



# Operational concept Sexual and Gender-based Violence (SGBV) 2017-2020

*Swiss Humanitarian Aid Department*



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## INTRODUCTION

The Swiss Humanitarian Aid Department (SHA) can look back on more than a decade of work in the field of sexual and gender-based violence (SGBV). One example is the substantive SGBV program in the Great Lakes, which was started in the early 2000s and later taken over by the South Cooperation of the Swiss Development Cooperation (SDC). The SHA has also increasingly been promoting SGBV at the policy level, for instance at the 32<sup>nd</sup> International Conference of the Red Cross and Red Crescent or within the framework of the World Humanitarian Summit.

With the new Message for International Cooperation 2017-2020, SHA's engagement on SGBV is to be further consolidated and strengthened with SGBV becoming one of four priority topics of the SHA. While SGBV is a priority of the entire Federal Department of Foreign Affairs (FDFA), the new focus on SGBV in humanitarian settings is to be viewed as SHA's specific contribution to strategic goal 7 of the Message 2017-2020 (promotion of gender equality and women's rights), besides contributing to other goals<sup>1</sup> of the message. Although the focus on SGBV in the SHA is envisaged until 2020 in the Message 2017-2020, building up a robust response by the SHA will require an engagement which goes beyond 2020.

### *1. What is SGBV and why is it relevant for humanitarian aid?*

SGBV<sup>2</sup> is an umbrella term for any harmful act perpetrated against a person's will that is based on socially ascribed (gender) differences between males and females<sup>3</sup>. It includes rape, sexual assault, intimate partner/domestic violence, sexual exploitation (including through trafficking), sexual slavery, forced prostitution, harmful traditional practices (female-genital mutilation, honor killings, early and forced marriage) and negative coping mechanisms (transactional sex, early and forced marriage). While women and girls<sup>4</sup> are primarily affected by SGBV, men and boys<sup>5</sup>, LGBTI<sup>6</sup> are also victims.

SGBV happens in any society at any time. Yet, during and after an emergency SGBV often increases<sup>7</sup> with one in five women likely to become a victim of sexual violence<sup>8</sup>. Due to its stigmatized nature, reliable figures on the scale of SGBV are often difficult to obtain. While SGBV increases during and after an emergency, access to services for survivors often deteriorates.

SGBV violates international human rights and in some cases international humanitarian law; moreover, many forms of SGBV are criminal acts in national laws. SGBV gravely impacts the survivor's physical and psychological health, his/her social status and ability to participate in economic life<sup>9</sup>. SGBV not only negatively affects the survivor, but the family and community as a whole. SGBV therefore is a serious, life-threatening issue that has to be taken into account from the onset and throughout all phases of a humanitarian crisis. It is a major issue in various contexts in which the SHA is operational, including the Syria crisis, Yemen, South Sudan, Great Lakes, Nigeria, Ukraine, Colombia etc. – and therefore has direct relevance to SHA's field operations.

Protection - another priority topic of the SHA - and SGBV are interlinked in several ways (i.e. protection mainstreaming; SGBV falls under the global protection cluster). Yet, it is important to recognize the differences between SGBV and protection: SGBV is truly cross-sectoral in terms of SGBV mainstreaming and multi-sectoral in its response: first line responders for SGBV are often health and not protection personnel and classic protection interventions might not be geared up to

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<sup>1</sup> Goals 1, (international framework for global challenges), 2 (prevention/response to crisis, etc.), 3 (access to services, etc.), and 6 (human rights).

<sup>2</sup> The term SGBV is used interchangeably with GBV. The SHA chose to use the term SGBV to give more emphasis to acts of sexual violence within GBV.

<sup>3</sup> The definition used is the one from the IASC Guidelines on integrating GBV interventions in Humanitarian Action (2015).

<sup>4</sup> 50% of survivors of SGBV are under the age of 16, and women and girls with disabilities are 4-10 times more likely to suffer SGBV than those without disabilities. (UNFPA, State of the World Population, 2003; WHO and WB, World Report on Disability, 2011).

<sup>5</sup> I.e. men might be at particular risk of SGBV in detention.

<sup>6</sup> Lesbian, Gay, Bisexual, Transgender/Transsexual and Intersex.

<sup>7</sup> There are several reasons why SGBV increases during and after an emergency. These include displacement and crowded IDP/refugee accommodation, increased socio-economic vulnerability (which may lead to negative coping mechanisms such as early marriage, transactional sex and different types of exploitation), increase in female-headed households, break-down of law and order / impunity, disruption of family and community protection structures, high-levels of stress, trauma, etc. In extreme cases, sexual violence is used as a deliberate tactic of war.

<sup>8</sup> UN Women : Promoting the Rights, Needs and Agency of Women and Girls in Humanitarian Action (2015).

<sup>9</sup> SGBV seriously impacts the survivor's immediate sexual, physical and psychological health. It may result in injuries, unwanted pregnancies, complications from unsafe abortions, sexually transmitted infections, including HIV, and post-traumatic stress disorder/mental health problems. Survivors of SGBV may suffer further because of the social stigma associated with SGBV, be ostracized from their communities, face criminal prosecution (i.e. for adultery or sodomy) or be forced to marry the perpetrator.

address underlying causes of SGBV. In addition, SGBV requires a different skills set to protection expertise.

## 2. Overall current status of the theme in the humanitarian sphere

Attention for SGBV in humanitarian contexts has significantly risen since the 1990s. Various international developments, such as Security Council resolution 1325 (Women, Peace and Security) and its follow-up resolutions, the enforcement of rape as war crimes, crimes against humanity etc. by international criminal tribunals, the Preventing Sexual Violence Initiative (PSVI), the Call to Action on protection from GBV in emergencies are examples of this trend. Several agencies have launched or strengthened operations on SGBV in emergencies (i.e. UNFPA, UNHCR, Unicef, ICRC, IRC and other INGOs) and in 2005 the Gender-based Violence Area of Responsibility (GBV AoR) was created as one of five 'functional components' of the Protection Cluster. At the same time, numerous guidance documents have been developed, such as the IASC guidelines for integrating GBV in humanitarian action (revised in 2015) and the UNFPA minimum standards on GBV in emergencies (2015); in 2006, the GBV Information Management System (GBVIMS) was launched. Leading states/donors in the field have traditionally been the US, UK, Sweden, Norway and the EU/ECHO.

Despite these positive developments challenges remain in ensuring an effective SGBV response on the ground from the onset of a crisis. Such challenges include the hidden and sensitive nature of SGBV due to stigmatization and specific risks faced by SGBV survivors, lacking prioritization of and accountability for SGBV prevention and response by the humanitarian system, violation of international and national law and a climate of impunity, complexity of response and SGBV coordination due to its cross- and multi-sectoral character, insufficient (harmonized) data on SGBV, limited specialized capacity of humanitarian personnel, break-down of national support structures and service providers / hard-to-reach areas, difficult to non-existent access for men and boys to SGBV services, etc.

## EXISTING POLICY AND LEGAL FRAMEWORKS

Switzerland has ratified the CEDAW Convention, which considers SGBV as a form of discrimination against women. Switzerland is also party to the Rome Statute of the International Criminal Court, which criminalizes rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity as war crimes and crimes against humanity. Relevant provisions are also contained in the Convention on the rights of the child and its optional protocols. Further legal obligations for Switzerland in respect to SGBV can be found in international human rights law and international humanitarian law<sup>10</sup>.

Additional international commitments and soft law obligations derive from the Sustainable Development Goals (goal 5, 3, 16, etc.)<sup>11</sup>, Security Council Resolution 1325 on Women, Peace and Security, Security Council Resolution 1612 on children in armed conflict<sup>12</sup> as well as commitments entered into at the 32<sup>nd</sup> International Red Cross and Red Crescent Conference and the World Humanitarian Summit (WHS), and the initiative *Call to Action – protection from GBV in emergencies* with its roadmap 2015-2020, which Switzerland joined as a partner in 2013<sup>13</sup>.

Relevant domestic policies include the FDFA Strategy on gender equality and women's rights (sets gender-based violence as a priority)<sup>14</sup>, the Message for International Cooperation 2017-2020 (strategic goal 7 and new focus on SGBV within SHA), the Swiss national action plan on Security Council Resolution 1325 Women, Peace and Security (2013-2016), the Swiss Strategy on the Protection of Civilians in Armed Conflict and the SDC Gender Strategy (2003) and its Strategic Lines 2015-2018.

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<sup>10</sup> By the time of writing of this concept Switzerland is also in the process of ratification of the Istanbul Convention (Council of Europe Convention on preventing and combating violence against women and domestic violence).

<sup>11</sup> SDG 5: Achieve gender equality and empower all women and girls: Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation. Target 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation. Additional relevant targets can be found in SDG 3 on health, SDG 16 on peaceful societies, etc.

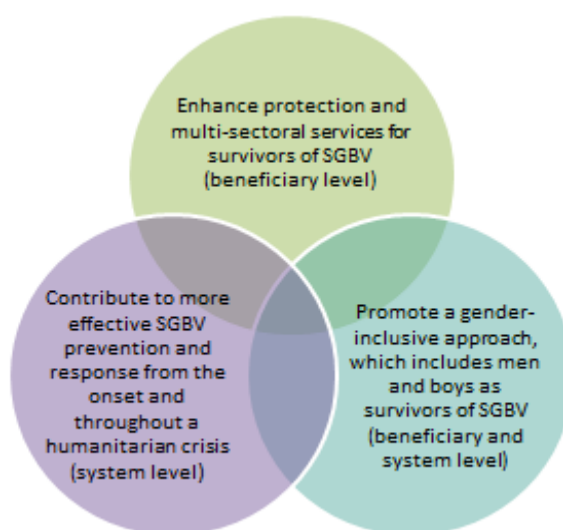
<sup>12</sup> Additional commitments can be found in the Beijing Platform for Action (1995), the Cairo Program of Action (1994), the UN General Assembly Resolution on the right to education in emergency situations (UNGA 2010).

<sup>13</sup> <http://www.government.se/information-material/2016/05/call-to-action-on-protection-from-gender-based-violence-in-emergencies/>

<sup>14</sup> By the time of writing the strategy is still in development.

## STRATEGIC OUTLOOK AND PRIORITIES

The SHA's engagement on SGBV is to serve the following **three objectives**:



With several other donors already active in the field it will be important to ensure that the SHA's engagement on SGBV will create an added value, address existing needs and make a real difference<sup>15</sup> on the ground. This is best done by building on Switzerland's comparative advantage and strengths while pursuing a **two-pronged approach**:

1. *Increasing the general engagement of the SHA on SGBV based on needs and relevance identified by field offices / Headquarters (HQ)*

In order to enhance SHA's credibility and impact on the ground it is important to scale up the general engagement of SHA on SGBV based on needs and priorities identified by field offices and/or HQ. Through these general interventions the SHA will not only be increasingly recognized as an SGBV actor at the operational and policy level but also broaden its experience and be able to fine-tune its engagement based on Switzerland's specific strengths.

2. *Working on a spotlight topic for a strategic and targeted contribution*

By working on a spotlight topic SHA intends to make strategic contribution in an area not yet sufficiently covered by other donors/actors. The spotlight topic selected is **a gender-inclusive approach, which includes men and boys as survivors of SGBV**. While women and girls are clearly the primary victims of SGBV, men and boys are also affected. Yet, there is little evidence to what extent and how men and boys experience SGBV. A study concerning the Democratic Republic of Congo estimates that in some refugee communities up to one in three men may have suffered sexual violence in their lifetime<sup>16</sup>. Typical forms of SGBV against men and boys include anal and oral rape, genital torture, castration and forced sterilization, gang rape, sexual slavery and being forced to rape others. Due to high levels of stigma and shame as well as lacking services and legal protection for male survivors, these acts frequently remain invisible. While the topic of male survivors of SGBV has gained in interest in the past years, it has not yet been actively taken on by any donor/state. At the same time, diverging views exist among humanitarian agencies as to whether men and boys should be included in SGBV interventions (UNHCR, for instance, is a strong advocate for this) or whether the focus should remain on violence against women and girls, who make up the majority of victims and still have insufficient and inadequate access to services. However, the SHA is of the view that there is a humanitarian and human rights imperative to assist all those in need, irrespective of their gender, age, ability, etc.

<sup>15</sup> Switzerland's field presence and high-acceptance in most contexts (perceived neutrality); the humanitarian hub in Geneva and Switzerland's credibility in the human rights field; past experiences with SGBV programming (i.e. SDC Great Lakes program) and SDC-expertise with (systemic/community-based) psycho-social approaches; and the availability of a range of instruments (political, multilateral, operational/programmatic, humanitarian and developmental) in a "whole of government" approach.

<sup>16</sup> Dr. Chris Dolan (2014): Into the mainstream: addressing sexual violence against men and boys in conflict.

SHA intends to shed more light on male survivors of SGBV, to better understand how and to what extent men are affected by SGBV and to advocate for and support a more gender-inclusive approach towards SGBV, which also reaches male survivors. The spotlight topic is complementary to the general increase in SHA's engagement on SGBV – whose primary focus remains women and girls. At the same time, it is to be viewed as part of a broader SGBV and gender inequality context, which needs to be tackled at multiple levels and in a comprehensive way.

## OPERATIONAL MODALITIES AND INTERVENTION GUIDELINES

### 1. General increase in the engagement on SGBV based on needs and relevance identified by field offices

As concerns the general increase in the engagement on SGBV the following five tracks of intervention are to be pursued:

#### a) Provide protection and multi-sectoral services for victims/survivors of SGBV (SGBV-specific programming)

The lead for launching needs-based and contextually relevant SGBV-specific programs lies with SHA operations in the field. Such programs focus on victims/survivors of SGBV and typically include: ensuring survivors' access to medical care (including clinical management of rape), (systemic and community-based) psycho-social and psychological assistance, legal aid (where appropriate), economic support, working on safety and protection of survivors (i.e. shelter); safe spaces, case management, standard operating procedures and referral pathways; distribution of dignity kits; information/data management; awareness-raising and sensitization; (mobile) outreach activities; policy and legal reform; capacity building; interventions focusing on prevention (i.e. for early marriage), etc. Due to insufficient internal expertise, direct actions on SGBV are not foreseen.

Action at HQ:	<ul style="list-style-type: none"> <li>• Technical support and quality assurance to field operations on SGBV programming</li> <li>• Support of seed/pilot projects on SGBV</li> </ul>
Action at field level:	<ul style="list-style-type: none"> <li>• Identify and implement relevant SGBV-specific programs</li> </ul>

#### b) Minimizing the risk of SGBV in humanitarian action (SGBV mainstreaming)

*SGBV mainstreaming* stands for integrating SGBV aspects into programming, in particular to minimize and mitigate the risks of SGBV in a sectoral response (i.e. make sure that water facilities are safely accessible for adolescent girls collecting water; provide locks for shelter, etc.), according to the IASC Guidelines for integrating GBV in humanitarian action from 2015<sup>17</sup>. SGBV mainstreaming is not only a goal in itself but also contributes to better outcomes in SHA's sectoral response as a whole (i.e. a food distribution is more effective when men and women feel safe accessing it; girls and boys attend school because the schooling environment does not expose them to SGBV). In terms of SGBV mainstreaming, the focus of SHA lies on ensuring that direct actions minimize SGBV risks, sensitizing/training of SHA personnel (in particular SHA personnel in WASH, medical, protection and shelter; SET personnel) and on supporting the global roll-out and implementation of the IASC guidelines.

Action at HQ:	<ul style="list-style-type: none"> <li>• Technical support to field operations on SGBV mainstreaming in direct actions</li> <li>• Training / sensitization of relevant SHA personnel</li> <li>• Support to the implementation of the IASC guidelines by the humanitarian system on the ground</li> </ul>
Action at field level:	<ul style="list-style-type: none"> <li>• Mainstream SGBV into relevant direct actions and large-scale projects</li> <li>• In select field operations: monitor/support the implementation of the IASC guidelines by partner organizations / the humanitarian system</li> </ul>

#### c) SGBV coordination & sector development

Given the cross- and multi-sectoral nature of SGBV prevention and response effective coordination within the UN humanitarian architecture is key; yet having an effective GBV coordination in place from the onset of an emergency is often a challenge. Globally, the GBV Area of Responsibility (lead by

<sup>17</sup> <http://gbvguidelines.org/>

UNFPA) under the Global Protection Cluster has the responsibility for coordination and inter-agency standard-setting on SGBV. UNFPA leads most GBV coordination structures in the field. The focus for the SHA lies on enhancing effective SGBV coordination from the onset of a crisis at the national, sub-national and international level, support to the development of inter-agency resources (i.e. tools, guidance, standards), the promotion of an enhanced INGO role in co-ordination and better donor coordination on SGBV.

Action at HQ:	<ul style="list-style-type: none"> <li>• Strengthen the global GBV area of responsibility (GBV AoR), including secondments</li> <li>• Promote the role of INGOs in co-ordination</li> <li>• Coordinate with like-minded countries / donors (i.e. in the framework of the Call to Action) in areas of mutual interest</li> <li>• Provide selective support to sector development (thematic research, inter-agency tools and guidance, minimum standards, capacity building, etc.)</li> </ul>
Action at field level:	<ul style="list-style-type: none"> <li>• Support SGBV coordination on the ground (including secondments)</li> <li>• Coordination with like-minded countries / donors</li> </ul>

**d) Advocacy and policy**

Thematic and country-specific policy and advocacy interventions at the national and international level are critical to maximize the impact of SHA’s operational activities. Advocacy can be targeted at both, government authorities / parties to the conflict, or the humanitarian system with its agencies.

- Example for country-specific advocacy: there are wide-spread cases of rape committed by armed forces in country X – Switzerland intervenes with a formal demarche with the authorities or raises this issue in the Human Rights Council.
- Examples of advocacy within the humanitarian system: the Humanitarian Response Plan does not address SGBV although it clearly is an issue in country X - the SDC field office raises this issue together with other donors with the Humanitarian Country Team; Switzerland advocates for a meaningful SGBV response within steering mechanisms of pool funds or supports strategic SGBV advising services within the humanitarian architecture (i.e. ProCap/GenCap or SGBV experts).

The 16 Days of Activism against Gender-Based Violence Campaign, which lasts from 25 November until 10 December each year may provide a good opportunity for advocacy on SGBV.

Besides classic advocacy / policy work at the national and international level advocacy may also include taking a leading role in facilitating relevant international / national policy processes on SGBV and providing support to local (women) NGOs involved in SGBV advocacy. Whenever possible, alliances should be sought for advocacy and policy-related work.

HQ support can be provided in terms of devising country-specific advocacy strategies and formulating advocacy messages in line with the “Demarchenpolitik” of Switzerland.

Action at HQ:	<ul style="list-style-type: none"> <li>• Raise priority SGBV issues in and / or support / facilitate relevant international / multilateral policy processes</li> <li>• Provide technical support towards country-specific advocacy at the national and international level</li> <li>• Provide support to strategic advisory services (i.e. ProCap/GenCap/SGBV experts/secondments)</li> <li>• Strengthen advocacy by local (women’s) NGOs</li> </ul>
Action at field level:	<ul style="list-style-type: none"> <li>• SGBV advocacy at local and regional level</li> <li>• Provide support to strategic advisory services (i.e. ProCap/GenCap/SGBV experts/secondments)</li> <li>• Strengthen advocacy by local (women’s) NGOs</li> </ul>

**e) Cooperation with partner organizations / partner organization dialog:**

The multilateral priority partners of the SHA already have strategies and operations in place in relation to SGBV (i.e. ICRC’s special appeal for sexual violence in conflict; UNHCR, UNRWA and Unicef’s work on SGBV; mainstreaming of SGBV by WFP). The same applies to relevant priority partners of SDC Global Cooperation (partnerships with UN Women and UNFPA, which both also work on SGBV in humanitarian settings; partnerships with WHO, UNAIDS, Human Reproductive Program). SGBV is

to be addressed in the strategic dialog and cooperation<sup>18</sup> with relevant priority partners of the SHA, while putting particular emphasis on accountability<sup>19</sup> (i.e. adherence of partners to minimum standards, commitments made on SGBV [i.e. Call to Action], Prevention of Sexual Exploitation and Abuse [PSEA]) and support towards capacity building. The SHA's support and cooperation with UNFPA as the lead agency on SGBV coordination and response will also have to be strengthened in close cooperation with SDC Global Cooperation, while relevant priority partners of the SHA and UNFPA/GBV AoR are supported through secondments of SGBV experts. Further cooperation is to be sought with relevant organizations like ProCap/GenCap, UN Action, (I)NGOs like IRC and WRC, academic institutions, experts and think tanks. In line with the localizing aid agenda, particular emphasis is to be put on building on the work of existing local institutions, especially local women's NGOs (the SDC small actions scheme may be a good instrument to pilot new partnerships with local NGOs). A mapping of and outreach to Swiss NGOs working on SGBV is also envisaged.

Action at HQ:	<ul style="list-style-type: none"> <li>• Increase strategic dialog and cooperation with relevant priority partners of the SHA on SGBV, including on accountability and capacity building</li> <li>• Enhance cooperation with UNFPA in close cooperation with SDC Global Cooperation</li> <li>• Secondments to key partners such as UNFPA, UNHCR, Unicef</li> <li>• Identification of and cooperation with new partners</li> </ul>
Action at field level:	<ul style="list-style-type: none"> <li>• Dialog with relevant partner organizations and monitoring of compliance of SHA's priority partners / humanitarian architecture with global SGBV commitments and standards (accountability)</li> <li>• Secondments to key partners such as UNFPA, UNHCR, Unicef</li> <li>• Identification and development of new partnerships, including with local women's NGOs</li> <li>• Support towards capacity building of partner organizations</li> </ul>

## 2. Spotlight topic

Working on the spotlight topic (a gender-inclusive approach to SGBV) entails support to research on male survivors of SGBV, alliance building, advocacy for policy change, support towards standard setting / guidance / capacity building and to concrete interventions for male survivors of SGBV. At the same time, cooperation with priority partners, such as UNHCR and the ICRC, as well as other relevant organizations is to be strengthened.

## 3. Interlinkages, application across fields of operation and principles of action for SGBV interventions

All interventions described above – both at field and HQ level – are closely **interlinked** and to be viewed as part of an overall sectoral response.

How the SGBV response is concretely shaped at the **field level** is best addressed in the **cooperation strategy**, separate SGBV or protection guidelines, or a Gender Action Plan.

The SHA's SGBV interventions are in principle applied **across all fields of operation** of the SHA (emergency relief, recovery/rehabilitation, preparedness) in all types of emergencies (conflict, natural disaster, etc.). However, a particular focus will be put on ensuring an effective, life-saving SGBV response from the onset of an emergency (emergency relief), including critical services for survivors, strategic advising and coordination, SGBV mainstreaming as well as preparedness (capacity building, establishment of a referral pathways before a crisis hits). In terms of recovery and rehabilitation linking up development and humanitarian interventions within SDC and addressing structural causes of SGBV will be the priority.

When working on SGBV across the different modalities the SHA shall base its action on the following **principles of action**:

- Ensure a survivor-centred approach (confidentiality, safety, respect, non-discrimination of survivor)
- Work on the assumption that SGBV is taking place even when no figures are available
- Ensure women and girls', men and boys' meaningful participation in SGBV interventions, including in decision-making

<sup>18</sup> I.e. in the setting of objectives in the core contribution management.

<sup>19</sup> The Real-Time Accountability Partnership (RTAP) on GBV in emergencies of USAID, IRC, UNHCR, OCHA, UNFPA, Unicef may also provide an entry-point to promote accountability of humanitarian partners.

- Promote innovative approaches towards addressing SGBV, including creative technical solutions (i.e. fuel-efficient stoves to reduce the need for firewood collection, education tools for home studying)
- Foster the engagement of men and boys, religious/community leaders, non-state actors, security forces, youth, teachers, etc.

## INSTITUTIONAL SET-UP AND RESSOURCES

**Senior management**, both at HQ and particularly in the field (given the decentralized set-up of SDC/SHA), have a particular responsibility for the implementation of this concept, while its successful roll-out will, of course, depend on all.

A **dedicated SGBV focal point** in SHA will provide thematic guidance and coordinate the implementation of the operational concept. The SGBV focal point (who may also act as the gender focal point of SHA) is supported by the Gender Focal Points in the different divisions and SDC/SHA field offices (based on SDC's gendernet structure) and reports to the Steering Committee (see Accountability) and/or directly or through his/her superior to the Department's management. The creation of stronger institutional links with SDC (i.e. through advisory services to SDC; joint capacity building) is encouraged. Where necessary, the SGBV focal point may be supported through staff hired on a temporary basis (i.e. SHA) and / or mandated external experts.

The SGBV focal point is to maintain close cooperation with the adviser for protection, i.e. for joint trainings, joint field travel as well as joint programmatic advising and dialog with partner organizations. The SGBV focal point will also be involved in the management of the **specialized group of the SHA on protection**, which includes SGBV experts. Members of this specialized group will mostly be deployed as secondments, with bilateral deployments of SGBV experts being the exception, unless combined with a bilateral protection deployment (i.e. for regional bilateral protection and SGBV advisers). 2-3 strategic SGBV secondments / deployments are to be deployed per year under the guidance of the SGBV focal point to maximize the impact of the focal point's work. As of today, there are only few SGBV profiles in the specialized group on protection. Hence, specific efforts will be required to recruit and train a sufficient number of SGBV experts. The potential for collaboration with the expert group "medical" of the SHA, and its mother and child module, is to be further explored. Cooperation with the **other specialized groups** of the SHA will be sought with regard to training on SGBV mainstreaming. Compliance with the Code of Conduct for SHA personnel, in particular in respect to sexual exploitation, will be carefully monitored.

Overall understanding and capacity within the Department and the SHA on SGBV prevention and response is rather low. **Knowledge management, internal communication, capacity building** and sensitization at HQ and at the field level will therefore be a critical element for the effective operationalization of the concept. External expertise might be sought to support capacity building. The exchange of knowledge and peer-learning among SDC/SHA staff working on SGBV will be encouraged.

As regards **financial resources**, the major financial contributions for the implementation of this concept will have to come from the field offices, geographic divisions and the H-Multi Division. At the same time, the SGBV focal point will be provided with a budget for strategic interventions by the Department, such as seed funding for pilot projects, contributions to strategic partners not covered by other divisions, backstopping and external expertise/advising, organization of events, trainings and workshops, thematic research, etc. The budget for these strategic interventions is to amount to CHF 500'000/year.

## INSTITUTIONAL EMBEDMENT

This operational concept fits well within the broader engagement of Switzerland to tackle gender-based violence, to uphold sexual and reproductive health rights and to implement Security Council Resolution 1325 on Women, Peace and Security (see Swiss National Action Plan on Security Council Resolution 1325).

Addressing SGBV is a priority of the FDFA and SDC as a whole. As regards **development cooperation**, the SHA's engagement complements substantive bilateral programs of SDC on gender-based violence (i.e. in Bolivia, Afghanistan, Nepal, Great Lakes, Mongolia), contributions to relevant multilateral and institutional partners (UN Women, UNFPA [both with humanitarian components], MSF, the UN Trust Fund to end violence against women) and programs and partners supported in the field of sexual and reproductive health services by the Global Program Health. It builds on lessons learned



from the capitalization of SDC's work on gender-based violence in 2015<sup>20</sup>. In the field of prevention, the new priority theme of basic education and vocational skills provides an entry-point for cooperation. Promoting links between the SHA and SDC's development engagement on SGBV, particularly in field offices with development and humanitarian portfolios, is critical to tackle root causes of SGBV, to make interventions more sustainable and to capitalize on Switzerland's comparative advantage (available mix of instruments).

This concept is also closely aligned with the engagement of the **Human Security Division (HSD)**: the HSD has the lead in terms of the national action plan on Security Council resolution 1325 and focuses on Prevention of Sexual Exploitation and Abuse (PSEA), tackling impunity for sexual violence (i.e. through support to the Justice Rapid Response) as well as women's rights in relation to SGBV and trafficking. Cooperation will also be sought with the Swiss expert pool of the HSD to enhance the sharing of experts with the specialized group of the SHA on protection (i.e. in relation to HSD-secondments of women protection advisers to peace-keeping operations). Further links exist to the work of the **Directorate for International Law (DIL)**, in particular the humanitarian law section and in respect to the issue of impunity. Institutional cooperation is maintained with the **FDFA General Secretariat**, which ensures overall coherence in foreign policy activities regarding women's rights and global gender issues, and fosters the exchange of information among FDFA directorates and other Federal departments. Furthermore, the Swiss mission in Geneva and New York will be important for the SHA's multilateral and policy/advocacy-related work on SGBV. This concept will be implemented in close coordination with all these counterparts, in line with the FDFA gender equality and women's rights strategy 2017-2020.

## ACCOUNTABILITY (MONITORING & REPORTING)

The **overall responsibility** for the implementation of this concept lies with the Department's Management; the SGBV focal point coordinates the implementation of the concept.

Progress with the implementation of the concept and results achieved will be monitored and steered by a **Steering Committee** composed of heads of divisions and thematic focal points, which will have at least two annual meetings. In order to facilitate steering, results and progress will be reported according to an agreed reporting template for all thematic focus themes. The results achieved will also be reported in the framework of the **overall monitoring of the Message for International Cooperation 2017-2020** (there is a reference indicator on SGBV) and be used for strategic media communication to the Swiss public (the topic lends itself well for public communication).

**Main indicators** for the monitoring of the concept are:

- Aggregated reference indicator: Number of persons (M/F) - subjected to physical, sexual or psychological violence - having received psychosocial, medical and/or legal support
- Expenditure on SGBV by division
- Number/type of SGBV secondments/deployments
- Cooperation strategies with humanitarian portfolios with SGBV-specific lines of interventions
- Number/type of SGBV-specific interventions with SHA priority partners
- Number/type of international policy level interventions
- Number and types of trainings delivered (with evaluation feedback)

By early 2019, a **review** of the operational concept is to be conducted to feed into the development of the Message for International Cooperation 2021-2024.

A systematic **roll-out of the concept**, particularly to field offices, will be critical for its effective implementation. This may be done through targeted communication by the Humanitarian Delegate and senior management, sensitization events at HQ (i.e. at the H-Seminar or the H-Conference 2019), individual briefings or field missions with trainings/workshops/technical advice on the operationalization of the concept.

**Specific guidance and tools** will be provided for monitoring and reporting of SGBV programs and interventions in the field.

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<sup>20</sup> Examples of lessons learned: economic empowerment is best done by linking up with existing livelihoods projects (rather than developing livelihoods components within an SGBV program); a systemic approach to psycho-social support is more effective than one solely focusing on victims and perpetrators; seeking justice for survivors potentially entails balancing conflicting wishes: <https://www.shareweb.ch/site/Gender/en/About%20Us/Documents/Gender%20Based%20Violence%20Schlussbericht%20Mai16%20EN%20160524%20Web.pdf>