where they reside as refugees.
- Promotion by UNHCR of the issue and need through the promotion of research findings to the sector and internally.
- Four two-day training workshops for UNHCR implementing partners (27 participants in 2017 and 30 in 2018).
- Production of an information and guidance booklet for case workers on masculinities and dealing with cases of male survivors developed through UNHCR direct implementation funds.
- Inclusion of a component on men and boys/masculinities in UNHCR-supported peer-to-peer training for case management workers.
- Influencing language and images: UNHCR introduced more gender-neutral language into the 16 days of activism campaign in 2017 so the aim was "against SGBV" rather than "violence against women and girls". UNHCR aims to ensure men and boys are represented visually in training and awareness materials.
- Inclusion of work with men and boys in PPAs with partners.

#### **What helped the change?**

- UNHCR Lebanon senior management support: this was demonstrated through the sign-off of the SGBV strategy which includes a focus on working with men and boys. Also, public support (photographs) with advocacy messages relating to SGBV and male survivors in the 2017 internal 16-day campaign to end SGBV.
- Global UNHCR support: working with men and boys is an area identified as neglected in the UNHCR SGBV strategy in 2011. UNHCR Lebanon participates in the UNHCR global steering group and also benefitted from regional support e.g. in the research (Chynowest, 2017).
- Inter-agency support: SGBV TF and specific agencies' interest of some agencies (e.g. UNFPA and IRC) helped internal advocacy in UNHCR to overcome reservations.
- A structured, incremental approach: there has been a structured process which began by building evidence, then sector awareness, followed by increasing staff capacity in UNHCR and partners, and also supporting cooperation across the sector. Now UNHCR also provides financial support for interventions. These measures have built up gradually.
- SGBV focal points include both female and male colleagues.



### What hindered the change?

- The legal environment in Lebanon which makes it impossible to report cases of male rape to officials.
- The change of attitudes and skills of staff in UNHCR and partners takes time.
- Promotion of a “new issue” requires focused attention which some staff see as detracting from the ongoing work with women and girls (including feeling that resources may be compromised).
- Limited resources to adapt or introduce new activities to focus on men and boys at local level, e.g. evening sessions and safe spaces to fit with working schedules, particularly at a time when services are under financial pressure as some agencies’ budgets decrease.

**Conclusion: The evaluation found strong evidence that UNHCR has made a significant contribution to change in the sector's understanding and commitment to provide SGBV response and prevention services for men and boys in Lebanon.**

## 2.4 LGBTI survivors

**Addressing LGBTI SGBV risks is an area of focus in the UNHCR revised SGBV strategy of 2011 but while there is clear evidence of increased attention to SGBV response for LGBTI survivors there is still clearly further work to do<sup>3</sup>.** The 2017 UNHCR evaluation of the implementation of three protection strategies (education, child protection and SGBV) found relatively low levels of activity to address SGBV risks experienced by LGBTI – action on LGBTI risks was one of the least represented of the six priority areas for increased attention promoted in the strategy to be addressed in country and regional strategies (the second under-represented area is safe access to essential domestic energy and resources discussed further below)<sup>4</sup>. The evaluation authors suggested constraints to action may have been due to restrictive legal environments, but evaluations on the response in Lebanon and Brazil have found significant work underway in restrictive legal, and social environments.

**One example of a country which presents a challenging context is Lebanon where the legal framework compounds a wider harsh cultural and socio-economic environment for LGBTI refugees and here UNHCR has found ways to progress work for LGBTI PoC.** In Lebanon, UNHCR has undertaken significant work to support LGBTI PoC at risk of SGBV. Work began internally to ensure the establishment of a positive environment to enable LGBTI PoC to approach UNHCR. Measures included having a code known in the LGBTI community for rapid entry to UNHCR offices, training for UNHCR staff throughout the organisation from security guards to senior management and making visible signs such as the rainbow flag and pins to show that this was an environment welcoming to LGBTI survivors. These measures reaped benefits and the Lebanon evaluation reported feedback from LGBTI participants who noted positive changes in reception and UNHCR’s staff attitudes following training. In addition, the UNHCR publication with promising practices from the Syria response (2017) cites the successful example of the LGBTI- led group set up in Lebanon by UNHCR. The group provides peer-to- peer support, safe spaces, life skills, access to protection and assistance and services. Participants in the group report positive benefits including more livelihood opportunities, increased understanding of SGBV and services as well as advocacy. The group also influenced the design of some UNHCR programmes and built new partnerships for UNHCR with LGBTI groups. While, advocacy was not a focus of UNHCR's work in Lebanon at the time of the evaluation, the study highlighted the potential to this aspect into UNHCR’s partnerships with specialised LGBTI NGOs in the future.

<sup>3</sup> Other studies and assessments e.g. - Women Refugee Commission in Uganda indicate gaps and challenges in programs

<sup>4</sup> The six priority areas are 1. Protecting children of concern against SGBV. 2. Addressing survival sex as a coping mechanism in situations of displacement. 3. Engaging men and boys. 4. Providing safe environments and safe access to domestic energy and natural resources. 5. Protecting lesbian, gay, bisexual, transgender and intersex (LGBTI) persons of concern against SGBV. 6. Protecting persons of concern with disabilities against SGBV.

UNHCR's own reports share similar positive experiences from Jordan (Gender equality: Promising practices 2017). Here, an initiative set up LGBTI focal persons in all UNHCR offices in Jordan, established referral pathways and trained partner staff in interviewing skills and referrals. A workshop run with IOM raised awareness among organisations and UNHCR staff on LGBTI needs, and how to improve protection for LGBTI PoC. Some practical steps taken within UNHCR include measures to create a receptive environment in offices with training for UNHCR staff and high visibility of LGBTI-friendly posters and pins. In addition, the team worked to include LGBTI needs and priorities in other services. It also involved a large training programme with 24 humanitarian organisations involving 435 staff. Emerging evidence is that increasing numbers of LGBTI PoC are accessing services.

In the Brazilian response to the Venezuelan crisis UNHCR worked with partners to ensure LGBTI SGBV risks were considered early on in the response as part of building a safe and secure environment. UNHCR worked with partners running shelters for PoC to establish mechanisms for LGBTI PoC participation in planning to guide the development of the shelter and strengthen LGBTI protection in particular. Shelter LGBTI committees were established and, together with systems to receive complaints and suggestions (through a box in the centre and meetings) shelter managers were made aware of LGBTI concerns. LGBTI newcomers to the shelters were provided with information sessions on rights and services from a shelter's LGBTI group leader. These initiatives led to changes in the shelter such as providing separate bathrooms to build safety.

**In Brazil, an important learning has been the value of building partnerships with local LGBTI organisations.** UNHCR Brazil created relationships with LGBTI networks and groups which linked UNHCR to the vibrant civil society networks of the country working to advance and sustain LGBTI rights. These groups were not traditional partners of UNHCR in the country but UNHCR created the links as part of its response to the shift in the country's introduction of a relocation programme for PoC which meant the geographical scope of the response in Brazil widened significantly. In the Brazilian government's relocation process PoC were supported to move to places beyond the initial arrival region. In some of these locations, Rio de Janeiro, Sao Paulo and Manaus, UNHCR mapped and reached out to LGBTI local networks and local organisations.

The evaluation reports that cooperation with the Brazilian LGBTI networks have helped Venezuelan LGBTI PoC settle in their new home areas and feel more secure. Partners and UNHCR staff described the cooperation as a triple win situation:

- a) Brazilian groups benefitted from partnership with UNHCR which gave more credibility and support to their rights' agenda; groups reported that cooperation with UNHCR contributed to strengthening their credibility with municipal governments, increased their fundraising options and strengthened their advocacy;
- b) Venezuelan LGBTI PoC benefitted from the Brazilian groups help to provide them protection and assistance on arrival in new locations; LGBTI POC in relocation cities interviewed declared that the connections with local LGBTI networks were essential for their protection and wellbeing;
- c) UNHCR benefitted in terms of the partnership's enhanced protection delivery.

## 2.5 Recurrent challenges

**Evaluations have noted a number of recurrent challenges facing the effective implementation of the multi-sectoral model.** These relate to under-reporting of SGBV and challenges for survivors to come forward, the quality and accessibility of referral services, uptake levels of these and challenges to build partners capacity to be able to provide high quality response. Under-reporting links to some of the issues of culture discussed later in section 5. Also, some issues related to the model link to the integration of SGBV risk management activities by other sectors dealt with in more detail in the next section on mainstreaming risk mitigation across sectors (e.g. relating to safety and security linked to shelter and camp management sectors). Five issues are discussed here.

## Uptake of specialist services

**In relation to uptake of specialist services, available data shows relatively limited uptake of some specialist services** including health (for the clinical management of rape) and legal services. In the case of Lebanon, the evaluation found increasing numbers of survivors declining referral to legal assistance increased from 40% to 47% in 2016-17. This trend was also found in Brazil and Tanzania where evaluation interviews found PoC reluctant to seek further assistance.

Evaluations have suggested this is linked to perceptions of perpetrator impunity. Evaluations of the response to refugees in Tanzania (2018), Lebanon (2018), Uganda (2015) and also UNHCR's evaluation of gender equality in operations (2016) suggested factors contributing to this trend were community pressure, fear of refoulement or local repercussions, perceptions of perpetrator immunity as well as practical challenges e.g. legal services distance and the quality and receptiveness of specialist services.

Emerging evidence suggested that a deeper understanding of the barriers to uptake would be helpful and guidance on how to address them. The evaluation in Lebanon found activities tended to focus on supply side factors to support the uptake of specialist services eg the promotion of awareness of services but experience, also in Lebanon, suggested that a focus on building relationships and trust between specialist service providers and PoC can be more productive. In Lebanon work was underway with police, health service providers and location of services within accessible community centres but these efforts are at an early stage so evidence of effectiveness is not yet clear.

## Dealing with instability

**A second serious challenge, and an inevitable one given the crisis context is the risk of instability.** Fluctuations in security, movements of people, change in government approaches and public attitudes to refugees' impact on SGBV risks. Research in Dadaab noted the impact of proposed repatriation programmes on the communities. *"When this repatriation issue began, it had a great impact on our routine activities. People, their attention, people became demoralised when they heard of this ... Especially in the outreach team ... when we tried to have a certain activity in the blocks, it was not as successful as the way it used to be because this time people's minds are absent somehow. When you invite a group of people to have a focus group discussion with them, the majority are busy talking about repatriation ..."*

In Lebanon the recent elections resulted in increased uncertainty about the future as the presence of Syrians in the country became an election issue. PoC reported feeling more pressure to return to Syria and UNHCR and the sectors' monitoring data highlighted increasing numbers of cases of aggression in communities between host and community including of sexual harassment. Repatriation and returns bring up new risks that the SGBV approach must address as SGBV survivors may be returning to places of violence where there are few facilities. Such instability has implications for how case management and the wider multi-sectoral approach is rolled out and emphasises the importance of monitoring of trends (discussed later under data management) and the need for flexibility in how SGBV services are provided. Repatriation plans furthermore need to include SGBV risk mitigation measures.

## Shortage of safe shelter

**A third recurrent challenge has been a shortage of safe shelter.** This was noted in the Review of gender equality (2016) and evaluations of response in Lebanon (2018) and South Sudan (2015). Funding pressures contribute in part to this trend but also the extent in which SGBV risk management is integrated into sector's plans and budgets, discussed in the next section. However, it is valuable to note that there are promising initiatives seeking alternative ways to provide safe shelter such as the UNHCR-supported community-based approach being developed in Nairobi (see box below).

## Box 2 Promising approach to provide safe shelter – example from Kenya

### Safe shelter for SGBV survivors –an example of an urban model, Nairobi

Building on a case management approach SGBV survivors requiring safe shelter are placed in the home of a trained caregiver. Many caregivers that play this role are SGBV survivors themselves and are therefore sensitized to the situation of other survivors. Survivors are matched with caregivers from the same community, with attention to individual characteristics such as gender and sexual orientation. Placement in homes is for a period of no more than 3 months, during which both survivor and caregiver receive food and monetary support coupled with individual therapy sessions for the survivor.

Although still in its early stages, there are indications of positive outcomes from this intervention. Programme observations suggest that the approach improves safety of the survivors through relocating them to a different neighbourhood. The model seems to also facilitate increased community participation in providing support to SGBV survivors, resulting in accelerated recovery of survivors from SGBV related trauma. There are indications that the approach has facilitated improved rehabilitation of survivors and mitigated the many challenges involved in managing stand-alone safe housing for SGBV survivors. For instance, living in a normal family environment and being able to interact with others and lead a normal daily life seems to positively impact survivors compared to the use of shelters with an ethos of restriction and confinement.

## Livelihoods

**A fourth recurrent issue in evaluations of SGBV response, in this case dating back to 2008 is identification of the need for more attention to livelihood options for SGBV survivors.** This was noted in the 2008 multi-country evaluation of UNHCR's work on SGBV and continues to be highlighted for instance in the 2016 evaluative review of the deployment of specialist protection officers (SGBV focus) and 2018 evaluation of the UNHCR SGBV approach in Lebanon. While there are often many constraints to supporting refugee livelihoods such as work restrictions in Tanzania, Lebanon, and Bangladesh, the importance of an independent livelihood for SGBV survivors has been repeatedly pointed to as vital for people to have real choices regarding their next steps. The evaluation suggests limited progress in this area to date with some such as the 2016 UNHCR Review on Gender Equality in Operations finding that activities are often more focused on keeping women busy rather than targeting the generation of income which impacts on SGBV survivors' life choices.

## Speed, scale and sustainability

**Evaluations have noted the tension in setting up SGBV multi-sector response as rapidly as possible with building a sustainable capacity with national systems.** The Rohingya response in Bangladesh and the evaluation of the Venezuelan response in Brazil both note the challenge to design an SGBV response intervention in a context with very limited existing facilities for the host population. The 2018 evaluation of the Lebanon response acknowledged the many challenges in organising a rapid scale up of SGBV response services in light of the large numbers of refugees arriving (over 1.5 million refugees were estimated to be in Lebanon) and the limited capacity of the existing services.

However, the evaluation also found that more links with national systems could have been made earlier to increase the connectedness of the humanitarian response to the national SGBV response system. The humanitarian SGBV response did build the capacity of a small number of NGOs who early on demonstrated some interest and basic SGBV capacity but the evaluation identified that greater linkage with government services could have started earlier and also with smaller, more grassroots organisations. It argued this would have strengthened the sustainability of services and their reach at community level.

### 3. Mainstreaming SGBV risk response, mitigation and prevention

#### Key points

- Despite significant positive examples and progress, the lack of attention manifest in limitations in resourcing and also time and attention to SGBV risks in shelter, camp conditions, and access to fuel continue to feature as shortcomings in operations.
- Measures which support mainstreaming of SGBV risk mitigation include tailored training to focus on implications for staff responsibilities, and needed actions, and cooperation across teams to build solutions.
- Areas which show promise to increase mainstreaming of SGBV risk mitigation include accountability mechanisms that make SGBV responsibilities explicit for individual staff and budget systems which make financial contributions to SGBV risk reduction explicit in sector plans and financial reports.

#### 3.1 Introduction

**For UNHCR, SGBV mainstreaming refers to the integration of prevention, mitigation, and response strategies across all areas of programming.** This section focuses mainly but not solely on SGBV risk mitigation. SGBV risk mitigation involves all sectors as laid out in the IASC Guidelines for Integrating Gender- Based Violence Interventions in Humanitarian Action (2015). Risk mitigation takes sectors' responsibilities further than those included in the SGBV multi-sector response model, to additionally include actions taken in each humanitarian sector to identify and reduce risks and exposure.

**The IASC GBV guidelines have been a key development to support multi-sector approaches to SGBV risk mitigation.** The guidelines clearly lay out issues to be considered by each sector, the responsibilities of humanitarian actors and sectors for addressing SGBV and the practical steps sectors should take to reduce risk in their relevant area. The challenge faced in evaluations of SGBV risk mitigation is that sectors' activities to address SGBV risks are often not documented nor budgets organised in such a way to enable easy tracking of the resourcing. There have been some fairly consistent challenges coming through UNHCR evaluations regarding mainstreaming of SGBV risk mitigation across sectors which are below in 3.4.

**UNHCR is taking significant initiatives to mainstream consideration of SGBV risks in mitigation and prevention approaches.** These include the development of an SGBV training package (2016), investments in deploying senior protection staff (SPO) to promote the scale up of SGBV responses early in an operation, participation in the Real Time Accountability Partnership – an inter-agency partnership to promote accountability for SGBV across humanitarian response, support to the development and implementation of GBVIMS which can provide some data on trends among other things to inform areas for attention to reduce SGBV risks, and the launch of the SGBV e-learning program (2018). UNHCR's review of Gender Equality in Operations found staff often call for tools to support mainstreaming but that there is limited awareness of what exists. Tools that are cited most frequently as used and useful include the tool for Participatory Assessments in Operations, SGBV guidelines, Handbook for Protection of women and girls, UNHCR commitments to refugee women, SGBV updated strategy and external IASC guidelines.

#### 3.2 SGBV mainstreaming in protection

**The evaluations reviewed have found many examples of good practice of the integration of SGBV response, risk mitigation and prevention into UNHCR protection activities.** While the

evidence is not sufficient to say how widespread these activities are, the examples below highlight good practice.

- *Provision of information on rights and responsibilities* – the evaluation of the response to Venezuelan PoC in Brazil found good practice in reception centres where the teams make information available which promotes awareness of rights and protection against SGBV in Brazil, responsibilities of men and women and information on SGBV services. The team uses leaflets, posters films and discussion groups led by protection staff in the reception centres.
- *Providing opportunities for disclosure and identification of SGBV survivors* – In Brazil the protection teams have created confidential spaces in reception centres in which PoC can disclose SGBV. In both Lebanon, Jordan and Brazil UNHCR teams worked to ensure LGBTI-friendly and SGBV messages were highly visible. In Brazil measures included child friendly spaces in reception centres where UNICEF- trained monitors had opportunities to identify children at risk.
- *Training of protection staff* - In Lebanon the evaluation heard that key steps have been training of UNHCR protection staff including protection monitors to identify and refer SGBV survivors. Also important was training of legal case workers in “soft skills” important when interviewing of SGBV survivors. Training was also provided for registration, RSD and resettlement staff on SGBV basic concepts, safe identification, referral and confidentiality and also on dealing with survivors of trauma. A choice of male or female interviewer is offered when possible.
- *Standard Operating Procedures* – In Lebanon and Brazil there has been work to develop standard operating procedures (SOPs) and guidelines on fast-track registration and resettlement of high risk SGBV cases, those at risk of SGBV and LGBTI and other vulnerable individuals. Refugees with specific vulnerabilities including profiles of SGBV are prioritised for legal assistance, residency, civil registration and family law. UNHCR is developing an internal legal aid strategy which includes SGBV-related issues.
- *Increasing cross-team cooperation* – In Lebanon the evaluation found that SGBV and legal team cooperation in the production of the ‘Early Marriage Guidelines’ for legal actors. Involvement of other UNHCR sectors in the validation of the UNHCR SGBV strategy helps build understanding too.
- *Integration of SGBV into monitoring* – In Lebanon the evaluation found field monitoring routinely considered SGBV issues. Monitoring reports are shared in regular field office meetings involving the whole protection team including SGBV focal points which supports discussion across the team on how to address reported issues. Field office protection monitoring often picks up on issues of concern. Generalist outreach volunteers are also an important source of information on community trends, an approach being used both in Bangladesh and Brazil.
- *Community based safety audits* – Available data that cross-theme community safety audits can reduce risks if followed up. Lebanon monitoring data reports that 89% of the 162 communities where community safety audits were conducted and followed up in 2017, report feeling safer; but UNHCR 2017 reporting shares that this level of follow-up is threatened by operation plans not being fully funded.

## Cooperation between programming to address SGBV and child protection

**Evaluations have found that measures to address SGBV risks and other child protection risks can often be complementary.** The evaluation of the implementation the three protection strategies (education, child protection and SGBV) found that when measures are taken to address SGBV risks there is also an increase in levels of activity focused on child protection. In Lebanon the evaluation found measures at community level to address issues of child/early marriage, a common concern for both child protection and SGBV provided a foundation for taking forward discussion on other SGBV risks. The community entry point was sometimes via other child protection issues such as child labour. Community-based activities included initiatives to engage with religious leaders. Evaluation evidence on the effectiveness of these approaches is so far limited but indications are that the community-based protection interventions which encompass SGBV and child protection are relevant. The use of community-based safety audits, common outreach volunteers trained in both child protection and SGBV and indeed the fact that both areas are often being covered by the same staff member helps to enable complementary approaches and synergies to be maximised.

However, there are some tensions in the different approaches taken in these protection sub sectors as illustrated by the experience of Lebanon in developing its approach to child/early marriage and summarised in the table below.

### Box 3 Cooperation across protection to address child/early marriage- example of Lebanon

**The issue:** SGBV monitoring highlighted high levels and rising rates of child/early marriage. Lebanon has no minimum age for marriage or any civil code regulating personal status matters (since these are handled by religious courts which set the age based on personal status laws).

**Steps taken:** The Inter-Agency SGBV Task Force (TF) together with the child protection TF and the protection sector developed a guidance note on child/early marriage.<sup>5</sup> This has enabled the operation to build alignment around supporting victims of child/early marriage. The guidelines focus on young people at immediate risk of marriage, registration of births of new-born babies, obtaining divorce, custody or alimony documents, and provision of legal support in cases of domestic violence. The guideline also has provisions on key messages for parents and young people, specifically those deemed to be at risk of, but not yet, early marriage. All these efforts contribute towards the ongoing regional Campaign on Ending Child Marriage by UNFPA and UNICEF. Outreach volunteers (OVs) have been instrumental in conducting sensitization sessions on child/early marriage. Early marriage has also been addressed through UNHCR internal programming such as the “Amani campaign” (prevention toolkit for the community on child labour and child/early marriage), awareness raising sessions, including those given by OVs, and a programme to empower adolescent girls that was conducted in the North of Lebanon.

**Challenges:** Challenges to a shared approach include the different approaches and focus from the different sectors e.g. legal actors highlight child/early marriage as being against global standards and challenge its registration as giving it legitimacy, child protection actors approaching cases through a family-based approach while SGBV actors engage with the individual and only involve family members with the full consent of the young person. These different emphases of sub-sectors (international law, family or individual approach) present challenges to producing a shared approach. This has had some impact on the pace of development and extent of the guidance. The current focus is on working out to apply the guidance that has so far been developed.<sup>6</sup>

### 3.3 SGBV, assistance and livelihoods

There has been significant progress in considering the SGBV outcomes of assistance particularly in relation to the modality of cash-based transfers. UNHCR research in Lebanon, Ecuador and Morocco reported that where the main contributing factor exposing persons of concern to SGBV is lack of financial means, the research concludes that cash grants can reduce exposure to risk and mitigate the impact of SGBV. However, SGBV survivors and those at-risk find that the cash assistance alone is not enough to provide necessary protection but needs to be provided in conjunction with other services and interventions, especially case management, medical, psychosocial and shelter services, in order to be effective. For any long-term outcome on reduction of violence and behaviour change, gender equality programming has to be carried out in parallel. In addition, where the positive effect of cash in conjunction with specific interventions is identified, continuous monitoring is required to mitigate any potential negative repercussions or further exposure to risk. While preventive effects were found in the reduction of exposure to negative coping mechanisms, outcomes were limited due to the insufficient cash value to cover basic needs, as well as the uncertainty on the duration and continuation of the cash assistance. Positive outcomes were only observed during the period of the cash grant and did not show a lasting effect.

**A similar trend was found in Brazil.** The SGBV-focused evaluation of the Venezuelan response judged UNHCR’s use of cash-based assistance to be a good strategy to address SGBV risks including that of undertaking survival sex when combined with careful management and when

<sup>5</sup> Inter-Agency Coordination Lebanon (2016) ‘Early Marriage Guidelines’.

<sup>6</sup> Source: evaluation workshops and KII.

combined with other support. It found it was important that the team had established the SOPs, criteria, partners and mechanisms to enable this linkage. The evaluation highlighted that the value of cash-based assistance was based on the high quality assessments of vulnerability and linkage to longer term solutions such as employment, access to social benefit schemes and local integration through community-based protection networks.

**Evaluation evidence suggests a strong understanding across UNHCR of the protection role of assistance and in particular sustainable livelihoods.** For example, the UNHCR 2016 Review of Gender Equality in Operations found regular examples where SGBV survivors are prioritised for assistance and livelihood support. It highlighted an interesting pilot underway in Burkina Faso, Ecuador, Egypt and Zambia that prioritised SGBV survivors in a programme exploring the potential of providing training alongside cash to support new livelihoods. The Lebanon evaluation found that the SGBV focal points were facilitating interaction between the sectors at national and local levels to identify solutions for SGBV survivors despite the restrictive environment in the country limiting employment options.

### 3.4 Challenges to mainstreaming risk mitigation

**Evaluations highlight a number of recurrent challenges to mainstreaming risk mitigation.** An important challenge relates to levels of knowledge of SGBV risk and responsibilities to address it. An inter-agency evaluation of the implementation of the IASC GBV guidelines in Greece, Jordan and Lebanon (2018) found mixed levels of understanding about SGBV risk among sectors staff relevant to their area and their own responsibility. The evaluation in Tanzania found that sectors do not always have a knowledge of their expected roles in SGBV risk mitigation and that there was a lack of accountability mechanisms to promote action by sectors. If this lack of knowledge is widespread it likely to be a contributory factor to the frequently cited shortcoming found in operational evaluations in how safety and security is addressed. Evaluations in Tanzania, Bangladesh and Brazil (in relation to indigenous people's shelter) identified as urgent concerns the limited attention to ensuring safe access to fuelwood and to safety in shelter and WASH facilities.

This finding is not consistent across the board with for instance the UNHCR evaluation finding positive experience in Lebanon where community-based assessments in shelter and WASH had led to SGBV risk mitigation measures such as locks and different tents to provide more privacy and security. The evaluation in Tanzania identified changes in later stages of the response which found better shelter and WASH SGBV risk mitigation due in part to the reduction in the number of people housed in shelters and improvements in measures such as locks in WASH facilities, but this change seemed to be propelled by individuals rather than being an institutionalised component of the response. These issues recur in a number of operations when the measures to address them are well known such as locks, lighting and access to fuel.

An internal review carried out as part of UNHCR HQ's campaign to mainstream SGBV risk mitigation across the organisation found that significant constraints were:

- Lack of clarity regarding the concept of mainstreaming
- Presence of SGBV focal points mean it's not seen as important for other staff
- Lack of awareness and clarity on individual staff's role in mainstreaming
- Limited training and awareness of responsibilities and of tools and resources to support its implementation
- Cultural barriers for some staff and discomfort with discussing SGBV
- Guidelines viewed as too long
- Limited positive incentives to add SGBV concerns to workload.

These findings resonate with the IASC evaluation of use of its guidelines. UNHCR was part of the reference team for this review.



### 3.5 Promising initiatives

**Evaluations point to a number of promising initiatives to improve mainstreaming both from UNHCR's own experience and broader IASC findings.** The IASC evaluation of implementation of its GBV guidelines and some of the UNHCR evaluations referred to agree there is a need to customise training to staff, and a need to establish clear accountability systems. This is a process that is underway in UNHCR.

The IASC evaluation also notes the value and importance of advocacy by UNHCR to key actors such as the lead agencies of sectors where there are recurrent issues, such as shelter, and WASH. Advocacy by should target donors to convey the importance of the guidelines and training and to incorporate SGBV risk mitigation measures routinely into programming.

A promising initiative was established in Jordan through the establishment of a sector focal points network. UNHCR led the IASC Task Force on GBV in setting up a focal point network. This led to a number of positive results in which the focal point network:

- gave focal points authority in their own organisation;
- increased gender analysis in sectors;
- increased focal points knowledge through training;
- enabled piloting of tools;
- improved mainstreaming by using the IASC Gender marker;
- increased documentation and improved quality of data (eg through more disaggregated data).

Key lessons learned from this initiative related to a) the need for strong senior management support from across UN agencies to support the Focal Point Network, and b) linkage with other cluster and coordination mechanisms.

The Lebanon evaluation highlighted a number of lessons from the experience to integrate SGBV response, risk mitigation and prevention into assistance programming which are relevant to other sectors as summarised below:

- *Address sector programme design issues that limit opportunities for integration of SGBV risks mitigation* – the assistance and SGBV teams worked together to address the challenges presented by the process to identify beneficiaries for the multi-purpose cash assistance. This was an annual process of analysis, based on mainly economic criteria and did not have scope to integrate additional people during the year. In response a protection cash assistance programme was established to provide shorter-term support and the criteria for assistance amended to include social characteristics which often incorporate people at risk of SGBV as well as SGBV survivors.
- *Build understanding between sectors of the different ways they understand and address vulnerability* – in Lebanon the evaluation found the assistance and livelihood sectors consider vulnerability from an economic perspective while the SGBV team consider vulnerability at an individual level and through a social focus. (Child protection approaches approach solutions through a family focus and groups working on social stability tend to work at the community level). Building understanding of and respect for different ways of understanding and addressing vulnerability can contribute to the creation of solutions
- *Undertake joint work to find solutions* – the Lebanon UNHCR basic assistance and SGBV teams worked jointly to find solutions through research, discussion, modelling and pilots. In turn, this build a shared understanding of issues and possible solutions.

## 4. SGBV Prevention

### Key points

- Opportunities for UNHCR focus on SGBV prevention maybe greater in protracted crises where there is more stability, and other components of the SGBV approach have been addressed i.e. response and mitigation measures. Community-based initiatives show potential but are resource (time) intensive.
- Evidence of change resulting from prevention initiatives is so far limited from the evaluation locations.
- UNHCR has the potential to add value to the sectors through a focus on prevention strategies for refugees in a range of different contexts e.g. immediate response, protracted crises, and in relation to different cultural and legal frameworks.
- While gender equality and behaviour change maybe long-term goals requiring long-term processes, experience in UNCHR operations demonstrate the value of introducing at least awareness raising activities in all humanitarian operations at relatively low cost e.g. through leaflets, films, other communication materials which raise awareness of rights and responsibilities and can contribute to SGBV prevention.

### 4.1 Introduction

**Prevention refers to actions that block SGBV from ever occurring and typically address the root causes of SGBV, namely gender inequality and unequal power relations.** Some of the activities undertaken as part of prevention strategies detailed in the UNHCR SGBV-related evaluations include women's empowerment projects and initiatives to engage men and boys as part of processes to promote gender equality and awareness raising activities of relevant legal rights and responsibilities through information and communication strategies such as leaflets, films and groups discussions.

### 4.2 Promising community-based initiatives

**Some UNHCR community-based activities have shown promising results in relation to prevention but they are, so far, on a relatively small scale and evidence of their effectiveness and impact is limited influenced in part by limited investment in this area.** For example, UNHCR Lebanon data showed that 84% of women and adolescent girls taking part in empowerment activities as part of SGBV prevention strategy reported feeling a greater sense of empowerment after their participation, which is a step towards gender equity. But these initiatives are very localised and reach a limited number of girls.

There are also encouraging approaches being taken in the sector and by some UNHCR partners to engage with religious and other community leaders as part of prevention strategies noted in Ethiopia and Lebanon. In Lebanon these involved engaging religious leaders in discussions initially about child protection concerns, such as child labour. Gradually the discussions moved onto more sensitive areas relevant to child/early marriage and SGBV.<sup>7</sup> But there is currently no systematic data on the effectiveness of these initiatives. Available evaluation data from Brazil suggests that communication activities in reception centres to promote arriving PoC's awareness of Brazilian law and in particular the law protecting women from violence were effective in increasing knowledge of rights and responsibilities.

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<sup>7</sup> For good practice, examples of the development of preventative frameworks against SGBV through theologically inspired programming, see Fiddian-Qasmiyeh, Lewis and Cole (2017), 'Faithing gender and responses to violence in refugee communities: Insights from the Sahrawi refugee camps and the Democratic Republic of Congo'. (Oxford: Berghan).

**There are initiatives underway to build gender equality by involving men and boys.** One initiative, originally developed by IRC, the Engaging Men through Accountable Practice approach was being carried out in the Tanzania response. It is a structured series of discussions with men designed to explore existing understandings of masculinity and create more positive models of what it means to be a 'good' man, promoting self-reflection and pushing men to analyse and change their own power and privilege. This methodology begins with a series of discussions with women to inform men's dialogue groups and includes continuous feedback loops with women throughout the process so that the work with men is grounded in, and accountable to, women's views and objectives. An IRC evaluation of its work in Tanzania found some promising signs of some shifts in perspectives of men regarding women's roles though also challenges with some men choosing not to participate seeing it as aiming to change culture. The initiative is very promising and operational given that it is a relatively short-term intervention (6-month), future efforts need to be accompanied by a more extensive evaluation.

**Another initiative is the Zero Tolerance Village Alliance model.** The approach was pioneered by the Thohoyandou Victim Empowerment Programme (TVEP) in rural South Africa and introduced by UNHCR into refugee settlement areas in Western Uganda. Activities take place over six months and include mapping and dialogues, establishing a stakeholder forum, SGBV-related training and activities in which village brand and publicly pledge zero tolerance to SGBV. An evaluation of the intervention in Uganda carried out by UNHCR with Population Council found some evidence of increased awareness of SGBV and moderated negative gender attitudes, shifting views on gender norms and beliefs relating to SGBV.

Another initiative that UNHCR and partners are using in some operations is the SASA methodology (standing for Start, Awareness, Support Action) used for instance in Tanzania to support prevention activities. It employs local activism, media and communication to reach people in a variety of ways. It includes a methodology for tracking community dynamics and can measure change to some extent to inform activities (though not at the level of impact). Emerging evidence of the usefulness of the mechanism to track community dynamics is positive. These are promising signs and further evaluation could build the evidence base.

Data on UNHCR investment into SGBV prevention is limited but available data suggests it is relatively limited eg in Lebanon, UNHCR interventions which focus on prevention form less than 20% of the direct SGBV budget. However, it is not clear what an appropriate level of support would be, for instance the evaluation in Tanzania suggested that operations need to concentrate on SGBV risk mitigation first before trying to build gender equality, a long-term process.

### 4.3 UNHCR focus

**Many agencies are now exploring prevention or gender equality issues as part of GBV strategies particularly in protracted crisis contexts.** In Lebanon, by year 8 of the response an increasing number of agencies in the SGBV task force were moving their strategies to focus more on prevention. However, evaluations noted that few agencies focus on building evidence regarding the relevant and effective prevention strategies to undertake in refugee contexts. Characteristics of refugee contexts impact on how prevention strategies are employed. Relevant characteristics include:

- a) Volatility of the context – there tends to uncertainty around PoC situation with further movement often on the horizon, be that through relocation within countries, through resettlement to another country or repatriation or return;
- b) Contextual issues with men and women often playing new roles in refugee contexts eg women supporting households. These dynamics can present opportunities for change or increased resistance to further change.
- c) Instability – SGBV prevention is a long-term process and changes in a refugee context can mean these are disrupted. These characteristics may mean that prevention strategies for refugee contexts

need to be different from those that are employed in host communities or other humanitarian (or development) settings. Appropriate prevention strategies for refugee contexts is an area where UNHCR is well-placed to contribute evidence-based learning.

## 5. Cultural context

### Key points

- Evaluations report operations frequently cite culture of host and displaced communities as an obstacle to progress in SGBV response, risk mitigation and prevention.
- Strategies to address culture have often focused on supply factors – promoting awareness of SGBV and available services.
- Guidance on increasing understanding of local cultures, and on preparing strategies to promote SGBV services and rights in culturally sensitive ways is needed.

### 5.1 Introduction

**A factor frequently cited by operational teams as a challenge to SGBV interventions is host and displaced communities' cultures.** Cultural factors affect the success of SGBV response and prevention activities. Culture is cited as an obstacle to people's willingness to identify as SGBV survivors, to take up specialist services such as the medical and legal options offered to rape survivors. SGBV, and sexuality in general, can be a taboo subject, survivors are often stigmatised.

Some cultures' beliefs and gender norms are contrary to gender equality and stimulate resistance to SGBV interventions seen as seeking to change local culture. These challenges are referenced in various multi-country evaluation including evaluation of three protection strategies, and of operations in Tanzania, Brazil and Lebanon. In Brazil a particular issue identified was the challenge to implement an SGBV approach with indigenous PoC. Evaluations also point to the limitations of strategies to address this obstacle with a reliance often on supply-factors i.e. focusing on increasing awareness of SGBV and availability of services which, while important has proven insufficient to shift uptake levels.

### 5.2 Understanding and responding to cultural contexts

**While evaluations have reported the frequency with which culture is cited as a challenge to effective SGBV response and prevention, there is limited evidence regarding appropriate ways to address the issue.** There are a number of examples of efforts to building understanding and respond to different cultural contexts which warrant further exploration. They include:

- Engaging anthropologists to help build team's understanding of local cultures and advise on the implications for SGBV interventions (Brazil).
- Creating partnerships with any civil society organisations and/or groups from within the culture already working on SGBV-related rights e.g. LGBTI rights, women's rights groups and others (Brazil).
- Studies to build understanding of community level perceptions and dynamics relevant to SGBV as undertaken by the Bekaa office in Lebanon.
- Methods which seek to build relations between service providers and community members including awareness raising and training for service providers e.g. SGBV awareness training for police in Lebanon, initiatives to bring providers closer to the community e.g. locating health services in more accessible locations such as community centres or through mobile services.

**These initiatives are only at early stages and evidence of their effectiveness is limited.** The evidence suggests there is a need for more systematic approaches to deepen understanding of cultural beliefs relevant to SGBV. More understanding is needed of the basis of belief and if and how they are changing, acknowledging communities are not homogenous but made up of diverse views. In

particular, there is a need for UNHCR to have methods to build understanding of how these dynamics play out for displaced people, and their implications for SGBV-response, risk mitigation and prevention interventions. Practical guidance to country teams on how to understand and approach cultural issues which present challenges to rolling out SGBV response, mitigation and prevention models are needed.

## 6. Organisational issues

### Key points

- UNHCR's investment into GBVIMS development and rollout has been an important contribution to data management within UNHCR and the sector. But evaluation evidence suggests poor data management recurs and impacts on the quality of case management, cooperation between partners, advocacy and resourcing as well as the ability to track effectiveness of interventions.
- Documented strategies and plans would support continuity and relevant adaptation of SGBV interventions in a response. These are often missing in UNHCR.
- The rationale for UNHCR SGBV related activities and how they will lead to broader desired outcomes is often not articulated. The framework to monitor the effectiveness of intervention (as opposed to the completion of activities) is weak but an area being worked on.
- There are examples of extremely positive leadership by UNHCR senior management to support action on SGBV internally and in the sector, but resourcing data suggests that the picture is variable.
- Guidance on allocation of financial resources for SGBV could provide more consistency within and across operations.
- Evidence confirms the value of early deployments of senior protection officers (SGBV) to operations for sustainable increased efficiencies and coverage of SGBV activities.

### 6.1 Introduction

A number of observations on organisational issues recur in SGBV-related evaluations. These relate to data management, planning, organisational preparedness, tracking effectiveness, leadership and resourcing. These are discussed in turn below.

### 6.2 Data management and use

**Data collection and management is an area promoted in the revised SGBV strategy (2011) requiring increased attention.** A significant development in the sector has been the investment by UNHCR, along with UNFPA and UNICEF and NGOs IRC and IMC into the development of the Gender-Based Violence Information Management System (GBVIMS), a shared system which enables service providers to effectively and safely collect, store, analyse and share data related to the reported incidents of SGBV. When the system works well it has been shown to be effective in providing data which allows partners to track trends and plan action to address issues. In Lebanon where trends highlighted changes in reports of intimate partner violence and child/early marriage, UNHCR developed targeted interventions to address these.

The Real Time Accountability Partnership's study to inform its 2017 action plan noted the high priority given to data by the leadership of organisations. It is needed to provide evidence of SGBV trends, progress in interventions and for advocacy.

**Despite UNHCR standard practice to establish data management systems early in operations this has not been the case for SGBV interventions.** Evaluations found significant data

management problems in UNHCR SGBV responses with no system set up in Brazil (2018), and poor data management in Uganda (2015) and in Tanzania (2018). Findings include that GBVIMS or other appropriate system has not always been systematically set up and sustained in operations (it was not in operation in Brazil 18 months into the response). Contributing factors have included capacity limitation in UNHCR as well as poor capacity with partners, UNHCR staff confusion about confidentiality of data and fears of its misuse. These factors have led to available data not being fully used for planning operation responses. Weak case management impacts on the data management and also weakens interventions. The gender equality review also noted the frequent problem of data limitations in UNHCR.

**Evaluation evidence suggests that developing an information sharing protocol can be slow and cause difficulties by limits placed on sharing information.** While evaluations noted the challenges posed by the limited knowledge of the information sharing protocol in Tanzania and Uganda, the protocol agreed in Lebanon frustrated some UNHCR staff and SGBV task force members reported frustrations the ability to use data was limited because they had access only to collated data. They wanted more detailed analysis particularly regarding numbers of cases rather than trends. In this case, the information sharing protocol (ISP) agreed among agencies set limits to the extent to which data is shared e.g. that data is only shared in percentage form. The evidence suggests that information sharing protocols and broader data management issues and potential solutions is an area that would benefit from additional in-depth review on knowledge and understanding of the ISPs as well as the processes to update and revise these as humanitarian contexts evolve.

### 6.3 Effectiveness of SGBV interventions

**Evaluations frequently point to challenges in tracking the effectiveness of SGBV intervention due both to the poor quality of available monitoring data and due to the lack of an articulated logic on how activities will achieve change or outcomes.** UNHCR SGBV monitoring often reports only on activities and outputs showing progress against planned implementation targets or indicators but not what outcomes these achieve. Furthermore, routine monitoring does not necessarily include details of sectors' contributions to SGBV response and risk mitigation, eg sectors' provision of emergency shelter or scale of input to clinical management of rape services, and other areas is not always tracked. Evaluations in Lebanon and Tanzania have noted the absence of a theory of change, documented rationale or logic chain as problematic and that plans do not often lay out how short-term activities link to intended long term gender equality outcomes.

**A positive initiative is UNHCR's current work to develop a new monitoring framework.** Other promising developments include the emergence in the sector of more in-depth research into the outcomes of some interventions, notably impact of PSS on mental health where emerging findings show promising results (Hossain, 2018). Other important research is UNHCR's work exploring SGBV outcomes of cash interventions. A further emerging practice in monitoring is the system to gather satisfaction feedback from clients in case management, but this appears to be used in a limited number of operations. Furthermore, the evaluation in Lebanon found this data collection is set up more to support individual case management rather than overall intervention monitoring so data is not collated to enable the tracking of trends.

**Other positive events have been learning initiatives.** An example is the 2017 Nairobi workshop to bring together UNCHR and partners in the region to share promising practices in community engagement. Another example is the publication which collects promising initiatives developed in response to the Syrian crisis. These products and events help build evidence and knowledge about challenges and progress in SGBV interventions. However, their limited scope, often contained to case studies and limited data gathering also show the need for more in-depth and systematic evidence beyond individual case studies to track progress and to understand if and how interventions achieve positive outcomes for SGBV survivors and those at risk.

Evaluations provide a potential source of effectiveness. During the time period under review (2016-18) UNHCR commissioned two external evaluations of its responses to L3 crisis in Bangladesh and DRC. Review of these reports show that they cover a very wide range of issues and only limited information on SGBV response, mitigation and prevention. Most of the relevant data is within sections on protection and SGBV related points tend not to be pulled out separately from other thematic areas. Terms of reference do not request any such coverage of SGBV nor demand SGBV expertise in teams. This limits their usefulness as sources for evidence on SGBV response, mitigation and prevention. It also contrasts to at least one earlier report from the 2015 response to South Sudanese refugee influxes to Ethiopia and Uganda where SGBV is covered in more detail.

There are two possible options to increase the evidence building on SGBV interventions through evaluations. One is to include an SGBV-specific question in multi-sector evaluations and possibly require SGBV programming experience in an evaluation team to ensure the subject is addressed. A second is to extend the commissioning of specific SGBV response, risk mitigation and prevention evaluations to continue to build the body of evidence.

## 6.4 Preparedness

**Evaluation evidence highlights the importance of preparedness.** Three features stand out.

First, the significance of developing a strong relationship with government before crises begin can provide entry points for UNHCR to influence national responses to be SGBV-sensitive from the outset. This was demonstrated in Brazil at the outset of the Venezuela crisis when previous cooperation provided openings for UNHCR to advise on integration of SGBV risk reduction measures in areas such as the shelters being set up by the army for arriving PoC.

Second, the development of good quality contingency plans is key. This was demonstrated in Tanzania where the evaluation found that poor quality planning before the 2015 influx led to considerable delays in the establishment of SGBV responses.

Third, having a strong foundation in SGBV awareness and also practical skills can support the scale up of SGBV interventions early on but their absence can cause considerable delays and missed opportunities. In Brazil the evaluation found that staff had completed the online training module on SGBV, had a strong commitment to address SGBV as part of the Venezuela response and indeed galvanised inter-agency cooperation on this issue. However, they had insufficient technical skills to be able to set up key areas like a systematic case management system and additional specialist additional expertise was deployed more than six months into the operation and for a very limited time (timely deployments of surge capacity are discussed below in human resources).

## 6.5 Strategy, planning and documentation

**A consistent finding in evaluations is the absence of a clear, documented SGBV response, mitigation and prevention strategy and plan to guide the operation.** Country operational plans will often state that a key activity will be to set up SGBV related activities but without a more detailed strategy and documentation. The absence of such documentation was highlighted in evaluations in Brazil and Tanzania. While it is understandable that a stretched team will prioritise action over documentation in the heat of a response, the absence of a written plan causes problems given the high turnover of staff in the response. The lack of a documented strategy can lead to SGBV actors failing to acknowledge changes in the context, particularly during a rapid scale up, and the potential need to adapt the interventions.

## 6.6 Leadership

According to the UNHCR Emergency Handbook “Senior management is responsible for making sure that UNHCR and partners prioritize action to prevent and respond to SGBV, as a life-saving

intervention. Programming should start from the inception of an emergency, whether or not cases of SGBV have been reported.”<sup>8</sup> Leadership is a difficult concept to assess and maybe the following section on resourcing provides more tangible evidence on leadership trends in relation to SGBV. However, evaluations note some positive trends. Evaluations have found country and regional strategies reflect a strong commitment to address protection concerns though reference to SGBV is more variable [MOPAN]. Evaluations cite some extremely positive instances of strong leadership of SGBV approaches by UNHCR senior management in country operations. For example, the evaluation of the Syrian response in Lebanon notes the commitment of senior management to addressing SGBV evidenced in its lead in internal awareness raising, support to mainstream SGBV risk mitigation and support to work to engage men and boys as well as its commitment to maintain resource levels for SGBV activities even when budgets were under increasing pressure (see below).

**Evaluations have highlighted the importance of UNHCR’s leadership role in the sector in relation to SGBV and in particular the potential impact (at relatively low cost) of investment into coordination.** For example, the evaluations cite the value of UNHCR’s convening of the SGBV working group in Brazil to galvanise action and cooperation between agencies to respond to SGBV in the Venezuela crisis. In Lebanon the investment to co-lead SGBV coordination structures at national level including a P3 level full time coordinator, the development of training, standards and advocacy and also at field level made a significant difference to the coverage and quality of SGBV activities in the sector. The IASC evaluation of the implementation of the GBV guidelines in Greece, Jordan and Lebanon notes the importance of the UNHCR leadership in rolling out the coordination. The scope UNHCR has for leadership in the sector on SGBV varies to some extent on its role in an operation. For example, in Bangladesh UNHCR’s role was defined in a technical way as the protection lead rather than overall (co)lead of the operation as it was in Lebanon. The evaluation highlighted that this meant UNHCR’s influence was through facilitation, persuasion and technical advisory support to other sectors rather than through holding sectors accountable or changing them directly as was the case in assistance, shelter and other sectors co-led by UNHCR in Lebanon.

## 6.7 Resourcing

### Financial

**Evaluations suggest wide variations in SGBV budgets,** though a note of caution is due here given the difficulties in identifying SGBV activities within other sector budgets such as community-based protection and shelter, health and WASH. The figures here are based on explicit SGBV budgets for dedicated staff and services directly provided by UNHCR and its partners.

- In Lebanon the evaluation found the SGBV budget had been kept relatively constant at around US\$2.5million per year over three years which was actually an increase in the SGBV proportion of the overall budget because the wider operational budget decreased (the SGBV proportion rose from 0.7% to 1.3%). Available data did not indicate any significant change in numbers of PoC.
- In Brazil, the evaluation found that SGBV budget did not increase in line with the UNHCR country budget as the Venezuelan response scaled up. It found the overall UNHCR response budget increased nearly 4-fold from 2017-18 but the SGBV budget remained almost consistent representing a decrease proportion of the budget from 4% to 1%.
- In Uganda a 2015 evaluation found that 11.5% of the UNHCR budget went towards measures to support security from violence and exploitation (not only SGBV) but that SGBV was prioritised within that (figures not available) but in Ethiopia, as part of the same South Sudan response 2% of the budget was allocated to SGBV.

It is difficult to interpret these figures to enable a judgement of whether financial resourcing was sufficient or not. It maybe is more easily grasped by considering the scale and coverage of SGBV

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<sup>8</sup> <https://emergency.unhcr.org/entry/60283/sexual-and-gender-based-violence-sgbv-prevention-and-response>



activities the budget enabled. Resourcing is not assessed consistently in evaluations which prevents direct comparisons. But it is clear financing in Lebanon enabled relatively good coverage of SGBV services where evaluation analysis found that 95% of PoC were no more than 5km from some sector-provided SGBV response services such as a safe space though the range of services available to people varied across regions. In Brazil the evaluation highlights the very low coverage of PoC outside of shelters, a large population who had very limited access to SGBV services and were not targeted with information. 18 months into the operation there were developments to begin to understand better and to address the SGBV trends among this group but clearly their vulnerability to SGBV risks were extremely high, particular for those without any accommodation. Limited funding and human resource capacity were the reason services did not stretch to this significant group.

**Overall the evaluation evidence suggests more guidance is needed to ensure consistent decision-making across operations** to support a consistent level of SGBV response activities at least proportionate to the overall resource levels of an operation.

## Human Resources

**In relation to human resources evaluations produce two clear sets of evidence, one relating to the challenges of resourcing levels and the second, to solutions.** First, a regular finding of evaluations such as from Brazil, Tanzania, Uganda and studies from Kenya highlight a recurrent set of HR-related challenges including that:

- a) SGBV staffing levels are often inadequate
- b) additional SGBV expertise is brought in too late or slowly (if at all);
- c) a high level of turnover of staff on short-term rotations disrupts continuity
- d) junior staff are allocated responsibilities as SGBV focal point and
- e) SGBV responsibilities are often added to staff who already have heavy responsibility loads, thus diluting SGBV focus.

However, the initiative to deploy senior SGBV expertise early in an operation has provided robust evidence of effectiveness. An evaluative review of deployments of SGBV-focused Senior Protection Officers to 15 country operation shows that their deployments (part of the Safe from the Start initiative) made a significant difference to the integration of SGBV into the response with measurable increases in the efficiency and coverage of SGBV services. The review found that these positive developments were largely sustainable after the specialist staff completed their six-month mission particularly in places where networks of SGBV focal points had been established in UNHCR. This experience resonates with evaluation findings of the Lebanon response in which the team included significant SGBV expertise early on in its development and also with the Tanzania evaluation which found the lack of SGBV expertise early in the response severely hampered progress in developing the SGBV approach which was more difficult to set up at a later stage.

## 7. Conclusions

**The synthesis of evaluation findings highlight the high priority and level of commitment to address SGBV risks found among many UNHCR staff across the organisation.** There has been considerable investment into the development of tools, training, initiatives and other resources to support the development and implementation of SGBV response, risk mitigation and prevention. However, a number of issues recur. There are a number of recurrent themes which relate to these strengths and challenges and in conclusion these are discussed briefly below followed by presentation of a set of areas for further development. Recurrent themes relate to operations' adaptability, accountability, efficiency, preparedness and evidence base.

First, UNHCR is credited in evaluations for its **flexibility** in adapting to different contexts and designing the SGBV response to be relevant to different operational contexts and stages of the response. Maintaining this operational flexibility is key. Evidence of successful adaptation has been greatest when senior staff have been deployed with considerable experience in SGBV to support the development of the operation though more junior and less experienced staff are credited with efforts to respond with limited resources. The evaluation evidence suggests that greater investment is needed to increase understanding of how to respond to host and displaced community cultural factors which are perceived as constraints to the effectiveness of some SGBV response and prevention interventions, such as uptake of some specialist services and measures to promote gender equality and end child/early marriage.

Second, **accountability** recurs as key to ensuring a systematic approach to SGBV response and risk mitigation across both UNHCR and the sector. Lack of systems to make explicit individuals' responsibility to address SGBV risks at operational and leadership levels result in inconsistent levels of effort. To enable accountability at operational level there is a need for a documented strategy to describe how SGBV relevant activities will be carried out, with what intended effect, and regular reports on this. Accountability at sector level is also key for the mainstreaming of SGBV risk mitigation. While this requires an inter-agency approach there is also potential for UNHCR to make accountability explicit in the sectors it leads.

Third, the potential **effectiveness of cooperation across sectors and thematic areas** as well as the integration of SGBV risks into sector plans suggests that resources can be used more efficiently i.e. to maximise synergies and complementarities. Examples of close cooperation have shown good results. However, the extent of evaluation evidence finding limited attention to SGBV risk mitigation across sectors suggests the need for stronger accountability systems at inter-agency level/IASC to ensure more consistent consideration, resourcing and attention by all sectors to mitigate SGBV risks and to apply what is known to work in SGBV response, risk mitigation and prevention.

Fourth, evidence highlights the importance of **preparedness** at country and organisational levels to respond to SGBV risks in a crisis. Important preparedness measures include building a strong foundation of staff awareness and understanding of SGBV risks and measures to take to reduce these, building key relationships with government and potential civil society partners and investment in contingency planning that considers SGBV risks.

Last, there are promising initiatives to build the **evidence base** further for what works in SGBV response, risk mitigation and prevention. However, these are at an early stage in UNHCR and would benefit from sustained investment and a collective plan to enable different case studies, research and evaluations to contribute to some common priorities. This report highlights some areas to explore which include some of the recurring issues and promising initiatives in SGBV response, risk mitigation and prevention.

The synthesis suggests eight areas that UNHCR could prioritise for further development of its SGBV interventions which are highlighted below.

- a) Invest in building understanding of how host and displaced community cultures affect SGBV interventions, including response and prevention initiatives. This will enable operations to adapt interventions rapidly as well as guide operations in responding to perceived cultural challenges in SGBV programming.
- b) Provide support to operations to include Outreach Volunteers in the SGBV prevention-, and response activities.
- c) Develop guidance for country operations on how to present and track resourcing of SGBV interventions to enable monitoring of SGBV resourcing across time and place.
- d) Develop stronger accountability systems within UNHCR to ensure consistent leadership on SGBV programming across locations.
- e) Increase investment of time into UNHCR's leadership and advocacy at the inter-agency level to ensure multi-sector commitments to mainstream SGBV risk mitigation is converted to consistent practice and resourcing in operations

- f) Develop and invest in a global level UNHCR strategy to develop an evidence base for programming based on quality research, monitoring and country level studies. Evaluation evidence suggests potential focus areas would include building evidence of effective strategies and interventions to promote SGBV prevention in refugee contexts, effective community engagement to build SGBV service demand, initiatives to engage men and boys who are SGBV survivors as well as sector partners in addressing male SGBV survivor needs.
- g) Strengthen support for livelihoods into the UNHCR SGBV multi-sector response model which may involve developing partnerships with other agencies active and skilled in livelihood development in different contexts.
- h) Improve UNHCR data management in SGBV response.
- i) Deploy specialist, senior personnel routinely to operations initiating or scaling up their response due to a population influx or other changes in circumstances and ensure resources for SGBV programming.

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