SEXUAL AND GENDER-BASED VIOLENCE PREVENTION AND RESPONSE IN REFUGEE SITUATIONS IN THE MIDDLE EAST AND NORTH AFRICA
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The Middle East and North Africa (MENA) region is facing humanitarian crises and forced displacement on an unprecedented scale. Syrians are now the single largest refugee population in the world, with a total of over 4 million Syrian refugees registered in the region. Forced displacement and insecurity are also on the rise in Iraq.

These conflicts and the resulting displacement disproportionately burden women and children, who now comprise 78 per cent of Syrian refugees. Sexual and gender-based violence (SGBV) is becoming increasingly widespread in these conflict-affected countries, and is often one of the causes of flight.

Even as refugees escape from the immediate dangers of armed conflict, the risk of SGBV remains. Refugees—and women and girls in particular—face increasing risks of violence, abuse and exploitation as their displacement becomes more protracted. Among other reasons, this is due to prolonged family separation, break down of community structures existing prior to the conflict, loss of financial and social assets, or overcrowded housing lacking privacy.

During violent conflict, regular social structures are disrupted, and many women are forced to flee to new and unfamiliar places. Women who now head their households alone in exile face a particularly difficult challenge. A Syrian refugee woman describes the situation of female heads of households this way in United Nations High Commissioner for Refugees (UNHCR) 2014 report Women Alone: “When left alone, you have to push boundaries and make things happen. When you are weak, you are done. You have to be strong to defend yourself, your kids, and the household.”

Refugee men and boys are also at risk of SGBV, and persons with disabilities remain highly vulnerable and in need of specialized services. In addition, refugees who flee their countries after surviving SGBV incidents continue to require protection and services in the country of asylum, given the long-term consequences and risk of repeated violence.

As a serious human rights problem further intensified by conflict and its ensuing displacement, SGBV requires all sectors to work in concert to strengthen prevention and response programmes. UNHCR therefore seeks to engage closely with governments, civil society, other United Nations (UN) agencies and refugee communities themselves in a comprehensive approach that allows all refugee women, girls, men and boys to fully enjoy their rights to safety, dignity, and non-discrimination.

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EXECUTIVE SUMMARY

SGBV is a growing concern for thousands of women, girls, men and boys affected by the Syria and Iraq crises. Women and girls as well as men and boys face increased risks and multiple forms of violence as a result of the conflict and displacement, including forced and early marriage, sexual violence, including sexual abuse and exploitation and domestic violence. The situation of refugees in both camp and non-camp settings and the growing phenomena of mixed migration situations throughout the Middle East and North Africa require the adoption of different assistance strategies and methods on the part of the humanitarian community. Thus, SGBV continues to be a key concern for people affected by the crisis in the MENA region and the prevention and response to SGBV a key area of engagement for UNHCR.

In support for multi-sectorial and coordinated SGBV prevention and response, this report outlines strategies, in line with international standards, that UNHCR uses in coordination with national authorities, non-governmental organizations (NGOs), and other partners across the region, to bring tangible results in preventing and responding to SGBV in refugee situations, as well as in the inter-agency response in situations of internal displacement. Despite the variations in context seen throughout the region, many of the good practices highlighted in this report can be replicated and scaled up to achieve a greater, longer-term prevention of and response to sexual and gender-based violence. The collective action of countries, together with international and national actors and communities, in SGBV prevention and response is a vital investment in the future of the MENA as a region free from violence.

UNHCR Programming to Address Sexual and Gender-Based Violence:
UNHCR’s global SGBV strategy, entitled Action Against SGBV, focuses on improving the quality, effectiveness and coherence of SGBV programming, while tackling the root causes of SGBV by empowering women and girls, working constructively with men and boys, and promoting non-discrimination. UNHCR supports multi-sectorial SGBV prevention and response programming in four key areas of intervention (health, psycho-social services, protection, and legal aid) at structural, systemic and operative levels, adhering to the established guiding principles in UNHCR Regional Strategic Approach to SGBV Prevention and Response.

A Rights Based Approach to Preventing Sexual and Gender-Based Violence:
Recognizing that the needs and capacities of refugees may differ considerably on the basis of age, gender, disability and other factors, UNHCR supports regular participatory assessments to understand the needs and concerns of women, men, girls and boys and tailor SGBV programmes, accordingly, in keeping with an age, gender and diversity (AGD) approach. The AGD approach emphasizes the importance of analysing the diversity of the refugee population to better understand the multifaceted protection risks and capacities of individuals and communities, and to address and support these more effectively to promote the full enjoyment of human rights, including rights to be protected against SGBV.

1. Annual Consultation with NGOs, UNHCR, 2014
2. However, this overview focuses on the refugee response and does not provide figures in relation to IDP situations in the MENA region, where such reporting is done jointly with partners.
Investing in National Systems and Capacity:
In order to achieve sustainable SGBV prevention and response UNHCR provides governments with technical advice and financial support to address protection gaps in national legal framework related to SGBV in line with the international standards. This includes mapping the legal frameworks and services in place to address SGBV, in countries across the MENA region, to identify the gaps and to design and implement strategies to address these gaps.

Prevention of Sexual and Gender-Based Violence:
UNHCR’s prevention efforts aim at identifying and addressing the root causes and contributing factors of SGBV, and designing strategies to improve protection for all refugee community members. UNHCR aims to make positive changes in gender relations and power dynamics within the community towards the prevention of SGBV through strengthening the community-based protection approach, raising awareness on SGBV, empowering women and girls, and engaging men and boys in SGBV prevention and response.

Addressing Specific Areas of Concern for SGBV Prevention and Response:
UNHCR has put a range of services in place in both camp and urban settings to prevent and respond to SGBV by targeting the certain refugee populations who are still often overlooked in SGBV programming, including children, refugees with disabilities, older people, and lesbian, gay, bisexual, transgender and intersex (LGBTI) persons of concern. UNHCR works with NGOs, government actors and service providers to tailor programmes to also target specific areas of concern for SGBV prevention and response that may not receive sufficient attention from SGBV programmes, including early marriage, survival sex, and protection from sexual exploitation and abuse.

Specialized Services for SGBV Survivors:
In 2014, some 84,566 refugees, who survived or were at risk of SGBV received specialized support through interagency efforts in the countries involved in the Syrian refugee response. UNHCR works with government and non-government partners to establish safe and confidential reporting, SGBV referral and follow up mechanisms, and to raise community awareness of these mechanisms and available services. In line with its guiding principles as outlined in the Regional Strategic Approach to SGBV Prevention and Response, UNHCR focuses on ensuring SGBV survivors have access to culturally appropriate services including psycho-social support, health, protection and legal aid that are accessible, free or affordable.
Strengthening Advocacy and Partnership:
UNHCR seeks sustainable partnerships with key government actors as primary partners in SGBV prevention and response throughout the MENA region. UNHCR also collaborates and coordinates with other key stakeholders including sister UN agencies, NGOs as well as communities and refugees themselves to maximise the effectiveness and efficiency of SGBV prevention and response through complementary interventions, standards and tools, joint programming, and common advocacy interventions.

Improving Data Collection and Analysis:
Data collection and analysis are the backbone of results-based SGBV programming. It is critical to the effectiveness of targeted service delivery, advocacy, policy development, and accountability and monitoring. UNHCR has supported the rollout of the Gender-Based Violence Information Management System (GBVIMS) to ensure the safe, ethical, and confidential collection, management and sharing of SGBV data in various operations.

Advancing Global Initiatives:
UNHCR is committed to advancing the global initiatives “Safe from Start” and “Call to Action” to reinforce SGBV prevention and response programming in its operations across the world. “Safe from the Start” is an initiative supported by the United States of America (US) Department of State to ensure quality services are available for SGBV survivors at the onset of an emergency through timely and effective humanitarian action. The “Call to Action on Protecting Girls and Women in Emergencies (Call to Action)” initiative was launched by the United Kingdom’s Department for International Development (DFID) to mobilize donors, UN agencies, NGOs, and other stakeholders in better protecting women and girls in humanitarian emergencies.
The MENA region continues to face multiple, complex humanitarian emergencies on an unprecedented scale, including in Syria, Iraq, Yemen and Libya, and these crises are contributing to increased levels of sexual and gender-based violence. While SGBV has been a persistent feature of the crises in the region, it is affecting refugee women, girls, men and boys in different ways and there are also new manifestations of SGBV arising from these crises that require urgent attention. The escalation of conflict and rise in militant groups has resulted in violence not previously seen in the region, including the abduction, trafficking and enslavement of women and girls on an unprecedented scale.4

Women and girls are particularly at risk of SGBV. Domestic violence, forced and early marriage, sexual violence, abuse and exploitation are the main forms of SGBV reported by Syrian refugee women and girls, as a major concern, whereas men report anxiety over their family members’ lack of physical and economic security.5 Syrian refugee women have noted that their husbands’ lack of employment opportunities has undermined their traditional roles as providers, leading to increased frustration, tensions and violence within the home. As one refugee woman explained: “Men are becoming angry—they can’t provide for their family. My husband wasn’t a smoker—now he is. He is extremely irritated all the time and takes it out on the kids. He is violent towards the kids; he is violent towards me.” Furthermore, there are reports that women who endure violence from their husbands are in turn using violence more often against their children.

Overall, SGBV continues to be under-reported due to social stigmas and cultural norms that are likely to make reporting particularly difficult for male survivors, who are often not perceived as being susceptible to sexual violence, abuse or exploitation.6

Refugee boys and girls continue facing a wide range of protection risks, including violence and abuse at school which lead to higher drop-out rates and compromise their safety. Refugee girls are especially at risk of having their educations disrupted due to early and forced marriage, which has increased dramatically among Syrian refugees. In Jordan, for instance, marriages involving Syrian children rose from 18 to 25 per cent between 2012 and 2013, with 48 per cent involving girls married to men at least 10 years older than them.7 Adolescent girls are being forced to marry at younger ages, are at more risk of health problems and violence in and outside of the home, and are finding it difficult to access vital services such as health care and education.

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6. Gender Equity in the Middle East and North Africa: Integrating Men and Boys, American University Freedom House Practicum Team, MENA Sub-group, 2014

Women, children, older persons and persons with disabilities are especially vulnerable to SGBV and other forms of exploitation and abuse. It is important to ensure that SGBV programming is accessible by, and suitable for, persons with disabilities who contend with limited mobility, greater difficulties in communicating, dependency on caregivers and other challenges. UNHCR therefore works with all stakeholders to apply an AGD approach to ensure that all protection activities, including SGBV prevention and response, are tailored to the needs and capacities of these groups.

The region is also significant as a point of origin, destination and transit for refugees and migrants, with many resorting to smuggling routes and dangerous movements by sea. These factors expose them to risks of being sold, trafficked, sexually or economically exploited, or enslaved, with these risks escalating further when the women and children undertaking these journeys are separated from their families. For instance, refugee girls attempting to travel on their own from the Horn of Africa to the Gulf region face serious risks of trafficking and exploitation during the journey, with reports of girls being forced into “marriages” and otherwise subject to sexual violence and exploitation by older men during the journey. To address the heightened risk of SGBV in the context of mixed migration, UNHCR works closely with governments and civil society to better identify and protect survivors and persons at risk of human trafficking and other forms of violence, and to establish safe houses and other specialized services for survivors.
UNHCR’s global strategy to prevent and respond to SGBV\(^8\) focuses on improving the quality, effectiveness and coherence of SGBV programming, including in emergencies, while tackling the root causes of SGBV by empowering women and girls, working constructively with men and boys, and promoting non-discrimination.\(^9\) UNHCR’s global strategy establishes four main areas of institutional focus — capacity building, coordination and partnerships, data collection and analysis, and knowledge management — and six thematic areas which require stronger programming: (1) protecting children of concern against SGBV; (2) addressing socio-economic vulnerability and 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 LGBTI persons against SGBV; and (6) protecting refugees with disabilities against SGBV.

With respect to the Syria crisis, UNHCR also draws upon the regional inter-agency plans to identify priorities for addressing SGBV in the region through close consultation with the governments and other partners. This allows UNHCR to attune programming and interventions to the specific risks, trends, and protection challenges emerging in the region, and among Syrian refugees in particular. On the basis of these priorities, UNHCR supports multi-sectorial SGBV programming in four key areas of intervention (health, psycho-social services, protection, and legal aid) to establish short and long-term protection from violence for all refugees in the MENA region.

The interventions take place at the following three levels:

1. **At the structural level**, preventive measures are established to promote the recognition and protection of human rights by strengthening the content and enforcement of protective laws and policies.

2. **At the systemic level**, efforts are undertaken to strengthen national systems and strategies to prevent, identify, document, and address SGBV incidents and rights violations.

3. **At the operative level**, measures are established to provide survivors with the specialized multi-sectorial services to reduce the long-term negative effects of SGBV.

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GUIDING PRINCIPLES OF UNHCR SGBV PREVENTION AND RESPONSE PROGRAMMES

In the MENA region, UNHCR works in active partnership with governments, civil society, and refugee communities, including SGBV survivors, to promote a comprehensive approach to SGBV prevention and response. In relation to the Syrian refugee crisis, over 200 international organizations, UN agencies, and civil society partners collaborate to strengthen the protection of women, men, girls and boys from the risks of SGBV. This coordinated approach emphasizes the following principles as a means of achieving the objectives of UNHCR Action against SGBV:

- **Gender Equality**: Designing and implementing programmes and interventions aimed at promoting gender equality so that women, men, girls and boys have equal access to opportunities and services and enjoyment of their rights.

- **Survivor Centered Approach**: Respecting the interest and wishes of the survivor and prioritizing the rights, dignity, wishes, choices, needs and safety of survivors in the design and implementation of prevention and response interventions.

- **Complementarity**: Working in support and complementarity with states, communities, civil society and other actors in order to maximize resources.

- **Urgency**: Prioritization of providing an immediate response to the urgent needs of SGBV survivors, including medical needs, as well as ensuring that SGBV prevention and response are established from the onset of any emergency.

- **Rights Based Approach**: Promoting the direct involvement of refugee women, girls, men and boys in decisions relating to their own protection, and their full enjoyment of human rights, including rights to be protected against SGBV. This also requires that culturally appropriate and acceptable services are available, accessible and affordable for all SGBV survivors.

- **Confidentiality**: Adhering to confidentiality guidelines when UNHCR and partners work with SGBV survivors, to protect survivors and their families, witnesses, and information sources.

- **Equity**: Promoting an inclusive and a non-discriminatory approach to the protection of refugees, irrespective of their nationality, religion, sexual orientation, social or other status and place of residence.

- **Inclusivity**: Involving women, girls, men and boys and persons of concern with specific needs.

- **Family and Community-based Protection**: Engaging with the family and community-based protection networks to understand gender power relations and dynamics better to prevent and respond to SGBV.

- **Do No Harm**: Conducting actions, procedures and programmes in a way that does not put the survivor at further risk of harm, especially as a result of unintended consequences.

- **Social cohesion**: Designing and implementing programmes and interventions for the prevention and response to SGBV in a way in which social cohesion among refugee and impacted communities is promoted.

- **Best interests of the child**: In case of child survivors, their best interests are taken as a primary consideration in all matters affecting their well-being and their future.

- **Safety and security**: All actors will prioritize the safety of the survivor, family, witnesses and service providers at all times.
A RIGHTS BASED APPROACH TO PREVENTING SEXUAL AND GENDER-BASED VIOLENCE

Countries in the MENA region have embraced international standards relating to the rights of all persons, and women and children in particular, to be free from violence, abuse and exploitation. The Convention on the Rights of the Child (CRC) and Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) are universally ratified in the region, with States taking steps to promote more effective implementation of the principles enshrined in these instruments. States in the MENA region are removing their reservations to these treaties, while also taking key steps to implement the recommendations issued by the Committee on the Elimination of Discrimination against Women and the Committee on the Rights of the Child. The International Covenant on Economic, Social and Cultural Rights (ICESCR) and International Covenant on Civil and Political Rights (ICCPR) are also widely ratified in the region.

Furthermore, Algeria, Egypt, Mauritania, Morocco, Tunisia, and Yemen have also ratified the 1951 Convention relating to the Status of Refugees and its 1967 Protocol, committing themselves to the protection of refugees. In addition, Algeria has ratified 1954 Convention relating to the Status of Stateless Persons (1954 Convention), and Tunisia and Libya have ratified both the 1954 Convention and the 1961 Convention on the Reduction of Statelessness.

UNHCR seeks to ensure that all persons of concern enjoy their rights on an equal basis and are able to participate fully in the decisions that affect their lives and the lives of their family members and communities, through the systematic application of an AGD approach in its operations worldwide. In keeping with AGD approach, UNHCR works with States to promote protection from SGBV for all refugees without distinction in the MENA region.

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10. See e.g., UN Committee on the Elimination of Discrimination against Women, Concluding Observations: Egypt, 5 February 2010, CEDAW/C/EGY/CO/7 (welcoming “the adoption of the new child law (Law No. 126 of 2008), which raises the age of marriage from 16 to 18 years for both males and females”); UN Committee on the Rights of the Child (CRC), Concluding observations on the consolidated fourth and fifth periodic reports of Jordan, 13 June 2014, CRC/C/JOR/CO/4-5, available at: http://www.refworld.org/docid/541bf99a4.html (recognizing the importance of Jordan’s adoption of dedicated national legislation to address human trafficking in 2009). States in MENA are also progressively withdrawing their reservations to these instruments. Beginning in 2004, for instance, Algeria, Morocco, Tunisia, Egypt, Iraq and Yemen have withdrawn their reservation to Article 9 of the CEDAW, with Morocco also withdrawing its reservation to Article 16.

11. UN High Commissioner for Refugees (UNHCR), Age, Gender and Diversity Policy, 8 June 2011, available at: http://www.refworld.org/docid/4def34f6887.html
INVESTING IN NATIONAL SYSTEMS AND CAPACITY

National Legal Framework

In order to achieve sustainable SGBV prevention and responses, there is a need to strengthen national legal frameworks and bring them into greater harmony with international standards. Most countries in the region have a dedicated mechanism in place to promote women’s rights and gender equality, and to prevent SGBV. UNHCR provides governments with technical advice and support to address protection gaps in laws related to SGBV, and to promote better implementation of the international standards that are widely embraced in the MENA region. This includes mapping the legal frameworks and services in place to address SGBV at the national level to identify and address gaps in law, policy or practice.

In Iraq, the Ministry of Interior through Family Protection Units has established hotlines and dedicated areas within every police station to respond to the needs of SGBV survivors. The Ministry of Women provides support to SGBV survivors to proceed with their cases in the legal system in the governorates where they have sought safety. In the Kurdistan Region of Iraq (KR-I), the government has established dedicated mechanisms to respond to SGBV, spearheaded by the Directorate for Combating Violence against Women. In Jordan, a specialized branch of the police, the Family Protection Department, has been established to respond to domestic violence, and a number of government agencies and NGOs, including the Ministry of Social Development and the National Commission for Women, have established an SGBV network. Jordan’s National Council for Family Affairs is the main national partner for the development of procedures and policies to address SGBV, including case management standards, while the main entity providing direct case management is the Family Protection Department.

In Egypt, where the Penal Code has been amended to provide a definition of sexual harassment and to increase the penalties for those found guilty of perpetrating sexual harassment in public spaces, efforts are now focused on encouraging more effective enforcement and implementation. Efforts include the government’s establishment of a hotline and dedicated police units that respond to SGBV incidents. Additionally, the Government of Egypt is working with partners to develop a national strategy to address SGBV. Several governments, including in Algeria, Morocco and Tunisia, have introduced national strategies to combat gender-based violence. In Saudi Arabia, the Prime Ministerial Decree of 2008 instituted several measures to address SGBV, including a comprehensive national strategy for dealing with the problem of domestic violence. Yemen, through its Women’s National Committee, participated in the preparation of an Arab Strategy for the Protection of Women against Violence for 2011-2020.12

States in the MENA region are also taking steps to raise awareness of SGBV issues at the regional level. In 2013, UNHCR partnered with the government of Kuwait to hold a regional conference on the United Nations Security Council Resolution No. 1325 on Women, Peace and Security to promote the empowerment of women in line with key principles of the CEDAW Convention.

UNHCR's Regional Representation in Riyadh, Saudi Arabia, covers the States of the Gulf sub-region including Bahrain, Oman, and Qatar, as well as two countries where UNHCR also maintains Liaison Offices, namely Kuwait and the United Arab Emirates (UAE). This structure allows UNHCR to collaborate with governments in the sub-region to provide technical assistance on protection issues, and also to respond to situations where women or girls are identified by the authorities as being at risk and potentially of concern to UNHCR, which then expedites refugee status determination and seeks to identify appropriate durable solutions for them on a priority basis.

**Capacity Development Support in SGBV Prevention and Response**

UNHCR is engaged in a range of activities to support the capacity of national systems, civil society partners and other protection actors in the region to prevent and respond to SGBV. UNHCR has provided training on case management, referrals, and data management for stakeholders in Mauritania, and supported the strengthening of the national referral system in the UAE. Since the beginning of the Syria crisis, UNHCR has cooperated closely with the government of Turkey in providing capacity development support in SGBV prevention and response.

UNHCR supports the government of Yemen to facilitate access of refugee women to marriage and divorce certificates issued by local authorities. UNHCR has also raised awareness on the importance of obtaining officially recognized marriage documentation, rather than unofficial documents, to safeguard the rights of women related to marriage, including alimony, inheritance, property and divorce. In Algeria, UNHCR has supported dialogues with judicial, health and social affairs authorities to strengthen SGBV referral and case management mechanisms.

UNHCR’s capacity development efforts also address other key contexts where individuals are at risk of SGBV, such as in mixed migration situations. In line with this approach, UNHCR provided training for 55 government officials in Yemen on the protection issues linked to mixed migration and refugees. Trainings were also conducted for 75 government officials on the linkages between SGBV and protection at sea, and for 25 government and civil society doctors on the clinical management of rape. UNHCR has also supported the construction of a specialized unit in the Aden police department devoted to the protection of women and children, along with the recruitment of an interpreter and female investigator for SGBV incidents.
UNHCR also supports training and capacity building for protection actors and networks in emergency settings to build the capacity of staff who are in direct contact with survivors and others at high risk. Since 2011, the Protection Cluster led by UNHCR has provided basic and specialized training on SGBV prevention and response throughout Syria to more than 474 UN staff, community volunteers, lawyers and staff of the Ministry of Health. In 2014, UNHCR Syria provided SGBV training to 327 NGO staff and volunteers, including 25 gynaecologists trained on the clinical management of rape and trained 31 NGO staff on SGBV case management. In Iraq 2,850 government officials and staff of partner agencies were trained on SGBV prevention and response in the second half of 2014 and early 2015. Similarly, 985 government counterparts, UN and partner staff were trained on SGBV prevention and response in Turkey. In Lebanon, training on SGBV prevention and response was provided to 660 health staff, refugees, service providers, government officials and staff of the coalition of Islamic NGOs. In Jordan, 678 specialized staff from government institutions and humanitarian organizations were trained on SGBV standard operating procedures and referrals to multi-sectorial services. UNHCR emphasizes strengthening its own capacity, as well as investing in the capacity of refugee communities and civil society, to prevent and reduce SGBV in line with AGD principles.
UNHCR’s prevention efforts aim at identifying and addressing the root causes and contributing factors of SGBV, and designing strategies to improve protection for all refugee community members. UNHCR coordinates closely with all sectors in designing, implementing and monitoring interventions for the prevention of SGBV. UNHCR aims to make positive changes in gender relations, attitudes and power dynamics within the community in response to the fact that SGBV is rooted in gender inequality, discrimination and the abuse of power. In support of these goals, UNHCR and its partners in the region employ multi-level and multi-sectorial prevention activities in the areas of health, psycho-social support, protection and legal assistance, among others. UNHCR and its partners in the MENA region have adopted the following strategies to prevent SGBV in the region.

**Strengthening Community-Based Approaches**

Refugees and host communities have a vital role to play in designing, implementing and evaluating SGBV prevention and response strategies. UNHCR’s AGD Policy reflects a strong commitment and continued investment in ensuring the equal enjoyment of rights by all persons of concern. The fundamental tenet of AGD work is to adopt a community-based approach, effectively putting people of concern at the centre of all decisions that affect their lives, as well as those of their family members and communities. UNHCR therefore works with community networks including families, friends, neighbors, colleagues, local services, religious organizations, media, academics, local associations and private firms to strengthen their capacity to cope with the effects of conflict and displacement and protect themselves and their community members from sexual and gender-based violence.

**Community-Based SGBV Prevention and Response in Iraq**

UNHCR has launched a community-based protection initiative in the Kasnazan area of Erbil. The initiative enlists refugees, internally displaced persons (IDPs), and members of the host community as decision-makers in identifying and prioritizing the specific protection issues that most affect their communities, designing responses and solutions to these issues, including SGBV, and using the resources available to them more effectively.

UNHCR also engages with communities to promote positive changes in attitudes and behaviours, through supporting the following key interventions in the region:

1. Support community initiatives in SGBV prevention with the active participation of women, girls, men, boys, youth, and community and faith leaders;
2. Engage community members in the assessment, prioritization, design, implementation, monitoring and evaluation of SGBV prevention programmes;
3. Increase awareness and knowledge on gender equality and SGBV related issues, thus promoting positive changes in community attitudes and practices;
4. Empower communities to support SGBV survivors, have zero tolerance for perpetrators, and tackle sensitive topics such as early marriage, sexual violence and domestic violence through undertaking commitments to prevent SGBV;
5. Seek innovative approaches that identify new entry points and tools to address SGBV.
In **Egypt**, for instance, UNHCR has supported participatory planning efforts that bring communities together to jointly identify the needs in their communities and develop community-based solutions to address issues of concern, including SGBV. In **Syria**, after focus group discussions found that SGBV was a significant concern community members began enhancing privacy and security by installing alternative lighting and room partitions in collective shelters. In **Iraq**, refugee camp committees play an active role in ensuring the safety and physical security of the camp. They also play an important role in the identification of extremely vulnerable individuals to help ensure that they benefit from the cash assistance programme. The refugees in KR-I actively participate in raising awareness on issues related to the rights and protection of women, girls, refugees, including in relation to SGBV. UNHCR has supported the establishment of refugee committees led by women, youth and older persons who are involved in and contribute to SGBV prevention and response, in **Turkey**.

In **Jordan**, UNHCR consulted closely with refugee women, men, girls and boys to plan the layout and other relevant aspects for the establishment of a new refugee camp in Azraq. On the basis of refugee input, plans for the camp were modified to include a separate reception area for vulnerable refugee women and their children, along with safe spaces for women and girls in each area of the camp. Two-way communication with refugees results in continuing improvements and adjustments to camp infrastructure on the basis of the refugees’ recommendations. Refugees also participate in shelter construction activities through a cash-for-work programme that helps to mitigate the risks of SGBV associated with socio-economic vulnerability. To ensure strong participation, engagement and empowerment of refugee community members in **Morocco**, UNHCR supported a capacity development programme for them on conflict resolution, support systems for SGBV prevention and response and moderation techniques.

UNHCR operations face a number of challenges in reaching refugee communities, and this makes access to information and services more challenging, especially for women and girls. In response to these challenges, UNHCR **Lebanon** has supported refugee outreach volunteers, mobile outreach teams and safety audits and assessments to expand the reach of SGBV prevention and response efforts. In **Yemen**, UNHCR supports different refugee community members in the identification, referral and reporting of SGBV cases. Refugee community groups are actively involved in promoting solutions, such as placing women at risk within supportive communities.
Increasing community awareness of SGBV and the measures that can be taken to prevent and respond to such violence is a key component of UNHCR’s approach in the MENA region. UNHCR seeks to empower community members to assume leadership roles in promoting appropriate messages related to the right of all persons to be safe from violence, exploitation and abuse. These efforts are complemented by UNHCR’s involvement in the celebration of international days, global campaigns and dialogue with key stakeholders to raise the profile of the issue.

The 16-Days of Activism Against Gender-based Violence campaign was strongly supported across the countries in the MENA region. This campaign runs each year from 25 November, UN International Day of Elimination of Violence against Women, to 10th December, Human Rights Day, and involves over 5,000 organizations in 187 countries. In the MENA region, this campaign was jointly coordinated by UNHCR and United Nations Population Fund (UNFPA) and implemented by 25 national and international agencies, which reached over 20,000 refugees and host community members. In Iraq, for instance, the 16 Days of Activism initiative resulted in a call for action to address the situation of women and girls abducted in large numbers by armed groups, whereas in Turkey the strong support of the government and other operational partners allowed for wide participation by the refugee community in activities launched under the 16 Days campaign.

In addition, sustained efforts are being made to increase awareness and action against SGBV in the region. In Syria, local lawyers and community volunteers were trained by UNHCR on how to raise awareness of SGBV issues in their communities. Following the training, they provided over 1,000 educational sessions for community members on issues such as domestic violence, early marriage and human trafficking. In Egypt, UNHCR supported community theatre activities to mobilize young people to engage in discussions on SGBV prevention. In Lebanon, UNHCR’s partners provide essential information on SGBV prevention and response, including the availability of essential services for survivors, reaching 11,000 members of refugee and host communities each month. In Yemen, awareness sessions on SGBV are provided in diverse settings, including to men’s groups, in youth and children clubs, in schools and in vocational institutions, reaching over 13,000 refugees between 2012 and 2014.
Empowering Women and Girls

There has been significant progress in the participation of refugee women in leadership and management structures in their communities. However, more needs to be done to increase their numbers and ensure their meaningful participation. Improving women’s participation can be difficult due to negative attitudes and limitations on women’s movement, which can impede their engagement with their communities.  

“Syrian refugee women have a key role to play in the reconstruction of their war-torn homeland. Despite the conflict, horrors and human rights abuses they have escaped in Syria, refugee women have an inspiring determination to shape Syria’s future constructively.”

Volker Turk, the Assistant of UN High Commissioner for Refugees

To address these challenges, UNHCR and partners promote refugee women’s active participation in leadership and management structures by engaging with communities and undertaking activities to promote the empowerment of women and girls, in line with the 2001 Five Commitments to Refugee Women and the Nine Areas of Concern, identified during the 2011 Dialogues with Refugee Women.

Women’s education strengthens their economic independence, understanding and enjoyment of rights, health outcomes as well as the stability and well-being of their families. Maternal education in particular is one of the determining factors on whether or not child attends school. In Tunisia, a child enrolled in the first year of primary school is almost twice as likely to have also attended pre-primary school if his or her mother received higher education, compared to those whose mothers have no education.

Noting these key linkages, UNHCR supports activities that promote the enrolment and retention of refugee girls in school. It also supports refugee women’s economic self-reliance, leadership and decision-making abilities at all levels, including in the design, delivery and assessments of refugee assistance and protection interventions. For instance, UNHCR Egypt promotes the empowerment of refugee women through the “Graduation Project”, which is funded through the Safe from Start global initiative to offer lifelong learning and skills training. Similarly, in Algeria, Syria, Yemen, Lebanon, and Jordan, women and adolescent girls at risk, including SGBV survivors, receive targeted assistance, vocational training, psycho-social support, and support from self-reliance programmes. Through these projects, SGBV survivors and those at risk of SGBV are supported to regain their self-confidence and well-being, thus attaining self-reliance and enhanced protection from sexual exploitation.

14. UNHCR Annual Consultations with NGOs, 2014
Engaging Men and Boys

Men and boys are critical stakeholders in preventing and responding to SGBV as well as in the promotion of women’s meaningful participation and empowerment. They can play a vital role as agents of change in their communities and support the implementation of interventions for working with men and boys who suffer from SGBV.

In Jordan, for instance, safe spaces have been adapted to ensure accessibility to male survivors, and orientations on SGBV Standard Operating Procedures (SOPs) target all sectors of the community (women, girls, men and boys) including community and religious leaders. In Egypt, UNHCR’s partner Care International utilizes community theatre, art therapy and “sports days for change” events to sensitize men and boys on SGBV issues, encourage positive behavioral changes, and increase discussion around gender equality and SGBV. The “sports days for change” activities reached approximately 2,000 participants in 2014. In Lebanon, UNHCR has worked in partnership with the Danish Refugee Council (DRC) and a local NGO called KAFA (enough) Violence and Exploitation to launch a pilot programme that enlists men and boys to contribute to core SGBV prevention and response activities, including by helping to develop awareness raising materials that are language and culturally appropriate. In Syria separate SGBV awareness materials were developed to target men, and male volunteers were trained to lead community discussions on SGBV and its prevention. The active involvement of youth groups, men, and boys as agents of change is also a key feature of UNHCR’s response in Yemen and Mauritania.
Male survivors may be particularly reluctant to disclose experiences of SGBV to service providers. Societal concepts of masculinity, including the fact that men are generally not seen as survivors, make it more difficult for men to seek or access needed services. Many wait until they experience severe medical consequences of SGBV before seeking help. Very few specialized services are offered to male survivors of SGBV.

**Engaging men and boys**

Seven “Sport days for change” events were held in Egypt, in 2014, involving 743 beneficiaries (459 males and 284 females), where participants played team games reflecting cooperation and anti-violence. Every group made artwork on the theme of combating SGBV. Participants stressed that SGBV affects both boys and girls, and focused on the need to engage men and boys as partners in prevention.

To address these challenges, UNHCR is developing a capacity-building programme for humanitarian actors that explores and provides hands-on tools to respond to the needs of male survivors in SGBV programming in the MENA region. A workshop on engaging men and boys has taken place in Jordan in May 2015 with the participation of 28 colleagues from different NGOs. UNHCR also works in close coordination with the relevant stakeholders to implement UNHCR’s guidance on working with male refugee SGBV survivors.

Addressing Specific Areas of Concern for SGBV Prevention and Response

A range of services have been put in place in both camp and urban settings to prevent and respond to SGBV. While awareness of the issue is increasing, certain refugee populations are still often overlooked in SGBV programming, including children, refugees with disabilities, older people, and LGBTI persons of concern. UNHCR therefore works with NGOs, government actors and service providers to tailor programmes to address the specific needs of these groups.

Protecting children of concern against SGBV

In 2014, UNHCR, together with the Emirate of Sharjah, convened the first regional conference on the protection of refugee children in the Middle East and North Africa. Entitled “Investing in the Future”, the conference brought together senior government representatives, international organizations and civil society experts to examine the urgent protection risks facing refugee children in the region, including SGBV, with a view to developing a shared platform for continued action. Noting with concern that “refugee children have special needs and vulnerabilities that must be addressed within the wider context of forced displacement”, the Sharjah Principles adopted at the conference reaffirm the commitments of all participants to ensure that “refugee children and adolescents [are] to be protected against violence, abuse, and exploitation... and have access to national systems and services delivered in a protective way, including health and psycho-social support”.17

The protracted conflict in Syria has reversed more than a decade of progress in children’s education. With the crisis in Syria entering its fifth year, 2.6 million Syrian children are out of school in Syria and in the neighboring countries of Turkey, Lebanon, Jordan, Iraq and Egypt. One fifth of Syria’s schools are destroyed or unusable due to damage or occupation by armed groups. More than 2 million Syrian children have fled to neighboring countries. While they have found sanctuary from violence in Syria, they nevertheless face barriers to continuing their education.18

Children and youth, both boys and girls, are particularly vulnerable to SGBV in situations of conflict and forced displacement, especially at home and at school. Children’s exposure to SGBV, including through harmful traditional practices, also poses devastating effects to their physical and mental health, development, and ability to continue their educations. Children also face specific forms of SGBV linked to their young age, including early and forced marriage, and sexual exploitation in situations of child labour.


Data indicates that almost 50% of SGBV survivors accessing UNHCR case management services are children, which is related in particular to the high rates of early marriage reported by refugees and asylum-seekers.

In response, UNHCR seeks to strengthen the capacity of child protection systems to provide child friendly services to child survivors of SGBV—emphasizing the need for prompt access to medical care, psychological support, and legal services. UNHCR works closely with government and non-government partners to ensure all activities designed to address SGBV amongst children are consistent with the principle of the best interests of the child, which involves giving due consideration to children’s expressions of their wishes and choices. Improved access to education, with attention to ensuring that schools are safe environments, is also promoted as a key tool to prevent and respond to SGBV. As part of this effort, teachers are trained on identifying child protection incidents and making necessary referrals.

In Syria, for instance, over 900 teachers have been trained on identifying and responding to psycho-social concerns among children. Child friendly spaces (CFS) were established to provide a safe environment for children and adolescents, and to improve identification and referral of SGBV committed against children. Psycho-social support (PSS) and recreational programs were carried out with children and adolescents to raise awareness and help them better protect themselves against SGBV.

In Morocco, the “End Violence” campaign was launched in November 2014 to combat violence against children. In Jordan, UNHCR, UNFPA and UNICEF have promoted the establishment of joint SGBV and Child Protection (CP) Standard Operating Procedures and case management tools to ensure timely access of child survivors to specialized services. In the UAE, UNHCR partners with the authorities to expedite refugee status determination, durable solutions processing, and prompt access to medical care for vulnerable children, including those at risk of SGBV. In Egypt, UNHCR, through its implementing partners, conducted sensitization sessions on prevention of child abuse and child sexual abuse using age-appropriate learning methodologies for children and simultaneous sessions for their caregivers.
In **Lebanon**, UNHCR partners with the international NGO Right to Play to provide youth activities, including sports, which have high levels of cultural acceptance from target communities. Access to these safe activities reduces the isolation of refugee girls in particular, many of whom reportedly spend significant amounts of time confined to their homes due to parental concern that few appropriate outlets exist for them. Along with the reintegration of female youth into formal education, these programmes are vital to creating positive options for refugee girls and deterring situations where they may resort to early marriage as their only means of escaping confinement at home. Youth have also been instrumental in sessions to prevent domestic violence by developing problem-solving skills to help diffuse family tensions and by promoting messages of zero acceptance of violence in their communities.

In **Turkey**, UNHCR trains humanitarian staff in all sectors on early SGBV identification, referral and protection mechanisms, with special attention dedicated to the themes of working with child survivors, do no harm principles, and the UNHCR code of conduct. UNHCR also supports the Turkish authorities by sharing draft guidelines on SGBV prevention and response and Best Interests Determinations (BIDs). In **Yemen**, a high number of unaccompanied minors continue to arrive in the country despite the many risks during their journey. In the first half of 2014, UNHCR’s partners registered over 400 new unaccompanied minors in three coastal reception centers. Identifying child SGBV survivors in these reception centres is a core element of the response, with referrals made for psycho-social support, legal aid, and safe shelters.

### Early Marriage

The Convention on the Right of the Child (CRC) as well as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) recognize the right of all children to protection from early marriage, a phenomenon which can also lead to the erosion of other key child rights including the right to education and health. Highlighting the prevalence of early marriage among refugee girls in particular, the High Commissioner for Refugees has recently called upon all governments and international organizations to take concerted action to prevent and respond to early marriage, noting that “marrying at an early age can have a devastating impact on a child’s life, as below the age of 18, girls are neither physically nor emotionally ready to become wives and mothers”.19

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Early marriage not only deprives girls of the opportunity to education, it increases their socio-economic vulnerability, further exposes them to sexual and gender based violence, and limits their future prospects. Young girls who become pregnant are at high risk of maternal mortality and other complications during pregnancy and childbirth.

Early marriages are frequently not legally registered, which leads to additional protection risks, including the inability to register the birth of a new child or to enjoy rights to alimony, property or inheritance. Although early marriage is an issue affecting both host and refugee population in the MENA region, studies show that the Syria crisis led to increased number of early marriage among Syrian girls. Syrian refugee parents may see the marriage of their girls as a means to grant them greater material security and protection from violence, or one of the only means available to respond to the immense economic pressures due to the hardship of providing for children.  

UNHCR’s report in 2014 closely examined the situation of Syrian refugee women who are the heads of households in Jordan, Lebanon and Egypt. Among the major findings of the report is the fact that the majority of women interviewed, who had themselves married early, resolutely rejected the prospect of their own daughters marrying at an early age, noting their strong desire for their daughters to complete their educations and to marry when sufficiently mature.

Protection from early marriage is central to promoting the safety, development and well-being of children and, especially, girls. UNHCR’s over-arching approach to early marriage emphasizes prevention, identification and mitigation of the associated harms, and the provision of specialized child protection services, including psychosocial support, to girls at risk.

“God help these girls. Girls should not be married. They are getting miscarriages, they are being beaten, and they are getting married so young.”

Layla, Lebanon

“Are We Listening?” Acting on Our Commitments to Women and Girls Affected by the Syrian Conflict, IRC, September 2014


The strategy for prevention includes a broad range of activities, such as challenging social norms condoning the practice, improving access to, and retention in, schools for refugee girls, reducing the socio-economic vulnerability of families, and engaging communities through awareness-raising activities.

In Jordan, for example, UNHCR and UNICEF organized a roundtable on early marriage in 2014 for relevant ministries, parliamentarians, and humanitarian agencies to strengthen legal protection for girls at risk. The response includes an Early and Forced Marriage Task Force, co-chaired by UNHCR and UNICEF and dedicated to mapping the prevalence and causes of the practice, formulating policy responses, and providing technical advice to agencies working on the issue. Similarly, in the Kurdistan Region of Iraq, the interagency working groups on SGBV and Child Protection created a special taskforce to address early marriage by developing joint work-plans and recommendations.

The interagency “Amani” campaign was developed in close consultation with refugee women and girls in Jordan to raise awareness of child protection and GBV issues, including early marriage. Over 129,000 Amani campaign materials were distributed in key facilities, such as government offices and refugee camps, to promote positive messages on how to protect children and adults from violence or abuse, and where to seek support. It is currently being replicated in other countries affected by Syria crisis as a good practice. During the Art Therapy sessions for Syrian refugee women in Egypt, participants discussed the harmful effects of early marriage on young girls, with many refugee women recounting how their experiences with early marriage had deprived them of educational and employment opportunities, while increasing their exposure to violence and health risks.
Syrian Sheiks in Lebanon have recognized the importance of addressing SGBV issues in their communities. In the last quarter of 2014, UNHCR began working with Syrian Sheiks in the Akkar region to jointly raise awareness on the consequences of early marriage, while noting the importance of duly registering new marriages in accordance with the law, and the linkages with civil documentation including birth certificates. In Turkey, awareness raising activities on early marriage undertaken as part of the 16 Days Activism Against GBV reached over 2,000 refugees. UNHCR also developed brochures on early marriage to be distributed to the refugee community to raise awareness on marriage procedures, the legal system, and the consequences of early marriage under Turkish law.

A 2014 study found that 55 per cent of injured Syrian refugees have difficulties in performing daily living activities without support, and that refugees with disabilities are twice as likely to report psychological distress. Women with disabilities are at significantly higher risk of rape and other forms of sexual violence. Additionally, they encounter greater obstacles in reporting incidents of abuse and accessing services, support and justice.

Engaging with communities on early marriage

As part of the 16 Days of Activism, UNHCR Turkey organized focus group discussions on early marriage with Syrian refugees in urban settings. Refugees discussed the root causes of early marriage and made recommendations on how UNHCR, national and international organizations can better address the problem. Refugees expressed a strong commitment to conducting outreach efforts to raise awareness on the causes and consequences of early marriage. They also emphasized the importance of harnessing the full capacity of communities to address complex protection problems, including early marriage.

Protecting Persons of Concern with Specific Needs and Profiles Against SGBV

Women with disabilities are 3 times more at risk of sexual violence

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To address these challenges, UNHCR promotes a rights-based approach to identifying and responding to the needs of all persons of concern with disabilities and specific needs, in line with international standards. The United Nations Convention on the Rights of Persons with Disabilities (CRPD) requires States parties to ensure that persons with disabilities are protected in situations of risk or humanitarian emergency, further stipulating that international cooperation be accessible to and inclusive of persons with disabilities.\(^{23}\) States parties to the CRPD are required to promote, protect and ensure the rights of all persons with disabilities within their territory—including those who have been displaced across a border.\(^{24}\)

In 2010, UNHCR’s Executive Committee adopted a *Conclusion on refugees with disabilities and other persons with disabilities protected and assisted by UNHCR* that now serves as a form of soft law for UNHCR and its member states. UNHCR works on the global roll-out and implementation of UNHCR’s Guidance on Working with Persons with Disabilities in Forced Displacement, including in the MENA region. This Guidance highlights non-discrimination and participation as the keys to the protection of persons with disabilities and advises on the main issues to consider in developing programmes\(^{25}\) for disability inclusion in protection interventions including SGBV prevention and response.

In **Jordan** and **Lebanon**, more than 30 per cent of the Syrian refugees, surveyed by Handicap International (HI) in 2014 have specific needs, due to chronic illness and impairment, long-term injuries, limited mobility, and other factors. Further analysis of the situation of older refugees, shows that of those surveyed, a massive 77 per cent is older people with specific needs\(^{26}\), suggesting that they would face increased risks and challenges in accessing services and meeting basic needs.

In **Jordan**, the Women’s Refugee Commission (WRC) and International Rescue Committee (IRC) conducted focus groups with refugees with disabilities and their caregivers. These discussions highlighted a number of factors that make persons with disabilities and their families more vulnerable to violence, including negative community perceptions, a lack of knowledge about SGBV issues and where to seek assistance, the loss of community structures and protection mechanisms, challenges and barriers in relation to reporting incidents of abuse, and the absence of accessible transportation, services and assistance. SGBV against persons with disabilities is a significant protection concern, but it is underreported because it is often perpetrated by other family members in the privacy of the home. SGBV against persons with disabilities, however, exists in every community and is exacerbated by displacement.

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\(^{26}\) See footnote 22.
UNHCR’s efforts to ensure that SGBV interventions are inclusive of survivors with disabilities include:

1. Raising awareness among UNHCR staff, partners and communities of the particular SGBV risks persons with disabilities may face;

2. Supporting persons with disabilities to make free and informed decisions about their lives and participate in designing and implementing SGBV interventions;

3. Making necessary adaptations to ensure that persons with disabilities have full access to information, registration, services, and complaint mechanisms;

4. Ensuring that persons with disabilities who experience SGBV receive quality and specialized services.

In the UAE, UNHCR promotes the protection of refugees with disabilities through direct financial assistance, referral to national institutions for medical and social support, and resettlement as a preferred durable solution. In Egypt, persons with disabilities have access to all multi-sectoral response services. In Turkey, UNHCR trains humanitarian workers serving Syrian refugees on identification, referral and protection response for SGBV cases involve elderly refugees or persons with disabilities. The “do no harm” principle and the code of conduct are also emphasized to minimize the risks of harm towards these groups. In Yemen, UNHCR conducted door-to-door surveys to identify refugees with disabilities, and supported the creation of a “Persons with Disabilities Committee” that has broken the isolation of persons with disabilities, made them more aware of their rights, and connected them with livelihood programmes that help reduce their vulnerability to sexual exploitation or abuse.

In Iraq, UNHCR works in coordination with partners to develop mechanisms to target SGBV survivors who are persons with disabilities. Persons with disabilities in Lebanon face protection risks as a result of multiple and complex unmet medical and social needs. In response to this concern in Lebanon, UNHCR developed and piloted a training package on Individual Case Management—Identifying and Responding to the Needs of Persons with Disabilities, in partnership with Women’s Refugee Commission.

Another group, LGBTI persons of concern may suffer discrimination and violence on account of their sexual orientation or gender identity. Displaced LGBTI persons may face continued and additional protection risks in the country in which they seek asylum or as IDPs within their own countries. Often, they do not enjoy family or community support.27

27. Action against Sexual and Gender-Based Violence: An Updated Strategy, UNHCR, 2011
Throughout 2014, LGBTI persons of concern who contacted UNHCR have reported accounts of physical assaults, evictions and rape. They also may face greater difficulties in reporting or disclosing incidents of abuse due to fears of having their status as LGBTI become publicly known.

UNHCR counsels LGBTI persons of concern on health and legal protection issues during their initial registration with the office, and again if there are any indications of specific risks. Moreover, UNHCR targets LGBTI persons for vocational courses, livelihoods activities and medical assistance. In 2015, UNHCR provided a regional training on LGBTI protection issues for its operations in Algeria, Saudi Arabia, UAE, Libya, Tunisia, Mauritania, Morocco, Kuwait, Syria, and Yemen.

**Socio-Economic Vulnerability and Negative Coping Mechanisms**

In 2014, a UNHCR assessment in Jordan, Lebanon and Egypt found that one-fourth of all refugee households were led by women, who were left to fend for their survival and that of their children on their own. Before the conflict forced them into exile, many of the women interviewed relied on the financial security and protection provided by the men in their families. The war changed all of that, tearing families and communities apart as their husbands and adult male relatives were killed, imprisoned or seriously injured — a situation that not only left them bereft of support, but also forced them to flee their country to protect themselves and their children from the imminent dangers of conflict. Many of the refugee women interviewed reported that they leave the house rarely, if ever, due to unfamiliarity and insecurity, leading to increased isolation.

Socio-economic vulnerability is a major concern for many refugee women, with the vast majority of women reporting in 2013 that they had relied at the time on World Food Programme (WFP) vouchers to feed their families. With a marked reduction in 2014 in the level of the food aid available, however, food insecurity is affecting an increasing number of refugee families, leading not only to reduced nutritional intake but other negative coping mechanisms with possible serious consequences.

Refugees have identified socio-economic vulnerability as a leading factor contributing to early marriage and child labour, which can expose children to increased risks of SGBV as they may work in dangerous or unsupervised settings. UNHCR’s interviews have also found that refugee women who are the heads of their households are particularly vulnerable to sexual exploitation from individuals in positions of power.

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29. UN High Commissioner for Refugees (UNHCR), Woman Alone: The fight for survival by Syria’s refugee women, 2 July 2014, available at: [http://www.refworld.org/docid/53be84aa4.html](http://www.refworld.org/docid/53be84aa4.html)
Addressing Specific Areas of Concern for SGBV Prevention and Response

Protection from Sexual Exploitation and Abuse

The United Nations have introduced special measures binding all UN staff to protect civilians from situations of sexual exploitation or abuse, including the actual or attempted exploitation of an individual’s position of vulnerability. UNHCR and partners are expected to uphold the highest standards of personal and professional conduct at all times as required by the UN Charter, staff regulations and rules, code of conduct and other relevant guidelines and policies.

In the MENA region, UNHCR and partners have adopted several dedicated measures to address the risk of sexual exploitation or abuse (SEA) by those working in the humanitarian sector, who may hold considerable power in relation to refugees given their roles in distributing needed assistance. UNHCR works with partners to establish clear protection from sexual exploitation and abuse (PSEA) policies including open reporting mechanisms, training on the UNHCR code of conduct, and strict adherence to the code and PSEA guidelines.

In Jordan and Lebanon, UNHCR has supported the development and operationalization of the PSEA standard operating procedures. An inter-agency PSEA Focal Points Network has been established under the coordination of UNHCR in Jordan. Moreover, in 2014, UNHCR significantly improved mechanisms to address SEA-related complaints in Lebanon by training 679 individuals including UNHCR staff, partner organization, and Refugee Outreach Volunteers.

Eighteen focus group discussions were held with community members, including elderly refugees and persons with disabilities, on protection risks related to SEA and reporting channels, and complaints mechanisms were established at registration and aid distribution centres. A similar reporting mechanism for SEA cases is being developed in Iraq.

In Turkey, UNHCR has designated focal points to prevent and address SEA and has trained its field staff on the issue. In Libya the SGBV survivors, single women at risk, and female-headed households are identified for cash assistance based on vulnerability criteria to address the risk of destitution, exploitation, and survival sex, and to ensure the access to safe shelter, health care, and primary and secondary education of children.

“The term “sexual exploitation” means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Similarly, the term “sexual abuse” means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.”

Secretary-General’s Bulletin Special measures for PSEA, 2003
UNHCR employs a multi-faceted approach to preventing and responding to situations of human trafficking, especially those involving sexual violence or exploitation across the MENA region. UNHCR seeks to prevent new situations of human trafficking by raising awareness of the risks of undertaking irregular movements, including facing possible legal reprisals and falling prey to traffickers and criminal enterprises. Another key element is working with the relevant authorities to establish protection-sensitive screening guidelines and Standard Operating Procedures for improved identification of persons at risk of human trafficking. Support is also provided to governments in identifying appropriate alternatives to detention for trafficking survivors, especially those who are children, emphasizing the need to consider them as survivors in need of protection rather than prosecution. Once identified, survivors need to be referred to national, local or community-based support mechanisms to provide services including shelter, child protection, healthcare and psycho-social assistance.

Humanitarian agencies in Syria supported the efforts of the Syrian Government in issuing a Counter Trafficking Law (Legislative Decree No. 3) in 2005. The Protection Sector, led by UNHCR in Syria, has assisted in building capacities of Judges, law enforcement and NGOs in cooperation with Syrian Ministries through continuous workshops. Furthermore, vocational trainings as well as awareness raining, cash assistance, referrals of SGBV survivors, legal assistance and psychological support have been provided to the victims of trafficking.30

30. Echos from Syria, Issue 6, November 2014
UNHCR is collaborating with IOM and other partners to respond to mixed migration, including through detention- and border-monitoring, as well as targeted support services for the most vulnerable asylum-seekers and refugees who are victims of trafficking in Egypt. UNHCR has also launched an advocacy strategy including 52 workshops and trainings for Egyptian authorities, judiciary and civil society since 2013.

The deteriorating security situation continues to limit the available protection space and is having dramatic displacement implications for Libyans, as well as for the large numbers of migrants and refugees reportedly present in Libya. UNHCR and partners initiated the Know before You Go information campaign in Libya aimed at providing accurate information about the potential risks of trafficking. Yemeni military and security officials launched campaigns against smuggling and trafficking in 2013, resulting in a notable decrease in smuggling. UNHCR works with the Government of Yemen and supports the establishment of a national committee to combat trafficking in persons and to draft legislation on the subject.31

31. Smuggling and trafficking from the East and Horn of Africa, Progress Report, UNHCR, 2014
UNHCR recognizes the importance of understanding the consequences of sexual and gender-based violence in order to design appropriate responses to SGBV and support survivors. Outreach programmes are designed to include community members to inform them of how and where to report incidents of sexual and gender-based violence and empower them in taking the lead in designing ways to support survivors. UNHCR works with government and non-government partners to establish safe reporting, SGBV referral and follow up mechanisms, and to raise community awareness of these mechanisms and available services. When survivors report SGBV incidents but do not receive the care they need in a timely, compassionate and confidential manner, their trust is eroded, leading to less confidence within the community at large in the value of reporting SGBV incidents. In line with its guiding principles, UNHCR focuses on ensuring SGBV survivors benefit from culturally appropriate multi-sectorial services, including psycho-social support, health, protection and legal aid that are available, accessible, and free or affordable.

- **Health services**: Medical services are made available and provided to SGBV survivors. Most safe spaces for women and girls in the countries affected by the Syria crisis are attached to health facilities to ensure physical protection as well as the delivery of needed health services.
- **Psychosocial support**: Together with partners, UNHCR supports psycho-social assistance to SGBV survivors in the MENA region through individual and group therapy.
- **Protection services**: UNHCR identifies SGBV survivors and persons at risk of SGBV through various protection activities, including community-based initiatives, registration, refugee status determination and durable solutions.\(^{32}\) UNHCR supports safe houses that offer protection to survivors of SGBV.
- **Legal aid, assistance and counseling**: UNHCR, together with partners, seeks to ensure that every survivor is promptly informed of their rights under the law and supported to pursue legal redress if they make this decision, especially where doing so may enhance their safety. Training and capacity development are also provided to key government counterparts, including police and the judiciary, to identify SGBV survivors and issues such as human trafficking, and to adopt a survivor-centred approach to cases.

### Police Response to SGBV

Aden, Yemen, refugee women and children survivors had been suffering from the lack of a confidential and safe environment when reporting SGBV incidents to the police in Basateen. After discussions with both the authorities and refugee communities, UNHCR supported the establishment of a Protection Unit outside the Police building, where a female police investigator and a female interpreter received survivors in a confidential and safe environment. This allowed for a much higher number of incidents to be reported to the police and for appropriate legal action to be taken in a timely manner. The success of this initiative led to its consideration as a model in responding to SGBV cases for other police stations in the country.

\(^{32}\) [http://www.refworld.org/docid/3d36f1c64.html](http://www.refworld.org/docid/3d36f1c64.html)
In 2014, 84,566 survivors or at risk of SGBV received specialized support, through interagency efforts, in the countries affected by the Syria crisis alone. In Jordan, 7,776 SGBV survivors received multi-sectorial services for intimate partner violence (physical assault and emotional abuse), early and forced marriage, sexual violence, and exploitation among other protection issues.

UNHCR and partners are also working to implement a holistic protection framework through the safe spaces for women and girls in Lebanon. Two thousand women and girls in Lebanon benefit each month from services provided at safe spaces including psycho-social counseling, information and referral to specialized services. Through partners, UNHCR counsels Syrian refugees at risk of SGBV and survivors in Turkey on national protection mechanisms and makes referrals to needed services. Services were mapped by sector in provinces hosting high numbers of Syrian refugees, and a listing of these services is maintained, updated and shared with survivors and partners. Psycho-social counseling was provided to 142 SGBV survivors in Iraq, while in Egypt, 162 Syrian refugees who wished to receive multi sectoral response services received appropriate referrals and other assistance as needed. In addition, the newly established case management panel contributed to better coordination among key partners.

In Yemen, UNHCR partners support SGBV survivors through individual and family interviews, psycho-social counseling, legal, financial, material assistance, and referral to other services when needed. In Morocco, UNHCR provided assistance to SGBV survivors that are found in mixed migratory movements. UNHCR and partners support the distribution of “dignity kits” to women and girls in detention facilities, and provision of medical assistance to address their specific needs of SGBV survivors in Libya.
UNHCR seeks sustainable partnerships with government actors as primary partners in SGBV prevention and response throughout the MENA region. UNHCR also collaborates and coordinates with other key stakeholders including donors, UN agencies, INGO, NGOs, and communities to maximise the effectiveness and efficiency of SGBV prevention and response through complementary interventions, standards and tools, joint programming, and common advocacy interventions.

Recognizing the cross-cutting nature of SGBV, prevention and response activities need to be mainstreamed into different areas of protection and assistance. UNHCR together with UNFPA and UNICEF, seeks to develop a coherent inter-agency response through established working groups, including the SGBV and Child Protection sub-working groups (SWG), which are under the broader Protection Working Group.

UNHCR co-leads the SGBV sub-working groups in Jordan, Lebanon, Iraq and Egypt. Additional interagency task forces were established with respect to GBVIMS, Forced and Early Marriage Task Force, and the LGBTI Capacity Building and Protection Network.

In the UAE, UNHCR has established strong partnerships with two key national institutions engaged in the issues of SGBV and human trafficking, the EWA’A Centers for Women and Children, and the Dubai Foundation for Women and Children. This successful collaboration has led to the improved identification and referral to UNHCR of minor children who were survivors of human trafficking, for whom UNHCR was able to secure durable solutions in the form of resettlement. In Turkey, UNHCR leads the Protection and Community Services Working Groups and is an active member of UN Task Force and SGBV Working Group, chaired by the Ministry of Family and Social Policies and with the participation of Disaster and Emergency Management Authority, Republic of Turkey (AFAD), UN agencies and NGOs. In Yemen, UNHCR collaborates closely with the Ministries of Social Affairs, Education, Health, Interior, Justice, and Foreign Affairs to promote protection principles, including in relation to SGBV issues. UNHCR is active member of the Kuwait United Nations Country Team Gender Thematic Group (UNGTG) which commemorates International Women’s Day (IWD) every year to raise awareness on gender issues, such as a roundtable held in 2014 that focused on utilizing Kuwaiti law to better protect women and girls.

UNHCR works closely with civil society organizations by engaging them in dialogue and helping them to build the skills needed to address SGBV issues. In Morocco, civil society plays a key role in promoting gender equality and fighting against SGBV. Civil society actions are manifold, ranging from delivery of services for SGBV victims, advocacy, awareness-raising, and research. Similarly, Lebanon has many NGOs working to combat gender-based violence which offer a wide array of hotlines, shelters and other forms of support to victims of violence.
SGBV Standard Operating Procedures

Sexual and gender-based violence is a cross-cutting issue and therefore should be integrated into all aspects of emergency humanitarian response and development programmes. Humanitarian and development actors share a responsibility to ensure that their programmes and activities do not contribute to discrimination, abuse, violence, neglect or exploitation. All sector activities should promote and respect human rights and enhance the protection of women, girls, men and boys.

Standard Operating Procedures (SOPs) are important tools that help to ensure that all of these components work together efficiently and effectively by outlining the modalities for identification, referral and response, clarifying the roles and responsibilities of various sectors, and promoting adherence to minimum standards including confidentiality and ethical obligations. Working in a consultative and collaborative process through the SGBV Sub-Working Groups, UNHCR has supported the development of SGBV SOPs that key stakeholders and service providers across sectors have endorsed and use as a guide for their interventions. The SGBV SOPs have been developed and rolled out in most of the countries in the MENA region. In Jordan, Lebanon, Iraq, Egypt, Yemen, Turkey, UNHCR has supported the development of interagency SGBV SOPs with the relevant partners and government institutions to support them in strengthening multi-sectorial prevention of and response to SGBV. UNHCR operations in Lebanon and Jordan have supported interagency efforts in developing minimum standards for case management to ensure a common understanding of the minimum criteria and requirements needed in terms of training for staff, qualifications, supervision, caseload, policy, and other key issues.

Mainstreaming Gender and SGBV Prevention and Response into Other Sectors

One of the priorities of SGBV sub-working groups or Task Forces in MENA the region led or co-led by UNHCR is mainstreaming gender equality and SGBV prevention and response into other sectors, including but not limited to health, protection, education, livelihood, non-food item (NFI), food security, shelter and water, sanitation and hygiene (WASH). The development process of regional inter-agency plans to respond to the Syria crisis serves as a leading example of successfully mainstreaming gender and SGBV prevention and response into other sectors. The SGBV sub-working groups, with support from the UNHCR MENA Protection Service, United Nations Development Programme (UNDP), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the Inter-agency Standing Committee (IASC) Gender Capacity (GenCap) Advisor and other respective stakeholders, ensured the mainstreaming of gender equality and SGBV prevention and response into all sector across the Regional Refugee and Resilience Plan (3RP).
IMPROVING DATA COLLECTION AND ANALYSIS

Data collection and analysis is the backbone of results-based SGBV programming. It is critical to the effectiveness of targeted service delivery, advocacy, policy development, and accountability and monitoring. Survivors are often afraid of being stigmatized, thus, actual prevalence figures are hard to identify. Efforts in Syria are currently underway to generate service provision data to better analyse SGBV trends and patterns through needs assessments, feedback from health and psycho-social service providers, and reports from mobile teams. UNHCR supported the government of Turkey in conducting a survey which identified early marriages, polygamous marriages and domestic violence as leading problems affecting Syrian refugees. Data and feedback collected from Participatory Assessments in Yemen inform UNHCR’s SGBV programmes. UNHCR authored a report, entitled “Women Alone”, on Syrian refugee women who are heads of household in Jordan, Lebanon, and Egypt focusing on the issues of housing, food, health, work and financial security, changed roles, isolation, and sexual and gender-based violence.

GBV Information Management System

UNHCR has supported the rollout of the Gender-Based Violence Information Management System (GBVIMS) to ensure the safe, ethical, and confidential collection, management and sharing of SGBV data in various operations. GBVIMS is a data management system that enables service providers working with SGBV survivors to collect, store, analyze, and share data related to reported incidents of SGBV in a safe and confidential manner. GBVIMS is designed to allow for the aggregation of non-identifiable (anonymized) data on reported SGBV cases to inform prevention and response programming, policy development and advocacy, resource mobilization, monitoring and evaluation. It also helps to identify gaps in follow up and service delivery. As part of UNHCR’s response to the Syria crisis, a GBVIMS and Child Protection Information management System (CPIMS) Training of Trainers focused was held in 2014 to build the capacity of UNHCR and partner staff to strengthen SGBV and CP data reporting and analysis, while adhering to safety and confidentiality principles. In Jordan, UNHCR is using an innovative module of GBVIMS in the Refugee Assistance Information System (RAIS) that enables data to be shared more efficiently and with greater safeguards within organizations. In Yemen, UNHCR’s implementing partner INTERSOS uses GBVIMS to ensure the harmonization of data between agencies and facilitate periodical trend analysis for programming and monitoring activities. Increasing concerns regarding the ongoing conflict in Syria, prompted the SGBV Task Force to consider means and modalities to improve data collection and analysis. SGBV actors piloted the rollout of the GBVIMS in North Lebanon, in response to displaced Syrian crisis, where services are more available than in other parts of Lebanon where Syrian refugees are. An Information-Sharing Protocol endorsed by the SGBV Task Force in October 2013 allows the national compilation and sharing of the data to improve the SGBV programming.
UNHCR is committed to advancing the global initiatives “Safe from Start” and “Call to Action” to reinforce SGBV prevention and response programming in its operations across the world. Safe from the Start is an initiative led by the US Department of State to take preventive measures and ensure quality services are available for survivors from the onset of an emergency through timely and effective humanitarian action. In 2013, the United Kingdom’s Department for International Development (DFID) launched the “Call to Action on Protecting Girls and Women in Emergencies (Call to Action).” The Call to Action appeals to coordinate efforts with other donors, affected countries, and non-government stakeholders to better protect women and girls in humanitarian emergencies.34

Call to Action

The Call to Action is an important framework for UNHCR to advance its commitments to protect women, girls, men and boys from SGBV at the onset of an emergency. UNHCR addresses these issues from numerous angles in collaboration with national and international partners, governments, and persons of concern. UNHCR’s commitments can be grouped into four of the Call to Action pillars:

1. The right people,
2. The right programme,
3. The right tools and mechanisms,
4. Research and innovation.

UNHCR has recruited six Senior Protection Officers (SGBV) to ensure that the right people are on the ground to support the establishment of SGBV protection-based programming from the onset of an emergency. The deployment of the Senior Protection Officers (SGBV) to emergencies under “Safe from the Start” aims at addressing this need. To improve staff and partner capacity, UNHCR is in the final stage of the development of a mandatory SGBV e-learning. One of the means for UNHCR to have the right programmes in place is developing and monitoring SGBV strategies at country level that are in line with UNHCR’s global strategy. Under the right tools and mechanisms, UNHCR has provided technical support to 14 country operations to implement the Gender Based Violence Information Management System (GBVIMS), including Jordan and Lebanon in the MENA, and under research and innovation UNHCR is exploring innovative energy and livelihood programmes with funding from Safe from the Start in order to empower and protect populations at risk of SGBV.

34. http://www.state.gov/j/prm/policyissues/issues/c62377.htm#CALLTOACTION
Safe from the Start

In late 2013, the US Department of State, Bureau of Population, Refugees, and Migration (BPRM) announced funding for a three-year initiative with UNHCR, “Safe from the Start,” to prevent and respond to SGBV in humanitarian emergencies around the world. Senior Protection Officers (SGBV) have been deployed to Egypt and Iraq for respectively 7 and 10 months to provide technical expertise and enhance operational capacity.

The deployment of a Senior Protection Officer (SGBV) to the UNHCR Iraq operation, contributed to strengthening the multi-sectorial, interagency SGBV prevention and response in Kurdistan Region of Iraq (KR-I). This included the establishment of an SGBV Sub-Working Group, SGBV standard operation procedures, referral pathways, and capacity-building for UNHCR, partners and government counterparts on SGBV prevention and response. The SPO (SGBV) in Egypt left behind a functioning SGBV working group with an SGBV strategy in its final stages for endorsement.

The “Graduation Project” in Egypt is supported by UNHCR under Safe from the Start initiative and implemented by Catholic Relief Services (CRS) in Greater Cairo and by Caritas in Alexandria. The Project aims to increase the self-reliance of refugees and access to sustainable livelihoods. Each interested applicant is assigned a case worker from the assessment phase matching his or her skills, abilities and interests with wage or self-employment opportunities. Training opportunities are also provided following the assessment phase. UNHCR provided training on SGBV and Designing Safe Livelihoods to all the Implementing Partner Caseworkers working on the Graduation Project.

UNHCR is also developing a new, mandatory e-learning programme tailored to meet the specific learning needs of UNHCR staff with diverse functions and levels, following a comprehensive review of the existing SGBV e-learning programme. The English version of the SGBV mandatory e-learning modules will be launched in the second quarter of 2015, followed by the French and Arabic versions in the third quarter of 2015.
CONCLUSION

UNHCR, together with government, UN and civil society partners continue to put the protection of refugee women, girls, men and boys from SGBV, at the forefront of the response to refugee crises. UNHCR is committed to working in partnership with government and other actors to strengthen national, comprehensive and multi-sectorial SGBV prevention and response systems that serve all survivors of SGBV, including refugee survivors in the MENA region.

Women, girls, men and boys, families and other community members have a crucial role to play in prevention of and response to sexual and gender-based violence, through reinforced community-based SGBV prevention and response mechanisms and in challenging harmful norms and practices that condone SGBV, abuse and the exploitation of persons of concern. Involving community members in all stages of the project cycle of SGBV prevention and response interventions addressing the specific SGBV risks they face, regardless their gender, race, class, sexuality, disability is, therefore, one of the key strategies in UNHCR’s SGBV prevention and response programming.

UNHCR will also continue to emphasize the availability and accessibility of appropriate specialized services for all persons of concern facing sexual and gender-based violence risks. This includes ensuring that case management and multi-sectorial specialized services by vital sectors such as health, psycho-social, protection and legal are available and accessible, and that staff working with SGBV survivors and service providers are well trained and equipped with skills and tools to undertake this sensitive and crucial work.

Although significant progress has been made, there are still challenges and much work is needed to protect persons of concern against SGBV. The actions outlined below are recommended to further strengthen the protection of refugee women, girls, men and boys against sexual and gender-based violence in the MENA region:

- Strengthen community-based prevention of and response to SGBV through the active participation of women, girls, men and boys in identification of SGBV-related needs, design, implementation and monitoring and evaluation of programmes in line with UNHCR’s AGD approach.
- Create awareness amongst the population of concern and impacted communities on causes, contributing factors and consequences of SGBV, human rights and existing national and international legal frameworks related to gender equality and SGBV.
- Advocate for national legislation that prevents and responds to SGBV in accordance to international standards
- Support the regular update of inter-agency SOPs, SGBV referral pathways, action plans and strategies developed to reflect up-to-date priorities for SGBV prevention and response.
• Ensure mainstreaming of gender equality and SGBV considerations into other sectors such as Livelihoods, NFI, Food Security and Shelter and Site Planning in order to support resilience and positive coping mechanisms and mitigate factors for survival sex, and so as to support broader prevention and reduction of SGBV.

• Roll out the GBVIMS in the operations, where it has not yet been operationalized.

• Strengthen the capacity of SGBV actors and service providers in prevention of and response to SGBV, including SOPs, caring for survivors, and guiding principles for SGBV programming.

• Ensure availability of quality and accessible services for women, girls, men and boys who experience SGBV in line with guiding principles for caring for survivors.

• Strengthen partnership and coordinated multi-sectorial and interagency prevention and response to SGBV through SGBV sub-working groups, task forces and networks.

• Advocate for the allocation of predictable and sustainable funding to support implementation of UNHCR SGBV strategies and initiatives that will have longer-term impact on refugees.

• Support and advocate with the governments to invest in and integrate SGBV prevention and response in their national plans to ensure sustainability.
## LIST OF ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AFAD</td>
<td>Disaster and Emergency Management Authority, Republic of Turkey</td>
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<td>AGD</td>
<td>Age, Gender and Diversity</td>
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<td>BIDs</td>
<td>Best Interest Determinations</td>
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<tr>
<td>BPRM</td>
<td>Bureau of Population, Refugees, and Migration</td>
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<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
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<td>CFS</td>
<td>Child friendly spaces</td>
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<td>CMR</td>
<td>Clinical Management of Rape</td>
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<td>CP</td>
<td>Child Protection</td>
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<td>CPIMS</td>
<td>Child Protection information Management System</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>CRPD</td>
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<td>CRS</td>
<td>Catholic Relief Services</td>
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<td>DFID</td>
<td>Department for International Development</td>
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<td>Danish Refugee Council</td>
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<td>GenCap</td>
<td>Gender Capacity</td>
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<td>GBVIMS</td>
<td>Gender-Based Violence Information Management System</td>
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<td>HI</td>
<td>Handicap International</td>
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<td>IASC</td>
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<td>International Covenant on Economic, Social and Cultural Rights</td>
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<td>International Covenant on Civil and Political Rights</td>
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<td>INGO</td>
<td>International Non-Government Organization</td>
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<td>IRC</td>
<td>International Rescue Committee</td>
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<td>IWD</td>
<td>International Women’s Day</td>
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<tr>
<td>KR-I</td>
<td>Kurdistan Region of Iraq</td>
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<td>Acronym</td>
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<tr>
<td>LGBTI</td>
<td>Lesbian, Gay, Bisexual, Transgender and Intersex</td>
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<td>MENA</td>
<td>Middle East and North Africa</td>
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<td>NFI</td>
<td>Non-Food Item</td>
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<td>NGOs</td>
<td>Non-Government Organizations</td>
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<td>PSEA</td>
<td>Protection from sexual exploitation and abuse</td>
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<td>PSS</td>
<td>Psycho-social support</td>
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<td>RAIS</td>
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<td>SGBV</td>
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<td>SOPs</td>
<td>Standard Operating Procedures</td>
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<td>United States of America</td>
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<td>UN Women</td>
<td>United Nations Entity for Gender Equality and the Empowerment of Women</td>
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<td>Water, Sanitation and Hygiene</td>
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<td>World Food Programme</td>
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<tr>
<td>WRC</td>
<td>Women’s Refugee Commission</td>
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<tr>
<td>3RP</td>
<td>Regional Refugee and Resilience Plan</td>
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