

REFUGEE WOMEN: TWENTY YEARS ON

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Abstract

Twenty years ago, refugee women were seldom consulted and their specific needs rarely identified or taken into account. Considerable progress has been made in the interim, although policy developments have far outstripped progress in practice. Over the past twenty years reproductive health services have become part of key global standards and increasingly practice, refugee women are usually individually registered, they generally receive the food rations, and innumerable programmes have been designed and implemented to empower and protect them. Gender-based violence has gone from an invisible issue to multi-faceted prevention and response initiatives. Policy development includes the High Commissioner's Five Commitments to Refugee Women, the rollout of UNHCR's age, gender and diversity mainstreaming initiative, the Executive Committee Conclusion on Women at Risk and the recent UNHCR *Handbook on the Protection of Women and Girls*. As the humanitarian community has broadened its depth of understanding and learning, new needs and issues have arisen. Issues currently on the international agenda to further protect refugee women include: how to effectively engage men, how to operationalize the prevention of gender-based violence; how to tackle the availability of safe access to cooking fuel in humanitarian settings; and how to effectively and safely economically empower refugee women. This paper will provide a brief overview of progress over the past twenty years and outline current issues that require further attention.

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The first policy on refugee women, guidelines for policy implementation and the assessment

Key Benchmarks in Policy and Protection Developments for Refugee Women 1990 – 2010

1990 UNHCR releases its first policy on refugee women

1991 UNHCR releases its guidelines on the protection of refugee women

1994 First full assessment of refugee women's reproductive health care needs

1999 An inter-agency field manual on refugees' reproductive health published

2001 High Commissioner for Refugees holds global dialogue with refugee women resulting in the High Commissioner's Five Commitments to Refugee Women

2002 The Women's Refugee Commission* completes an assessment of UNHCR's implementation of its guidelines on refugee women

2003 UNHCR releases SGBV Guidelines

2004 The Minimum Initial Services Package (MISP) for reproductive health care included in Sphere as a minimum standard

2004 – 2006 UNHCR rolls out its Age, Gender and Diversity Mainstreaming Initiative partially as a response to the assessment conducted in 2002

2006 UNHCR's Executive Committee adopts a Conclusion on women at risk

2008 UNHCR releases its Handbook for the Protection of Women and Girls

2008 Evaluation undertaken and completed on UNHCR's efforts to prevent and respond to gender-based violence

* Until 2009, the Women's Refugee Commission was known as the Women's Commission for Refugee Women and Children

Twenty years ago, the United Nations High Commissioner for Refugees (UNHCR) released its first policy on refugee women. Reviewing the seven short pages of that policy today, one is struck both by how far we have come as an international community from that overly simple policy document and, simultaneously, how little progress we've actually made. The three organizational objectives on refugee women outlined in that policy were: to provide protection appropriate to their specific needs; to identify appropriate durable solutions; and to provide assistance which shall encourage the realization of their full potential and encourage their participation in preparing for the durable solution.¹ While each of these objectives is, perhaps intentionally, vague, what is clear is that they haven't been achieved. Refugee women continue to face serious risks to their protection, experiencing, for example, sexual violence at possibly even greater levels than they did twenty years ago. Refugee women continue to languish in protracted situations unable to access an appropriate durable solution. And refugee women's participation in both programme design and refugee leadership structures remains more rhetoric than reality while their participation in peace processes remains elusive.

The following year, in 1991, UNHCR released its *Guidelines on the Protection of Refugee Women* (the Guidelines), which went beyond legal protection to include refugee women's physical protection needs and recognized the relationship between protection and assistance. The Guidelines highlight key protection problems, such as physical and sexual attacks and abuse in countries of asylum,² sexual exploitation and prostitution,³ and the difficulties in prosecuting offenders.⁴ Twenty years on, these are the same protection risks that remain priority concerns of women in refugee situations around the world. While numerous guidelines and programmatic responses are now in place to address these issues, actual improvements in the protection of refugee women from these types of risks and abuses are questionable.

The Guidelines also note the need to identify and promote alternatives to camps, where possible, particularly closed camps as, they state, "prolonged stays in camps can lead to a breakdown of law and order".⁵ It could be argued, however, that in some countries, closed camps are more the norm now than they were when the Guidelines were developed in 1991. While the Guidelines advocate for the provision of primary and reproductive health

¹UNHCR, *Policy on Refugee Women*, 1990.

² UNHCR, *Guidelines on the Protection of Refugee Women*, 1991, 29.

³ Ibid, 31.

⁴ Ibid, 32

⁵ Ibid, 48.

services, an area where the humanitarian community has made significant progress, it also notes the limited opportunities for secondary and university education⁶ and states that “some vocational training programmes have focused on skills that are not marketable in the refugee context”.⁷ Post-primary educational opportunities including the provision of market-driven skills training programmes have, however, improved little in the twenty intervening years.

In May 2002, the Women’s Commission for Refugee Women and Children (renamed in 2009 and hereafter referred to as the Women’s Refugee Commission) released the report *UNHCR Policy on Refugee Women and Guidelines on Their Protection: An Assessment of Ten Years of Implementation*. The assessment found that the Guidelines’ greatest success was in raising broad awareness among UNHCR staff and partners to women’s specific needs and strategic interests.⁸ The assessment found several positive outcomes for refugee women in the ten years of Guideline implementation: notably, improved capacities for gender-sensitive refugee status determinations, improved registration processes that allow each individual to obtain his or her own card, increased enrollment of girls in school, the direct involvement of women in food distributions, the wider availability of reproductive health services, and measures to organize refugee women and include them in camp management.⁹ However, the assessment found that, overall, implementation of the Guidelines was uneven, incomplete, and occurring on an *ad hoc* basis rather than in a globally consistent and systematic way and that positive actions tended to be sporadic and often insufficient to provide refugee women with equitable protection.¹⁰ The assessment noted that while UNHCR had made progress in creating policies, guidelines, and other tools to protect refugee women, it has had difficulty translating these into practical measures in the field.¹¹ Policy guidance outstripping field practice, while common for all sectors, continues to be a critical theme when assessing progress and the protection of refugee women over this twenty-year period.

Subsequent developments in policy and practice

In the twenty years since the release of UNHCR’s Policy on Refugee Women, innumerable policies, guidance documents, UNHCR Executive Committee Conclusions addressing issues

⁶ Ibid, 55.

⁷ Ibid, 56.

⁸ Women’s Commission for Refugee Women and Children, *UNHCR Policy on Refugee Women and Guidelines on Their Protection: An Assessment of Ten Years of Implementation*, May 2002, 1.

⁹ Ibid, 2.

¹⁰ Ibid, 2.

¹¹ Ibid, 2.

of concern to refugee women, and tools have been developed and released. Some might say too many, and that the paper overload has not, for the most part, led to corresponding improvements in the lives and protection of refugee women. Refugee women continue to get raped; refugee girls continue to drop out of school at higher rates than boys, especially in the upper primary grades; refugee women continue to have few opportunities to earn income or learn marketable skills; and although serving on refugee leadership structures in larger numbers, refugee women's participation often cannot be considered meaningful.

Although such challenges remain, it is important to highlight the successes and improvements that have taken place and the basis for those improvements.

Reproductive health

One of the most significant improvements in the lives and well-being of refugee women has been institutionalizing reproductive health services as part and parcel of humanitarian practice in refugee settings. As obvious as this seems, twenty years ago, the availability of such services was not a programme priority as the lack of consultation with refugee women prevented this from being highlighted as a vital, life-saving service. A report by the Women's Refugee Commission in 1994¹² found that in the majority of refugee sites, the more comprehensive reproductive health needs of refugee and displaced women, beyond the training of traditional birth attendants to assist with deliveries, were not being met. Specifically, the assessment found that sex education, family planning, contraceptive services, abortion services, AIDS education and prevention, treatment for other sexually transmitted diseases, supplies for menstruating women, and rape prevention and counseling were all seriously neglected.¹³ These findings, as well as the outcomes of the 1994 International Conference on Population and Development in Cairo, served to catalyze efforts to ensure reproductive health service provision in refugee settings and led to the publication of an inter-agency field manual, *Reproductive Health in Refugee Situations*, in 1999¹⁴ as well as the establishment of the Inter-agency Working Group on Reproductive Health in Refugee Situations (IAWG) and the Reproductive Health for Refugees Consortium – later renamed as the Reproductive Health Response in Conflict Consortium (RHRC Consortium) in 1995. The

¹² Wulf, Deirdre, *Refugee Women and Reproductive Health care: Reassessing Priorities*, Women's Refugee Commission, June 1994.

¹³ Ibid, 3.

¹⁴ *Reproductive Health in Refugee Situations: an inter-agency field manual*, developed by an inter-agency consortium, published by the United Nations High Commissioner for Refugees, 1999.

two consortia proved instrumental in leading the charge on policy, tool, and programme development in promoting refugee women's access to appropriate reproductive health services.

An in-depth, inter-agency global evaluation in 2004, *Reproductive Health Services for Refugees and Internally Displaced Persons*, completed ten years after the Cairo conference found that significant progress had been made in raising awareness and advancing reproductive health for conflict-affected populations in all areas of reproductive health programming and technical support.¹⁵ While in stable refugee situations, reproductive health services had increased and were generally well established and consistent with those outlined in the *Inter-agency Field Manual*, weaknesses were found in some areas, such as gender-based violence (GBV) and HIV/AIDS services, and critical gaps in others, such as safe motherhood, family planning, and sexually transmitted infections programmes. Overall, however, the evaluation found the major reproductive health gaps to be in the early days and weeks of emergencies and in internally displaced persons (IDPs) settings.¹⁶ Significantly, in the 2004 revision of the Sphere Minimum Standards, the Minimum Initial Services Package (MISP) for women's reproductive health care was included as a minimum standard¹⁷ and reproductive health has been fully integrated into the Health Cluster Guide.¹⁸

Women's participation

An area with inconsistent improvements, at times notable and at other times spotty, has been in refugee women's participation. In an attempt to understand the needs and concerns of women, UNHCR, in partnership with the Women's Refugee Commission, organized a series of twenty local and regional consultations that brought together more than 500 refugee women, UNHCR staff, non-governmental organizations and host governments. The process culminated with fifty refugee women representatives speaking about their issues and aspirations in a Dialogue with Refugee Women in June 2001 in Geneva, Switzerland. The women made specific recommendations to UNHCR, including developing more comprehensive strategies for addressing GBV; continued consultation and participation of women in programme planning and implementation as well as in refugee leadership

¹⁵ *Reproductive Health Services for Refugees and Internally Displaced Persons*, report of an inter-agency global evaluation, published by UNHCR, November 2004.

¹⁶ *Ibid*, 1 – 4.

¹⁷ The Sphere Project, *Humanitarian Charter and Minimum Standards in Disaster Response*, 2004 Edition, 288 – 290.

¹⁸ World Health Organization, *Health Cluster Guide*, Provisional version, June 2009.

structures and peace processes; more support for education programmes for women and girls; diversifying income generation programmes and ensuring the marketability of goods; and advocating for gender-sensitive property laws, especially in areas of return.¹⁹

The Dialogue resulted in the High Commissioner's Five Commitments to Refugee Women which, in brief, committed the organization to: develop integrated strategies to address GBV; individually register and provide documentation for all refugee women; ensure 50 per cent of management committees and other refugee representative structures are women; ensure women's direct and indirect participation in food and non-food distributions; and provide sanitary materials to all women and girls of concern to UNHCR.²⁰ While notable, a report by UNHCR on progress in meeting the five commitments to the UNHCR Standing Committee four years later, in June 2005, highlighted mixed results. On Commitment No. 1: encourage the active participation of women in all management and leadership committees, the report notes that "UNHCR's goal of achieving gender parity in camp leadership positions has not been achieved in most refugee camps"²¹ and that "even when the target of 50 per cent is reached, many offices report that the decision making processes are often controlled by men".²² On Commitment No. 2: individual registration and documentation, the report states that it was difficult to analyze the situation as most of the country-level reports received did not provide data disaggregated by sex and age.²³ This, however, is being addressed by the rollout of UNHCR's electronic registration system, Project Profile, which began in 2005.

On the commitment related to GBV, the report notes the distribution of UNHCR's Sexual and Gender-based Violence (SGBV) guidelines to the field, country-level and regional trainings, and increases in reporting, and further noted that 86 per cent of the women who were survivors of SGBV in the sixty-two refugee camps that reported did receive some type of support during 2004.²⁴ The most progress made on any of the commitments was on Commitment No. 4 related to women's participation in food distributions, with the majority of refugee camps meeting the 50 per cent standard of involving refugee women in food

¹⁹ United Nations High Commissioner for Refugees and the Women's Commission for Refugee Women and Children, *Respect Our Rights: Partnership for Equality*, report on the Dialogue with Refugee Women, Geneva, Switzerland, 20 -22 June, 2001, 11.

²⁰ Ibid, 12.

²¹ UNHCR Standing Committee, *Report on the High Commissioner's Five Commitments to Refugee Women*, UN Doc. EC/55/SC/CRP.17, 13 June 2005, 3.

²² Ibid, 3.

²³ Ibid, 4.

²⁴ Ibid, 5.

distribution²⁵ and that affirmative action had been taken regarding the inclusion of women's names on food ration cards. Finally, on Commitment No. 5, the provision of sanitary materials, the report notes that in almost half the camps for which information was available, less than 50 per cent of the needs for sanitary materials were covered in 2004.²⁶

Despite these somewhat mixed results with regard to refugee women's participation and addressing their expressed needs, refugee women's input and concerns are being heard more regularly through UNHCR's annual participatory assessments with refugees conducted as part of the organization's Age, Gender and Diversity Mainstreaming (AGDM) initiative. The AGDM strategy was initiated in 2004 and rolled out globally from 2005- 2007 as a response to concerns raised by the Women's Refugee Commission's assessment referenced above as well as to similar concerns raised by two other evaluations conducted, one on the protection of refugee children and the other on UNHCR's community services function.²⁷ The AGDM strategy aims to place refugees at the center of UNHCR's planning process and is shaped around the input received during country-level participatory assessment exercises that include conducting multiple focus groups with refugees disaggregated by age and gender.²⁸ The participatory assessment process has highlighted the different needs, concerns, and proposed solutions of refugee women, as opposed to those of refugee men, youth, and children, and has influenced UNHCR policy and programme responses at the country and headquarter levels.

Gender-based violence

Gender-based violence, while continuing to emerge as a priority concern in participatory assessments conducted globally with refugee women and girls, has also received immense attention and programmatic response over the past two decades. Barely on the international agenda until the 1990s, GBV is now an established sector of operations. UNHCR's Executive Committee adopted an EXCOM Conclusion on refugee protection and sexual violence in October 1993 that paved the way for subsequent developments by noting the need for training programmes, the filing and investigation of complaints, and the development of response

²⁵ Ibid, 6.

²⁶ Ibid, 8.

²⁷ The three reports referenced are: Women's Commission for Refugee Women and Children, *UNHCR Policy on Refugee Women and Guidelines for Their Protection: An Assessment of Ten Years of Implementation*, May 2002; Valid International, *Meeting the Rights and Protection Needs of Refugee Children*, UNHCR, EPAU/2002/02, May 2002; CASA Consulting, *The Community Services Function in UNHCR*, UNHCR, EPAU/2003/02, March 2003.

²⁸ Refer to, *The UNHCR Tool for Participatory Assessments in Operations*, UNHCR, July 2005.

activities, including medical and psycho-social care.²⁹ Documenting subsequent progress and gaps, Jeanne Ward authored a global overview on GBV in humanitarian settings as part of two-year GBV initiative spearheaded by the Reproductive Health for Refugees Consortium in 2002.³⁰ The report found that “the ideals of multisectoral programming, that is, coordinated activities between the constituent community, health and social services, and the legal and security sectors, remain just that: ideals” and that, “although GBV prevention and response has been increasingly acclaimed as an important component of humanitarian assistance, the commitment is still not widely realized.”³¹ Specific findings included: the lack of data on GBV; the tendency among donors and humanitarian organizations to focus on sexual crimes committed during conflict rather than the full range of violations covered by the GBV definition; that protections for survivors of all forms of GBV were weak in each of the twelve countries profiled; and the lack of national-level strategies or policies to address GBV.³²

Since the release of Ward’s report, there has been a proliferation of guidelines and a considerable increase in attention to GBV. UNHCR released its guidelines for prevention and response in May 2003.³³ These were followed by the publication of the Inter-Agency Standing Committee’s guidelines for GBV interventions, focused on prevention and response to sexual violence in humanitarian settings in 2005.³⁴ Meanwhile, non-governmental organizations were busy developing their own programmatic responses and areas of expertise – from psycho-social counseling to clinical care for survivors to legal assistance, emergency shelter, and community education and awareness-raising on women’s rights. Further developments included focusing particular attention on women and girls at risk of violence and abuse through a body of work initiated by the Centre for Refugee Research at the University of New South Wales. The research of Eileen Pittaway and Linda Bartolomei included field assessments and a myriad of meetings with refugee women in Bangladesh, India, Thailand, Ethiopia, and Kenya, where they found very high incidences of rape and

²⁹ UNHCR Executive Committee Conclusion, *Refugee Protection and Sexual Violence*, No. 73 (XLIV), 8 October 1993.

³⁰ Ward, Jeanne, *If Not Now, When? Addressing Gender-based Violence in Refugee, Internally Displaced, and Post-conflict Settings*, The Reproductive Health for Refugees Consortium, April, 2002.

³¹ *Ibid*, 11-12.

³² *Ibid*, 12-14.

³³ UNHCR, *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response*, May 2003.

³⁴ IASC, *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention and Response to Sexual Violence in Emergencies*, September 2005.

little to ensure the protection of rape survivors.³⁵ This work was complemented by a report by the Women's Refugee Commission in 2006 that identified risk factors, protection solutions, and resource tools targeted towards displaced women and girls at-risk.³⁶ Together these reports and advocacy efforts spurred the development and adoption in October 2006 of a UNHCR Executive Committee Conclusion on Women and Girls at Risk.³⁷ The Conclusion was not only one of the most operational Conclusions to be adopted by UNHCR's Executive Committee, detailing prevention strategies and individual responses and solutions, but was also one whose genesis grew out of the work of the NGO community.

UNHCR's 2008 evaluation of the organization's efforts to prevent and respond to SGBV found that UNHCR's programmes usually focus on sexual violence against women, while other forms of GBV are less commonly and comprehensively addressed.³⁸ The evaluation also found the absence of policy or guidelines on how to address SGBV against lesbian, gay, bisexual, and transgendered people of concern; that the sexual abuse of boys and men is often neglected, under-reported and hardly addressed by any of UNHCR's programs; and that UNHCR's SGBV activities generally focus more on adults and often do not sufficiently address the needs of children.³⁹ Further compounding the merit of these findings, research conducted by the Columbia University-led Care and Protection of Children in Crisis-affected Countries in five country studies found that households are more dangerous places for children and women (violence, abuse, and rape) than camps (stranger rape), but that most programmes and funding are for more narrowly defined "GBV" efforts (stranger rape).⁴⁰

Sexual exploitation and abuse

A form of GBV, "sexual abuse and exploitation", defined as "any actual or attempted abuse of position of vulnerability, differential power, or trust, for sexual purposes..."⁴¹ emerged as a global concern following the release of a UNHCR/Save the Children report on the sexual

³⁵ Pittaway, E., and L. Bartolomei, *From Asylum to Protection: Ensuring the Effective Protection of Refugee Women at Risk*, Centre for Refugee Research, University of New South Wales, draft. October 5, 2004.

³⁶ Women's Commission for Refugee Women and Children, *Displaced Women and Girls At Risk: Risk Factors, Protection Solutions and Resource Tools*, February 2006.

³⁷ UNHCR, Executive Committee Conclusion No. 105 -2006: *Conclusion on Women and Girls at Risk*, No. 105 (LVII), 6 October 2006.

³⁸ UNHCR, *Evaluation of UNHCR's Efforts to Prevent and Respond to Sexual and Gender-based Violence in Situations of Forced Displacement*, PDES/2008/08, October 2008, 2.

³⁹ *Ibid*, 2.

⁴⁰ Columbia University Program on Forced Migration, *Rethinking Gender Based Violence*, CPC Learning Network Policy Change Brief, New York, NY 2010.

⁴¹ Definition from UNHCR, *UNHCR Handbook for the Protection of Women and Girls*, January 2008, 392.

abuse of children in West Africa in 2002.⁴² The researchers responsible for the report found that not only was sexual exploitation widespread, it was also perpetrated by aid workers, peacekeepers, and community leaders, with humanitarian workers trading food and relief items for sexual favours, and teachers exploiting children in exchange for passing grades. Forty-two agencies and sixty-seven individuals were implicated.⁴³ The media frenzy surrounding release of the report findings, as well as publicity around subsequent sex abuse scandals in Zimbabwe, Tanzania, and Nepal, led to numerous response activities including the release of the Secretary General's Bulletin, *Special Measures for Protection from Sexual Exploitation and Sexual Abuse*,⁴⁴ the enactment of agency-level codes of conduct for staff (at times mandated by donor agencies), the establishment of mechanisms for the receipt of complaints by the beneficiary population and complaints investigation protocols, and the initiation of the Building Safer Organizations project.

An evaluation conducted by the Women's Refugee Commission of the Building Safer Organizations project in 2006 found that the learning project was proving to be a valuable tool for humanitarian agencies in strengthening their capacity to receive and investigate allegations of sexual abuse or exploitation of beneficiaries by staff. However, evaluation participants cited the ineffectiveness or absence of complaints mechanisms as the leading obstacle blocking receipt of sexual abuse and exploitation allegations.⁴⁵ The entire body of work around sexual exploitation and abuse expanded the GBV sector to include a focus on SGBV committed by humanitarian actors. It recognized that the protectors can also be violators who must be held to account in order to improve the protection of conflict-affected and displaced women.

Engaging men

As this work highlights, through the first decade of the twenty-first century, not only was attention to refugee women increasing, it was engaging an ever-expanding variety of actors – academia, NGOs, and UN agencies– and was resulting in trainings, high-level discussions, the negotiation and adoption of EXCOM Conclusions, and a growing library of guidance

⁴² Refer to Naik, Asmita, *Protecting Children from Protectors: Lessons from West Africa*, Forced Migration Review, 15, October 2002.

⁴³ Ferris, Elizabeth, *Abuse of Power: Sexual Exploitation of Refugee Women and Girls*, Brookings Institute, 2007.

⁴⁴ United Nations Secretariat, Secretary General's Bulletin, *Special measures for protection from sexual exploitation and sexual abuse*, ST/SGB/2003/13, 9 October 2003.

⁴⁵ Women's Commission for Refugee Women and Children, *Breaking the Code: Building Capacity to Investigate Sexual Abuse and Exploitation by Humanitarian Workers*, Evaluation ICVA;s Building Safer Organizations Project, June 2006, 4.

documents and tools. While words and documents do not equate action, these activities, no doubt, led to a growing awareness, an increased knowledge base, and increased GBV programming, and facilitated attitudinal changes and at least some behavioural adaptations. As an example of behavioral adaptations, the humanitarian community has begun increasingly to understand the importance of engaging men and boys as part of the response to better protect and reduce violence against women and girls. The Women's Refugee Commission published a resource packet on *Masculinities: Male Roles and Male Involvement in the Promotion of Gender Equality* in 2005,⁴⁶ which aimed to push UNHCR and the humanitarian community to think through why this is necessary and provided hands-on guidance on how to work with men. UNHCR has proven responsive, especially in their programmes in Sub-Saharan Africa where a number of workshops have been hosted by UNHCR on engaging men and boys to eliminate GBV. The workshops have brought together and engaged a number of international- and national-level partner organizations⁴⁷ that have a history of working with men, and these organizations have subsequently undertaken assessments and provided direct support to UNHCR country-level operations on developing strategies for engaging refugee men in their GBV work. This shift in thinking and programming has positive implications for UNHCR's work protecting refugee women which cannot be accomplished while ignoring the primary perpetrators of violence and the gatekeepers of current imbalanced power relationships.

Where we are now

The growing body of knowledge and practice has been captured in UNHCR's updated guidance on refugee women in the *UNHCR Handbook for the Protection of Women and Girls* in January 2008. The handbook includes principles and practices for gender equality, prevention and response to GBV, and working with men and boys; broader protection responses covering registration, documentation, participation, durable solutions, the administration of justice, health, education, shelter, and livelihoods; and the international and regional legal frameworks that underpin women's and refugees' rights.⁴⁸ The handbook includes and consolidates policy, guidance, and practice as it has taken shape and grown over

⁴⁶ Women's Commission for Refugee Women and Children, *Masculinities: Male Roles and Male Involvement in the Promotion of Gender Equality: A Resource Packet*, New York, NY, 2005.

⁴⁷ Refer to report from Engaging Men to End Gender-based Violence held in Cape Town, South Africa, Aasheim, C., D. Buscher, D. Peacock and L. Ngugi, *Engaging Men and Boys in Refugee Settings to Address Sexual and Gender-based Violence: workshop report*, Cape Town, South Africa, 22 – 25 September 2008.

⁴⁸ *UNHCR Handbook for the Protection of Women and Girls*, First Edition, UNHCR, January 2008.

the past two decades. As such, it provides perhaps the most comprehensive overview of protection issues, needs, responses, and policy guidance relating to refugee women which, if fully implemented, would lead to dramatic changes in their protection that have heretofore been unrealized.

Progress to date, while substantive, has moved much further on the policy and guidance fronts than it has in practice. Further, as the humanitarian community's knowledge base has deepened, new issues requiring response have emerged. The lack of in-depth understanding of women's unique needs and risks and basic, rudimentary service delivery responses are proving to be no longer adequate to address the myriad of complex issues that we, as a community, are beginning to understand. We know that conflict and displacement affect women and men differently. We know that women often shoulder additional burdens and responsibilities while displaced, leaving them "time-poor" and likely to resort to unsafe, desperate measures to provide for themselves and their families. We also know that gender equality is a key component of the solution and that engaging men is part of achieving that solution. We don't understand, however, how this knowledge translates into practice. Knowledge acquisition has led and is leading to attitudinal shifts, but behavioral change as reflected by changes in practice has been harder to substantiate and achieve.

Remaining challenges and emerging issues

Scanning through the previously referenced policies and guidance documents there is little doubt that refugee women are now front and centre on the international refugee agenda. We have moved from near invisibility or benign neglect of refugee women and their concerns to concerted and strategic efforts by many organizations through multiple programming sectors to reach, include, and better serve displaced women. But are women really safer? Are they better protected? Have we saved one woman from being raped in the Congo? Have we made a significant dent in maternal mortality among refugee women? Unfortunately, we cannot answer these questions in the affirmative. With so little quantitative data on prevalence, trends in incidents over time, and the evidence about what works and what does not, the impact of our policies and programmes remains unclear and unsubstantiated. We know there are gaps between knowledge and practice and we know there are gaps in service areas that have emerged or surfaced as we've dug deeper and understood better.

From response to prevention

Examples of the knowledge–practice gap, for example, include how we, as a humanitarian community, move from the response-heavy side of GBV programming to greater focus on prevention strategies. Until we figure out how to reduce or prevent GBV, we will have to continue implementing response programmes for victims/survivors indefinitely. Clearly every effort must be made to prevent as many incidents as possible, but how we do this is less clear. If we look at factors that place women at risk of GBV, for example, impunity of perpetrators, lack of legal rights, insufficient rations, economic dependence and lack of economic opportunities, shifts in household power dynamics, social and cultural norms, and the need for cooking fuel/firewood,⁴⁹ there are identifiable programmes and activities that we can, as a community, implement to address these risk factors and, hence, mitigate risks of GBV. We have not thought sufficiently about the implications these factors have for GBV programming and how we can collectively, across programmes, further build the protection environment for the displaced women we are trying to serve.

Another issue that has emerged over the past few years and that continues to be insufficiently addressed, in spite of our knowledge about the implications, is women’s safe access to cooking fuel in contexts of displacement. Food rations continue to be distributed to refugee and IDP populations around the world but the means of cooking that food are seldom provided or even considered. In many settings this forces women and girls to leave the relative safety of camps to collect firewood, thereby exposing them to rape, sexual harassment and physical abuse (in addition to the negative environmental impacts of unsustainable firewood collection). Research by the Women’s Refugee Commission on this issue found that, even when the humanitarian community provides firewood to those displaced, women and girls would still leave camps to collect firewood to sell, as an income generation activity, if they do not have other economic options⁵⁰ As an area of emerging practice, an Inter-Agency Standing Committee (IASC) working group developed guidance on fuel responses and responsibilities across sectors,⁵¹ which aims to ensure that this issue is addressed and coordinated in each humanitarian operation. The World Food Programme is

⁴⁹ Women’s Refugee Commission, *Peril or Protection: The Link between Livelihoods and Gender-based Violence in Displacement Settings*, November 2009.

⁵⁰ Refer to Women’s Commission for Refugee Women and Children, *Beyond Firewood: Fuel Alternatives and Protection Strategies for Displaced Women and Girls*, March 2006.

⁵¹ Refer to both the IASC Task Force on Safe Access to Firewood and Alternative Energy in Humanitarian Settings, *Decision Tree Diagrams on Factors Affecting Choice of Fuel Strategy in Humanitarian Settings*, Version 1.1., April 2009 and the IASC Task Force on Safe Access to Firewood and Alternative Energy in Humanitarian Settings, *Matrix on Agency Roles and Responsibilities for Ensuring a Coordinated, Multi-Sectoral Fuel Strategy in Humanitarian Settings*, Version 1.1. April 2009.

now piloting the guidance documents in Darfur and Uganda and is committed to meeting the cooking needs of 6 million displaced people in the next two years.

Programmatic responses to address the issue of safe access to cooking fuel as a means of reducing vulnerability to GBV are directly linked to women's access to livelihoods. Increasingly, the humanitarian community is developing an understanding of how the lack of economic opportunities affects women's protection at multiple levels. Women are often forced to resort to negative economic coping strategies such as leaving the safety of homes and camps to collect firewood, exchanging sex for food and needed resources, and being forced to stay in abusive relationships when they do not have the requisite financial resources of their own to ensure their survival. We have not, however, consistently provided displaced women with economic opportunities and when we have, the interventions have seldom led to sustainable income or more dignified lives. And, yet, until we understand how to do this effectively, we will not significantly reduce women's protection risks. This requires a broader and deeper understanding of women's economic empowerment. What does economic empowerment mean and how do we know if we've achieved it? It requires knowledge about how to ensure that economic programmes are based on market opportunities and to capitalize on the existing skill sets, including non-monetized skills, which refugee women possess. It also requires that we make these programmes safe and protective for women so that their participation and the additional resources they receive or acquire do not heighten their risks of GBV.

The Women's Refugee Commission has done a substantial amount of work on women's livelihoods as the organization views economic opportunity as a crucial underpinning of refugee women's protection. The organization's learning, captured in, *Building Livelihoods: A Field Manual for Practitioners in Humanitarian Settings*,⁵² grew out of numerous field assessments that found little recognition that the increasing length of displacement should inform practice, little understanding of local markets and the opportunities they may provide, and limited knowledge of the skill sets and current economic coping strategies of the populations of concern. The manual instructs practitioners on the steps to undertake in order to more appropriately choose an economic intervention and provides guidance on how to implement the selected intervention. The practitioner community, in order to more effectively protect women, must design and implement

⁵² Women's Refugee Commission, *Building Livelihoods: A Field Manual for Practitioners in Humanitarian Settings*, 2009.

economic programmes that are market-driven, that lead to sustainable income above subsistence level, and that are safe and mitigate risks of GBV. In addition, the impact of these programmes should be measured by household and child protection outcomes – income, savings, children’s school attendance, and children’s nutritional status. Influencing and changing practice for economic programming remains an issue of concern in humanitarian settings and one that requires much more attention if we are to offer displaced and returning women real protection.

Increase participation and promote gender equality

Additional work must also be done to ensure that women’s participation in leadership structures and decisions affecting their lives is meaningful, that their voices are heard, and that their participation moves beyond what is often token representation. This includes further work on displaced women’s participation in peace processes that are negotiated with groups that are parties to the conflict that led to their uprooting. What do women want from these processes? What are the ramifications for issues such as amnesty for fighting forces? How do women’s property rights, which are so crucial in situations of return, get addressed? What are the inheritance laws in communities of origin and how will they impact women’s longer-term protection and economic survival?

Working towards the achievement of gender equality and promoting equal access and benefit in everything the humanitarian community undertakes will do more for refugee women’s protection than the innumerable women-focused programmes and policies designed and implemented. The achievements of the Bosnian, Rwandan, and Kosovo Women’s Initiatives, for example, are largely intangible. Even though these initiatives were an attempt to do targeted women’s programming, much of what was implemented lacked innovation and sustainability. Many of the funded programmes were little more than safe places for women to meet and group discussion fora focused on women’s psycho-social recovery. A two-pronged approach, mainstreaming gender into all services and implementing targeted programmes to address inherent discrimination, is vital as promoting and ensuring women’s full participation in all programmes and addressing barriers to their equal participation will likely have the greatest impact on refugee women’s protection.

Former Secretary General of the United Nations Kofi Annan at the Beijing +10 meeting in New York in March 2005 stated,

Sixty years have passed since the founders of the United Nations inscribed on the first page of our Charter the equal rights of women and men. Since then, study after study has taught us that there is no tool for development more effective than the empowerment of women. No other policy is as likely to raise economic productivity or to reduce infant and maternal mortality. No other policy is as sure to improve nutrition and promote health – including the prevention of HIV/AIDS. No other policy is as powerful in increasing the chances of education for the next generation. And I would venture that no policy is more important in preventing conflict, or in achieving reconciliation after a conflict has ended.⁵³

Gender equality, however, will never be achieved without the engagement of men. How to involve displaced men in promoting gender equality in effective ways that lead to real change and improvements in the lives of women has yet to be fully understood by humanitarian actors. In fact, many humanitarians do not think working towards gender equality is either important or a part of their programming mandate. Many believe that local culture and practices override international law and ratified conventions. And, yet, if a large part of the solution to the protection concerns of refugee women is gender equality, humanitarian actors must first understand its import and programme to that effect.

Conclusion

Much work and attention has focused on women since UNHCR issued its first policy on refugee women twenty years ago. Numerous guidelines and policies have been created and produced. Significant strides have been made in bringing reproductive health services to refugee populations. Gender-based violence became a topic of several UN Security Council Resolutions⁵⁴ as well as a stand-alone, multi-faceted programme sector. The UN High Commissioner for Refugees issued his own Five Commitments to Refugee Women,⁵⁵ which continue to shape and inform UNHCR country operations and field practices.

⁵³ UN Secretary General, Kofi Annan, at the Beijing +10 meeting in New York, March 2005.

⁵⁴ Refer to Security Council Resolutions 1326, 1820, 1888, and 1889.

⁵⁵ Refer to United Nations High Commissioner for Refugees and the Women's Commission for Refugee Women and Children, *Respect Our Rights: Partnership for Equality*, report on the Dialogue with Refugee Women, Geneva, Switzerland, 20 -22 June, 2001, 12.

In spite of the innumerable advances, however, achievements in practice lag behind the achievements in policy development. The excellent guidelines and materials produced are often left unread by those working most closely with the refugee communities and are seldom used to inform and shape programmatic responses. UNHCR's Age, Gender and Diversity Mainstreaming Initiative, without sustained attention and leadership has, in some country operations, devolved into a rote participatory assessment exercise that is little more than lip service to the development of country operations plans and the budgeting process. Collaboration and coordination efforts among implementing and operational partner organizations, while much improved, seldom focus on the collective responsibility of enhancing the protection environment for all refugees, including refugee women and girls.

The gains made in securing displaced women's full participation, both in their communities of refuge and in the peace negotiation processes affecting their countries of origin, are too few. And, in spite of the guidelines, trainings, and programmes, refugee women continue to face protection risks in the camps and urban settlements where they reside and these have not lessened over the two intervening decades of focused attention on women and their concerns.

As the humanitarian community has deepened its knowledge and understanding of the needs and concerns of refugee and displaced women, new issues have emerged that require focused attention, new thinking, and policy and programmatic responses. These include providing displaced women with economic opportunities appropriate to their current setting and to the economic situation to which they are likely to return. The economic empowerment of refugee women, which is vital to both their protection as well as to the health and well-being of their families, remains little realized despite the fact that sexual exploitation and abuse will not be eradicated without creating safe economic opportunities for women. The links between GBV, livelihoods, and the safe provision of cooking fuel require more thoughtful, comprehensive programmes that marry opportunities with enhanced protection. To do this, the humanitarian community must begin to think about the prevention of GBV in new ways. How can prevention be operationalized? How can prevention move beyond community sensitization? How can the humanitarian community move from GBV response to GBV prevention in order to reduce the need for response when the damage has already been done?

Finally, programming towards the achievement of gender equality as the most effective way of protecting women must be more fully understood and put into practice. This necessitates engaging men and boys in new and different ways than have been attempted thus

far. It requires going beyond education and community sensitization to achieve behavioural change. It requires that men not only understand the benefits to them and their children that women's equality can bring but that these men then go onto work towards that as contributors and change agents. Then, and possibly only then, will the achievement of refugee women's protection move from rhetoric to reality.

References

Aasheim, C., Buscher D., Peacock D., and Ngugi L., *Engaging Men and Boys in Refugee Settings to Address Sexual and Gender-based Violence: workshop report*, Cape Town, South Africa, 22 – 25 September 2008.

CASA Consulting, *The Community Services Function in UNHCR*, EPAU/2003/02, UNHCR, 2003.

Columbia University Program on Forced Migration, *Rethinking Gender Based Violence*, CPC Learning Network Policy Change Brief, New York, NY 2010.

Ferris, E., *Abuse of Power: Sexual Exploitation of Refugee Women and Girls*, Brookings Institute, 2007.

IASC, *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention and Response to Sexual Violence in Emergencies*, Geneva, 2005.

IASC Task Force on Safe Access to Firewood and Alternative Energy in Humanitarian Settings, *Decision Tree Diagrams on Factors Affecting Choice of Fuel Strategy in Humanitarian Settings*, Version 1.1, 2009.

IASC Task Force on Safe Access to Firewood and Alternative Energy in Humanitarian Settings, *Matrix on Agency Roles and Responsibilities for Ensuring a Coordinated, Multi-Sectoral Fuel Strategy in Humanitarian Settings*, Version 1.1, 2009.

Naik, A., Protecting Children from Protectors: Lessons from West Africa, *Forced Migration Review*, 15, 2002.

Pittaway, E., & Bartolomei L., *From Asylum to Protection: Ensuring the Effective Protection of Refugee Women at Risk*, Centre for Refugee Research, University of New South Wales, draft, 2004.

Sphere Project, *Humanitarian Charter and Minimum Standards in Disaster Response*, 2004 Edition.

UNHCR and the Women's Commission for Refugee Women and Children, *Respect Our Rights: Partnership for Equality*, report on the Dialogue with Refugee Women, Geneva, 2001.

UNHCR, *Evaluation of UNHCR's Efforts to Prevent and Respond to Sexual and Gender-based Violence in Situations of Forced Displacement*, PDES/2008/08, Geneva, 2008.

UNHCR, Executive Committee Conclusion, "Refugee Protection and Sexual Violence", No. 73 (XLIV), Geneva, 1993.

UNHCR, *Executive Committee Conclusion No.105- 2006: Conclusion on Women and Girls at Risk*, No. 105 (LVII), Geneva, 2006.

UNHCR, *Guidelines on the Protection of Refugee Women*, Geneva, 1991.

UNHCR, *Policy on Refugee Women*, Geneva, 1990.

UNHCR, *Reproductive Health Services for Refugees and Internally Displaced Persons*, inter-agency report, Global Evaluation, 2004.

UNHCR, *Reproductive Health in Refugee Situations: an inter-agency field manual*, Geneva, 1991.

UNHCR, *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response*, 2003.

UNHCR, Standing Committee, “Report on the High Commissioner’s Five Commitments to Refugee Women”, UN Doc. EC/55/SC/CRP.17, 13 June 2005.

UNHCR, *The UNHCR Tool for Participatory Assessments in Operations*, Geneva, 2005.

UNHCR, *UNHCR Handbook for the Protection of Women and Girls*, UNHCR, Geneva, 2008.

United Nations Secretariat, Secretary General’s Bulletin, *Special measures for protection from sexual exploitation and sexual abuse*, ST/SGB/2003/13, New York, NY, 2003.

Valid International, *Meeting the Rights and Protection Needs of Refugee Children*, EPAU/2002/02, UNHCR, Geneva 2002.

Ward, J., *If Not Now, When? Addressing Gender-based Violence in Refugee, Internally Displaced, and Post-conflict Settings*, The Reproductive Health for Refugee Consortium, 2002.

Women’s Commission for Refugee Women and Children, *Beyond Firewood: Fuel Alternatives and Protection Strategies for Displaced Women and Girls*, New York, NY, 2006.

Women’s Commission for Refugee Women and Children, *Breaking the Code: Building Capacity to Investigate Sexual Abuse and Exploitation by Humanitarian Workers*, New York, NY, 2006.

Women’s Commission for Refugee Women and Children, *Displaced Women and Girls At Risk: Risk Factors, Protection Solutions and Resource Tools*, New York, NY, 2006.

Women’s Commission for Refugee Women and Children, *Masculinities: Male Roles and Male Involvement in the Promotion of Gender Equality: A Resource Packet*, New York, NY, 2005.

Women's Commission for Refugee Women and Children, *UNHCR Policy on Refugee Women and Guidelines on Their Protection: An Assessment of Ten Years of Implementation*, New York, NY, 2002.

Women's Refugee Commission, *Building Livelihoods: A Field Manual for Practitioners in Humanitarian Settings*, New York, NY, 2009.

Women's Refugee Commission, *Peril or Protection: The Link between Livelihoods and Gender-based Violence in Displacement Settings*, New York, NY, 2009.

World Health Organization, *Health Cluster Guide*, Provisional version, Geneva, 2009.

Wulf, D., *Refugee Women and Reproductive Health Care: Reassessing Priorities*, Women's Commission for Refugee Women and Children, New York, NY, 1994.