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Classrooms for refugee children in Chad are marked out with stones in the sand.

“Don’t Forget Us”: Refugees in Chad Still Lack Basics

While violence continues in Darfur, the more than 200,000 Sudanese refugees who managed to escape into eastern Chad continue to face their own challenges. Women and girls still must endure life-threatening dangers, and numerous barriers exist to education.

“Thousands of children continue to go without tents for classrooms and must attend class outdoors with no protection from the sun, wind and rain,” says Lori Heninger, senior coordinator, children and adolescents program, who participated in a Women’s Commission visit to the region in January. “In one camp of 30,000 people, there are no tents for schoolrooms; the ‘classrooms’ are outlines made of rocks in the sand. In some cases, children are dropping out because of the lack of protection from the harsh weather.” In addition, many schools in the camps have long since run out of school supplies.

All the women and girls the Women’s Commission interviewed said that education was a priority, their hope for the future and that when they return to Darfur, they want to “fight with the pen, not with the sword.”

The Women’s Commission visited 10 of the 11 refugee camps in the desert of eastern Chad. The conditions are bleak: water is in very short supply and except for the southernmost camps, it is nearly impossible to farm or otherwise earn a living. The water rations have been cut to below internationally accepted standards in at least one camp. Refugee girls must walk for hours to get firewood; in some areas, attacks on these girls are frequent. The host communities are among the poorest in the world.

Not all the camps have clean delivery kits for childbirth
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Tsunami Survivors in Indonesia Need Reproductive Health Care

The tsunami in December 2004 killed nearly 230,000 Indonesians, the majority of them in Aceh province. It left 400,000 people homeless in the province, where nearly half a million are already displaced due to a civil war that has been raging for 10 years.

“In the response to the crisis, vital reproductive health services must be a priority,” says Sandra Krause, director of the Women’s Commission’s reproductive health program. “Displaced and refugee women are at particular risk of sexual violence with the loss of their families and communities. Security measures must be undertaken to ensure their safe access to shelter, food, water and health care, including for survivors of sexual violence.”

The Women’s Commission recently conducted an assessment in Aceh of the Minimum Initial Service Package (MISP) of reproductive health. The MISP is a coordinated set of priority activities designed to prevent excess neonatal and maternal morbidity and mortality, reduce HIV transmission, prevent and manage the consequences of sexual violence and plan for comprehensive reproductive health services. An estimated 25,000 pregnant women in Aceh require immediate care.

The assessment team conducted interviews and meetings with local and international nongovernmental organizations (NGOs), UN agencies, donors and the Ministry of Health. The assessment also conducted 10 focus groups with male and female youth, adults, traditional birth attendants (TBAs) and local midwives. In addition, the team visited local health facilities, including the provincial hospital and several local health centers.

The Women’s Commission found that approximately half the humanitarian staff interviewed had heard of the
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Women's Commission for Refugee Women and Children

An independent organization formed with the assistance of the International Rescue Committee to advocate for the solution of problems affecting refugee women and children.

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Dear Friends of the Women's Commission,

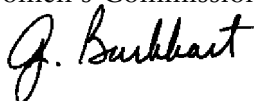
We are pleased and proud to be writing to you as the new co-chairs of the board of the Women's Commission for Refugee Women and Children. The Women's Commission has an extraordinary record of accomplishment over the past 16 years. Its talented and committed staff continues to be recognized and highly respected in their fields.

We thank Ellen Jorgensen for her fine work over the past year in leading the organization during a difficult period. And, we are excited to work with Carolyn Makinson, our new executive director. We are confident that she will lead the organization to even greater achievements.

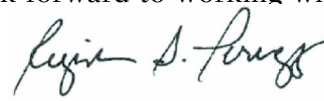
The challenges to every refugee organization today are daunting, with needs ever increasing. In order for us to continue to do our work well, we have decided to focus our board efforts in two main areas. The first is to strengthen board governance. We have gone through a process of reviewing and redefining the role of each of our committees and have added a new committee, advocacy and communications, to strengthen and support the organization's work in this area (see box below). We have also been working on making the nominating process more efficient, inclusive and transparent, and will review recommendations at our May board meeting.

The second major area of focus is working with Carolyn Makinson and her staff to better connect the board to the work of the Women's Commission. It is our hope that we will accomplish this through greater use of the board's talent and expertise in forwarding the agenda of the Women's Commission.

We are aware that some of these efforts will take time, but using the reservoir of talent of the staff and the board we know we will be successful. This is an exciting time for all of us, as the Women's Commission continues to undertake cutting edge work, including in the areas of gender- and age-mainstreaming, human trafficking, education in emergencies, detention and asylum, and reproductive health. We thank you for your continued support and work on behalf of the Women's Commission and look forward to working with you.



Glenda Burkhart



Regina Peruggi

The Women's Commission for Refugee Women and Children welcomes the following new board members: Sheppie Abramowitz, Robin Carey, Jocelyn Cunningham and Gail Furman.

The new committee chairs are: Faye Richardson, Program and Policy; Bridget Elias, Finance; Katharine Crost, Nominating; Debbie Welch, Development; Libby Keefer, Communications and Advocacy.

Staff Updates

The Women's Commission welcomes **Dale Buscher**, director, participation and protection, **Diane Goodman**, Geneva liaison, **Deirdre Siddalls**, board liaison and planning officer, **Susan Vignola**, development officer. We say goodbye to **Matthew Emry**, program manager, children and adolescents program.

Gender and Age Mainstreaming: Giving Priority to the Needs of Refugee Women and Children

For more than a decade, the UN High Commissioner for Refugees (UNHCR) has sought to strengthen its work protecting refugees, including giving more priority to the needs of women and children. In 2004 the agency introduced substantive institutional and programming changes under a new strategy of “gender and age mainstreaming” within its operations. UNHCR formed the strategy in response to three key evaluations, including the Women’s Commission’s 2002 report, “UNHCR policy on refugee women and guidelines on their protection: An assessment of ten years of implementation.”

What does “Gender and Age Mainstreaming” mean? It means that it is everyone’s responsibility to consider how the age and social roles of a refugee impact needs, vulnerabilities and options, and to integrate the concerns of men, women, boys and girls into planning and programming. As recommended in the evaluations, this requires greater accountability by UNHCR staff and partner agencies in ensuring that their actions promote the rights of all refugees. It also requires a new approach in how UNHCR communicates with refugees and communities to help make refugee participation and decision-making more central to its work.

The Women’s Commission is now

Refugees in Chad

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and emergency reproductive health care is very limited. Beyond basic pre-and post-natal care, there is no reproductive health care or psychosocial assistance for survivors of gender-based violence, including rape.

“The international community must not forget about the Sudanese refugees in Chad,” says Megan McKenna, senior coordinator, media and communications, who also visit-

working with UNHCR in developing its new strategy. Women’s Commission staff have participated in pilot and evaluation visits to Sierra Leone, India and Greece. As members of the mission teams, Commission staff made recommendations on the tools and methodology in preparation for UNHCR’s roll-out of the strategy worldwide, scheduled for later this year.

Key findings from the field visits include:

In **Sierra Leone**, the field staff found mixed field teams (teams that combine program and community services, implementing partners, branch offices and field offices) were an innovative way to better understand refugee needs and were extremely helpful in linking protection concerns more directly with policy and program decisions. Liberian refugees shared concerns that reduced food supplies and lack of access to registration in the camps were increasing pressures for women to return to Liberia despite fears of encountering perpetrators of violence there. They also said that the elderly who were caring for grandchildren had nowhere to live on return.

In **Greece**, refugees and implementing partners said that the new gender and age mainstreaming strategy had increased UNHCR’s interaction with refugees through visits to reception

ed the camps. “The needs remain great; the crisis is far from over. The Women’s Commission will work over the next few months to ensure that the gaps in protection we found are addressed.”

The Women’s Commission staff has met with the staff of four of five members of a Congressional delegation who visited eastern Chad in January to discuss potential joint advocacy work, as well as Representative Betty McCollum (D-

centers and had led the agency to establish a work plan to prioritize activities in accordance with gender and age concerns.

In **India**, UNHCR staff, implementing partners and refugees expressed enthusiasm for the project, stating that it had improved communications, increased understanding of age and gender vulnerabilities, and helped all sides search for solutions together. This meant looking at the risks for adolescents, the elderly and single middle-aged men, as well as for women and young children. Discussions with Burmese and Afghan refugee groups and local implementing partners resulted in changes including revised information booklets that included helpline numbers for women and children, a revamped waiting area at UNHCR with separate spaces for women and children, Hindi language classes to help newly recognized refugee children integrate into the local education system and the addition of a female doctor to the mobile medical van visiting the refugee community.

In the months ahead, the Women’s Commission will work with UNHCR to help with refining the project design; rolling it out in UNHCR country programs around the world; monitoring progress; and ensuring sustained support and commitment for the gender and age mainstreaming process. ❖

MN), a member of the delegation. The Women’s Commission will urge the House and Senate Appropriations Committees to allocate adequate funding for eastern Chad and Darfur for FY2006. Other advocacy includes an upcoming report and continuing work on Capitol Hill and with UN agencies in New York. This mission and the information gained from it is part of a larger, ongoing focus by the Women’s Commission on education in situations of emergency. ❖

Youth Speak Out

In January the Women's Commission released *Youth Speak Out: New Voices on the Protection and Participation of Young People Affected by Armed Conflict*, the final report of a four-year project looking at the situation of adolescents in armed conflict.

The report provides new information and practical ideas for further coordinated advocacy and immediate action for and with young people affected by armed conflict. It is aimed at decision-makers at all levels: governmental and other donors; United Nations headquarters and field representatives; international and local nongovernmental organizations; adolescents and youth; academics; and others with responsibility or concern for refugee young people. It shows how actions that many of these groups have taken with and for young people affected by armed conflict have made significant constructive differences in their and their communities' protection and well-being. It also identifies the serious gaps that remain. Finally, *Youth Speak Out* identifies specific and practical steps that can and should be taken to expand on good program experiences and improve on policy guidelines for young people's protection and care. These include making education a priority, as it can ensure the protection, health and psychosocial well-being of young people, and enhances their prospects of finding jobs and other means of economic support; providing appropriate skills training to help ensure the protection and psychosocial well-being of young people, and enhance their prospects of finding jobs and other means of economic support; and including young people in reconstruction and economic development planning and projects.

Youth Speak Out (the full report,

including one-page reference guides on issues affecting adolescents in armed conflict) can be found at <http://www.womenscommission.org/reports/index.shtml> ❖

Education in Emergencies

The International Network for Education in Emergencies (INEE), held its second global consultation in Cape Town, South Africa in December 2004. INEE is a membership organization made up of more than 900 individuals and organizations; the Women's Commission is one of these organizations.

During the consultation, INEE released the *Minimum Standards for Education in Emergencies*, a set of guidelines to be implemented at the beginning of a humanitarian crisis. The *Minimum Standards* were developed over a period of two years with input from more than 2,200 people from around the world through a consultative process. They can be found at <http://www.ineesite.org/standards/default.asp>.

The Women's Commission is continuing its work on education in emergencies. A recent report, *Uganda, Learning in a War Zone: Education in Northern Uganda*, can be found at www.womenscommission.org, as can the *Global Survey on Education in Emergencies*. ❖

Watchlist on Children in Armed Conflict

Children and adolescents in Nepal face systematic abuses, including killing, maiming, torture, rape and other forms of sexual violence, and attacks on their schools. They are at risk of abduction, trafficking, forced labor, underage recruitment into fighting forces, forced displacement,

death and injury from landmines.

In January 2005, the Watchlist on Children and Armed Conflict launched *Caught in the Middle: Mounting Violations Against Children in Nepal's Armed Conflict*, a report based on evidence gathered by child protection groups in Nepal.

Watchlist calls for immediate action to stop violations against children and an end to impunity enjoyed by those who commit them. Recommendations are directed to the government of Nepal, the Maoist rebels, the UN Security Council, the UN country team, the humanitarian community in Nepal and donors.

Speakers at the report launch in Kathmandu included Louise Arbour, UN High Commissioner for Human Rights, the Chairman of Nepal's National Human Rights Commission and two young people from conflict-affected districts.

More than 200 people attended the launch, including representatives of the government and the humanitarian community, teachers, military and young people. *Caught in the Middle* has been widely covered by international and Nepali television, radio and print media, including front page attention in various Nepali newspapers.

Watchlist staff Julia Freedson and Clelia Peters, along with Watchlist chairperson Kathleen Hunt, UN representative of CARE International, carried out a series of follow-up meetings with representatives of the Nepali government, key donors, UN agencies and others. They are continuing to urge implementation of the report's recommendations at the UN in New York and elsewhere.

Watchlist is also working with a Nepali NGO, HimRights, to publish a children's version of the Watchlist report as a "comic book."

The report is available at www.watchlist.org. ❖

REAL ID Act Imperils Women and Children's Asylum Chances

In January, Representative Sensenbrenner (R-WI) introduced the REAL ID Act (H.R. 418). While the stated purpose of this legislation is to make the United States safer from terrorism, the REAL ID Act does very little to prevent acts of terrorism while proposing changes to asylum law that would have a devastating impact on women and children's ability to be granted asylum.

On February 10, the legislation was passed in the House of Representatives by a vote of 261 to 161. At the time of this writing it is unclear how the Bill will be handled in the Senate; however, the Women's Commission's detention and asylum program staff is working to persuade the Senate to remove all asylum-related provisions from any legislation it considers. Among the provisions that the staff is working to eliminate are those that will:

- Allow an immigration judge to deny asylum where an applicant fails to produce corroborating evidence that the immigration judge believes in his/her discretion the applicant should be able to produce. As written, the immigration judge can require evidence even if the applicant has testified credibly about her asylum claim.
- Require a refugee to prove her persecutor's "central" reasons for harming her, essentially penalizing a refugee who cannot prove with unrealistic precision what is going on in her persecutor's mind. Most gender- and age-related claims are based on persecution by a private rather than government actor. Often, the violence occurs in private settings. It is extremely difficult to prove that the perpetrator is motivated

by the victim's age or gender.

- Provide an immigration officer or immigration judge broad authority to deny an asylum seeker's claim based on the officer's or judge's perception of the appropriateness of the asylum seeker's "demeanor." This framework completely discounts the complex psychological, social and cultural context of many women and children asylum seekers.
- Allow an immigration judge to base his credibility determination on any statements made by the asylum seeker whether or not the statements go directly to the asylum claim and whether or not they were made under oath. ❖

Abused Woman's Asylum Case Stalled—Again

One of Attorney General Ashcroft's last acts before he left office in January 2005 was to refer the asylum case of Rodi Alvarado back to the Board of Immigration Appeals (BIA). Ms. Alvarado, a Guatemalan woman, suffered years of terrifying abuse at the hands of her husband, including repeated rape and severe beatings.

Ms. Alvarado's husband, a former soldier, repeatedly expressed his opinion that he had the right to treat his wife as he did because of her gender and their relationship. A judge told Ms. Alvarado that he would not "interfere in domestic matters or disputes." The police told her they would not provide her any assistance because she should "take care of it at home."

In 1995, after more than 10 years of abuse, she fled Guatemala, seeking safety in the United States. She left behind her two young children, and has been separated from them ever since.

Rodi Alvarado was granted asylum in 1996 by a U.S. immigration judge, based on Immigration and Naturalization Service guidelines recognizing gender-based persecution as a basis for asylum. However, the INS itself appealed the ruling and in 1999 the BIA denied her asylum. In 2000, then-Attorney General Janet Reno vacated the BIA decision, and in February 2004, the Department of Homeland Security (which had absorbed the INS) submitted a detailed brief urging that Ms. Alvarado be granted asylum and promising quick action.

Attorney General Ashcroft appears to have based his decision on the fear that if gender-based claims for asylum are recognized, the floodgates will open and this country will be inundated with women fleeing domestic abuse. But this is not likely to happen. In 1993 Canada recognized violence against women as a basis for granting asylum—since then, these types of claims have made up a tiny fraction of all asylum claims, never more than two percent of the total. This is a reflection of the reality that most women lack the ability or resources or, in many cases, even the desire to leave their homelands and come to a foreign country such as Canada or the United States.

Rodi Alvarado and others like her who have suffered years of brutal domestic violence and other forms of gender-based violence should be given a chance to begin a new life. ❖

Luncheon 2005

The Women's Commission's 2005 *Voices of Courage* luncheon, on May 12, at the Mandarin Oriental in New York City, will celebrate advances in reproductive health for refugees. For more information, contact Patricia Evert Productions at 212.219.2953 or PEvertProd@aol.com.

Saving Pregnant Women's Lives

In any displaced population, approximately 25 percent of women of childbearing age will be pregnant; some will be close to giving birth and need clean delivery materials. In addition, 15 percent of pregnant women will suffer from complications of pregnancy and childbirth. It is impossible to predict which women will experience complications, making it urgent to ensure that all women have access to life-saving emergency obstetric care (EmOC).

For the past four years, the Women's Commission has hosted the Reproductive Health Response in Conflict (RHRC) Consortium's EmOC technical adviser who has worked to prevent maternal death and disability in conflict settings around the world. Although the number of programs offering general reproductive health services to conflict-affected people has increased substantially in the last decade and more organizations are providing EmOC services, there is no simple method to integrate EmOC into humanitarian programs. The Women's Commission identified the need to develop *The Field-friendly Guide to Integrate EmOC into Humanitarian Programs* to assist organizations, program managers and field staff in humanitarian settings to address EmOC complications, thereby saving women's lives and preventing disabilities in conflict settings.

The EmOC guide focuses on the practical aspects essential for implementing EmOC services in the field, including the use of widely used indicators developed by the United Nations to conduct monitoring and evaluation of services. This document provides a step-by-step guide to initiate and implement the priority EmOC interventions based on the various

phases of a crisis. It also addresses fundamental issues such as how to strengthen the local health system for long-term sustainability. The EmOC guide is available online at www.rhrc.org, or email info@rhrc.org to order a copy. ❖

Preparing for Further Attacks on Reproductive Health

The U.S. Administration continues to demonstrate by its actions and rhetoric its lack of support for reproductive health programs domestically and internationally. The government has withheld funding for vital reproductive health programming in conflict settings and instituted detrimental policies that have triggered a chilling effect among UN and nongovernmental agencies at the field and headquarters levels. In view of the prospect of four more years of hostility toward reproductive health activities, the Women's Commission has initiated an advocacy campaign to combat any further rollbacks in reproductive health in conflict settings.

One of the principal activities of the campaign will be to continue briefing U.S. government staff who have been longtime friends of the Women's Commission, as well as to seek to build new constructive relationships with senior staff in key agencies. Reaching out to Canadian and European policy makers and donors will also be an important component of the strategy. In addition, the Women's Commission will maintain its proactive role in identifying media opportunities to highlight essential reproductive health issues, such as preventing and responding to sexual violence and improving maternal health among conflict-affected women. The Women's Commission will carry on field-level activities

through facilitating trainings, providing technical assistance and distributing resources on issues such as provision of priority reproductive health services in crisis settings. Finally, the Women's Commission, in collaboration with the RHRC Consortium and various partners, will document the experiences of field and headquarters staff that clearly demonstrate U.S. government opposition to reproductive health programming to inform its overall advocacy efforts. ❖

Indonesia

(continued from page 1)

MISP but that only a few could accurately describe the MISP's objectives and priority activities.

Coordination of the MISP in Aceh was led by the United Nations Population Fund (UNFPA), which fielded a designated reproductive health focal point within one week of the tsunami and initiated working group meetings among the numerous local and international organizations, as well as the Indonesian health authorities. By the time of the Women's Commission's assessment mission participants from some 30 local, national and international organizations were attending weekly reproductive health coordination meetings, demonstrating the effectiveness of having an RH focal point in place to facilitate coordinated activities for RH in emergency settings. Successful efforts were also made to include local women's groups and national organizations in these weekly meetings, although there was some concern about the need for more effort to maintain their attendance and participation.

The team heard anecdotally of a few reports of sexual violence following the tsunami; however, the reports were isolated and did not indicate a widespread problem. Women and girls *(continued on page 7)*

Denise McNamara Froelich: Friend, Mentor, Advocate



Board member Denise McNamara Froelich was a special friend to the Women's Commission. She volunteered her time in our

office one day a week, contributing her marketing and fundraising expertise, while becoming a mentor and friend to Women's Commission staff. Denise passed away on September 5, 2004, but through a fund established in her name, her commitment to displaced women and children lives on.

Denise's friends and family have honored her memory by donating more than \$50,000 in her honor to the Denise McNamara Froelich Fund of the Women's Commission. Because of Denise's special interest in reproductive health for refugees—especially displaced adolescents—the Women's Commission plans to use a significant amount of the Fund for projects with this focus. However, because Denise was interested in all aspects of the Women's Commission's work, we have decided to use a portion of the funds for each program area (Children and Adolescents, Detention and Asylum, Protection and Participation and Reproductive Health). In this way, Denise's legacy will have a multi-sectoral and world-wide impact.

The Denise McNamara Froelich Fund has already financed several projects:

- HIV/AIDS training for refugees in Pakistan and Thailand—The training will provide thousands of refugees with accurate information about and access to services to prevent and manage HIV/AIDS.

- HIV/AIDS Education for Adolescents in Sierra Leone—This project will reach young people in a post-conflict situation, where illiteracy, gender-based violence and growing HIV/AIDS prevalence put thousands, especially girls, at risk.
- Beijing Plus 10—The Fund will enable seven refugee women to travel to New York for meetings, advocacy and networking regarding violence against women and children in Nepal, as well as issues that concern forcibly displaced women globally.

The Women's Commission will continue to use the fund in innovative and targeted ways that will make a difference in the lives of refugee women, children and adolescents. To make a donation to the Denise McNamara Froelich Fund, please send a check to the Women's Commission with Denise's name noted in the memo. Thank you to all those who have already contributed. ❖

Story Telling for a Cause

Storyteller Sarah Malone's CD "Holding Up the Sky—Peace Tales for Kids" has been an overwhelming success. The CD of stories, music and poems from around the world that stress the importance of peaceful resolution to conflict in everyday life has brought in \$13,000 worth of sales—half of the proceeds go to the Women's Commission and half are given to Peace Talks Radio. The Women's Commission thanks Sarah for her important work on behalf of children and for her terrific support of the Women's Commission. To learn more about the CD, please go to www.peacetales.com. ❖

Indonesia

(continued from page 6)

in focus groups expressed concern about the lack of privacy and security in some settings, and in some camps, men and women shared latrines. The Women's Commission identified a number of initiatives by local women's groups and international agencies to support trauma centers catering to the needs of the recovering population. Although rape does not appear to be an issue currently, it remains a concern given the proximity of the Indonesian military (TNI) and the rebel movement in the province (GAM) and reports of violence prior to the tsunami.

Supplies to support the MISP, such as clean delivery kits and midwife kits, were available to international agencies within the first month of the emergency. However, in some cases the supplies had not been distributed from the agencies to visibly pregnant women or TBAs at the field level, two months after the tsunami. The UNFPA midwife delivery kits designed to support deliveries at health centers did not address the supply needs of community-based midwives.

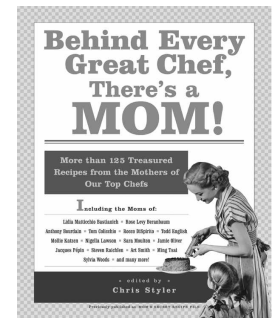
The need to plan for comprehensive RH services as part of the MISP, including ordering reproductive health supplies, was evident in the demand that women affected by the tsunami had for contraceptive supplies. The demand was quickly addressed through collaborative efforts of donors, the National Family Planning Coordinating Board and UNFPA.

The Women's Commission recommends that all international organizations provide staff with a copy of the SPHERE standards which include the MISP as part of their emergency deployment orientation, and that all organizations providing services in the health sector address the reproductive health needs of the IDP population, prioritizing the MISP. ❖



Behind Every Great Chef, There's a Mom!

The following recipe by Pino Luongo appears in *Behind Every Great Chef, There's a Mom!* (formerly published in hardcover as *Mom's Secret Recipe File*), a cookbook whose sale benefits the Women's Commission. Chefs whose family recipes appear in the book include Anthony Bourdain, Tom Colicchio, Rocco DiSpirito, Molly Katzen, Nigella Lawson and Jamie Oliver. The book is available at bookstores or see <http://www.womenscommission.org/donate/gifts.shtml>



Lasagne de Pane e Cavolfiore (Lasagne of Bread and Cauliflower) Makes 6-8 servings

- 2 tablespoons salt
- 1 medium head (about 2 pounds) cauliflower, separated into florets and thick stalks discarded
- ¼ cup plus 2 tablespoons extra virgin olive oil
- One ¾-pound loaf Tuscan country bread, ends trimmed and discarded, sliced crosswise ½ inch thick, and toasted
- 10 ounces, 3- to 6-month-old pecorino Toscano cheese, grated
- Freshly ground black pepper

1. Preheat oven to 325° F
2. Fill a medium pot with water and add the salt. Bring to a boil over high heat. Add the cauliflower and cook until soft, about 4 to 6 minutes. Strain the cauliflower liquid through a fine-mesh strainer over a bowl. Set aside the florets and reserve the cooking liquid.
3. Pour ¼ cup of oil into a baking pan measuring about 8 x 11 inches, tipping the pan from side to side and using your fingers to coat the bottom and sides evenly.
4. Lightly soak half of the toasted bread slices, a few at a time, in the cauliflower cooking liquid and arrange in a single layer on the bottom of the baking pan. Sprinkle half of the cauliflower evenly over the bread, top with half of the cheese, season generously with pepper, and drizzle with 1 tablespoon of the remaining oil. Add another layer of bread, top with the remaining cauliflower and cheese, season generously with pepper, and drizzle on the remaining oil.
5. Cover with aluminum foil and bake for 10 minutes. Remove the foil and continue to bake for 20 minutes, or until golden on top. Cut into portions and serve at once.



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