Minimum Standards

for Prevention and Response to Gender-Based Violence in Emergencies

UNFPA

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Foreword

Gender-based violence is a life-threatening, global health and human rights issue that violates international human rights law and principles of gender equality. It is also a threat to lasting peace and an affront to our common humanity. United Nations Member States have called for urgent action to end GBV in emergencies, recognizing that in crises, the risk of GBV is heightened, particularly for women and adolescent girls.

As a strategic priority, UNFPA is committed to scaling up our humanitarian response and enhancing our efforts to prevent and respond to gender-based violence. These Minimum Standards will help us deliver on this strategic objective – providing clear and unambiguous guidance for UNFPA staff and partners on how to prevent gender-based violence in emergencies, and facilitate access to multi-sector response services for survivors. These Standards provide concrete actions that can be contextualized across all emergency situations where UNFPA operates, including situations of conflict and natural disasters.

The Minimum Standards comprise a set of 18 inter-connected standards that draw upon UNFPA's *comparative advantage* and *global expertise* and are based on international best practice. The Standards speak to UNFPA's mandate to coordinate GBV prevention and response in emergencies as co-lead with UNICEF of the Area of Responsibility of the Global Protection Cluster. Working in coordination with other UN agencies and international organizations, UNFPA can support national authorities and partners to build and strengthen existing health and protection systems. Contained in the Standards are tools to address the bottlenecks that prevent the prioritization of GBV prevention and response in emergencies, and guidance on working in partnership with survivors and members of the crisis-affected population to build individual and community resilience.

I urge all UNFPA staff to apply the 18 Minimum Standards in all humanitarian contexts and in all crisis preparedness efforts. Together we must ensure that action to prevent and respond to gender-based violence is a priority — a systematic and unquestionable part of our humanitarian response, at the heart of UNFPA's work to improve the health, safety, and well-being of women and girls in emergencies. It is our collective responsibility to uphold the dignity and rights of all affected persons, particularly to reach those who are most at risk.

Babatunde Osotimehin
Executive Director
UNFPA

List of Acronyms

AoR	Area of Responsibility
BCC	behaviour change communication
CERF	Central Emergency Response Fund
CLA	Cluster Lead Agency
CMR	clinical management of rape
DRC	Democratic Republic of Congo
DRR	disaster risk reduction
DSWD	Department of Social Welfare and Development
EC	emergency contraception
ERF	Emergency Response Funds
FGM	female genital mutilation
GBV(iE)	gender-based violence (in emergencies)
GBVIMS	Gender-Based Violence Information Management System
GPC	Global Protection Cluster
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HFCB/PD	Humanitarian and Fragile Contexts Branch/Programme Division
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IEC	information, education and communication
IPPF	International Planned Parenthood Federation
IRC	International Rescue Committee
IRNA	Initial Rapid Needs Assessment
LGBTI	lesbian, gay, bisexual, transgender, intersex
MHPSS	mental health and psychosocial support
MIRA	Multi-cluster Initial Rapid Assessment
MISP	Minimum Initial Services Package

(continued)

ACRONYMS (continued)

NFI	non-food items
NGO	non-governmental organization
PEP	post-exposure prophylaxis
PFA	psychological first aid
PSEA	protection from sexual exploitation and abuse
SEA	sexual exploitation and abuse
SMART	Specific, Measurable, Achievable, Relevant and Time-bound
SOPs	Standard Operating Procedures
SRH	sexual and reproductive health
SRP	Strategic Response Plan
STI	sexually transmitted infections
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNISDR	United Nations International Strategy for Disaster Reduction
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNODC	United Nations Office on Drugs and Crime
UNSC	United Nations Security Council
WFS	women-friendly spaces
WHRD-IC	Women's Human Rights Defenders International Coalition
WHO	World Health Organization
WRC	Women's Refugee Commission

Introduction

Overview

Gender-based violence (GBV) is a life-threatening global health and human rights issue.[1] International humanitarian law establishes protections for civilians, including women and children, during times of conflict.[2] Gender-based violence violates both international human rights law and principles of gender equality.[3] Successive UN Security Council Resolutions have specifically prohibited the use of sexual violence as a weapon of war.[4] All humanitarian actors are responsible for preventing sexual exploitation, reporting abuse in humanitarian settings[5] and ensuring that humanitarian assistance is provided impartially, without bias or discrimination based on age, gender, race, ethnicity or religion.[6] The full exercise of human rights and fundamental freedoms by girls and women is a prerequisite for sustainable development and peace.[7]

During emergencies such as conflicts or natural disasters, the risk of violence, exploitation and abuse is heightened, particularly for women and girls.[8] At the same time, national systems and community and social support networks may weaken. An environment of impunity may mean that perpetrators are not held to account. Pre-existing gender inequalities may be exacerbated. Women and adolescent girls are often at particular risk of sexual violence, exploitation and abuse, forced or early marriage, denial of resources and harmful traditional practices. Men and boys may also be survivors. GBV has significant and long-lasting impacts on the health and psychological, social and economic well-being of survivors and their families.[9]

States hold primary responsibility and must take action to protect their citizens; in emergencies, however, mandated United Nations agencies act to support national authorities, helping them to meet their responsibilities to provide protection and humanitarian assistance to affected populations. UNFPA plays a vital role in humanitarian contexts, including coordinating measures to prevent, mitigate and respond to gender-based violence. UNFPA is a member of the Inter-Agency Standing Committee (IASC), the primary mechanism for inter-agency coordination of humanitarian assistance.[10]

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1. Gender-based violence (GBV) is defined as: any harmful act committed against a person's will. The root causes of GBV relate to: attitudes, beliefs, norms and structures that promote and / or condone gender-based discrimination and unequal power. See the GBV Guidelines for more information: Inter-Agency Standing Committee (IASC). 2015. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, http://gbvguidelines.org/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf
2. The roles and responsibilities of humanitarian agencies in armed conflict are defined in the *Geneva Conventions* (1945).
3. UN Charter (1945), *UN Convention on the Rights of the Child* (1990); *UN Convention on the Elimination of All Forms of Discrimination against Women* (1979); *Beijing Platform for Action* (1995).
4. UN Security Council Resolutions 1325, 1820, 1888, 1960, 2106, 2122.
5. UN Secretary General's *Bulletin on Prevention of Sexual Exploitation and Abuse* (PSEA), ST/SGB/2003/13.
6. Humanitarian principles, including impartiality, are derived from international humanitarian law and described in General Assembly resolutions and are applicable to all humanitarian action.
7. The Beijing Declaration and Platform for Action. UN Security Council resolutions on- women peace and security, and sexual violence in armed conflict (UNSC Res 1325, 1820, 1888, 1960, 2106, 2122).
8. IASC. 2015. Guidelines for GBV in Humanitarian Action, p. 3. For a more comprehensive list of the types of GBV, see Annex 3.
9. Ibid., p. 9.
10. IASC Products are guidelines, tools and documents endorsed by the IASC Working Group or IASC Principals and used by humanitarian actors in field or policy work. Available at: https://interagencystandingcommittee.org/resources/iasc-products

The heads of all IASC member agencies (the IASC Principals) are committed to ensuring the centrality of protection in all humanitarian action – throughout preparedness, response and recovery. In practical terms, this means identifying risks from the outset of a crisis and taking into account the specific vulnerabilities of women, girls, boys and men, as well as other potentially vulnerable population subsets, including persons with disabilities, elderly persons and individuals identifying as lesbian, gay, bisexual, transgender or intersex.[11] The IASC produced guidelines in 2005 and published a comprehensive revision in 2015 titled ***Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*** (the 'GBV Guidelines').[12]

To ensure good coordination when emergencies occur, the IASC has introduced the Cluster Approach. Clusters are groups of humanitarian organizations, both UN and non-UN, in each of the main sectors of humanitarian action such as water, health and logistics. In contexts where the IASC Cluster Approach has been activated, UNFPA and UNICEF are mandated to co-lead the GBV Area of Responsibility (GBV AoR), a subsidiary body of the Global Protection Cluster, which is led by UNHCR.[13] As co-lead, UNFPA is accountable for working closely with national authorities, partners and communities, to ensure that minimum standards are in place to prevent and respond to gender-based violence in emergencies. In non-clustered and refugee contexts, UNFPA's coordination role may vary depending on the particular emergency context, presence of other UN agencies and existing local capacity.

UNFPA has committed to scaling up humanitarian response and increasing its organizational capacity to prevent gender-based violence and ensure multi-sector services for survivors.[14] To advance this strategic objective, and support partners in the IASC, UNFPA has developed the ***Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies.*** The objective is to provide clarity on what constitutes effective and appropriate GBV prevention and response in emergencies by offering concrete actions that can be applied across various emergency contexts. The Minimum Standards are based on international best practice and, while primarily intended for UNFPA staff and partners, may also be a used as a resource to guide other agencies' efforts to address gender-based violence in emergencies.

GBV guiding principles and approaches

The following guiding approaches and principles[15] underpin all standards, and are referred to throughout the Minimum Standards as the 'GBV guiding principles':

- **Survivor-centred approach:** A survivor-centred approach creates a supportive environment in which the survivor's rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect. A survivor-centred approach is based on the following guiding principles:[16]

11. IASC. 2013. *The Centrality of Protection in Humanitarian Action Statement by the Inter-Agency Standing Committee* (IASC).
12. IASC. 2015. *Guidelines for GBV in Humanitarian Action*, http://gbvguidelines.org/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf
13. See the GBV AoR website: http://gbvaor.net/
14. UNFPA. Strategic Plan (2014-2017), Annex 1: Integrated Results Framework, output 10 IASC. 2015. Guidelines for GBV in Humanitarian Action.
15. IASC. 2015. *Guidelines for GBV in Humanitarian Action.*
16. Ibid.; UNFPA. 2012. '*Module 2' in Managing Gender-Based Violence Programmes in Emergencies, E-Learning Companion Guide.*

- **Safety:** The safety and security of the survivor and her/his children is the primary consideration.
- **Confidentiality:** Survivors have the right to choose to whom they will or will not tell their story, and information should only be shared with the informed consent of the survivor.
- **Respect:** All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor. The role of helpers is to facilitate recovery and provide resources to aid the survivor.
- **Non-discrimination:** Survivors should receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity, sexual orientation or any other characteristic.

- **Rights-based approach:** A rights-based approach seeks to analyse and address the root causes of discrimination and inequality to ensure that everyone, regardless of their gender, age, ethnicity or religion, has the right to live with freedom and dignity, safe from violence, exploitation and abuse, in accordance with principles of human rights law.

- **Community-based approach:** A community-based approach ensures that affected populations are actively engaged as partners in developing strategies related to their protection and the provision of humanitarian assistance. This approach involves direct consultation with women, girls and other at-risk groups at all stages in the humanitarian response, to identify protection risks and solutions and build on existing community-based protection mechanisms.

- **Humanitarian principles:** The humanitarian principles of humanity, impartiality, independence and neutrality should underpin the implementation of the Minimum Standards and are essential to maintaining access to affected populations and ensuring an effective humanitarian response.

- **'Do no harm' approach:** A 'do no harm' approach involves taking all measures necessary to avoid exposing people to further harm as a result of the actions of humanitarian actors.[17]

How do these standards link with other guidelines and standards?

The Minimum Standards integrate existing global guidance and technical standards, including the Sphere Project and its ***Humanitarian Charter and Minimum Standards in Humanitarian Response***[18], the ***Minimum Standards for Child Protection in Emergencies*** developed by the Child Protection Working Group (CPWG) under the Global Protection Cluster[19], and the IASC ***Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.***[20] The Minimum Standards complement existing tools and are intended for use with other standards and guidelines.

17. The Sphere Project, *Humanitarian Charter and Minimum Standards in Humanitarian Response*, http://www.spherehandbook.org/en/the-humanitarian-charter/
18. The Sphere Project, *Humanitarian Charter and Minimum Standards in Humanitarian Response*, http://www.spherehandbook.org/en/the-humanitarian-charter/
19. Child Protection Working Group (CPWG). 2012. *Minimum Standards for Child Protection in Humanitarian Action.* http://cpwg.net/minimum-standards/
20. IASC. 2015. *Guidelines for GBV in Humanitarian Action.*

The Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies

The Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies are a comprehensive set of 18 standards grouped in three parts: (i) foundational standards; (ii) mitigation, prevention and response standards; and (iii) coordination and operational standards. It is important to note that the Minimum Standards are interrelated and inter-dependent.

Foundational standards

The following four standards provide guidance on engaging communities, supporting national systems, promoting positive gender and social norms, and collecting and utilizing data. These standards should be mainstreamed across all actions.

1. **Participation:** Communities, including women and girls, are engaged as active partners to end GBV and promote survivors' access to services.
2. **National Systems:** Actions to prevent, mitigate and respond to GBV in emergencies strengthen national systems and build local capacities.
3. **Positive Gender & Social Norms:** Emergency preparedness, prevention and response programming promotes positive social and gender norms to address GBV.
4. **Collecting & Using Data:** Quality, disaggregated, gender-sensitive data on the nature and scope of GBV and on the availability and accessibility of services informs programming, policy and advocacy.

Mitigation, prevention and response standards

The following eight standards provide guidance to mitigate, prevent and respond to gender-based violence in emergencies. In particular, in emergencies UNFPA is mandated to ensure access to reproductive health services for GBV survivors, including clinical management of rape, as well as the distribution of dignity kits. In addition, UNFPA works with partners to ensure that referral systems are in place to facilitate GBV survivors' access to psychosocial support, safety and security, justice and legal aid and socio-economic support.

5. **Healthcare:** GBV survivors, including women, girls, boys and men, access quality, life-saving healthcare services, with an emphasis on clinical management of rape.
6. **Mental Health & Psychosocial Support**: GBV survivors access quality mental health and psychosocial support focused on healing, empowerment and recovery.
7. **Safety & Security:** Safety and security measures are in place to prevent and mitigate GBV and protect survivors.
8. **Justice & Legal Aid:** The legal and justice sectors protect survivors' rights and support their access to justice, consistent with international standards.
9. **Dignity Kits:** Culturally relevant dignity kits are distributed to affected populations to reduce vulnerability and connect women and girls to information and support services.
10. **Socio-Economic Empowerment:** Women and adolescent girls access livelihood support to mitigate the risk of GBV, and survivors access socio-economic support as part of a multi-sector response.

11. **Referral Systems:** Referral systems are established to connect women, girls and other at-risk groups to appropriate multi-sector GBV prevention and response services in a timely and safe manner.
12. **Mainstreaming:** GBV risk mitigation and survivor support are integrated across humanitarian sectors at every stage of the programme cycle.

Coordination and operational standards

The following six standards provide guidance on GBV assessment, coordination, advocacy and communications and securing human and financial resources in emergencies. In particular, as global co-lead of the GBV AoR, UNFPA is responsible to ensure that GBV coordination mechanisms are in place and functional and, where needed, to act as the inter-agency lead/co-lead of the GBV sub-cluster (often in partnership with the Government or an NGO).

13. **Preparedness & Assessment:** Potential GBV risks and vulnerable groups are identified through quality, gender-sensitive assessments and risk mitigation measures are put in place before the onset of an emergency.
14. **Coordination:** Coordination results in effective action to mitigate and prevent GBV and promote survivors' access to multi-sector services.
15. **Advocacy & Communication:** Coordinated advocacy and communication lead to increased funding and changes in policies and practices that mitigate the risk of GBV, promote resilience of women and girls and encourage a protective environment for all.
16. **Monitoring & Evaluation:** Objective information, collected ethically and safely, is used to improve the quality and accountability of GBV programmes.
17. **Human Resources:** Qualified, competent, skilled staff are rapidly recruited and deployed to design, coordinate and/or implement programmes to prevent and respond to GBV in emergencies.
18. **Resource Mobilization:** Dedicated financial resources are mobilized in a timely manner to prevent, mitigate and respond to GBV in emergencies.

How to read and apply the Minimum Standards

The 18 Standards are interrelated and designed to be read and applied as a comprehensive set of interventions. Each standard comprises the following elements: key actions, indicators, guidance notes and tools.

Standards: The Minimum Standards describe what should be achieved to prevent GBV and deliver multi-sector services to survivors in humanitarian settings. The standards are universal and are to be applied in ***all*** contexts.

Key Actions: The Key Actions are core activities to achieve each standard. While the standard applies in all settings, all actions may not apply to all settings or to all stages of an emergency. The Key Actions include suggestions for which stage in an emergency they are most likely to be undertaken: preparedness, response or recovery. While some actions are specific to one stage, many actions can be carried out at all times.

- **Preparedness**: Many essential actions must be undertaken in a coordinated manner from the earliest stages of emergency preparedness. Emergency preparedness is the knowledge and capacity developed by governments, recovery organizations, communities and individuals to anticipate, respond to and recover from the impact of potential, imminent or current hazard events, or emergency situations that call for a humanitarian response. Emergency preparedness requires long-term, comprehensive engagement in the framework of disaster risk reduction (DRR).[21]
- **Response**: Emergency response involves the provision of emergency services and public assistance during or immediately after a humanitarian crisis to save lives, reduce health impacts, ensure public safety and protection and meet the basic needs of women, girls, boys and men in the affected population.[22] This stage can range from a few days or weeks to many months and even years, particularly in protracted insecurity and displacement contexts.[23]
- **Recovery**: Recovery is the process following relief and supporting the transition into long-term reconstruction and development. Recovery actions are most effective if anticipated and facilitated from the very outset of a humanitarian response.[24] Recovery involves the restoration and improvement of facilities, livelihoods and living conditions of crisis-affected communities, including efforts to reduce risks brought on by the crisis.[25]

Indicators: The indicators provided in this guide are samples intended to be adapted by practitioners to their particular situation, as appropriate. Measurable and time-bound specifications for each indicator are highly contextual and sector-specific. Indicators are signals that show whether or not a standard has been attained. Wherever possible, indicators are based on existing indicators that have been endorsed by UNFPA and/or inter-agency partners.[26]

Guidance Notes: The Guidance Notes address programming issues and challenges that commonly arise when fulfilling a standard, and provide good practices and tips on ensuring participation of women, girls, boys and men.

Tools: The tools provide additional resources and guidance relevant to each standard.

21. UN Office for the Coordination of Humanitarian Affairs, http://www.unocha.org/what-we-do/coordination/preparedness/overview
22. UN Office for Disaster Risk Reduction, http://www.unisdr.org/we/inform/terminology
23. The Sphere Project. 2011. Humanitarian Charter and Minimum Standards, p.9.
24. Ibid, p.10.
25. UN Office for Disaster Risk Reduction, http://www.unisdr.org/we/inform/terminology
26. The Sphere Project, Humanitarian Charter and Minimum Standards; IASC. 2015. Guidelines for GBV in Humanitarian Action; CPWG. 2012. Minimum Standards for Child Protection in Humanitarian Action.

MINIMUM STANDARDS FOR PREVENTION AND RESPONSE TO GENDER-BASED VIOLENCE IN EMERGENCIES

Foundational Standards

Participation

STANDARD 1

Communities, including women and girls, are engaged as active partners to end GBV and to promote survivors' access to services.

Participation results in better humanitarian outcomes. Crisis-affected populations must be actively engaged as partners in protection and humanitarian assistance, including the processes of assessment, programme design, implementation and monitoring and evaluation. Participation of crisis-affected populations ensures that assistance is appropriate and relevant to the local context and needs of specific groups. It ensures that the risk of excluding vulnerable or at risk groups is minimized, including during delivery of goods and services.

Participation promotes community resilience by building on existing capacities and resources. Actions by humanitarian actors should consistently promote and build on existing community-based protection mechanisms, particularly given that in emergency contexts formal protection systems and services may be weak or non-existent. Further, populations directly affected by a crisis hold skills and competencies that can be extremely important in the development of the response and should be valued, particularly to restore people's dignity and strengthen individual resilience. Participation can enhance local capacity, foster ownership, build resilience and improve sustainability.

Women and girls are key actors in their own protection, and it is critical that they are consulted as part of the process of identifying protection risks and solutions. The participation of affected populations, especially women and girls, will ensure their voices are heard from the onset of an emergency. Participation empowers women and girls and promotes a space for them to share their views. Likewise, it is also important to engage men and boys as agents of change to prevent and mitigate gender-based violence and to ensure that GBV services are appropriate to the needs of male survivors. Groups of affected populations may include women, girls, boys and men and also persons with disabilities, older persons and lesbian, gay, bisexual, transsexual, transgender, transvestite and intersex (LGBTI) persons.

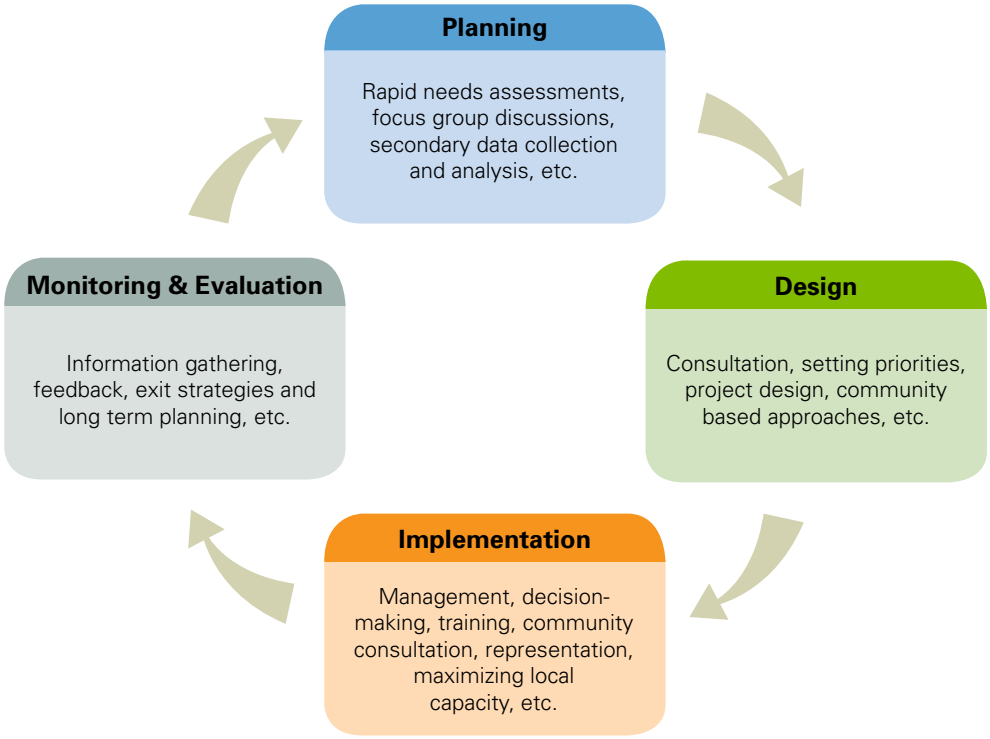
The information gathered by consulting with affected populations may be used to inform programmes as well as assess and adjust prevention and mitigation activities and support services. Participation of women, girls, boys and men may help improve accuracy of monitoring and assessment data for a more effective response.

KEY ACTIONS Participation

	Preparedness	Response	Recovery
Apply participatory techniques when conducting assessments by involving affected women, girls, boys and men, including persons with disabilities, older persons and LGBTI persons, in identifying priority needs of their communities. Conduct focus group discussions segregated by sex and age. Assessments should determine which groups to engage and how best to engage them within a given socio-cultural context.	X	X	X
Map communities for existing community-based services, capacities and coverage, as some might have weakened or disappeared in the emergency setting. It is essential that programmes use local skills and capacities wherever possible.	X	X	
Respect participation standards especially in the context of GBV programming:[27] • Community members are not required to participate if unwilling, are not prompted to give information in public that may be traumatizing or embarrassing, and are permitted to express themselves freely; • Those engaging the participants must explain the purpose of the consultation, provide opportunities for feedback and ensure confidentiality; participation must never lead to protection risks.	X	X	X
Support civil society organizations to deliver programmes that engage men and boys to advance gender equality, including preventing gender-based violence.[28]	X	X	X
Build mechanisms into programmes to allow for input and feedback by programme beneficiaries.	X	X	X
Identify strategies to overcome constraints to the participation of women and girls and specific underserved groups (e.g. timing, locations, safety of activities, etc.).	X	X	X
Strengthen capacity of local partners to conduct outreach around access to services, implement effective GBV-related programming, and influence cultural norms that contribute to the perpetuation of GBV. Training may be provided for a variety of stakeholders including: • traditional/religious leaders and/or institutions; • community-based organizations; • line ministries and other government bodies, including national disaster management authorities; • professional associations (e.g. midwives associations).	X	X	X
Engage community, political and religious leaders as advocates for GBV prevention and response.	X	X	X
Identify key partners and develop strategies to engage men and boys in prevention and response, based on existing resources and evidence (see Guidance Note 2).	X	X	X
Engage communities to ensure that materials are locally relevant, translated, acceptable and appropriate, such as pictorials for communities who cannot read.	X	X	X
Promote opportunities to facilitate the participation of women and girls in peace negotiations and peace building, in line with international commitments.[29]			X

27. *IASC Gender Handbook*. p. 34.
28. UNFPA Strategic Plan (2014-2017), Annex 1, Output 11.
29. Security Council Resolution 1325 on Women, Peace and Security stipulates special measures to be implemented to address women's and assistance needs and calls for increased participation by women at decision making levels in conflict resolution and peace processes. Also see UN Women, Guidelines for the development of a National Action Plan on Women, Peace and Security.

FIGURE 1 ▸ Participation in the humanitarian programme cycle



Guidance Notes

1. Ensuring the participation of women and girls

When scheduling meetings or activities, consideration should be given to the time and location to ensure women and girls are able to participate. Traditional barriers to participation may have changed in the crisis, and security concerns may have shifted to either further facilitate or preclude women and girls' engagement.

To overcome constraints to the participation of women and girls it may be necessary to consider several factors:

- Time and location of meetings and activities;
- Travel required (Is it safe? Is transportation available and accessible? Is it necessary to make arrangements so that girls and women do not travel alone?);
- Mobility (Are women and girls free to move around and leave their homes/shelter?);
- Compensation for time (in-kind compensation, e.g. food/drink or non-food items);
- Involvement of 'gatekeepers' to facilitate participation of women and girls;
- Safety and security of venues;
- Outreach strategies to ensure women and girls' participation (e.g. involving volunteers from target communities and providing childcare facilities).

Though there might be limited time to establish rapport in emergency settings, efforts should nevertheless be made to foster trust, as it will increase the active participation of women and girls.

For the most marginalized women and girls (including those who are survivors of GBV), it is often necessary to establish special forums such as safe spaces (see Standard 6, Guidance Note 2 on safe spaces).

2. Engaging men and boys

Engaging men and boys in efforts to prevent and respond to GBV is critical for positively transforming harmful social norms that perpetuate gender inequality and for promoting the health and safety of women and girls. While some men and boys are perpetrators of GBV, others have the capacity to be partners, advocates and champions. They may be survivors themselves. Men and boys should also be consulted to ensure that services are appropriate to the needs of male survivors and to develop strategies to mitigate men and boys' risk of experiencing GBV.

Efforts should be made to appeal to male leaders and gatekeepers, especially religious and community leaders, and to identify strategic allies for prevention of and response to GBV. Once positive male agents of change have been identified, they can model positive gender attitudes and behaviours, challenging discriminatory social norms. It is important to create environments within which men and boys feel comfortable and supported to step outside of traditional gender norms and practices. While gender roles and social norms that contribute to GBV are pervasive throughout the life cycle, young men and boys are sometimes easier to reach as partners in preventing GBV; in fact, they may be more open to gender equality messages or alternative notions of masculinity.

It is possible to retain a focus on women without marginalizing men. Male engagement must be viewed as an inclusive action towards violence prevention and response rather than a shifting of support and attention. This means that any effort to engage men and boys must address the roles of men and women as they relate to each other, as well as prevailing attitudes and behaviours toward males and females and their differential access to and control over resources based on gender roles[30] An emergency context may create new entry points at the individual, community or institutional level in which to work together to promote positive, non-violent interactions and foster collaboration.

3. Ensuring the participation of marginalized groups

In the rush to provide humanitarian assistance, actors often fail to assess and address the special needs of the most marginalized. Special attention should be paid to the most excluded and marginalized communities when designing GBV prevention and response programmes. Such groups may include persons with disabilities, ethnic and religious minorities, older persons, migrants, people living with HIV and AIDS and LGBTI populations. Women and girls within these marginalized groups may be particularly vulnerable.

Deprivations in women's and children's rights are sometimes most severe in the most socially excluded communities. To meet the needs of the most disadvantaged, it is often necessary to deploy different strategies to connect them with information and services. At the same time, targeted assistance should be carried out in a way that that does not stigmatize or isolate particular groups. Accurate assessments will reveal who they are and how to reach them.

30. UNFPA *Strategic Results Framework 2014-2017*, Annex 1, Output 11.

People with disabilities are often neglected and excluded during displacement and conflict. They are often not included in data collection and therefore not able to reach essential services. When left uncounted in assessment, they are not factored into programme design, implementation, monitoring or evaluation. The voices of those with disabilities must be heard in creating inclusive GBV prevention and response programmes. Respecting their right to participation means reaching out to and valuing the input of local groups that work with disabled communities. Include people with disabilities at all stages of the programming process, recruit them as staff and volunteers, and strengthen their economic and social standing. Further, it is equally important to focus efforts on the community at large. Promote a better understanding of the challenges specific to those with disabilities, raise awareness, and build capacity to better address the intersections between violence and disability that create increased vulnerability to GBV.[31]

BOX 1 **Building community resilience to effectively prevent and respond to GBV in emergencies**

In November 2013, during the response to Typhoon Haiyan in the Philippines, UNFPA supported the establishment of community owned and led GBV watch groups and women friendly spaces (WFS). In July 2014, when subsequent warnings for another typhoon, Typhoon Glenda, were issued, the women from the community watch groups and women friendly spaces mobilized themselves to cover all evacuation centres in Tacloban City. At the evacuation sites, the women drew upon their existing knowledge and training to identify and mitigate the risks of GBV. They established a protection desk for women and children; identified the needs and capacities of affected populations, including vulnerable groups such as female-headed households, elderly persons and people with disabilities; facilitated access to lifesaving health and psychosocial support for GBV survivors; and coordinated closely with female police officers and local government authorities.

The Department of Social Welfare and Development (DSWD) acknowledged the important contribution made by the GBV community watch groups and WFS coordinators. In addition, the women themselves were empowered and their contribution was valued and recognized by their families and community. At a broader level, a new community-based protection system was strengthened that has also been replicated in other emergency situations, including in response to Typhoon Ruby in December 2014. Recognizing this important contribution several local government units have continued to support the WFS and GBV watch group interventions.

31. Women's Refugee Commission, Disability Inclusion: From Policy to Practice, March 2014.

Indicators

- Number of people in affected population, disaggregated by age and sex and other variables as appropriate to the context (ethnicity, disability status, sexual orientation, etc.), who have participated in programme assessment, design, implementation and monitoring;
- Special fora established to ensure participation of marginalized groups in a non-stigmatizing manner;
- Men and women are chosen in a fair and representative process to represent their community in aid decisions.

Tools

Institute of Development Studies, University of Sussex. 2012. *Mobilising Men in Practice: Challenging sexual and gender-based violence in institutional settings.* Sussex: Institute of Development Studies, http://www.unfpa.org/public/home/publications/pid/10046

IASC Taskforce on Gender in Humanitarian Assistance. 2006. *Women, Girls, Boys, and Men: Different Needs – Equal Opportunities.* pp. 7 and 37. Geneva: Inter-Agency Standing Committee Taskforce on Gender in Humanitarian Assistance.

Men Engage, UNFPA, Sonke Gender Justice Network, and Promundo. 2012. *Sexual Violence in Conflict and Post-Conflict: Engaging Men and Boys.* Washington D.C.: Men Engage Alliance, http://menengage.org/resources/sexual-violence-conflict-post-conflict-engaging-men-boys/

UNFPA. 2009. *Partnering with Men to End Gender-Based Violence: Practices that work from Eastern Europe and Central Asia.* New York: United Nations Population Fund, http://www.unfpa.org/public/home/publications/pid/4412

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UNHCR. 2006. *The UNHCR Tool for Participatory Assessment in Operations.* Geneva: United Nations High Commissioner for Refugees.

WRC/IRC. 2015. *Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings* – A Toolkit for GBV Practitioners. New York: IRC, http://reliefweb.int/sites/reliefweb.int/files/resources/GBV-disability-Toolkit-all-in-one-book.pdf

National Systems

STANDARD 2

Actions to prevent, mitigate and respond to GBV in emergencies strengthen national systems and build local capacities.

States are primarily responsible for the protection of their citizens. However, in emergencies, when existing systems may be weakened or over-whelmed, mandated UN agencies act to support national authorities, local organizations and communities to provide protection and humanitarian assistance to affected populations. In line with our humanitarian principles, strengthening national systems and partnering with national authorities and local organizations not only promotes ownership and ensures interventions are responsive to the local context, but also builds community resilience and helps to ensure continuity in service provision throughout all stages of the emergency. A national system refers primarily to government systems (at national, sub-national and local levels). It also may include other stakeholders such as non-governmental organizations, community-based organizations and civil society organizations who contribute to functioning health, protection and legal systems.

Depending on the specific country and emergency context, national systems may be well established and national authorities may play a lead role in protection of civilians. In other situations, national systems may be weak, fragmented or non-existent and national authorities may have limited capacity. The relevant national systems in refugee situations are those of the receiving country. Strengthening national systems in refugee contexts means ensuring refugees' access to services and, at the same time, enhancing the receiving country's system for protecting its own citizens. In some instances, national authorities may not adhere to humanitarian principles and may in fact obstruct protection or be perpetrators of abuse. Given this diverse range of contexts, it is important that the specific approach to working with national systems is based on a thorough understanding of the context to ensure that assistance is provided in line with both humanitarian principles and a 'do no harm' approach.

KEY ACTIONS

National Systems

The following actions cover a range of scenarios including strong and weak national systems.

	Preparedness	Response	Recovery
Map key stakeholders to identify alliances, oppositions, capacities, weakness and opportunities.	X	X	X
Work with national actors to develop humanitarian contingency plans that address the needs of women and youth, including GBV prevention and response.	X		
In advance of any emergency, mobilize and/or support national partners to act as first responders.	X		
Where feasible, promote engagement of relevant government actors as soon as possible to lead/co-lead GBV coordination forums.		X	X
Work with national authorities and/or national stakeholders and civil society to improve GBV data management and ensure standardized systems for data collection and analysis.	X	X	X
Support and advocate with national authorities to participate in GBV prevention and response interventions to build ownership and ensure sustainability.	X	X	X
Build government and local civil society capacity to address GBV prevention and response in emergencies, including through training, technical support and funding.	X	X	X
Invite local community organizations, including through targeted outreach to women-led organizations, to participate in GBV coordination mechanisms and assessments.	X	X	X
Include national actors in national and international GBV training courses.	X	X	X
Provide technical and financial support as needed to civil society to ensure the provision of services in compliance with international standards.	X	X	X

Where appropriate and practical,[32] governments should be actively encouraged to co-chair GBV coordination structures and mechanisms.[33] Humanitarian actors, including UNFPA, can provide technical support to national authorities to establish and strengthen GBV data collection systems to ensure that measures to prevent and respond to GBV are based on evidence and an analysis of recent, reliable data. Strengthening national systems through funding for direct service delivery and capacity building can facilitate access to multi-sector services for GBV survivors. Direct advocacy and working in partnership with national authorities can ensure that measures to protect women, girls, boys and men are prioritized in national emergency response planning, programmes and budgets, and that interventions reflect international best practice.

32. In most circumstances efforts should be made to work directly with the Government and through national systems. However in some limited instances it may not be practical or appropriate to work with national systems, for example, where the State is the perpetrator of violence or abuse against the civilian population, or in areas where government systems are non-existent or not functional due to limited capacity, geographical reach or in instances where the State will not extend full protection to specific individuals or groups.
33. IASC. 2011. *Guidelines on Working with National Authorities.*

Local capacity is an asset. Engaging national partners and local organizations is an integral part of an effective GBV response.[34] This is particularly important during emergencies. Humanitarian organizations, including UNFPA, should build the capacity of national partners to extend and scale up existing programmes and to ensure continuity of services post-emergency. National organizations, often with local implementing partners, have strong links within the community and are well-positioned to deliver services that are appropriate and responsive to the social and cultural contexts.

Guidance Notes

1. Working with national systems

When an emergency occurs, humanitarian actors can draw upon pre-existing partnerships to implement effective measures to prevent and respond to GBV. Such partnerships include relevant government departments and representatives and other key stakeholders such as local and national partners including non-governmental actors. UNFPA's established working relationships and knowledge of the existing capacities of local actors and government entities to prevent and respond to GBV in emergencies can help identify entry points and better target UNFPA's technical assistance and coordination during emergencies.

UNFPA staff should work closely with national authorities to jointly identify priorities, develop strategies to address GBV and monitor programmes.[35] Active engagement of national authorities in GBV coordination, programming strategies and decision-making will ensure a more effective transition from emergency to recovery. There can be exceptions, however, when active support can be counterproductive, as in situations where the State is perpetrating human rights abuses.

Consider the following points when supporting national systems in emergencies:[36]

- Understand the government policy and/ or national and local stakeholders' approach to humanitarian action;
- Understand the national and sub-national GBV policy and operational environment;
- Engage key decision-makers and articulate actions they can take to improve protection for women and girls;
- Identify and mitigate the risks and challenges of collaboration;
- Uphold international GBV standards when working with government officials and ministry counterparts.

Overall, adherence to the humanitarian principles, a thorough understanding of the specific emergency context and a 'do no harm' approach should underpin all GBV emergency interventions.

34. Global Humanitarian Platform. 2007. *Global Humanitarian Principles of Partnership. A Statement of Commitment Endorsed by the Global Humanitarian Platform*. Geneva. http://www.globalhumanitarianplatform.org/pop.html
35. IASC. 2011. Guidelines on Working with National Authorities.
36. IASC. 2015. *Draft GBV Preparedness and Response Toolkit*, (adapted from figure 3.4, p.50-51).

Indicators

- National contingency plans include actions associated with protecting women, girls, boys and men from GBV in the aftermath of a crisis;
- National protocols for GBV survivor care are aligned with international standards;
- Percentage of GBV coordination working groups led/co-led by national partners/ stakeholders;
- Percentage of overall funding for GBV in emergencies allocated by UNFPA to national partners;
- Number of trainings conducted with national partners in international standards for GBV survivor care.

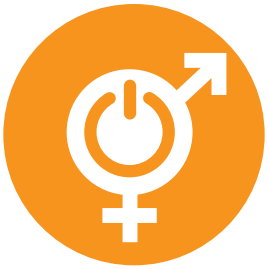
Tools

Inter-Agency Standing Committee. 2015. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* http://gbvguidelines.org/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf

GBV AoR. 2015. *Handbook for Coordinating GBV Interventions in Humanitarian Settings,* http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf

Global Humanitarian Platform. 2007. *Principles of Partnership: A Statement of Commitment,* http://www.alnap.org/resource/11207

Inter-Agency Standing Committee. 2011. *Operational Guidance for Cluster Lead Agencies on Working with National Authorities.* Geneva: Inter-Agency Standing Committee Working Group, https://www.humanitarianresponse.info/system/files/documents/files/IASC%20Guidance%20on%20Working%20with%20National%20Authorities_July2011.pdf



Social & Gender Norms

STANDARD 3

Emergency preparedness, prevention and response programming promotes positive social and gender norms to address GBV.

Humanitarian preparedness, response and recovery efforts should be designed to promote gender equality. This includes challenging discriminatory social and gender norms, even in times of emergency. While crises can exacerbate pre-existing gender inequalities and lead to increased risks, exclusion and discrimination, shifting gender roles can also provide opportunities for positive change. We often encounter resistance to efforts that aim to change gender and social norms in a humanitarian context, including arguments that changing negative norms as part of an emergency response is not 'life-saving'. Yet we know that transforming norms and systems that perpetuate gender inequality can have a tangible impact on women's and girls' immediate health, safety and security.

Research shows that even in emergency situations, women, girls, boys and men have the ability to question traditional gender norms.[37] There may be shifts in traditional roles, attitudes, beliefs and practices, for example, or new opportunities to discuss subjects that were previously taboo. In particular, protracted humanitarian situations can provide opportunities to build positive social and cultural norms that challenge practices of GBV.

The root causes of GBV relate to the "attitudes, beliefs, norms and structures that promote and/or condone gender-based discrimination and unequal power."[38] Often, discriminatory social and gender norms make up the underlying causes of exclusion, violations and denial of rights. Promoting positive social norms can prevent GBV by challenging norms that support violence and a culture of impunity. This can also improve response to GBV by reducing victim blaming and the social stigma that survivors experience and by promoting help-seeking behaviours. Furthermore, changing these gender and social norms even within an emergency context can promote shared control of resources, benefits and decision-making**.** Programming that does *not* work in this manner can do harm by reinforcing harmful stereotypes or compounding vulnerability.

37. See Dean Peacock. 2012. *Engaging Men and Boys in Efforts to End Gender Based Violence in Conflict and Post-Conflict Settings* (paper presented to Vienna Institute for International Dialogue and Cooperation Seminar).
38. IASC. 2015. *Guidelines for GBV in Humanitarian Action*, p. 9.

KEY ACTIONS

Social & Gender Norms

	Preparedness	Response	Recovery
Ensure that opportunities to promote positive gender and social norms are mainstreamed throughout emergency preparedness, response and recovery.	X	X	X
Document and monitor changes in women and girls' gender roles induced by the crisis.		X	X
Map the 'gender profiles'[39] of women, girls, boys and men related to mobility, access and control of resources, information and decision-making within the community. While measuring norms may be a complicated endeavour, the mapping exercise will help to understand the social norms and traditions that place females in a subordinate position to males.[40]	X	X	X
Identify discriminatory gender and social norms and design programmes that work to challenge those norms that contribute to GBV.	X	X	X
Identify allies (through power mapping)[41] and take advantage of entry points that may have emerged in an emergency context to challenge negative norms, support gender equality and prevent GBV.		X	X
Build an environment that strengthens and empowers women and girls through targeted affirmative action, education and knowledge and skills transfers.	X	X	X
Conduct a review of existing programmes to ensure that they do not reinforce gender stereotypes or discriminatory social norms.	X	X	X
Invite local community organizations, including through targeted outreach to women-led organizations, to participate in GBV coordination mechanisms and assessments.	X	X	
Establish platforms through which women and youth can engage in discussion and reflection on human rights principles and share community values about harmful norms and practices that contribute to GBV. Empower groups to explore and commit to alternatives that uphold women and girls' equality, safety and dignity.	X	X	X
Use behaviour change communication (BCC) strategies to increase knowledge and understanding of GBV prevention and response programming and to promote positive behaviour change that can prevent GBV.	X	X	X

Emergency contexts can provide opportunities for change that can enhance gender equality within communities and national systems throughout the process of recovery and rebuilding. Given the increasingly protracted nature of humanitarian crises, promoting positive gender and social norms from the onset of an emergency provides a basis for continued efforts throughout the duration of the crisis and sets a foundation for longer-term interventions, acknowledging that changes to attitudes, beliefs and practices may take time.

While it is important to understand the social and cultural context in an emergency setting, culture should also be viewed as a dynamic dimension of the local community and broader society, subject to many influences over time and therefore subject to change. Moreover, many aspects of culture are highly contested within the culture itself; some segments of society may be keen to change a cultural practice while others, particularly those who benefit from it, may fight hard to maintain it; we should not assume cultural consensus.

39. See Gender Profile tool in ACDI/VOCA, Gender Analysis, Assessment, and Audit Manual & Toolkit, pp. 44-47, http://acdivoca.org/sites/default/files/attach/legacy/site/Lookup/ACDI-VOCA-Gender-Analysis-Manual/$file/ACDI-VOCA-Gender-Analysis-Manual.pdf.
40. See Gender Profile tool in ACDI/VOCA, Gender Analysis, Assessment, and Audit Manual & Toolkit, pp. 44-47.
41. See Power Mapping Grid at page 31, http://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf

Guidance Notes

1. Behaviour change communication

Behaviour change communication (BCC) is a process that utilizes media messaging, community mobilization and interpersonal communication to influence the knowledge, attitudes and practices of individuals, families and communities.[42] BCC is particularly important during emergencies as a vehicle for enhancing the effectiveness and sustainability of service delivery and building individual and community-level acceptance of positive gender and social norms.

Specific to GBV, BCC campaigns aim to share relevant and action-oriented information to influence individual and community behaviours and practices around gender, rights and equality. GBV-related BCC campaigns during emergencies support the creation of an environment in which positive gender and social norms can flourish and have a positive impact on GBV prevention and response. BCC interventions may reduce stigma and encourage use of services, for example. Community involvement is an important factor in successful BCC interventions.[43] There are cultural, political and religious barriers to interventions focusing on behaviour change, and so it is important to involve the community in the design, implementation and evaluation of these programmes.[44] Key stakeholders who should be included in intervention design, implementation and evaluation include women, girls, boys and men, community leaders and gatekeepers and police and judiciary. Community ownership of BCC interventions ensures long-term impact and motivation for change.

Indicators

- Change in knowledge, attitudes and behaviour/practices; examples include:
  - Percentage of men more likely to intervene to stop gender-based violence (post intervention);
  - Percentage of men sharing more with their partner (parenting responsibilities, resources, etc.);
  - Percentage of women/men who do not intend to marry their daughters before the age of 18;
  - Percentage of women/men who have committed to not let their daughters undergo female genital mutilation.
- Percentage of young men and boys and young women and girls who participate in programmes offering gender and sexuality education;
- Percentage of men and women who know any of the legal rights of women;
- Number of programmes implemented for men and boys that include examining gender and cultural norms related to GBV;
- Percentage of target audience who have been exposed to communication messages on discontinuation of harmful traditional practices.

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42. UNICEF. 2004. *Behaviour Change Communication in Emergencies: A Toolkit*. New York: UNICEF, http://www.unicef.org/ceecis/BCC_full_pdf.pdf
43. UNFPA. 2005. *Behaviour Change Communication Master Plan for Reproductive Health*. Myanmar: UNFPA Myanmar, http://countryoffice.unfpa.org/myanmar/drive/SPI0213.pdf
44. UNFPA. 2008. *Making Reproductive Rights and Sexual and Reproductive Health a Reality for All*. New York UNFPA, https://www.unfpa.org/sites/default/files/pub-pdf/SRH_Framework.pdf

Tools

Naker, D. & L. Michau. 2004. *Rethinking Domestic Violence: A Training Process for Community Activists.* Kampala: Raising Voices, http://gbvaor.net/wp-content/uploads/sites/3/2015/03/Rethinking-Domestic-Violence-A-Training-Process-for-Community-Activists-Raising-Voices-Introduction.pdf

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UNICEF Regional Office for South Asia. 2006. Behaviour Change Communications in Emergencies: A toolkit.

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UNICEF. Power Mapping Grid available on page 31 at http://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf

Gender Profile tool in ACDI/VOCA. 2012. Gender Analysis, Assessment, and Audit Manual & Toolkit, pp. 44-47, http://acdivoca.org/sites/default/files/attach/legacy/site/Lookup/ACDI-VOCA-Gender-Analysis-Manual/$file/ACDI-VOCA-Gender-Analysis-Manual.pdf

Collecting & Using Data

STANDARD 4

Quality, disaggregated, gender-sensitive data on the nature and scope of GBV and on the availability and accessibility of services informs programming, policy and advocacy.

Quality, gender-sensitive data on the nature and scope of GBV ensures that programme development and implementation, policy advocacy and resource mobilization are based on the needs and solutions identified by the affected population. While it is important to set up systems to collect and analyse GBV data, this must not preclude taking immediate actions to mitigate, prevent and respond to GBV. In emergencies, we must ensure that services are in place *before* establishing new data systems and that data collectors are trained in the survivor-centred approach, are able to advise survivors on available services and can provide referrals.

The true extent of GBV in emergency settings is difficult to measure. GBV is under-reported in all settings and recorded cases represent only a small fraction of the overall total. However, a lack of available data should not be interpreted to mean that GBV is not a major and pressing issue; instead, the absence of concrete data should be viewed as an indication of the challenges in gathering information.

GBV data collection in a humanitarian setting involves a number of challenges:

- Stigma faced by survivors in reporting GBV incidents;
- Insecurity, including the risk of retaliation by perpetrators and/or the community;
- Impunity of perpetrators;
- Lack of harmonized GBV-related data collection tools and data collection methods;
- Lack of or weak data protection mechanisms to ensure the safety, security, confidentiality and anonymity of case information;
- Lack of service infrastructure;
- Lack of effective and quality case management services for GBV survivors;
- Limitations on the mobility of the female population and others, such as persons with disabilities and older persons;
- Restricted humanitarian access to affected population, especially women/girls;

- Limited time to establish trust/rapport and confidence with affected populations;
- Difficulty to establish adequate interview settings that ensure basic privacy.

The ethical and safety issues that must be considered when gathering data on GBV are unique to this field of work. Failing to observe strict ethical guidelines in collecting data may compromise the safety of the survivor.[45]

Methods of data collection and information gathering should be both quantitative and qualitative. Though 'getting the numbers' may be perceived as the most efficient way to understand the nature and scope of GBV in any given context, it may be counterproductive.[46] Rather, it is important to collect, review and analyse **both** quantitative and qualitative GBV data, in order to broaden and improve our understanding on the nature and scope of GBV. Quantitative methods typically include surveys or questionnaires, as well as review of statistics, such as those found in health databases. Qualitative methods include interviews, focus groups discussions and observations. Qualitative methods can provide rich contextual information on how people are experiencing GBV and about shifts in social and gender norms as a result of the humanitarian crisis.

In all methods employed to collect data, it is essential that participation be promoted from all relevant community groups, including women, girls, boys and men. Community participation in data collection should be actively encouraged, but with due caution in situations where this poses a potential security risk or increases the risk of GBV. Also, as a routine practice, all GBV incident data and information collected should be disaggregated by sex and age, as well as by disability status, ethnicity, sexual orientation and other pertinent variables as relevant and safe to collect in the context.

FIGURE 2 ▸ Data collection throughout the programme process

Humanitarian programming at all stages – from preparedness through transition and into post-crisis recovery and reconstruction – must be grounded in evidence.

Needs assessment and analysis	Strategic planning	Implementation	Monitoring and evaluation
• To assess GBV risk, vulnerability and capacity to respond and to identify priority areas for intervention, actions to be taken and target beneficiaries.	• To establish a baseline at the beginning of a programme. Use data to make sure the programme is designed to meet the needs of women, men, girls and boys.	• To ensure implementation is reaching intended beneficiaries and to guide modifications in programmes as necessary (process evaluation).	• To monitor effort and ensure impact.
Collect sex and age disaggregated data			
Interpret data through a gender lens			

45. WHO. 2007. *Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*. Geneva: World Health Organization.
46. "Focusing only on numbers not only fails to capture the true extent and scale of the GBV that is occurring, it can also expose survivors to further harm, lead to misinterpretations of the data, and result in other, more useful sources of information being dismissed or ignored." *South Sudan Crisis*: *Why we must broaden the conversation on GBV data*, GBV AoR, August 2014.

KEY ACTIONS Collecting & Using Data

	Preparedness	Response	Recovery
Identify the best methods of reaching women, girls, boys and men for routine data collection or for targeted participatory assessments. To address the challenges of gathering data in a humanitarian context:[47] • Before collecting new data, review existing data (e.g. household surveys, aggregated service data, etc.); • Analyse exiting data and use data to inform decision making; • Work through existing community structures and groups such as religious groups, youth groups, health facilities, community-based organizations and local NGOs; • Use multifunctional teams, including local partners, to make initial contact when population might be scattered in an urban area; and • Map informal meeting places and networks through which a wider assessment can be conducted.	X	X	X
Assess GBV information gaps and needs by clarifying the purpose of your data analysis (e.g. for programme development and management, advocacy or addressing a specific request for information).	X	X	X
Proactively engage in initial needs assessment processes to ensure attention to GBV issues, including developing key questions and guidelines to be included in single or multi-sector assessments such as MIRA (Multi-Cluster/Sector Initial Rapid Assessment) and IRNA (Initial Rapid Needs Assessment).[48]	X	X	
Engage with other cluster members in order to ensure inclusion of GBV in cluster assessments.	X	X	
Collect, analyse and report on sex- and age-disaggregated GBV-related data. Further disaggregate data by other pertinent variables as appropriate.	X	X	X
Collate all relevant secondary data to identify potential risks for GBV including vulnerable groups and risk mitigation measures.[49]	X	X	X
Assess quality and effectiveness of GBV data management systems and evaluate the need to strengthen them to adhere to global safety and security standards (see Guidance Note 1).[50]	X	X	X
Coordinate the safe and ethical collection, sharing and management of quantitative information on GBV to improve GBV programming and advocacy (e.g. through use of the GBVIMS).	X	X	X
Consult with all partners to develop a standard information sharing protocol that helps define what GBV-related information will be shared, in which format, by and with whom and for what purposes.	X	X	X
Adhere to strict standards of confidentiality in all qualitative and quantitative data collection activities so that participation in data collection does not expose a respondent to additional protection risks.	X	X	X

47. UNHCR, *Participatory Assessments in Operations*, p.10.
48. Key action adapted from UNFPA, *Standard Operating Procedures (SOPs) for Humanitarian Settings*, p.23. For further information on MIRA and IRNA see: IASC. 2012. Operational Guidance for Coordinated Assessments in Humanitarian Crises,https://www.humanitarianresponse.info/en/system/files/documents/files/ops_guidance_finalversion2012_1.pdf. and also see on IRNA https://www.humanitarianresponse.info/en/programme-cycle/space/document/operational-guidance-coordinated-assessments-humanitarian-crises-0 and also see on MIRA https://docs.unocha.org/sites/dms/Documents/mira_final_version2012.pdf
49. UNFPA, *Standard Operating Procedures (SOPs) for Humanitarian Settings*, p.23.
50. UNFPA, *Standard Operating Procedures (SOPs) for Humanitarian Settings*, p.23

KEY ACTIONS: COLLECTING & USING DATA (continued)	Preparedness	Response	Recovery
Train data collectors in GBV guiding principles and build capacity of relevant partners in safe and ethical data collection.	X	X	X
Identify trends in reported quantitative data and qualitative information related to GBV to inform programme response and decision-making.	X	X	X
Involve affected populations in community-based monitoring activities and make sure they are aware of mechanisms for providing GBV programme feedback.		X	X

Guidance Notes

1. Data collectors in humanitarian contexts

It is important that data collectors are gender sensitive, meaning that they are capable of perceiving the influences and manifestations of gender in a given context. Data collectors must be capable of gathering gender-specific information, taking into account some of the challenges that may arise when looking at GBV. In terms of the individuals who collect the data, consider (a) the nature of the programme or project, (b) socio-cultural factors and (c) what is most comfortable for respondents. In some cases, it may be necessary for there to be both female and male data collectors working together, while in other circumstances it may be critical that females collect data on women and girls. Once collected, it is important that data is analysed and used to identify trends and to inform programming and decision making on GBV.

2. Using the GBVIMS

The Gender-Based Violence Information Management System (GBVIMS)[51] was created to harmonize data collection by GBV service providers in humanitarian settings; provide a simple system for GBV actors to collect, store and analyse their data; and to enable the safe and ethical sharing of reported GBV incident data. The intention of the GBVIMS is both to assist service providers to better understand the GBV cases being reported as well as to enable actors to share data internally across project sites and externally with diverse entities to facilitate broader trends analysis and improved GBV coordination.

This information management system includes a number of features:

- **GBV Classification Tool**: Provides definitions for a set of six core types of GBV that enables uniform terminology for GBV data collection. The tool uses a standardized process to reliably classify reported incidents of GBV;
- **Intake and Initial Assessment Form:** Ensures that all GBV actors use a standard intake form to collect a common set of data points in a consistent format, allowing for local and institutional customization as needed;
- **Incident Recorder**: An Excel database designed to simplify and improve data collection, compilation and analysis;
- **Inter-Agency Information Sharing Protocol Template**: Provides a framework to guide information sharing based upon the GBV guiding principles and global best practice.

51. The GBVIMS initiative was originally launched by UNOCHA, UNHCR and the IRC. The GBVIMS Steering Committee now includes UNFPA, UNICEF, UNHCR, the IRC and WHO (see www.gbvims.com).

Using the GBVIMS assists service providers in several ways. They gain a better understanding of the cases they receive, which helps them adjust their programming to more effectively respond to the needs of survivors, analyse wider trends and threats, and enable safe sharing for improved inter-agency coordination on GBV data collection. This in turn supports better informed programmatic decision-making for individual service providers and inter-agency working groups, improved donor reporting and fundraising, and evidence-based advocacy.

The implementation of the GBVIMS in humanitarian settings may entail an inter-agency roll-out involving several actors collaborating in a refugee/IDP camp or other humanitarian situation, or within a single organization that is providing case management and/or psychosocial or health services to GBV survivors in a crisis-affected context.[52]

3. National and non-GBVIMS data systems

In contexts with national or non-GBVIMS data systems, actions can be taken to improve the quality of national data systems and ensure that the collection and use of GBV data is consistent with the GBV guiding principles as well as global standards for safe and ethical GBV data collection and management.

Technical and financial support can be provided to help ensure ethical data collection, analysis, use and dissemination through a pre-existing system. In situations where there are multiple data collection systems, efforts can focus on promoting compatibility of the different systems in order to move towards centralization and information sharing across systems. The GBVIMS can also be used to inform improvements to national systems.[53]

BOX 2 **Moving from GBVIMS to a nationally-owned system in DRC**

In the Democratic Republic of Congo (DRC) there was a need to integrate data from different actors working on GBV and move from an incident management data system to a case management data system. With technical and financial support from UNFPA, the Government led a country-wide consultation process that involved all key stakeholders at the provincial and national levels. The aim was to move from the GBVIMS to a nationally-owned data system. This process led to the development of inter-agency standard operating procedures (SOPs) for GBV data collection that included protocols on information sharing, validation, use and dissemination. Government leadership on GBV data management also led to greater analysis and the use of GBV data to inform policies and decision-making. The web-based platform also allowed for real-time information that could be accessed globally and used for policy-making and advocacy.

52. See: GBVIMS Rollout Guidelines.
53. See: www.gbvims.com, Resources, Guidance Notes, http://www.gbvims.com/wp/wp-content/uploads/Guidance-Note-Government-Engagement-in-the-GBVIMS-FINAL.pdf

Indicators

- The collection, sharing and management of quantitative information on GBV are in line with the GBV guiding principles;
- Systems for safe and ethical GBV incident data management (through the GBVIMS or other safe and ethical data system) are established and/or reinforced;
- Number of trainings conducted for staff and implementing partners on safe/ethical data collection;
- Percentage of assessments, monitoring and other data collection mechanisms that include data that is disaggregated by sex and age;
- Reports on sexual violence incidents compiled monthly (anonymous data), analysed and shared with stakeholders.

Tools

Inter-Agency Standing Committee. 2015. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action,* http://gbvguidelines.org/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf

GBVIMS website: http://www.gbvims.com

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MINIMUM STANDARDS FOR PREVENTION AND RESPONSE TO GENDER-BASED VIOLENCE IN EMERGENCIES

Mitigation, Prevention, and Response Standards

Healthcare

STANDARD 5

GBV survivors, including women, girls, boys and men, access quality, life-saving healthcare services, with an emphasis on clinical management of rape.

Access to high quality, confidential, integrated healthcare services is a critical and life-saving component of a multi-sector response to GBV in emergencies. Healthcare providers are at the front line of response to GBV in emergencies and can play a central role in identifying protection concerns, developing prevention strategies and providing referrals to other services. Healthcare services should be delivered in a confidential and non-discriminatory manner that considers the survivor's gender, age and any specific needs. Special consideration should be given for the unique needs of women, girls, boys, men, persons with disabilities, older persons, LGBTI persons and other survivors (see Guidance Note 3).

UNFPA offers global expertise in sexual and reproductive health in emergencies and is uniquely positioned to promote an integrated approach to the provision of sexual and reproductive health services and GBV response, including through ensuring implementation of the Minimum Initial Services Package (MISP), the set of actions required to respond to reproductive health needs at the onset of every humanitarian crisis. Access to health services for rape survivors has been identified as a major gap in humanitarian response; there is a critical need to ensure that established protocols for the clinical management of rape (CMR) are implemented.[55] UNFPA has a responsibility to build the capacity of national authorities and health providers in CMR and facilitate distribution of reproductive health kits, including medical supplies for post-rape treatment.

> "UNFPA is uniquely positioned to promote an integrated approach to the provision of sexual and reproductive health services and GBV response"

55. IAWG. 2004. *Inter-agency Global Evaluation of Reproductive Health Services for Refugees and Internally Displaced Persons.*

KEY ACTIONS Healthcare

	Preparedness	Response	Recovery
Ensure women and adolescent girls have immediate access to priority reproductive health services as outlined in the MISP at the onset of an emergency.[56]		X	
Ensure GBV survivors have access to high-quality, life-saving health care, including post-rape treatment.[57]		X	X
Involve women, adolescent girls and other at-risk groups in the design and delivery of GBV and health programming.[58]	X	X	X
Develop and/or standardize protocols and policies for GBV-related health programming, in partnership with Ministry of Health as feasible, to ensure integrated, quality care for survivors.	X	X	X
Enhance the capacity of health providers, including midwives and nurses, to deliver quality care to survivors through training, support and supervision,[59] including on GBV prevention and response and CMR.	X	X	X
Ensure health actors are integrated into SOPs and included in the referral pathway.		X	X
Ensure information sharing and coordination between health and GBV working groups, including identifying joint actions to provide quality health services to GBV survivors.		X	X
Ensure that a GBV focal point is represented in health sector meetings and activities and also that a health sector focal point participates in GBV meetings as appropriate.		X	X
Train partners in the MISP, with a focus on CMR and survivor referrals.[60]	X	X	X
Train service providers to provide services and support that are appropriate to the survivor's age and development.	X	X	X
Train service providers to understand and identify male survivors of GBV and to provide services that are responsive to the specific needs of men and boys.	X	X	X
Distribute reproductive health kits, including post-rape treatment supplies and other clinical commodities to viable health centres, mobile clinics and health actors.	X	X	
After the immediate onset and during transition phases, re-establish comprehensive reproductive health services, including GBV treatment and referral systems.		X	X

Guidance Notes

1. Clinical management of rape (CMR)

Survivors of sexual assault, including survivors of rape, require an immediate medical response to heal injuries, administer medication to prevent or treat infections, and prevent unwanted pregnancies (where local laws allow). While treatment within 72 hours is preferable, particularly to administer post-exposure prophylaxis (PEP) for HIV, survivors may present much later than 72 hours and still require treatment. It is important that clinical care for rape survivors be available

56. *The Sphere Project*, Sexual and Reproductive Health Standard 1, http://www.spherehandbook.org/en/essential-health-services-sexual-and-reproductive-health-standard-1-reproductive-health/
57. UNFPA. *Standard Operating Procedures for Humanitarian Settings*, p.23
58. IASC. 2015. *Guidelines for GBV in Humanitarian Action,* p. 149.
59. *Ibid.*, p. 152.
60. UNFPA, *Minimum Preparedness Actions,* MPA 9: Partnership, p.20.

from the earliest onset of an emergency. Health staff should be trained in CMR, including informed consent, confidentiality, respect, providing survivor-centred care, performing physical examinations, collecting forensic evidence, providing a medical certificate, informing the survivor of other services (such as counselling) and providing referrals. Female community health officers should be identified to accompany female survivors to the hospital or clinic.[61]

2. Minimum Initial Services Package (MISP)

The MISP is a coordinated set of priority sexual and reproductive health activities that should be implemented from the onset of an emergency to save lives and prevent morbidity. The MISP includes measures to prevent and respond to sexual violence, prevent maternal and neonatal mortality and morbidity, reduce HIV transmission and plan for the establishment of comprehensive reproductive health services to ensure a continuum of care. While the MISP is increasingly being implemented, evidence shows that more attention is needed to make this standard of care available in the earliest days of an emergency.[62] In the preparedness phase, reproductive health kits, including post-rape treatment supplies, as well as equipment and essential supplies for life-saving interventions can be pre-positioned to ensure immediate distribution at the onset of an emergency. Post-rape treatment supplies should include post-exposure prophylaxis for HIV, emergency contraception (EC), antibiotics, preventive treatment for sexually transmitted infections (STIs) and pregnancy tests. It is important that medical treatment is part of a package of holistic, survivor-centred care and administered by trained health professionals.

BOX 3 **Healthcare as an entry point for GBV service provision**

Widespread flooding across Pakistan in July 2010 affected 18 million people. Large-scale displacement, poor living conditions, overcrowded camps, disruption of social networks and destruction of health and other facilities significantly exacerbated women and girls' vulnerability to GBV. Yet, due to the high degree of cultural and social sensitivity around gender-based violence, health service providers were often reluctant to provide services to GBV survivors. Recognizing this major gap, in partnership with local health service providers, UNFPA established mobile health camps in flood-affected areas that enabled GBV survivors to access life-saving health services – safely and confidentially.

The mobile health camps were staffed by medical professionals and psychosocial counsellors, and included private rooms for examination and counselling and a confidential data recording system. Orientation sessions on GBV were provided prior to the establishment of the medical camps, in order to mitigate any negative repercussions within the community. The camps were advertised as health care facilities, which meant women could access the services without fear of social stigma.

61. IASC. 2015. *Guidelines for GBV in Humanitarian Action, p. 60.*
62. IAWG. 2004. *Inter-agency Global Evaluation of Reproductive Health Services for Refugees and Internally Displaced Persons.*

3. Specialized healthcare services for survivors

Pregnant women survivors

It is important to differentiate between sexual assault against a pregnant woman and pregnancy resulting from rape. Women who experience GBV while pregnant may face a higher risk of complications such as miscarriage, pregnancy induced hypertension, premature delivery and infections, including hepatitis and HIV. These survivors will need special counselling and referral to specialized gynaecological services. The health service provider should also ensure that the medical drugs that are prescribed for the clinical management of rape have no side effects (or contraindications) on the pregnancy.

Adolescent girl survivors

Adolescent girls are especially vulnerable to GBV during situations of crisis, but are often not specifically targeted for provision of reproductive health care. Given their age, lack of decision-making power and limited access to care, special attention should be given to removing barriers and facilitating adolescent girls' access to services. For instance, parents should be informed of the potential long-term reproductive health implications of denying medical treatment to adolescent survivors. It is important to ensure that female health service providers are available to provide counselling and treatment. Service provision should be non-judgmental and non-discriminatory. Health systems should be supported to tailor protocols for service provision to adolescent girls.

Male survivors

Men and boys can also experience GBV in emergencies, including rape and other forms of sexual violence.[63] This is not always acknowledged or well-understood. Sexual violence inflicted on men can be used as a weapon of war to disempower, dominate and undermine traditional concepts of masculinity.[64] Entrenched social, cultural and religious norms, including taboos around gender and masculinity, may stigmatize male survivors, evoke feelings of shame and prevent men and adolescent boys from reporting GBV or seeking services. GBV can cause significant and long-lasting impacts on physical and mental health and well-being as well as the socio-economic status of male survivors and their families. It is important that multi-sector services including health, psychosocial services, safety and security and legal assistance are available to all survivors in a non-discriminatory manner, irrespective of their gender. Male survivors have specific needs regarding treatment and care that should be addressed by health care providers. It is important that health staff members understand and are trained to identify indications of GBV in men and boys.

Child survivors

Children are more vulnerable than adults to exploitation and abuse, due to their age, size and limited participation in decision-making.[65] In emergencies, systems that protect children, including family and community structures, often break down and children may be separated from their families, placing them at risk.[66] Specific measures should be implemented to protect girls and boys from the risk of violence and abuse at home, at school and in the community. Depending on the context, girls and boys may face specific protection risks related to their age and gender. Health service providers, teachers, parents, caregivers and others should be aware of the signs

63. UNHCR. 2012. *Working with Men and Boy Survivors of Sexual and Gender-based Violence in Forced Displacement*
64. Ibid.
65. UNICEF/IRC. 2012. *Caring for Child Survivors of Sexual Abuse Guidelines.*
66. UNHCR. 2011. *Framework for the Protection of Children.*

and symptoms of child abuse, as girls and boys will often remain silent.[67] Services should be provided in a non-discriminatory manner, with the informed consent of the child or their caregiver. Confidentiality, while respected, is also limited by the mandatory requirement to report all cases of child abuse, in accordance with local protocols. The best interests of the child and their immediate care and safety should be the primary consideration in all decisions.[68] Child survivors and their families have specific needs and require a tailored response and specialized services. Children should be interviewed and treated in an environment where they feel safe, using child-friendly communication techniques.[69] Children should participate in decisions that affect their lives, as appropriate to their age and maturity. Children are resilient and their care, recovery and healing should build on their skills and capacities, drawing upon family and community support networks.

Indicators

- MISP implemented within two-weeks of crisis onset;
- Number or percentage of reported GBV cases that were referred and received health care, within a given time period, disaggregated by age and sex;
- Number or percentage of reported rape cases receiving post-rape care from a UNFPA-supported health centre or mobile clinic, within a given time period (PEP within 72 hours, EC within 120 hours, STI treatment within two weeks), disaggregated by age and sex;
- National protocols aligned with international standards have been established for the care of sexual assault survivors;
- Essential supplies and post-rape treatment pre-positioned;
- Number of viable health facilities, mobile clinics and health actors provided with rape treatment kits and other clinical commodities for management of sexual violence;
- Number of health staff trained in clinical management of rape;
- Number of health facilities treating rape survivors;
- Health actors integrated in GBV Standard Operating Procedures (SOPs) and included in referral pathway.

67. UNICEF/IRC. 2012. *Caring for Child Survivors of Sexual Abuse Guidelines.*
68. UN Convention on the Rights of the Child, 1990, article 3(1).
69. UNICEF/IRC. 2012. *Caring for Child Survivors of Sexual Abuse Guidelines.*

Tools

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WHO, UN Women, and UNFPA. 2014. *Health care for women subjected to intimate partner violence or sexual violence: A Clinical Handbook* [field testing version]. Geneva: World Health Organization, http://apps.who.int/iris/bitstream/10665/136101/1/WHO_RHR_14.26_eng.pdf?ua=1

IAWG, 2004. *Inter-agency Global Evaluation of Reproductive Health Services for Refugees and Internally Displaced Persons,* http://www.iawg.net/resources/2004_global_eval/

Mental Health & Psychosocial Support

STANDARD 6

GBV survivors access quality mental health and psychosocial support focused on healing, empowerment and recovery.

Many survivors experience long-lasting psychological and social effects, though the impact of GBV can vary from person to person. The composite term 'mental health and psychosocial support' (MHPSS) describes support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders.[70] Quality psychosocial services are survivor- centred, build individual and community resilience and support positive coping mechanisms, drawing on family, friends and community members. The survivor should be supported to plan for her/his own recovery and access services and support to meet basic needs.

It is important that MHPSS is age-appropriate, and that specialized support is available for child survivors. Clinical treatment for mental health disorders requires specialized services delivered by qualified mental health professionals. In emergencies, UNFPA can ensure that health providers are trained to be compassionate and provide emotional support, understand the potential psychosocial as well as medical impacts of GBV, and be able to refer survivors to appropriate services. MHPSS is a critical emergency health tool and protection intervention, and should also be a central component of both short- and long-term recovery. Creating accessible 'safe spaces' where female GBV survivors can go to receive services, support or seek immediate safety if they are at risk of GBV is an effective MHPSS intervention that promotes safety, healing and recovery.

> "MHPSS is a critical emergency health tool and protection intervention, and should also be a central component of both short- and long-term recovery"

70. IASC, 2010. *Mental Health and Psychosocial Support (MHPSS) in Humanitarian Emergencies - What Should Protection Programme Managers Know?*

KEY ACTIONS

Mental Health & Psychosocial Support

	Preparedness	Response	Recovery
Ensure survivors can access context-appropriate individual and/or group psychosocial support services, including psychological first aid (PFA).[71]	X	X	X
Identify and promote community self-help and resilience strategies.	X	X	X
Train and support first responders to: provide a safe, calm environment; listen supportively; demonstrate compassion and non-judgment; provide reassurance without making false promises; and promote access to medical care and other support.	X	X	X
Implement programmes that offer survivors and other vulnerable women and girls the opportunity to participate in non-stigmatizing, community-based activities that reduce their isolation.	X	X	X
Ensure information sharing and coordination between MHPSS and GBV working groups, including identifying joint actions to provide quality MHPSS to GBV survivors.		X	X
Ensure MHPSS actors integrated into SOPs and included in referral pathway.		X	X
Ensure that a GBV focal point is represented in MHPSS sector meetings and activities and also that a MHPSS sector focal point participates in GBV meetings as appropriate.		X	X
Develop and adapt IASC MHPSS toolkit for GBV survivors, in coordination with UNFPA health actors.	X	X	X
Establish or strengthen existing safe spaces for women and girls (see Guidance Note 2 on safe spaces).	X	X	X

BOX 4 **Examples of psychosocial support programme activities**[72]

- Basic emotional support from trained staff and volunteers
- Psychological first aid and basic mental health care by primary health care workers
- Encouraging and strengthening community and family support
- Mentoring programmes and peer support networks for women and girls
- Family tracing and reunification
- Establishing women's centres and activities (e.g. women's groups, adolescent girls' groups and mother's groups)
- Social and cultural activities for women as appropriate to the context and based on women's suggestions (e.g. music, singing, dance, cooking, craft/art or other cultural activities)
- Formal and non-formal educational activities (e.g. basic literacy and numeracy, cooking classes, life skills, etc.)
- Livelihood activities and training
- Cleansing/healing traditions
- Reintegration activities and reestablishment of family links
- Addressing basic needs in participatory, safe and socially appropriate ways

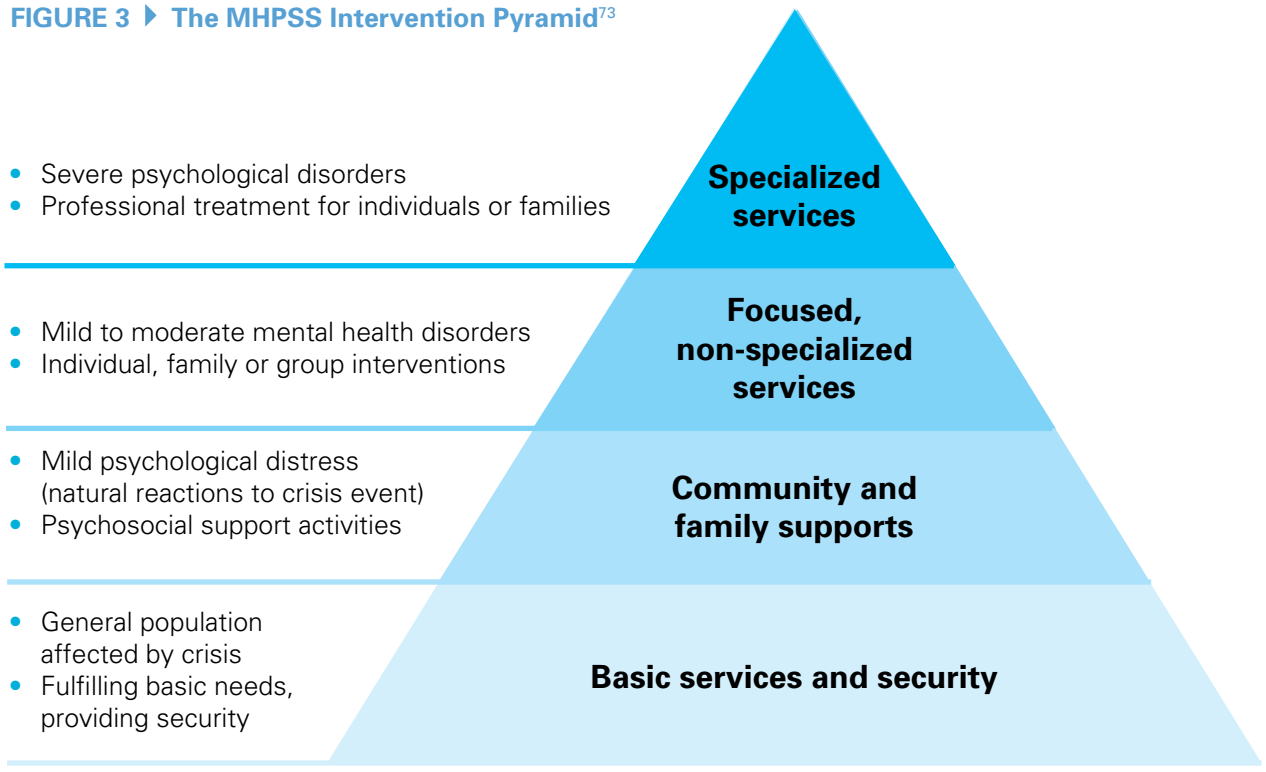
71. Ibid.
72. UNFPA. *Managing GBV Programmes in Emergencies: E-Learning Companion Guide*, p. 87.

Guidance Notes

1. Mental health and psychosocial support: programme approaches

In emergencies, people are affected in different ways and require different kinds of mental health and psychosocial support (see figure 3). The population at large benefits from basic services and a general sense of security. Community and family structures can promote well-being and the protection of women, children and other vulnerable groups. Additionally individuals and groups at risk, such as women and girls, may benefit from focused person-to-person services, such as counselling, case management and emotional and practical support provided by trained community or social workers. Finally, a smaller proportion of the population, who suffer from specific mental health issues, will require specialized services delivered by mental health professionals, such as a psychologist or psychiatrist in a manner which is appropriate to the local social and cultural context.

FIGURE 3 ▸ The MHPSS Intervention Pyramid[73]



This illustration is based on the intervention pyramid for mental health and psychosocial support in the IASC Guidelines on MHPSS in Emergency Settings (2007).

73. IASC. 2007. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.

TABLE 1 | DOs and DON'Ts in MHPSS in Emergencies[74]

DO	DON'T
• Work collaboratively and support a coordinated response, including one overall coordination group on MHPSS. • Tailor MHPSS assessment tools to the local context and collect and analyse information to determine the type of response required. • Recognize that people are affected by emergencies in different ways. More resilient people may function well, whereas others may be severely affected and need specialized support. • Pay attention to the different psychosocial and mental health needs of women, girls, boys and men and modify support services accordingly. • Facilitate the development of community-owned and community-managed programmes that build local capacities and strengthen the resources already present in affected groups. • As appropriate, use local cultural and social practices to support people's social well-being and mental health, supplemented by international approaches. • Build government capacities and integrate mental health care for survivors into existing general health services.	• Do not work on MHPSS in isolation or without thinking how one's own work fits with that of others. • Do not use MHPSS assessment tools not validated in the local context or undertake assessments without providing follow-up support. • Do not assume that everyone in an emergency is traumatized, or that people who appear resilient do not need support. • When designing MHPSS programmes, do not assume that emergencies affect women, girls, boys and men in the same way • Do not undermine local capacities. • Do not assume that all local cultural and social practices are helpful or that MHPSS methods from other countries are necessarily better. • Do not create parallel mental health services.

2. Safe spaces

It is important for women and girls to have access to safe spaces that enable them to access information, support and services in humanitarian situations. While creating safe spaces should be part of comprehensive GBV programming, the concept of creating safe spaces for women and girls can also be applied to other sectors. For example, the health sector may work to provide specialized health information and awareness sessions, or the food security cluster may utilize safe spaces for targeted distribution of food to female-headed households to avoid exploitation or harassment in regular distribution sites. Establishing a safe space does not necessarily involve building a new structure, but rather working with women and girls to identify a space that they perceive as safe. To determine the right location, women and girls should be involved in mapping their community, marking which times and places are safe and which are not. The type and design of a safe space is determined by a given context (e.g. type of emergency, cultural context, risks and needs of vulnerable groups, and existing capacities).

74. Adapted from *IASC, Guidelines on Mental Health and Psychosocial Support in Emergency Settings*: Checklist for Field Use, 2008.

Types of safe spaces

One-stop centres

A one-stop centre provides integrated/holistic services for survivors of GBV, so the survivor does not have to travel to multiple sites, face stigma or retell their experience multiple times. These spaces may be attached to a hospital or other larger support/service and can provide a range of services including legal, psychosocial, health and security.

Women-friendly spaces (WFS)

Women-friendly spaces or female-friendly spaces are safe areas where women can access resources, support, basic services, social networks and referrals to additional services. Women-friendly spaces are often most effective when they are easy to access and organized in conjunction with child-friendly spaces and/or health centre services. Depending on the nature of the humanitarian context, WFS may be used for a variety of activities including training and skills building, non-food item distribution, recreational activities and information sessions on topics including reproductive health, legal rights, childcare and GBV.

Adolescent girls' safe spaces

The model for adolescent girls' safe spaces includes three core elements: a safe place, friends and a mentor.[75] Given their particular vulnerability in situations of crisis, creating a safe space specifically for adolescent girls can be an important protective measure and also provide psychosocial support and recovery for GBV survivors. Activities for adolescent girls in safe spaces should be segmented by age and consider the specific needs of population subsets (e.g. adolescent pregnant girls, girls in schools, girls out of school, girl-headed households, etc.). As a means of psychosocial support, safe spaces enable adolescent girls to develop peer networks and friends, and they may be assigned a mentor who is slightly older than them but within similar age range to foster trust. It is important that parents/guardians and the wider community are engaged in the safe space model and encouraged to view adolescent girls as valuable members of the community.

Indicators

- Percentage and number of reported GBV survivors who access psychosocial support services;
- Context-specific MHPSS programmes for affected populations, established within two-weeks of a crisis onset;
- Number of safe spaces set up per 10,000 affected females;
- Percentage of affected women, girls, boys and men from within the affected population that are aware of how to access psychosocial support, disaggregated by age and sex;
- Percentage and number of support workers trained in MHPSS;
- Number of joint assessments of MHPSS needs and interventions conducted;
- MHPSS actors integrated in GBV SOPs and included in referral pathway.

75. *Austrian, K. and Ghati, D. 2010. Girl Centered Program Design: A Toolkit to Develop, Strengthen and Expand Adolescent Girls Programs. Population Council.*

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Safety & Security

STANDARD 7

Safety and security measures are in place to prevent and mitigate GBV and protect survivors.

When law and order break down, or social support and safety systems (such as the extended family or village groups) are disrupted, women and girls are at greater risk of GBV. In response, new measures should be put in place to support the safety of the affected population and fill the protection gaps created by the humanitarian context. States, together with humanitarian partners, have an obligation to prevent, investigate, prosecute and punish GBV crimes and protect and support survivors. In situations where formal protection systems are weak or non-existent, informal community-based protection mechanisms can also play an important role in ensuring women and girls' safety and security.[76]

Humanitarian actors have a responsibility to regularly monitor the potential GBV-related risks and vulnerabilities of the affected populations, particularly women and girls. Safety audits can be used to identify the specific vulnerabilities of women, girls, boys and men in relation to identified risks. This information can be used to inform the inter-agency response, including putting in place measures to mitigate those risks.

The security sector can play an important role in maintaining or re-establishing safety and security for the civilian population. The security sector includes institutions and other entities with a role in ensuring the security of the State and its people: police, armed forces and military, peacekeepers, and management and oversight bodies such as ministries of the interior and defence. Non-State security actors vary by context but typically include community policing mechanisms, community-based organizations and watch groups. In some cases, however, security sector actors have been implicated as perpetrators of GBV. Where appropriate, promote the positive role the security sector can play, while also maintaining awareness of risks and promoting risk mitigation measures to prevent possible violations.[77]

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76. See Minimum Standard on Mental Health and Psychosocial Support for Guidance Notes on Safe Spaces.
77. See the UN Secretary-General's Bulletin on Special Measures for protection from sexual exploitation and abuse (ST/SGB/2003/13). http://pseataskforce.org/uploads/tools/1327932869.pdf. Also see the *Guidelines to Implement the Minimum Operating Standards for PSEA*, 2013.

KEY ACTIONS Safety & Security

The following key actions may be carried out with State security actors and non-State security actors (as appropriate/feasible) and with other humanitarian actors and the community.

	Preparedness	Response	Recovery
Advocate with security actors to put in place mechanisms to mitigate GBV risks (e.g. through security patrols) and protect GBV survivors from the risk of further violence.	X	X	X
Coordinate with other sectors to mitigate GBV risks (e.g. in relation to safety and site planning, ensuring access to firewood or other domestic energy sources, construction of adequate numbers of sex-segregated latrines and bathing facilities, ensuring safe routes to collect water, etc).	X	X	X
Support the role of law enforcement to prevent and respond to GBV and regularly engage in site visits and observations to promote the well-being of women, girls and other at-risk groups.	X	X	X
Support the establishment of specialized units and/or personnel with expertise on GBV, including ensuring the presence of female police officers where necessary: • Build capacity of security actors to prevent and respond to GBV; • Integrate GBV prevention and response into training curricula for security actors; • Develop standard operating procedures, protocols, regulations and codes of conduct for security units and personnel.	X	X	X
Support security sector actors' awareness of and capacity to use laws, policies and protocols for handling cases, referrals, etc.		X	X
Refer cases of sexual abuse committed by armed forces or security actors to the UN assigned focal point for receiving reports on cases of sexual exploitation and abuse (SEA).[78]		X	X
Support the development of, endorsement of and adherence to codes of conduct forbidding all forms of SEA.		X	X
Advocate for the establishment of Protection from Sexual Exploitation and Abuse (PSEA) focal points.	X	X	X
Ensure that a GBV focal point is represented in security meetings and activities and also that a security focal point participates in GBV meetings as appropriate.	X	X	X
Ensure information sharing and coordination between security sector and GBV working group, including identifying joint actions to ensure security for GBV survivors.		X	X
Ensure security/safety actors integrated into SOPs and included in referral pathway.		X	X
Develop information-sharing standards that ensure confidentiality of survivors, their families and the broader community.	X	X	X
Work with communities to identify security risks that may increase the affected population's vulnerability to GBV.	X	X	X
Engage affected communities and humanitarian actors in the development and implementation of safety audits and for follow-up on recommendations.		X	X
Engage affected communities to establish and lead community-based protection mechanisms.	X	X	X
In the transition phase, advocate for meaningful and active participation of women in security sector reform processes.	X	X	X

78. UN Secretary-General's Bulletin on Special Measures for protection from sexual exploitation and abuse (ST/SGB/2003/13), http://pseataskforce.org/uploads/tools/1327932869.pdf

UNFPA is not directly responsible for providing safety and security but can work with partners to coordinate and advocate for improved safety and security for GBV survivors. UNFPA can work with security sector institutions to build capacity, enforce protocols, set up safe spaces and develop institutional cultures grounded in gender equality that promote survivor-centred responses to GBV violations and contribute to GBV prevention efforts.

Guidance Notes

1. Safety audits

Safety audits allow organizations to assess and identify risks based on geographic location and by service or sector. Audits can determine the specific vulnerabilities of women, girls, boys and men in relation to identified risks. Analysis of findings can determine actions for the humanitarian community and service providers and can facilitate collaboration between the community and GBV partners to reduce identified risks. When conducted regularly, safety audits can help to measure protection risks and monitor the situation and effectiveness of established mitigation measures.

BOX 5 **Safety audits in Za'atari refugee camp, Jordan**

In 2013, the IRC, UNFPA and UNHCR conducted the first inter-agency GBV safety audit in Jordan since the onset of the Syrian crisis. The location was the Za'atari refugee camp. The safety audit used the standard global format[79], tailored to the Za'atari context. Members of the Child Protection and GBV sub-working groups validated the tool and methodology, which included key informant interviews and direct observation by interagency safety auditors. Camp-based Child Protection and GBV sub-working group members participated in conducting the safety audit. The initial analysis was shared with Child Protection and GBV sub-working groups for input and validation.[80] Subsequently, a follow up safety audit was conducted in 2014, in close collaboration with the refugee and broader humanitarian communities and local authorities. The goal of the second Za'atari safety audit was to understand broader safety and protection concerns in the camp, monitor progress and changes over time and improve the overall safety and quality of assistance based on beneficiaries' recommendations. Recommendations from both safety audits were validated by refugees and follow-up actions to address the protection concerns were undertaken by relevant sectors.[81]

79. See GBV Safety Audit tool in GBV AoR. 2012. *GBV Assessment and Situation Analysis Tools,* http://gbvaor.net/wp-content/uploads/sites/3/2015/02/GBV-Assessment-and-Situation-Analysis-2012.pdf
80. Jordan, Za'atari Refugee Camp Safety Audit Findings, 2013.
81. Jordan, Za'atari Refugee Camp Safety Audit Findings, 2014.

BOX 6 **Safety audit and female police officers in the Philippines**

Shortly after Typhoon Haiyan hit the Philippines, the Department of Social Welfare and Development (DSWD), in collaboration with UNFPA, facilitated focus group discussions in 2013 with women and girls living in evacuation centres in Tacloban City. The findings highlighted women and girls' vulnerability to GBV due to lack of privacy, crowded living conditions and inadequate lighting. Adolescent girls said they were afraid to use the toilets at night. Women and girls requested more protection in the form of police patrols. In response to this feedback, the Philippines National Police asked the humanitarian community to support the deployment of female police officers and provide them with training on GBV and child protection. Subsequently, 38 female police officers were deployed to four evacuation centres from November 2013 to March 2014 to conduct regular security patrolling. The deployment of female police officers was a crucial intervention during the acute emergency. The presence of female officers not only helped to mitigate the risk of GBV, but also increased the reporting of GBV cases. The women and girls said that they were immediately able to raise their protection concerns with the female officers without having to go to police stations, which they found intimidating. Reports indicated the female police officers were the primary referral point for GBV cases.

Indicators

Humanitarian organizations and service providers have in place community-based feedback and complaint mechanisms (PSEA), including complaints referral forms[82];

- Community-based strategies are in place to monitor GBV-related risks in affected communities;
- Safety audits conducted on a regular basis;
- Risk assessment available for all affected, accessible areas that reflects current situation;
- PSEA focal point assigned within United Nations Country Teams;
- Percentage of security personnel/forces who are female in affected areas of the country;
- Percentage of affected communities monitoring security risks and identifying risk by location;
- Percentage of security personnel trained in GBV prevention and response, disaggregated by function and sex;
- Security sector actors integrated in SOPs and included in referral pathway;
- UNSC Resolution 1325 action plan is in place.

82. Available at http://pseataskforce.org/uploads/tools/modelcomplaintsreferralformsea_iasctaskforceonpsea_english.pdf

Tools

IASC Task Force on Protection from Sexual Exploitation and Abuse (PSEA). 2013. *Guidelines to Implement the Minimum Operating Standards for Protection from Sexual Exploitation and Abuse by UN and non-UN Personnel.* Geneva: IASC PSEA, http://www.interaction.org/document/guidelines-implement-minimum-operating-standards-psea-iasc-mos

UNFPA. 2014. *Women and Girls Safe Spaces: A Guidance Note Based on Lessons Learned from the Syrian Crisis.* New York: United Nations Population Fund, http://www.unfpa.org/sites/default/files/resource-pdf/UNFPA%20UNFPA%20Women%20and%20Girls%20Safe%20Spaces%20Guidance%20%5B1%5D.pdf

UNFPA and UN Women. 2013. *Global Joint Programme on Essential Services for Women Subject to Violence.* New York: United Nations Population Fund.

United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence. 2015. *UN Joint Programme* Guidelines on Essential Services for Women and Girls Subject to Violence

UN Women, UNFPA, UNDP, and UNODC. 2014. ***G****lobal Technical Consultation and essential policing and justice sector services to respond to violence against women and girls.* New York: United Nations Entity for Gender Equality and the Empowerment of Women, http://www.ppdvp.org.nz/wp-content/media/2014/07/Police-Response-to-VAWG_Background-Paper-for-the-Global-Technical-Consultation_1-4-July-2014.pdf

Gender-based Violence Area of Responsibility (GBV AoR). 2012. *GBV Assessment and Situation Analysis Tools,* http://gbvaor.net/wp-content/uploads/sites/3/2015/02/GBV-Assessment-and-Situation-Analysis-2012.pdf

Justice & Legal Aid

STANDARD 8

The legal and justice sectors protect survivors' rights and support their access to justice consistent with international standards.

GBV survivors face barriers in accessing justice even in stable contexts. Challenges to survivors accessing justice include: a lack of trust in the system; a lack of awareness of laws and knowledge of rights; impunity for perpetrators; and possible re-victimization, leading a survivor to feel further disempowered. In some contexts, justice systems do not serve the needs of survivors and may actually do further harm. Survivors may also encounter significant economic and socio-cultural obstacles in addition to social pressures that prevent them from reporting incidents and accessing legal services. Legal aid for GBV survivors is typically underfunded, understaffed and of poor quality. Often the issue is systemic, with no GBV protocols in place and weak or non-existent legislation.

In a humanitarian context, these obstacles become even greater. For a variety of reasons, some survivors may want legal justice while others may not. Often survivors do not know their options and/or the barriers to accessing justice are difficult to overcome. In times of crisis and transition, humanitarian actors may play an active advocacy and coordination role with justice sector actors to provide justice for survivors, ensure accountability for crimes committed and support long-term rebuilding of communities. UNFPA is not directly responsible for providing access to justice, but can work with partners to coordinate, advocate and facilitate access for GBV survivors to justice and legal aid services that are provided by actors/agencies with expertise in this area.

Justice mechanisms should:

- Allow each survivor to determine what constitutes justice in her/his particular situation; and
- Respond to the unique local context and the survivor's wishes.

Legal services are an essential part of the survivor-centred approach and should be part of a safe, non-stigmatizing multi-sector response to GBV. Legal aid services staffed by appropriately trained personnel should be accessible to GBV survivors and integrated into the general GBV referral system. Survivors should not accrue any legal costs or costs related to transportation and accommodation to access legal services.

KEY ACTIONS

Justice & Legal Aid

	Preparedness	Response	Recovery
Support the inclusion of female police officers and other personnel or police units who are specially trained to respond to GBV.	X	X	X
Promote the availability of local legal aid organizations, staffed by personnel trained on the GBV guiding principles, which can effectively work with and promote the rights of survivors.	X	X	X
Sensitize actors in the justice system on their obligation to investigate a complaint.	X	X	X
Support the development of SOPs and referral mechanisms and protocols to respond to GBV cases using a survivor-centred approach.	X	X	
Advocate to reform policies that do not support access to a range of services or a multi-sectoral model of care for survivors (e.g. in cases where survivors may be required by law to report incidents to police before receiving other services).	X	X	X
Integrate legal aid services, staffed by appropriately trained personnel, into the general GBV referral/case management system. Make information on rights, remedies and survivor support and how to obtain them available to the affected population.[83]		X	X
Conduct advocacy to ensure that special groups of women, including migrant women, trafficked women, refugee women and stateless women in need of assistance have access to legal services and are able to identify what specialized services they may require.[84]	X	X	X
Sensitize communities on existing laws and policies that protect affected populations from GBV and ensure survivors' access to care.	X	X	X
Ensure justice actors are integrated into SOPs and included in referral pathway.	X	X	
Ensure information sharing and coordination between legal/justice sector and GBV working group, including identifying joint actions to provide quality legal services to GBV survivors.	X	X	
Ensure that a GBV focal point is represented in legal/justice sector meetings and activities and also that a legal/justice sector focal point participates in GBV meetings as appropriate.	X	X	X
Provide assistance to reform procedures and laws so that they are sensitive to the needs and safety of women and girls and are in line with the GBV guiding principles.	X		X
Support creation of new mechanisms to address GBV committed during conflict if the justice system is not functioning well.		X	X
Support monitoring systems for application of human rights standards in relation to GBV within the legal and justice sector.	X	X	X
Engage with national actors, including but not limited to governmental and non-governmental actors, to reform existing laws and policies and/or enact new laws and policies that support survivors' access to services (including survivor-centred justice mechanisms) so that formal and informal legal systems conform to international human rights standards and promote women's rights; where laws are in place, strengthen mechanisms for enforcement and consistent application.	X	X	X

83. A/Res/65/328, paragraph 18a.
84. 1A/Res/65/328, paragraph 18a.

Justice sector actors include: formal and non-formal, State and non-State institutions and procedures, as well as transitional justice, traditional and religious leaders, courts, national judiciaries, lawyers, forensic service providers and survivor advocacy groups. In the absence of a well-functioning justice system, humanitarian actors may collaborate and link to informal or traditional community-based mechanisms, as long as they adopt a survivor-centred and rights-based approach (see Guidance Note 2 on working with informal justice mechanisms).

Guidance Notes

1. Legal aid services

Access to justice can be an empowering and essential part of a survivor's healing process. In addition to legitimizing their suffering and enabling them to exercise their rights, quality legal aid services for GBV survivors may contribute to ending impunity and fostering a culture of accountability.

When working with partners, ensure that legal aid services for GBV survivors are as follows:[85]

- Provided in compliance with statutory laws and international standards;
- Integrated into the general GBV referral/case management system;
- Able to provide the survivor with comprehensive information on safety and legal options, including any potential risks and benefits, while also ensuring psychosocial, material and practical support and protection;
- Integrated into safe 'one-stop centres' with legal, medical and counselling services where possible;
- Staffed by personnel trained on the GBV guiding principles;
- Accessible in terms of location (travel time and confidentiality), cost (free or low cost), population group (adolescents or persons with disabilities, language and translation) and security (offer protection to survivors when needed);
- Able to mitigate stigma and the risk of survivors' re-victimization; and
- Able to address the needs of male and female survivors.

It is critical to note that there may be potential negative impacts of a survivor taking action to seek legal aid in situations where the legal system is weak, does not follow due process, is unjust or is biased against the interests of survivors or women in general. The survivor should be informed of any potential risks and all measures should be taken to minimize problems that commonly accompany a weak legal system.

2. Working with informal justice mechanisms

Informal justice mechanisms may vary widely in terms of consistency with a survivor-centred approach and may also reflect discriminatory cultural/gender/social norms (especially as such

85. IASC. 2015. *Guidelines for GBV in Humanitarian Action,* p. 245.

mechanisms may derive their authority from community structures). Before working with these mechanisms, it is necessary to assess and understand the nature of how local justice mechanisms address or resolve issues of GBV. Consider who has the authority and power to enforce informal justice, and then determine if and how it will be appropriate for staff to engage with these actors. In assisting survivors to access justice, humanitarian actors should work to make traditional or informal mechanisms more gender-responsive by building their capacity to incorporate international human rights standards.

There are a number of strategies for working with informal justice mechanisms:

- Working with women's rights or women's legal organizations to develop and strengthen informal justice mechanisms that respond to express needs of survivors;
- Constructively engaging traditional leaders, who are often 'custodians of culture' and have the authority to positively influence a change in customs and traditions to reinforce women's rights[86];
- Taking measures to enhance women's participation and leadership in community or informal justice mechanisms;
- Strengthening the relationship or building links between formal and informal justice mechanisms;
- Including an outlet for judicial review for women or others who feel that traditional justice mechanisms have discriminated against them.

BOX 7 **Mediation and GBV**

Mediation is a process that is used to address a variety of interpersonal conflicts and is often initiated by community leaders or family members as a means to resolve a problem. Mediation is *not recommende*d as an intervention to address GBV, including intimate partner or domestic violence.[87] Mediation is focused on maintaining family or community cohesion and this may perpetuate discrimination and risk women and girls giving up their individual rights in favour of preserving harmony within a social group. Especially in circumstances of domestic violence, which is rarely an isolated event, mediation may inadvertently condone a perpetrator's behaviour or imply easy solutions to complex problems with deep socio-cultural roots. Mediation also assumes that both parties have equal negotiating power, which is not the case with incidents of GBV.[88] Mediation often denies the survivor's control of the process, may expose them to intimidation and re-victimization, may inhibit their access to services and may put them at direct risk of further abuse.[89] For these reasons, though considered common practice in some cultures and communities, mediation may violate the survivor-centred approach and breach many of the GBV guiding principles. Although mediation for GBV cases continues to be used in many parts of the world, it is not recommended as an intervention for UNFPA staff or partners.

86. DFID. 2004. *Non-State Justice and Security Systems.* Briefing Note, p.26. Available at http://www.gsdrc.org/docs/open/SSAJ101.pdf
87. UN Handbook for Legislation on Violence against Women, UN DESA 2010, p. 38; GBV AoR, 2008. Draft Guidelines for Gender-Based Violence Programmes in Regions Affected by the Kenya Post Election Violence, p. 21. Also note that the Council of Europe Convention on preventing and combating violence against women and domestic violence, Art 48, prohibits mandatory mediation in any context in relation to forms of violence covered by the convention.
88. Ellsberg, Mary, 2001. PAHO. Towards An Integrated Mod*el of Care for Family Violence i*n Central America, p. 7.
89. *Virtual Knowledge Centre to End Violence against Women and Girls*, available at http://www.endvawnow.org/en/articles/898-restorative-justice-programmes-remain-controversial.html?next=899

Indicators

- Free legal services in place and accessible to GBV survivors[90];
- Percentage of women who know of a local organization that provides legal aid to GBV survivors;
- Legal aid services staffed by well-trained personnel integrated into the general GBV referral system[91];
- Percentage of individuals (men and women) who are aware of their legal rights pertaining to GBV;
- Percentage of reported GBV survivors in affected population accessing legal aid services;
- Percentage of GBV survivors who access legal aid services and report satisfaction with the legal process;
- Legal/justice actors integrated in GBV SOPs and referral pathway.

Tools

Action for the Rights of Children. 2009. *ARC Resource Pack: Facilitator's Toolkit.* Fairfield: Save the Children, http://resourcecentre.savethechildren.se/sites/default/files/documents/4894.pdf

UNFPA and UN Women. 2013. *Global Joint Programme on Essential Services for Women Subject to Violence.* New York: United Nations Population Fund.

United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence. 2015. *UN Joint Programme* Guidelines on Essential Services for Women and Girls Subject to Violence.

UN Women, UNFPA, UNDP, and UNODC. 2014. *Global Technical Consultation and essential policing and justice sector services to respond to violence against women and girls.* New York: United Nations Entity for Gender Equality and the Empowerment of Women.

United Nations. "Model Strategies and Practical Measures on the Elimination of Violence against Women in the Field of Crime Prevention and Criminal Justice" (A/RES/65/228). New York, Report of the Secretary-General, United Nations, https://www.unodc.org/documents/justice-and-prison-reform/crimeprevention/Model_Strategies_and_Practical_Measures_on_the_Elimination_of_Violence_against_Women_in_the_Field_of_Crime_Prevention_and_Criminal_Justice.pdf

Virtual Knowledge Centre to End Violence against Women and Girls, available at http://www.end-vawnow.org/en/articles/898-restorative-justice-programmes-remain-controversial.html?next=899

UNHCR. 2014. *"Access to justice and sexual and gender-based violence: UNHCR's call for more concerted action".*

90. UNOCHA Registry.
91. IASC. 2015. *Guidelines for GBV in Humanitarian Action, p. 260.*

Dignity Kits

STANDARD 9

Culturally relevant dignity kits are distributed to affected populations to reduce vulnerability and connect women and girls to information and support services.

In times of crisis, women and girls need basic items in order to interact comfortably in public and maintain their personal hygiene, particularly menstrual hygiene. Without access to culturally-appropriate clothing and hygiene items, the mobility of women and girls is restricted and their health is compromised. Furthermore, without certain items women may be unable to seek basic services, including humanitarian aid, which may increase their vulnerability to GBV.

Dignity kits typically contain standard hygiene items such as sanitary napkins, hand soap, toothbrushes, toothpaste and underwear, as well as information on available GBV services, including where and how to access those services. Kits may also include items such as radios, whistles and lights – tools that may help mitigate GBV risks. Field research on dignity kits has found that the value of the kits is more than material; many women have expressed that the actual experience of receiving a kit in a time of need was in itself beneficial, and made them feel as though they had not been forgotten.[92]

BOX 8 **Engaging youth in dignity kit distribution**

In 2012, during the response to Typhoon Bopha in the Philippines, UNFPA mobilized young people from the cyclone-affected and surrounding communities to facilitate distribution of dignity kits. These young women and men received training in the purpose and contents of the kits. Recognizing that distribution of dignity kits was in itself an opportunity to raise awareness among the crisis-affected population, UNFPA worked with selected young people to develop a short presentation in local languages, covering the items in the kit and their use for hygiene and dignity as well as basic information and messages about sexual and reproductive health and GBV services. The young volunteers used humour and enthusiasm to make these presentations lively, entertaining and informative. Many women who attended these sessions said it was the first time they laughed since the typhoon hit, and at the same time they received important information and resources through the dignity kit distribution process.

92. Evaluation of UNFPA's Provision of Dignity Kits in Humanitarian and Post-Crisis Settings, p. 31.

KEY ACTIONS Dignity Kits

	Preparedness	Response	Recovery
Consult with women and girls before and during a crisis to inform selection of the contents of the dignity kit.	X	X	
Customize contents of dignity kits to meet both the immediate and long-term needs of affected populations.	X	X	
Include locally-relevant items in dignity kits that may mitigate GBV risks; use opportunity of dignity kit distribution to promote GBV prevention messages and provide information on GBV services.[94]	X	X	
Identify local suppliers of kit contents (for countries with recurring natural disasters or protracted conflicts, establishing long-term agreements with local suppliers will allow for quick assembly and distribution).	X		
Assess the socio-cultural context and security risks to determine the best channels for distribution to the target population.	X	X	
Coordinate effective distribution of kits by: • Providing information prior to distribution (what, when, where, how) so women and adolescent girls are aware and able to safely and comfortably collect or receive the dignity kits; • Partnering with local organizations (often local community-based organizations are well acquainted with the specific needs of affected populations and have established networks in the local community); • Identifying safe and appropriate locations for distribution where necessary (distribution may need to be organized in a discrete or private space, with room for discussion).	X	X	
Ensure that the contents of the dignity kits are updated over time, in response to the changing needs of the population as the emergency evolves.	X	X	
Carry out post-distribution monitoring to assess use of and satisfaction with distributed items.[95]		X	X
Ensure partners have knowledge of dignity kits and know how to access them for distribution to the populations they are serving.	X	X	

By providing much-needed supplies in dignity kits, humanitarian actors enable women and girls to use their limited resources to purchase other important items needed in the emergency, such as food.

UNFPA directly supports the distribution of dignity kits. Distribution of dignity kits should not be conducted as a stand-alone activity, but must be part of a broader intervention.[93] During distribution, UNFPA staff and partners can initiate focus group discussions with affected populations around GBV issues or use the opportunity to raise awareness of aid opportunities. Dignity kit distribution and the information provided in the kits themselves can also help connect survivors to safe spaces or health programmes, enabling them to access critical support and services. While standard dignity kits may be pre-positioned to be ready for distribution as soon as a crisis hits, further engagement with affected populations, including monitoring the initial distribution, can help UNFPA staff and partners determine what are the most useful and culturally appropriate items to be included in subsequent distributions.

93. Dignity kits should not be a stand-alone activity, except when undertaken as an acute emergency response activity (e.g. in the first three days of the emergency) as a means to quickly access the affected population and create an entry point for other activities.
94. UNFPA, Standard Operating Procedures for Humanitarian Settings, p.23.
95. See *The Sphere Project* Hygiene Promotion Standard 2: Identification and use of hygiene items, http://www.spherehandbook.org/en/hygiene-promotion-standard-2-identification-and-use-of-hygiene-items/

Guidance Notes

1. Tailoring dignity kits to the humanitarian context[96]

Needs assessments should determine what hygiene and protection items should be included in a dignity kit. Whenever possible, questions should be integrated into other assessments (SRH, GBV, etc.) to minimize duplication.

Standard questions for needs assessments:

- What are the basic hygiene products that you need to stay clean and healthy?
- What do you use for washing your bodies?
- What do you use for washing clothes?
- What types of sanitary materials do you usually use during menstruation?
- Do you need any specific clothing items to carry-on your daily tasks?
- Are there items that you need to help you stay safe or help you to access information, aid and services?
- Is there any other item you need for your daily life here (in the camp/shelter/evacuation centre)?
- What type of bag/package should the dignity kit be provided in?
- Where and when should the dignity kit be distributed?

When identifying target groups to receive dignity kits, humanitarian actors should consider the following criteria:

- Immediate/acute needs, paying particular attention to under-served communities and the most vulnerable women and adolescent girls (e.g. pregnant or lactating mothers, people living with HIV or AIDS, female-headed households, women and girls with disabilities, etc.);
- Programmatic opportunities to provide sexual and reproductive health and GBV information, referral and services for strengthening capacities of implementing partners to respond to humanitarian emergencies;
- Geographical location: identify a specific area, taking into account the number of affected people and presence of partners to help with distribution;
- Coordination with partner agencies and national authorities (as feasible) on the content and distribution of dignity kits;
- Specific individual criteria such as age, reproductive health status or other criteria as needed in the local context.

Criteria should be revised according to the local situation and through working with community leaders, civil society and government partners to target the populations most in need.

96. UNFPA. 2013. *Dignity Kit Programming Guidelines*, HFCB/PD pp. 5-7.

Indicators

- Number of women and adolescent girls who received dignity kits, disaggregated by age;
- Number of individuals who indicated they are satisfied with the information provided in the dignity kits they received, disaggregated by age [97];
- Percentage of crisis-affected women and adolescent girls receiving dignity kits;
- Number of women and girls consulted in the development of the dignity kit;
- Input from the consultation used to inform the dignity kit contents;
- All women and girls of reproductive age are provided with appropriate materials for menstrual hygiene following consultation with the affected population.[98]

Tools

UNFPA. 2013. *Dignity Kit Programming Guidelines.* New York: United Nations Population Fund.

UNFPA. 2015. *UNFPA Dignity Kit Guidance Note – Nepal.* New York/Kathmandu: United Nations Population Fund, http://iawg.net/wp-content/uploads/2015/01/UNFPA_Dignity-Kit-Guidance-note.pdf

97. GBV AoR. 2015. *UNOCHA Indicators.*
98. See *The Sphere Project* Hygiene Promotion Standard 2: Identification and use of hygiene items.

Socio-Economic Empowerment

STANDARD 10

Women and adolescent girls access livelihood support to mitigate the risk of GBV, and survivors access socio-economic support as part of a multi-sector response.

Supporting access to and control over economic resources by women and adolescent girls can be an effective measure to enhance resilience, reduce vulnerability and mitigate the risk of GBV in emergency contexts. Access to economic resources can ensure that the basic needs of women and their families are met and expand women's choices. Furthermore, complementary access to vocational training, education and skills development can promote self-sufficiency, empowerment and resilience.

Participation in well-planned and targeted livelihoods interventions can lead to an increase in women and girls' access to resources and decision-making power and, over time, also contribute to changing social, cultural and gender norms. In addition to helping to meet immediate basic needs, livelihoods interventions can also have a positive impact on improving women and adolescent girls' prospects for the future and can change the way the community treats women and adolescent girls as they recognize their added value as contributors to the community's economic security.[99]

UNFPA is not directly responsible for providing socio-economic support but can work with livelihoods sector partners who have specific expertise in this area to establish linkages and ensure that GBV survivors can access livelihoods support as part of a comprehensive multi-sector approach to addressing GBV. As a responsive measure, livelihoods and economic empowerment programmes can be entry points for GBV survivors to receive information and access services and may also provide an outlet for emotional support and healing activities.

However, if not well designed and targeted, livelihoods programmes can also expose women and adolescent girls to GBV risks and may have negative consequences on their standing within a community. For example, women and girls earning an income may be seen as a threat to existing power structures, which could lead to violence from other family or community members.

99. Women's Refugee Commission, CPC Network, and UNICEF. 2015. *Empowered and Safe Economic Strengthening for Girls in Emergencies*, pp 7, 8 and 12.

KEY ACTIONS Socio-Economic Empowerment

	Preparedness	Response	Recovery
Map livelihoods and reintegration support programmes and include relevant livelihoods services/initiatives in GBV emergency referral pathways.	X	X	
Support gender-sensitive livelihoods needs assessments and market analyses, and promote actions to integrate prevention and response to GBV into livelihoods programmes.	X	X	
Promote women and at-risk groups within the affected population as staff and leaders in livelihoods programming.[101]	X	X	
Engage men and boys as positive actors to promote women and girls' participation in livelihoods programmes.	X		
In consultation with women, girls, boys and men, advocate for livelihoods programmes that minimize GBV-related risks as a result of participation and are accessible to those at risk of GBV.[102]	X	X	
Incorporate relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of livelihoods programmes.[103]	X	X	
Ensure livelihoods actors integrated into SOP and included in referral pathway.	X	X	
Ensure information sharing and coordination between livelihoods and GBV working groups, including identifying joint actions to target livelihoods programmes to GBV survivors.		X	X
Ensure that a GBV focal point is represented in livelihoods meetings and activities and also that a livelihoods sector focal point participates in GBV meetings as appropriate.	X	X	

Further, if not well planned, livelihoods interventions can add to women and girls' domestic responsibilitiesand workload, leading to increased stress and pressures. To avoid having to trade protection for economic security, livelihoods programmes must be designed to be gender and risk-sensitive.[100]

Guidance Notes

1. Livelihoods programming in emergencies

UNFPA can partner with local authorities and other agencies to improve livelihood opportunities for women and girls by supporting programmes such as income-generating initiatives, vocational training and cash-for-work, and by employing women (e.g. to distribute information on GBV services, work in women's safe spaces or create materials for dignity kits, such as sanitary supplies). It is important to apply a 'do no harm' approach, to mitigate the possibility that livelihoods programmes further exacerbate protection risks for women and adolescent girls or isolate or further stigmatize GBV survivors.

100. Women's Refugee Commission, 2014. *A Double-edged Sword: Livelihoods in Emergencies Guidance and Tools for Improved Programming*, p. 16.
101. IASC. 2015. *Guidelines for GBV in Humanitarian Action,* p. 209.
102. *Ibid., p. 210.*
103. *Ibid.,* p. 213.

Livelihoods programmes to prevent and respond to GBV should also be inclusive of men and adolescent boys. A lack of viable employment opportunities may create a situation where men and boys are at greater risk of exploitation and abuse or where tensions and negative consequences of male unemployment within communities may arise, especially if there is a perception that a greater focus is being given to women and adolescent girls for livelihoods programmes. Furthermore, the physical and psychological harm and social stigma experienced by male GBV survivors may prevent men from working and earning income to support themselves and their families. Assistance should support male survivors to re-establish a viable means of earning an income, reducing the risk that they will need to resort to high-risk survival strategies.[104]

Economic empowerment programmes can help uproot negative gender and social norms that confine women to the domestic sphere and can help to build women's agency. However, programme managers should also keep in mind that changes in established social and gender norms can risk increasing the incidence of some forms of GBV. To mitigate this risk, the design of women's economic empowerment programmes must be based on a thorough understanding of the emergency context and social, cultural and gender norms of the community. Emergency income generation projects should be integrated into longer-term transition programmes and donor funding strategies to help build women's sustained economic empowerment, strengthen community resilience and mitigate protection risks from the onset of the emergency through early recovery and development.

Indicators

- Livelihoods programmes integrated into GBV SOPs and included in referral pathways;
- GBV survivors have access to livelihoods programmes;
- Changes in women and girls' access and control over resources;
- Changes in net income of livelihood recipients[105];
- Inclusion of GBV risk reduction in livelihoods strategies and funding proposals[106];
- Income support provided to affected population[107];
- Percentage of women and adolescent girls that have access to material and/or cash-based assistance.[108]

104. UNHCR. 2012. *Working with Men and Boy Survivors of Sexual and Gender-based Violence in Forced Displacement*
105. IASC. 2015. *Guidelines for GBV in Humanitarian Action*, p. 220.
106. *Ibid.*, p. 212.
107. *Ibid.*, p. 220.
108. IRC. 2014. *Economic and Social Empowerment Implementation Guide*, GBV Responders, p. 17.

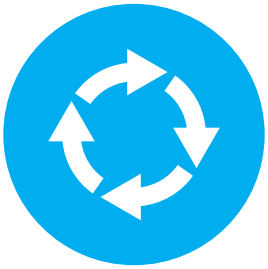
Tools

Inter-Agency Standing Committee. 2015. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action,* http://gbvguidelines.org/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf

WRC. 2014. *A Double-Edged Sword: Livelihoods in Emergencies Guidance and Tools for Improved Programming*. New York: Women's Refugee Commission, https://womensrefugeecommission.org/resources/download/1046

WRC, UNICEF, and CPC Network. 2014. *Empowered and Safe: Economic Strengthening for Girls in Emergencies*. New York: Women's Refugee Commission, https://womensrefugeecommission.org/images/zdocs/Econ-Strength-for-Girls-Empowered-and-Safe.pdf

IRC. 2014. *Economic and Social Empowerment Implementation Guide*, GBV Responders, http://gbvresponders.org/wp-content/uploads/2014/07/001_EAE_Implementation-Guide_English.pdf



Referral Systems

STANDARD 11

Referral systems are in place to connect women, girls and other at-risk groups to appropriate multi-sector GBV prevention and response services in a timely and safe manner.

In emergency settings it is critical that women, girls, other at risk-groups and GBV survivors are able to safely and quickly access health, psychosocial, protection, legal and socio-economic services and support. At a minimum, this requires (i) an effective system of care comprised of a network of identified actors and service providers and (ii) an established referral pathway detailing where and how survivors can access these services. A *referral pathway* is a flexible mechanism that safely links survivors to supportive and competent systems of care, such as medical care, mental health and psychosocial services, police assistance and legal and justice support.[109]

A *referral system* supports well-trained case managers to follow individual GBV cases through the referral pathway, ensuring that survivors have access to multiple services without having to retell their stories over and over again. Referral systems should be established based on a coordinated mapping and/or assessment of services and understanding of actors' capacities. The quality of services should also be documented and monitored over time to ensure they are functional and meet minimum standards of care, in line with the GBV guiding principles. It is important that referral systems prioritize survivor safety and confidentiality and respect survivors' choices, recognizing that even with all services in place, survivors may still elect not to access care.

Initially, the focus during an acute emergency will be on establishing a *basic referral pathway.* This is because it may take time to gather the information and support required to establish a full referral system. The *GBV Standard Operating Procedures*[110] support establishment of referral systems at each stage of an emergency.

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109. IASC. 2015. *Guidelines for GBV in Humanitarian Action,* p. 283.
110. Inter-Agency Standing Committee (IASC) Sub-Working Group on Gender and Humanitarian Action. 2005. *Establishing Gender-based Violence Standard Operating Procedures (SOPs) for multi-sectoral and inter- organisational prevention and response to gender-based violence in humanitarian settings,* http://www.globalprotectioncluster.org/_assets/files/tools_and_guidance/gender_based_violence/GBV_Standard_Operational_Procedures_2008_EN.pdf

KEY ACTIONS Referral Systems

	Preparedness	Response	Recovery
Undertake a rapid assessment/mapping of all GBV services for inclusion in the referral pathway. Assessments should seek to answer the following questions: • What services existed prior to the emergency? • What services are still functioning? • Are these services safe, accessible and adequately staffed? • Are minimum standards of service delivery met or is further capacity building required?	X	X	
Coordinate the establishment of a GBV referral system, building on existing GBV services and community-based structures.	X	X	
Identify and address barriers to GBV survivors accessing multi-sector services (e.g. transport, knowledge of services, literacy, language, etc.).	X	X	X
Ensure women, girls and other at risk groups (including persons with disabilities) are informed of referral pathways and GBV response services.	X	X	X
Monitor the quality of GBV services during implementation and regularly develop the capacity of service providers.	X	X	X
Establish GBV SOPs at national and sub-national levels.	X	X	X
Regularly update referral pathways as the humanitarian situation evolves.		X	X
Conduct periodic rapid assessments to determine survivor needs and access to services (noting that this will likely change frequently during the emergency and throughout the response).		X	X
Target adolescents through appropriate referrals within youth-friendly spaces or within school-based health programmes.	X	X	X

BOX 9 GBV Standard Operating Procedures

Standard operating procedures (SOPs) are specific procedures and agreements that outline the roles and responsibilities of each actor in prevention of and response to GBV. Agreed and documented standard procedures for GBV prevention and response actions among the relevant actors and stakeholders are useful in a variety of settings and are now considered good practice. SOPs should reflect and reinforce a plan of action to address GBV. In addition to developing response programming, they establish guiding principles and standards for ethical, safe, and coordinated multi-sector service delivery.

Guidance Notes

1. Establishing GBV referral systems in emergencies

A functional GBV referral system includes the following key elements:

- At least one service provider for health, psychosocial, safety and protection and, as appropriate and feasible, legal and other support, in a given geographical area;
- Services are delivered in a manner consistent with the GBV guiding principles;
- GBV service providers understand how and to whom to refer survivors for additional services;
- GBV service providers demonstrate a coordinated approach to case management, including confidential information sharing and participation in regular case management meetings to ensure that survivors have access to multi-sector services;
- GBV data collection, including standardized intake and referral forms, is undertaken in a safe and ethical manner;
- Referral pathways identify all available services and are documented, disseminated and regularly assessed and updated, in a format that can be easily understood (e.g. through pictures/diagrams);
- GBV service providers have a space to coordinate survivor response issues.

2. Case management

Case management is a process that engages a range of individuals, organizations and services to support a survivor's immediate needs and longer term recovery. It is important that survivors are provided with information so they can make informed choices, including choices about using GBV response services and the possible consequences of accessing those services (e.g. whether or not the case will be automatically reported to the police, expectations of the interview and/or examination process, etc.). Effective case management ensures informed consent and confidentiality, respects the survivor's wishes and provides services and support without discrimination based on gender, age, race or ethnicity.

In emergencies, it is often difficult to provide the full range of case management services. Survivors' immediate needs should be prioritized, including their safety and security and access to healthcare and counselling. The case manager should assess the immediate risk to the survivor and ask what measures should be taken to protect her/his safety. The case manager can then work closely with the survivor to prepare a safety plan and connect the survivor to healthcare services.

Case managers must have strong interpersonal skills and the capacity to apply a survivor-centred approach to support, guide, listen, assess, plan and follow up on services and survivor support. Discussions should be undertaken in a quiet, private setting where the survivor feels safe. The case manager should work with the survivor to develop a comprehensive plan that identifies what the survivor needs and how her/his needs will be met. Case managers should be familiar with the range of multi-sector services available and engage regularly with other agencies to

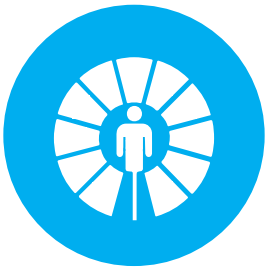
ensure a coordinated process of referral, service delivery and follow-up. It is important that case managers are supported with adequate supervision. When required, and with the survivor's informed consent, case managers can act as advocates on behalf of survivors (e.g. to follow up on survivors' access to other services or to speak with other community or family members).

Indicators

- Referral pathways in place and functional;
- GBV SOPs are in place at national and sub-national levels;
- Percentage of GBV survivors who were referred for comprehensive care, within a given time period;
- Percentage of first responders who are trained/oriented on the referral pathway;
- Standard intake and referral forms are developed and utilized by service providers;
- Capacities of GBV actors are mapped and assessed to strengthen referral system.

Tools

Inter-Agency Standing Committee (IASC) Sub-Working Group on Gender and Humanitarian Action. 2005. *Establishing Gender-based Violence Standard Operating Procedures (SOPs) for multi-sectoral and inter-organisational prevention and response to gender-based violence in humanitarian settings,* http://www.globalprotectioncluster.org/_assets/files/tools_and_guidance/gender_based_violence/GBV_Standard_Operational_Procedures_2008_EN.pdf



Mainstreaming

STANDARD 12

GBV risk mitigation and survivor support are integrated across humanitarian sectors at every stage of the programme cycle and throughout the emergency response.

GBV prevention and response is ***everyone's*** job. Mainstreaming is not an end in itself but a strategy to be undertaken by all humanitarian actors, where the ultimate goal is to promote multi-sector, inter-agency action to prevent and respond to GBV. As a process, it is intended to prevent GBV issues from being overlooked or considered as an add-on or optional. It provides tools that help humanitarian actors to understand GBV. When staff are aware of gender and protection dynamics from the early days of an emergency, they are more likely to assess GBV risks and take measures to reduce vulnerability to GBV among women, girls, boys and men. Barriers to mainstreaming GBV prevention and response include a lack of coordination between humanitarian actors and sectors and the compartmentalized way in which humanitarian organizations are structured, which often does not support an integrated approach to aid delivery.

The key actions contained in this section may be seen as part of a mainstreaming strategy to ensure that inter-agency mechanisms, such as humanitarian clusters, effectively address GBV. Mainstreaming helps to minimize instances where the risk of GBV is inadvertently exacerbated when gender dynamics or protection concerns are not considered in programme design and implementation. While connecting an affected population to a range of aid is a core objective of humanitarian action, this should be conducted in a manner that maintains or improves the safety and security of women, girls, boys and men.

The *GBV Guidelines* are an essential tool for all humanitarian response sectors and operations seeking to facilitate joint action to mainstream GBV. Published in 2015 by the IASC, their full title is Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.[111] The GBV Guidelines assist humanitarian actors and affected communities to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of GBV across all sectors of humanitarian response.

111. IASC. 2015. *Guidelines for GBV in Humanitarian Action,* http://gbvguidelines.org/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf

KEY ACTIONS Mainstreaming

*Mainstreaming of GBV requires that GBV risks be considered at every stage of the programme cycle – from assessment to planning to implementation and evaluation – by **all** humanitarian actors.*

	Preparedness	Response	Recovery
Mainstream GBV risk mitigation and survivor support across key humanitarian clusters and sectors, in line with the IASC GBV Guidelines.[112]	X	X	X
Champion uptake of recommendations contained in the IASC GBV Guidelines among all humanitarian partners.	X	X	X
Advocate across clusters to ensure GBV prevention and mitigation strategies are incorporated into cluster policies, standards and guidelines.	X	X	X
Provide guidance and ensure that all assessments, monitoring exercises and other data collection mechanisms include GBV related questions and data that is disaggregated by sex, age and other relevant variables.	X	X	X
Ensure that programming to prevent, mitigate and/or respond to GBV is reflected in all multi- and single- cluster/sector-funding proposals (e.g. Flash appeals, CERF, SRP, etc.).	X	X	X
Recognize and acknowledge partners for their work in GBV risk mitigation and prevention.	X	X	X
Guide colleagues from other clusters in their understanding of gender dynamics and use of the GBV Guidelines.	X	X	X
Encourage cluster leads to develop context specific action plans for the prevention of and response to GBV based on the 2015 GBV Guidelines.	X	X	X
Take advantage of opportunities for joint programmes/sector initiatives to prevent, mitigate and/or respond to GBV.	X	X	X
Encourage humanitarian coordination actors to advocate for GBV prevention and response across clusters.		X	X

Guidance Notes

1. Integrating GBV in humanitarian action

All humanitarian actors have a duty to protect those affected by the crisis, including protecting women, girls, boys and men from GBV. In order to save lives and maximize protection, essential actions must be undertaken across *all sectors,* in a coordinated manner and from the earliest stages of emergency preparedness. The *Guidelines for Integrating Gender-Based Violence in Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery* provide comprehensive, inter-agency guidance to reduce the risk of GBV by implementing prevention and mitigation strategies across all areas of humanitarian response from pre-emergency through to recovery stages.[113] This includes specific measures and actions that can be taken by the following sectors: camp management and camp coordination; child protection; education; food security and agriculture; health; housing, land and property; humanitarian mine action; livelihoods; nutrition; protection; shelter, settlement and recovery; water, sanitation and hygiene; and support sectors. This document is a key reference for humanitarian staff to mainstream GBV across the humanitarian response.

112. UNFPA, *Standard Operating Procedures for Humanitarian Settings*, p.23.
113. IASC. 2015. *Guidelines for GBV in Humanitarian Action, p. 1.*

TABLE 2 | **Mainstreaming GBV across humanitarian clusters: sample action from four clusters**

WASH	NUTRITION	EDUCATION	LIVELIHOODS
• Consult girls and women about the physical placement and design of water points; • Separate by sex blocks of latrines and showers; • Doors are lockable from the inside; • Lighting of sanitation facilities, water collection routes; • Assess location of water points in relation to shelter.	• Assess safety of food distribution points; • Coordination provision of ready-to-use foods in settings where search for fuel/ firewood is not secure; • Supplementary nutrition and support provided as needed to GBV survivors in safe shelters; • Safe spaces to meet the needs of pregnant and lactating women (PLW) such as nursing or wet feeding stations.	• Assess safety of routes to schools/learning places; • Include material on positive gender norms in teacher training; • Inclusion of comprehensive sexuality education; • Separate locked latrines for boys/girls at schools or learning spaces (WASH); • Link dignity kit distribution to education/ training opportunities.	• Assess physical safety and access to livelihoods programmes; • Ensure those at greatest risk of GBV have access to and control over resources (especially those generated through livelihoods programmes; • Integrate livelihoods and reintegration support programmes in GBV emergency referral pathways.

Indicators

- Percentage of assessments, monitoring and other data collection mechanisms that include GBV-related questions;
- Percentage of assessments, monitoring and other data collection mechanisms that collect data that is disaggregated by sex and age;
- Percentage of cluster/sector funding proposals that include programming to prevent, mitigate and/or respond to GBV.

For GBV mainstreaming, it is important to have indicators that are specific to the sector, as in this example of an indicator from the shelter cluster: Percentage of shelter solutions incorporating measures to prevent/mitigate security risks, in particular GBV, for beneficiary households.

Tools

IASC. 2015. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action,* http://gbvguidelines.org/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf

IASC. 2006. *Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response.* Geneva: IASC, http://interagencystandingcommittee.org/system/files/legacy_files/Cluster%20implementation%2C%20Guidance%20Note%2C%20WG66%2C%2020061115-.pdf

Global Protection Cluster. 2010. *Handbook for Coordinating GBV in Interventions in Humanitarian Settings*. Gender-based Violence Area of Responsibility (GBV AoR) Working Group, http://www.unicef.org/protection/files/GBV_Handbook_Long_Version.pdf

MINIMUM STANDARDS FOR PREVENTION AND RESPONSE TO GENDER-BASED VIOLENCE IN EMERGENCIES

COORDINATION AND OPERATIONAL STANDARDS

Preparedness & Assessment

STANDARD 13

Potential GBV risks and vulnerable groups are identified through quality, gender-sensitive assessments and risk mitigation measures are put in place before the onset of an emergency.

Preparedness refers to actions that enhance national and local capacity to respond to emergencies, by mitigating risks and, if and when emergencies do occur, mitigating their potential level of impact and consequences. Preparedness planning should not only consider situation analyses that show population deprivations and vulnerabilities; it should go further, by reviewing past hazard trends, emerging human rights violations, current conflicts and/or future climate change projections. Existing development activities, projects supporting community resilience and safety nets may be enhanced in preparedness so that shocks do not impede or reverse development gains or create greater vulnerability among the already marginalized and excluded (e.g. persons with disabilities, indigenous peoples, displaced persons, LGBTI individuals, etc.).

Quality assessments and risk analysis should inform the programmatic interventions for preparedness, response and risk reduction (including funding decisions and capacity building priorities). It is important to remember that preparedness is not a linear process; we may be preparing for one crisis as we are responding to another.

Depending on the context, preparedness may include: contingency planning; stockpiling of equipment and supplies such as dignity kits and rape treatment supplies; establishing inter-agency, multi-sector coordination systems; identifying evacuation routes; mapping public information channels; recruiting humanitarian staff and facilitating pre-deployment training; assessing response capacity of national authorities and local organizations; building capacity of local actors; and engaging with donors.[114] Some preparedness actions should be put in place when a 'trigger' is anticipated (e.g. population movements, increase in food insecurity, lack of access to water, or weather events such as droughts or excessive rainfall). Note that an escalation in GBV itself could be a trigger.

114. UNFPA and Women's Refugee Commission, *Community Preparedness: Reproductive Health and Gender*, p. 6.

KEY ACTIONS Preparedness & Assessment

	Preparedness	Response	Recovery
Tailor assessment tools to the local context (see Standard 4: Collecting & Using Data).	X	X	X
Collect existing data on affected populations' risks of and exposure to GBV and other protection risks for inclusion in response strategies and to inform initial assessments (in line with safe and ethical practice for the collection and dissemination of GBV data).	X		
Conduct risk analyses/vulnerability assessments to identify: who is most vulnerable and why; which capacities need to be developed/strengthened; and what relief and services are needed (vulnerabilities and capacities of individuals and social groups evolve over time and determine people's abilities to cope with disaster and recover from it).	X	X	
Ensure that initial assessment reports – which can influence funding priorities for the entire response – include anonymous data on GBV incidents, risks, existing services, etc.[115]	X	X	
Promote joint analysis of secondary data to ensure GBV in Multi-Cluster/Sector Initial Rapid Assessments (MIRA), Initial Rapid Needs Assessments (IRNA) and other assessment processes.[116]	X	X	
Undertake mapping on GBV (e.g. existing services, national legal frameworks, cluster/sector capacities, etc.) to prevent, mitigate and respond to GBV.	X	X	
Conduct capacity assessments/capacity building to ensure GBV actors have capacity to design and implement preparedness activities, and actors engaged in preparedness are aware of and prioritize GBV activities.	X		
Institutionalize capacity building to ensure competent skilled staff, particularly in the health sector.	X	X	X
Mobilize adequate resources and pre-position response supplies such as rape treatment kits and medical examination/intake and case management forms, with a focus on sites most likely to be affected.	X		
Engage the community in the development of preparedness plans on GBV prevention and response (see Guidance Note 1 on gender-sensitive participatory assessments).	X		
Use early warning mechanisms such as text messaging or radio advertising to circulate information.	X		
Raise awareness and sensitize humanitarian actors and staff in other sectors to take action to address GBV at the onset of an emergency.	X		
Develop and disseminate protocols to integrate GBV prevention and response actions across humanitarian preparedness plans.	X		
Identify channels for potential community interventions to prevent and respond to GBV through religious leaders, teachers, community leaders, health workers and others.	X	X	
Ensure staff complete MISP online module[117] and GBV e-learning course[118] as part of preparedness.	X		
Establish and strengthen national and sub-national GBV coordination mechanisms; clarify leadership and structure prior to emergency response.	X	X	
Support and advocate for GBV preparedness plans within United Nations Country Teams and within national plans.	X		

115. IASC. 2015. *Guidelines for GBV in Humanitarian Action,* p.18.
116. IASC. 2012. *Operational Guidance for Coordinated Assessments in Humanitarian Crises*, https://www.humanitarianresponse.info/en/system/files/documents/files/ops_guidance_finalversion2012_1.pdf
117. IAWG. 2011. *Minimum Initial Services Package for Reproductive Health in Crisis Situations: distance learning module*, http://misp.iawg.net
118. UNFPA. 2012. *Managing GBV Programmes in Emergencies e-learning course,* https://extranet.unfpa.org/Apps/GBVinEmergencies/index.html

BOX 10 **Gender-sensitive assessments**

Gender-sensitive assessments are important in the preparedness phase, initial emergency response and throughout the emergency response, serving a number of purposes:

- Ensure programmes across all sectors are based on an accurate understanding of the distinct protection risks faced by women and girls, and the needs of crisis-affected women, girls, boys and men;
- Facilitate the design of more appropriate responses, including ensuring that services are culturally relevant and gender-responsive and ensuring protection considerations, including GBV, are factored into the design of programmes;
- Help to target GBV interventions to ensure programmes reach all population groups, including the most vulnerable;
- Highlight opportunities, resources and strengths within the affected community, including harnessing the capacity of women and girls to actively participate in preparedness and early recovery and to identify and participate in solutions to improve their own protection; and
- Facilitate a smoother transition from preparedness to humanitarian assistance to recovery and development.

Guidance Notes

1. Gender-sensitive participatory assessments

Experience shows that assessments often fail to collect essential gender and protection information. In the rush to obtain data, sufficient time and attention might not be paid to consulting affected populations through participatory assessments to identify the needs, coping abilities and best solutions to mitigate risks.

Participatory assessments involve discussions with women, girls, boys and men, including adolescents, to gather accurate information on several issues:

- Specific protection risks they face;
- Underlying causes of those risks;
- Capacities of women, girls, boys and men; and
- Proposed solutions to addressing their needs.

Participatory information-gathering and analysis methods include participatory observation and spot checks, semi-structured discussions and focus group discussions. Focus groups are not appropriate for personal accounts of GBV, but may be used to explore the concerns of a particular group related to security and protection (e.g. focus groups conducted with girls or women of a similar age). Semi-structured discussions may be conducted at the individual or household level and can provide more personal information that would not emerge in a group setting. Participatory observation and spot checks typically provide complementary information on the protection situation, especially regarding issues that may not be regularly reported.[119]

119. UNHCR. 2006. *The UNHCR Tool for Participatory Assessment in Operations*. Geneva: United Nations High Commissioner for Refugees, pp. 23-25.

Participatory assessments, when conducted safely and ethically, may also have the effect of opening up a safe space for affected populations to talk about GBV and may lead some survivors to disclosing an incident of violence.[120] *Note that GBV survivors should not be sought out as part of an assessment.*[121] The assessment team should be briefed on how to respond to reports of GBV or other protection issues arising during the course of the assessment including ensuring that minimum/basic response services are in place prior to the assessment and that team members can provide information to survivors on how to access care. The assessment may be an intervention itself.

When there are challenges in establishing contact with affected populations, the following actions may help facilitate access: work through existing community structures or community groups (such as religious groups, youth groups, health facilities, community-based organizations, etc.); use multifunctional teams, including local partners, to make initial contact (e.g. when population is scattered in an urban area); and map informal meeting places and networks through which a wider participatory assessment can then be conducted.

2. Addressing the link between disaster risk reduction (DRR) and GBV

Disaster risk reduction (DRR) involves working with communities to understand what their specific vulnerabilities might be in the event that a disaster occurs, and developing programming to mitigate those vulnerabilities before the disaster strikes. To this end, GBV partners should work together with the government (where feasible), international actors and vulnerable communities during the emergency-preparedness phase to prevent GBV prior to and during the emergency and build programmes across all key sectors to ensure rapid response when incidents occur.[122]

As part of DRR, key entry points can provide opportunities to build capacity and prevent and respond to GBV. It is sometimes easier to take advantage of these entry points in the preparedness stage by building on and using existing frameworks, policies and programmes, rather than after the onset of an emergency when networks and services tend to weaken.

The initial mapping and/or assessment should reveal entry points to take a number of actions:

- Work with women and girls and networks and organizations that represent their support systems in communities (e.g. GBV watch groups, adolescent girls' groups, etc.), or form and build capacity of such groups on DRR;
- Engage men and boys, taking into account the cultural context, to help raise awareness around preventing GBV and promoting positive social norms that support gender equality;
- Enhance the capacity of GBV service providers in health facilities to provide referrals to connect survivors to other services.

National ownership of DRR can help ensure that emergency interventions can be integrated into longer-term development objectives. Programmes scaling up GBV work in an emergency should: build on pre-emergency programming; expand where appropriate; and, depending on the scale of the emergency, create special programmes exclusively focused on GBV in emergencies, involving substantial changes to pre-existing staffing and structures when necessary.[123]

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119. UNHCR. 2006. *The UNHCR Tool for Participatory Assessment in Operations*. Geneva: United Nations High Commissioner for Refugees, pp. 23-25.
120. UNHCR, *Measuring Protection by Numbers*, November 2006, p. 22.
121. See section on "Investigating GBV-Related Safety and Security Issues When Undertaking Assessments" in *Guidelines for Integrating GBV Interventions in Humanitarian Action*, 2015, p. 36.
122. IASC. 2010. *Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings*, p. 16.
123. UNFPA 2014, *HIV and Sexual and Reproductive Health Programming: Innovative Approaches to Integrated Service Delivery*.

BOX 11 **Prevention measures to be taken without an assessment**[124]

Assessments are not required to implement GBV prevention and mitigation measures prior to or from the onset of an emergency. Many risk-reduction interventions can be introduced without conducting an assessment, such as placing locks on sex-segregated latrine doors and implementing the MISP. After these measures are in place, additional actions should be taken to assess security and identify risks. Assessments are an important foundation for programme design and implementation.

BOX 12 **Definitions for the preparedness stage**

Disaster risk reduction (DRR) is the concept and practice of reducing disaster risks through systematic efforts to analyse and manage the causal factors of disasters, including through reduced exposure to hazards, lessened vulnerability of people and property, wise management of land and the environment and improved preparedness for adverse events. While the term 'disaster reduction' is sometimes used, the term 'disaster risk reduction' provides a better recognition of the ongoing nature of disaster risks and the ongoing potential to reduce these risks.[125] DRR initiatives:

- Identify and address risks faced by different members of the community;
- Foster safer and more resilient conditions, particularly for women and girls;
- Develop capacity to strengthen preparedness, response and recovery.

Early warning is the provision of timely information enabling people to take steps to reduce the impact of hazards. Early warning is typically multi-hazard and requires genuine ownership of, and participation by, communities and other stakeholders.[126]

Contingency planning is a management process that analyses potential events or emerging situations that might threaten society or the environment and establishes arrangements in advance to enable timely, effective and appropriate responses to such events and situations.[127]

Indicators

- UNFPA country offices have up-to-date national humanitarian preparedness plans that include GBV prevention and response;
- Up-to-date national humanitarian preparedness plans include GBV prevention and response;
- UNFPA Minimum Preparedness Actions are in place;[128]
- Percentage of assessments undertaken and used to inform strategic planning for preparedness that include questions related to GBV;[129]
- Number of females participating in assessments (as assessors and as percentage of those assessed).

124. IASC. 2015. *Guidelines for GBV in Humanitarian Action*, p. 33.
125. UNISDR terminology see: http://www.unisdr.org/we/inform/terminology
126. IFRC terminology, see: http://www.ifrc.org/en/what-we-do/disastermanagement/preparing-for-disaster/disaster-preparedness-tools/early-warning/
127. UNISDR terminology see: http://www.unisdr.org/we/inform/terminology
128. UNFPA. 2014. *Guidance Note on Minimum Preparedness*. UNFPA Humanitarian and Fragile Context Branch.
129. IASC. 30 November 2012. *Reference Module for Cluster Coordination at the Country Level*. IASC Transformative Agenda Reference Document, p. 259.

Tools

IASC. 2015. "DOs and DON'Ts for Conducting Assessments That Include GBV-Related Components" in *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, p. 35, http://gbvguidelines.org/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf

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Global Protection Cluster. 2015. *Gender-Based Violence Preparedness and Response in Emergencies Toolkit.* Gender-Based Violence Area of Responsibility (GBV AoR) Working Group.

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UNHCR. 2006. "The UNHCR Tool for Participatory Assessment in Operations." Geneva: United Nations High Commissioner for Refugees.

WRC. 2014. *Community Preparedness for Reproductive Health and Gender.* New York: Women's Refugee Commission, https://womensrefugeecommission.org/programs/reproductive-health/research-and-resources/document/1048-drr-community-preparedness-curriculum?catid=240

IASC. 2012. *Operational Guidance for Coordinated Assessments in Humanitarian Crises,* https://www.humanitarianresponse.info/en/system/files/documents/files/ops_guidance_finalversion2012_1.pdf

Coordination

STANDARD 14

Coordination results in effective action to mitigate and prevent GBV and promote survivors' access to multi-sector services.

Coordination ensures a more predictable, accountable and effective response to GBV in emergencies. Coordination requires a collective, inter-agency and multi-sector effort for an effective process of engaging all relevant actors including States, UN agencies, international and local non-governmental organizations and communities to achieve a common goal.

Only through collective and sustained action can the protection and safety of women and girls in emergencies be achieved. At the global level, UNFPA and UNICEF have a specific mandate to co-lead the GBV Area of Responsibility (AoR) in emergencies. At the country level, this means working in partnership with national and local authorities and humanitarian actors to lead GBV coordination mechanisms, establish and strengthen national systems and ensure accessible, confidential and appropriate services for survivors. It also means consistently underscoring that prevention and response to GBV is everyone's responsibility. Coordination can promote a common understanding of GBV issues amongst key humanitarian actors, uphold GBV minimum standards, monitor adherence to GBV guiding principles, facilitate information sharing and best practice, and promote collective inter-agency actions to prevent and respond to GBV.

"Only through collective and sustained action can the protection and safety of women and girls in emergencies be achieved."

KEY ACTIONS Coordination

	Preparedness	Response	Recovery
Establish and/or strengthen interagency, multi-sector GBV coordination mechanisms, in partnership with national authorities, relevant UN entities and national and/or international NGOs; encourage participation of UN agencies, NGOs and civil society.[130]	X	X	X
Establish a system for safe and ethical management of reported GBV incident data.	X	X	X
Develop inter-agency SOPs that clarify roles and responsibilities for GBV prevention and response.	X	X	X
Establish a referral pathway to promote survivors' access to services.	X	X	
Provide technical expertise, promote understanding and build capacity on the GBV guiding principles through inter-agency training.	X	X	X
Promote awareness of, access to and use of relevant tools and guidelines across clusters to support effective GBV prevention and response.	X	X	X
Facilitate the immediate deployment of competent and skilled GBV staff with dedicated responsibilities for the coordination of GBV in emergencies (see Standard 17 on Human Resources).	X	X	

Guidance Notes

1. Humanitarian coordination

Humanitarian response must be planned and implemented in coordination with relevant authorities, humanitarian agencies and civil society organizations engaged in impartial humanitarian action – working together to ensure efficiency, coverage and effectiveness.[131] States are primarily responsible for provision of humanitarian assistance and protection of civilians in situations of disaster and conflict. To ensure predictability and accountability, mandated UN agencies and the International Committee of the Red Cross (ICRC) have specific responsibilities under international law to support States to uphold their obligations.

2. Humanitarian reform: Transformative Agenda and Cluster Approach

The Transformative Agenda, a set of actions to improve the humanitarian response model, was agreed by the IASC Principals in 2011. It is focused on improving the timeliness and effectiveness of humanitarian response through stronger leadership, more effective coordination structures and improved accountability to meet the needs of affected people.[132] The Transformative Agenda

130. UNFPA. *Standard Operating Procedures for Humanitarian Settings*, p.23.
131. The Sphere Project, 2011, see Standard 2: Coordination and Collaboration.
132. IASC. *Key Messages*: *The IASC Transformative Agenda.*

seeks to strengthen the role of the Humanitarian Coordinator (HC), the Humanitarian Country Team (HCT), country-based clusters and Cluster Lead Agencies (CLAs) in their work to support national response efforts.[133] The Cluster Approach was established in 2005 to ensure higher standards of predictability, accountability and partnership in humanitarian response.

The Cluster Approach assigns UN agencies (and in some instances NGOs) specific responsibilities to lead the coordination of protection and humanitarian assistance to affected populations in their respective areas of expertise. All CLAs work in partnership with national authorities, build on pre-existing coordination mechanisms for preparedness and emergency response and support and strengthen national systems and local services. The United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) has overall responsibility for humanitarian coordination. There are 11 global clusters. The specific cluster and sub-cluster coordination mechanisms vary between countries and depend on the specific emergency contexts and needs.

3. The GBV Area of Responsibility (AoR)

The Global Protection Cluster comprises four Areas of Responsibility (AoRs): child protection; gender-based violence; land housing and property; and mine action, all led by respective agency focal points. The GBV AoR is co-led by UNFPA and UNICEF. Globally, the GBV AoR aims to develop effective and inclusive protection mechanisms that promote a coherent, comprehensive and coordinated approach to GBV at the field level, including prevention, care, support, recovery and perpetrator accountability.[134] At the country level, UNFPA leads GBV sub-clusters, often in partnership with a government ministry or a non-governmental organization. In the field, the aim of GBV coordination is to facilitate rapid implementation of GBV programming, including liaison and coordination with other clusters/organizations (coalition-building), training and sensitization, strategic planning and monitoring and evaluation.[135] In non-clustered and refugee contexts, coordination is under UNHCR leadership and is structured around sectors and working groups. Depending on the context and capacity of other agencies, UNFPA may lead or co-lead the GBV sub-working group in these contexts, often in close coordination with UNHCR and UNICEF.

4. The provider of last resort

It is the responsibility of cluster leads to call on all relevant humanitarian partners to address critical gaps in humanitarian response. If this fails, the cluster lead as 'provider of last resort' may need to commit itself to filling the gap. [136] If funds are inadequate to meet the need, the cluster lead is not expected to implement these activities, but should continue to work with the Humanitarian Coordinator and donors to mobilize the necessary resources. Likewise, where access to a particular location is impossible, or where security constraints limit the activities of humanitarian actors, the provider of last resort will still be expected to continue advocacy efforts and to explain the constraints to stakeholders.[137] For the Global Protection Cluster and its AoRs, the concept of 'provider of last resort' will need to be applied in a differentiated manner. However, cluster leads are always responsible for ensuring that wherever there are significant gaps in humanitarian response, they continue advocacy efforts and explain the constraints to stakeholders.

133. Ibid.
134. GBV AoR, 2015. *GBV Preparedness and Response Toolkit.*
135. GBV AoR, 2015. *GBV Preparedness and Response Toolkit.*
136. IASC. 2008. *Operational Guidance on the Concept of Provider of Last Resort*, https://www.humanitarianresponse.info/system/files/documents/files/IASC%20Guidance%20on%20Provider%20of%20Last%20Resort.pdf
137. Ibid.

Indicators

- Functioning inter-agency GBV coordination bodies at national and sub-national levels[138];
- Percentage of GBV sub-clusters with work plans in place;
- Percentage of GBV sub-clusters with SOPs in place;
- Percentage of GBV sub-clusters with information management systems in place;
- Percentage of other humanitarian clusters/sector working groups supported by GBV sub-cluster focal point, to further GBV mainstreaming.

Tools

Global Protection Cluster. 2010. *Handbook for Coordinating GBV in Interventions in Humanitarian Settings.* Gender-based Violence Area of Responsibility (GBV AoR) Working Group, http://www.unicef.org/protection/files/GBV_Handbook_Long_Version.pdf

IASC. 2006. *Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response.* Geneva: Inter-Agency Standing Committee, http://interagencystandingcommittee.org/system/files/legacy_files/Cluster%20implementation%2C%20Guidance%20Note%2C%20WG66%2C%2020061115-.pdf

IASC. 2012. *Reference Module for Cluster Coordination at the Country Level.* Geneva: Inter-Agency Standing Committee, https://www.humanitarianresponse.info/system/files/documents/files/iasc-coordination-reference%20module-en_0.pdf

IASC. 2015. *GBV Preparedness and Response Toolkit* [draft]. Geneva: Inter-Agency Standing Committee.

IASC. 2015. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action,* http://gbvguidelines.org/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf

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UN OCHA. 2015. *Humanitarian Response and Coordination.* New York: United Nations Office for the Coordination of Humanitarian Affairs, http://www.humanitarianresponse.info/coordination

IASC. 2008. *Operational Guidance on the Concept of Provider of Last Resort,* https://www.humanitarianresponse.info/system/files/documents/files/IASC%20Guidance%20on%20Provider%20of%20Last%20Resort.pdf

138. UNFPA, *Strategic Plan (2014-2017),* Integrated Results Framework Annex 1.

Advocacy & Communications

STANDARD 15

Coordinated advocacy and communications lead to increased funding and changes in policies and practice that mitigate the risk of GBV, promote resilience of women and girls and encourage a protective environment for all.

Advocacy is about influencing those in power, including decision-makers, to create change in policies and practice. Advocacy is fundamental to an effective GBV response in emergencies; when used effectively throughout the programme cycle, it can influence decision-makers to change policies and programmes to improve safety and security for women and girls, mitigate risks, prevent GBV incidents and ensure safe access to multi-sector response services for survivors. Advocacy is central to the role of GBV programme staff and coordinators who must engage with and try to influence governments, donors, humanitarian actors and communities at different levels. Part of good advocacy is being aware and taking advantage of opportunities – rather than passively waiting for entry points to emerge. Advocacy on protection issues can be particularly sensitive in emergency contexts and must be undertaken with care and based on a thorough analysis of the context.[139]

> "Advocacy is central to the role of GBV programme staff and coordinators who must engage with and try to influence governments, donors, humanitarian actors and communities at different levels."

139. Note that much of the advocacy conducted by gender, protection or GBV specialists will be conducted with colleagues in other clusters, with donors, government and with local actors; advocacy with many of these actors is mainstreamed throughout the other standards.

KEY ACTIONS Advocacy & Communications

	Preparedness	Response	Recovery
Develop an inter-agency GBV advocacy strategy that emphasizes the life-saving nature of GBV in emergencies and build consensus around it.	X	X	
Prepare GBV advocacy messages and IEC materials relevant to the specific emergency context and recruit in-country champions and influential leaders to disseminate messages.	X	X	X
Advocate for GBV working group focal points to attend key meetings and ensure information exchanges across humanitarian sectors.[140]	X	X	X
Activate UNFPA's Communications Protocol (part of UNFPA's Standard Operating Procedures for Humanitarian Response, see Guidance Note 3).		X	
Target key stakeholders, such as government counterparts, other UN agencies, humanitarian organizations, community groups, donors and health, security and legal sector actors to take action to prevent, mitigate and respond to GBV.	X	X	X
Train UNFPA media staff and external media on GBV in emergencies, the survivor centred approach and how and why to ensure safe and ethical reporting on GBV issues.	X	X	X
Engage in advocacy with governments, policymakers, international organizations and non-governmental organizations for review, adaptation, formulation and implementation of laws and policies for the prevention of GBV and protection of survivors.	X	X	X

Guidance Notes

1. Advocacy strategies

Advocacy approaches can vary, depending on the purpose and audience. To develop an effective advocacy strategy, it is important to understand what you want to change, who can enact the change, how to influence the people that can affect this change by understanding their interests, and how to use appropriate communications methods and messages.

General tips for effective advocacy:[141]

- Use clear language and wording that is familiar to your target audience;
- Refer to accepted international standards (e.g. humanitarian principles, IASC GBV Guidelines, etc.);
- Address the following key questions in your advocacy message:
  - What are the key life-saving GBV interventions for the specific emergency context?
  - What are the needs/gaps that these interventions will address?
  - What are the specific protection risks being addressed?

140. IRC. 2013. *Promising Practices in GBV Emergency and Response*, p. 4.
141. GBV AoR. 2014. *GBV Advocacy Toolkit*, p. 42.

- What will be the results of the proposed interventions?
- What may be some negative consequences of the interventions, if any?
- What will happen to groups at risk, primarily women and children, if these GBV interventions are not funded and carried out in this context?
- What are the cost implications?

2. Working with the media

The media can play an important role in advocacy and communications on GBV issues. The media can support efforts to raise awareness on a particular issue, ensure that women's voices and protection concerns are heard, inform the community and the public about how to access GBV response services and promote positive gender and social norms. However, the media is not a neutral transmitter of information. It is important that journalists are trained to cover issues of GBV with respect for the safety and confidentiality of the survivors. Media can also put survivors and those supporting them at risk and contribute to negative stereotyping of survivors and victim blaming. Reporting on GBV issues should follow best practice guidelines to ensure ethical and safe interviews in which survivors are treated with dignity and respect, using a survivor-centred approach.

3. UNFPA Communications Protocol

In emergencies, UNFPA communications focus on highlighting the threats and impact of the crisis on communities, the support needed and UNFPA's contribution to addressing the threats and crisis impact. Communications at the regional and global levels focus on public information and advocacy. Emphasis at the country level is on the efforts of UNFPA and stakeholders to mitigate GBV, increase access to life-saving reproductive health services and support data collection in humanitarian crisis. All country and/or regional offices work in close collaboration with headquarters communications focal points to implement a unified and specific communications action plan. [142]

Indicators

- GBV advocacy strategy in place;
- Advocacy leads to increased funding and improved policies/systems to protect women and girls;
- Percentage of target audience reached with GBV awareness raising messages on service availability and accessibility (in the local language(s);
- Number of media personnel trained on GBV;
- Number of articles on GBV that follow GBV ethical media guidelines.[143]

142. UNFPA *Standard Operating Procedures (SOPs) for Humanitarian Settings*, p.30.
143. Global Protection Cluster. 2013. *Media Guidelines for Reporting on Gender-Based Violence in Humanitarian Contexts.* Gender-based Violence Area of Responsibility (GBV AoR) Working Group.

Tools

Global Protection Cluster. 2013. *Media Guidelines for Reporting on Gender-Based Violence in Humanitarian Contexts*. Gender-based Violence Area of Responsibility (GBV AoR) Working Group, http://gbvaor.net/wp-content/uploads/sites/3/2013/07/GBV-Media-Guidelines-Final-Provisional-25 July2013.pdf

Global Protection Cluster. 2014. *Gender-Based Violence in Emergencies Advocacy Handbook.* Gender-based Violence Area of Responsibility (GBV AoR) Working Group, http://educationcluster.net/wp-content/uploads/sites/3/2015/02/GBV-in-Emergencies_Advocacy-Handbook_final.pdf

Michau, L. & D. Naker. 2003. *Mobilising Communities to Prevent Domestic Violence: A Resource Guide for Organisations in East and Southern Africa.* Kampala: Raising Voices, http://raisingvoices.org/wp-content/uploads/2013/03/downloads/Innovation/Creating_Methodologies/Mobilizing CommunitiestoPreventDomesticViolence/Introduction.pdf

UNICEF. 2003. *Reporting Guidelines*. New York: United Nations Children's Fund, http://www.unicef.org/media/media_tools_guidelines.html

WHO. 2007. *Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies.* Geneva: World Health Organization, http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

UNFPA. 2015. *Reporting on GBV in the Syria Crisis: A Journalists' Handbook*

Monitoring & Evaluation

STANDARD 16

Objective information collected ethically and safely is used to improve the quality and accountability of GBV programmes.

Monitoring and evaluation is essential to assess the effectiveness of programme interventions in preventing, mitigating and responding to GBV in emergencies. Regular monitoring allows GBV staff to continuously assess changes in the protection environment that affect women and girls and track the quality and accessibility of multi-sector services for survivors. This information can be used to modify the programme to ensure it best responds to the nature of protection risks facing women and girls throughout the duration of the emergency.[144]

Guidance Notes

1. Monitoring GBV programmes: approaches and principles

Women and girls should be consulted in GBV programme design and maintain an active role throughout programme monitoring and evaluation, with due caution in situations where this poses a potential security risk or increases the risk of GBV. Information should be collected ethically and safely, consistent with international best practice (see Standard 4 on Data Collection & Use). Information-sharing protocols should be established to ensure confidentiality of survivor information and data. Although more difficult in emergency contexts, GBV monitoring and evaluation frameworks should seek to measure outcomes and impact (e.g. the well-being and safety of women and girls) rather than only outputs (e.g. number of persons trained).

Good monitoring allows strategies to change over time to increase effectiveness and to support learning for future programmes. When monitoring the effectiveness of GBV programmes, attention should be given to participation (access), benefits and positive impacts, adverse impacts, equity and empowerment. In line with a multi-sector approach, monitoring plans should include

144. Reproductive Health Response in Conflict (RHRC) Consortium. 2004. *Gender-based Violence Tools Manual: For Assessment, Programme Design and Monitoring and Evaluation in Conflict-Affected Settings*, http://reliefweb.int/sites/reliefweb.int/files/resources/FC881A31BD55D2B3C1256F4F00461838-Gender_based_violence_rhrc_Feb_2004.pdf

KEY ACTIONS Monitoring & Evaluation

	Preparedness	Response	Recovery
Develop a country and/or emergency specific framework for monitoring UNFPA's Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies, and measure UNFPA and partners' progress to address protection concerns for women and girls in line with this Framework.	X	X	
Develop indicators for GBV sub-cluster work plans that are aligned with global standards and relevant to the local emergency context. The specification of indicators – both milestones and targets – should be based on gender analyses and be Specific, Measurable, Achievable, Relevant and Time-bound (SMART).	X	X	X
Engage communities in programme planning, implementation, monitoring and review.[145]	X	X	X
Undertake regular (milestone or process-oriented) monitoring and use findings to inform programme implementation.[146]		X	
Ensure that programmes reach the most socio-economically marginalized women, girls, boys and men, including persons with disabilities and LGBTI populations, as well as other sub-groups at risk of GBV in the context.	X	X	X
Evaluate programme impact and share recommendations with key stakeholders.[147]	X	X	X
Coordinate internal/external evaluations of GBV programmes and GBV sub-cluster work plans.	X	X	X

indicators for response services in each sector (e.g. health, psychosocial, security and legal/justice), along with coordination and prevention actions. Lessons learned should also be documented in reporting exercises and good practices shared widely.

Questions to keep in mind when monitoring GBV prevention and response:

- Benefits/positive impacts: What do women, girls, boys and men think and feel about the project? What benefits is the project bringing to the lives of the target population?
- Participation/access/leadership: How are women, girls, boys and men participating in the project? What is the extent of their participation? What barriers to participation are being experienced? How can they be overcome? Does action need to be taken to enhance the participation of girls and/or women in decision-making or leadership? Are there other at-risk sub-groups that need to be addressed through this project?
- Negative consequences/adverse impacts: Is the project worsening the situation for women, girls, boys and men? In what ways? To what extent? What will be done to change this negative impact?
- Equity: Are some groups of women, girls or other at-risk groups in that context being excluded? Who is not being reached?
- Empowerment: Are women and girls being empowered? How? To what extent? What else needs to, or can, be done to enhance their empowerment?

145. GBV AoR, 2015. *GBV Preparedness and Response Toolkit.*
146. Ibid.
147. Ibid.

Indicators

- GBV monitoring and evaluation framework in place with indicators that are SMART and gender sensitive to guide programming and support accountability;
- Number of crisis-affected countries implementing UNFPA's Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies.

Tools

IASC. 2015. GBV Preparedness and Response Toolkit. Geneva: Inter-Agency Standing Committee.

Reproductive Health Response in Conflict (RHRC) Consortium. 2004. Gender-based Violence Tools Manual: For Assessment and Program Design, Monitoring & Evaluation in Conflict-Affected Settings. New York: RHRC Consortium, http://reliefweb.int/sites/reliefweb.int/files/resources/FC881A31BD55D2B3C1256F4F00461838-Gender_based_violence_rhrc_Feb_2004.pdf

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MEASURE Evaluation. 2008. Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators. Chapel Hill: MEASURE Evaluation, http://www.cpc.unc.edu/measure/publications/ms-08-30

Human Resources

STANDARD 17

Qualified, competent and skilled staff are rapidly recruited and deployed to design, coordinate and/or implement programmes to prevent and respond to GBV in emergencies.

Humanitarian actors depend on a dedicated cohort of competent, qualified and skilled humanitarian protection professionals to carry out their critical role in GBV programming and coordination. In an emergency, designated staff must be recruited, deployed and retained with specific duties for GBV programming and for interagency GBV coordination.

Staff who have specific GBV-related responsibilities need specialized skills and competencies. Human resource planning should include specific measures to train and build capacity of new and current staff as an essential part of programme implementation. Once deployed, staff must be supported through adequate supervision and professional support to promote staff well-being and retention. While specialized staff should receive training to meet their key responsibilities (e.g. MHPSS, case management, CMR, etc.), all staff must be trained in the survivor-centred approach and basic GBV programming concepts. To achieve this, managers should support their staff capacity development and allow dedicated time to attend training in GBV prevention and response. Due to the pressures and unique set of stressors associated with working on GBV issues, staff safety and self-care are particularly important.

> "Human resource planning should include specific measures to train and build capacity of new and current staff as an essential part of programme implementation."

KEY ACTIONS Human Resources

	Preparedness	Response	Recovery
Establish a GBV team consisting of a GBV Programme Manager, Inter-Agency GBV Coordinator, GBV Information Management Officer and, where relevant, a GBVIMS Coordinator for data collection.		X	
Conduct an internal staff capacity assessment across programme areas to identify gaps in knowledge and capacity and develop a human resource strategy to build staff capacity and address identified needs.	X	X	X
Allocate appropriate staff (vis-à-vis level, experience and expertise) to lead UNFPA GBV programming, information management and coordination as separate profiles.[148]		X	X
Develop the capacities of actors to prevent and respond to GBV in line with global best practices.[149]	X	X	X
Ensure that all UNFPA programme staff have completed the GBV e-learning course.[150]	X	X	X
Train staff and build awareness on GBV standards, policies and tools. [151]	X	X	X
Develop job profiles that specify responsibilities in line with Core Competency framework for GBV in emergencies.[152]	X	X	X
Share GBV training resources and knowledge products.	X	X	X
Ensure PSEA is integrated into staff policies and signed by all personnel and implementing partners.	X	X	X
Promote staff well-being in emergencies (see Guidance Note 1): • Prioritize self-care and safety for staff; • Build awareness of care opportunities; • Create spaces for staff reflection and discussion related to safety and quality of life concerns.		X	X

Guidance Notes

1. Supporting staff performance by encouraging self-care and safety

While staff safety and self-care is always of paramount importance for humanitarian organizations, it is particularly applicable for those addressing GBV. It is normal to be affected by this work. Taking care of physical and mental health, including finding positive, healthy activities and outlets to manage stress, will support better job performance and overall well-being.

Working with GBV survivors can be traumatic and can result in vicarious or secondary trauma. This condition may be identified by a change in the staff member's ability to engage with survivors and

148. UNFPA *Standard Operating Procedures (SOPs) for Humanitarian Settings*, p.23
149. Ibid, p.24
150. UNFPA *Minimum Preparedness Actions,* MPA 10: Capacity Development, p.21
151. GBV AoR. 2015. *GBV Preparedness and Response in Emergencies Toolkit*, section 7.3.2.
152. GBV AoR. 2014. *Core Competencies for GBV Programme Managers and Coordinators in Humanitarian Settings.*

a decreased ability to cope with stress. Vicarious or secondary trauma is typically a cumulative process that builds over time after prolonged exposure to other people's suffering. It is important for GBV staff to pay attention to signs of stress, know their own limits, recognize changes and seek out help and self-care strategies.

It is necessary to establish an environment where all staff that work on issues of GBV are safe, able to take care of their physical and mental health and seek support when needed. To conduct their work effectively, GBV specialists need appropriate management, supervision and psychosocial support. Ensuring self-care and appropriate support for GBV staff is a core responsibility for managers.

TABLE 3 | Competencies for GBV professionals working in humanitarian contexts

1. Understands and applies a survivor-centred approach, including GBV guiding principles:
   - Safety
   - Confidentiality
   - Respect
   - Non-discrimination
2. Believes in gender equality and applies, promotes and integrates gender analysis into humanitarian programming
3. Demonstrates knowledge of and can implement multi-sectorial response to GBV (includes health, psychosocial support, security and legal response)
4. Demonstrates knowledge of and engages effectively with the humanitarian architecture
5. Demonstrates knowledge of current GBV prevention theory and identifies and applies appropriate GBV prevention and behavior change strategies at different stages of the humanitarian response
6. Locates, adapts and applies key GBV tools to context including:
   - GBV Coordination Handbook
   - GBVIMS
   - UNFPA Minimum Standards for Prevention and Response to GBV in Emergencies
   - WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies
   - IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Settings, focusing on prevention of and response to sexual violence in emergencies
7. Understands and applies concepts of adult learning to build capacity of GBV personnel
8. Applies participatory approaches to engage with and mobilize communities
9. Provides strategic planning for GBV prevention and response, including applying critical thinking and problem-solving to create innovative GBV programming and critically analyzing context, trends and vulnerabilities related to GBV
10. Demonstrates understanding of effective fund-raising for GBV prevention and response, including through key humanitarian funding processes
11. Advocates for GBV prevention and response and in support of GBV survivors
12. Supports other sectors to mainstream GBV prevention and response
13. Understands critical issues – including ethics – with regards to collecting, managing, sharing and applying data
14. Facilitates a collaborative environment to promote effective coordination
15. Uses emotional intelligence, including having and showing empathy and active listening and presenting and fostering respectful communication

2. Competencies for GBV staff working in humanitarian contexts

In 2014, the GBV Area of Responsibility developed a competency framework for GBV programme managers and coordinators.[153] The framework outlines a set of core competencies (e.g. skills, knowledge and abilities) necessary for effective GBV prevention and response programming and for inter-agency GBV coordination in humanitarian contexts. These competencies, covering professional and technical skills, may be useful guidance when undertaking staff recruitment/deployment, capacity development and performance assessments for GBV programme managers and coordinators.

3. Prevention of sexual exploitation and abuse (PSEA)

As outlined in the UN Secretary General's Bulletin for Prevention of Sexual Exploitation and Abuse,[154] sexual exploitation and abuse (SEA) violates universally recognized international legal norms and standards and is unacceptable behaviour and prohibited conduct for UN staff and contractors. SEA committed by UN staff brings harm to those whom humanitarian actors are mandated to protect. The Bulletin stipulates that reporting of SEA is mandatory for all UN staff. All reporting must be confidential and reporting should be made through the in-country PSEA focal point, who is assigned by the Head of Mission within each UN Country Team.[155] Managers and human resource staff are responsible for ensuring that all UN staff are trained in PSEA, that mechanisms are in place for reporting and that staff understand their individual responsibilities to report any suspected incidents and have signed a code of conduct. While GBV staff can play a role in advocating for PSEA measures, the coordination of inter-agency processes to address SEA is not within the purview of the GBV sub-cluster or working group, but is a role for the United Nations Country Team assigned PSEA focal point. This is also important to ensure the independence, integrity and confidentiality of SEA mandatory reporting mechanisms and investigation processes.

Indicators

- Percentage of UNFPA programme staff completing the Managing GBV Programmes in Emergencies e-learning course[156];
- Number of qualified GBV coordinator, GBV information management and GBV programme staff on regional and global UNFPA surge rosters (internal and external) trained to deploy for humanitarian response;
- Percentage of managers who support staff to take advantage of self-care opportunities, in accordance with global staff survey;
- Percentage of UNFPA staff trained in PSEA.

153. GBV AoR. 2014. *Core Competencies for GBV Programme Managers and Coordinators in Humanitarian Settings.*
154. ST/SGB/2003/13
155. ST/SGB/2003/13
156. UNFPA. 2012. *Managing GBV Programmes in Emergencies e-learning course,* https://extranet.unfpa.org/Apps/GBVinEmergencies/index.html

Tools

Gender-Based Violence Area of Responsibility. 2014. *Core Competencies for GBV Programme Managers and Coordinators in Humanitarian Settings.* Gender-based Violence Area of Responsibility (GBV AoR) Working Group, http://gbvaor.net/wp-content/uploads/sites/3/2015/04/Core-Competencies.pdf

AWID and Women's Human Rights Defenders International Coalition (WHRD-IC). 2014. Our Right to Safety: *Women Human Rights Defenders' Holistic Approach to Protection*. Washington D.C.: Association for Women's Rights in Development, http://www.awid.org/publications/our-right-safety-women-human-rights-defenders-holistic-approach-protection

UN Secretary-General's *Bulletin for Prevention of Sexual Exploitation and Abuse* and other resources available at, http://www.pseataskforce.org/en/

UNFPA. 2012. *Managing GBV Programmes in Emergencies e-learning course,* https://extranet.unfpa.org/Apps/GBVinEmergencies/index.html

Resource Mobilization

STANDARD 18

Dedicated financial resources are mobilized in a timely manner to prevent, mitigate and respond to GBV in emergencies.

Actions to address GBV in an emergency context must be prioritized as life-saving interventions in humanitarian funding strategies.[157] Despite global recognition that GBV is a pervasive human rights violation and health issue, funding in emergencies is often insufficient, unpredictable and inconsistent across humanitarian contexts.[158] Research indicates that there is a need to more clearly define and articulate the meaning and value of protection overall, including measures to prevent and respond to GBV in humanitarian settings, and better measure outcome level results — a key challenge given the sensitivity of gathering GBV data.[159]

Practical actions to address these challenges include: improving communication (e.g. developing evidence-based funding proposals using clear, non-technical language); coordinating advocacy messages across the protection cluster (e.g. within the Child Protection Working Group and GBV AoR at country level); mainstreaming GBV across other sectors using the IASC GBV Guidelines; and actively engaging donors with a particular interest or policy focus on protection and/or GBV. Furthermore, it is critical that humanitarian actors continue to proactively advocate for and ensure allocation of specific funding at all stages in an emergency to prevent, mitigate and respond to GBV.[160]

157. Internal Report on UNFPA's Work on GBV, 2014.
158. Global Protection Cluster (GPC). 2013. *Placing Protection at the Centre of Humanitarian Action: Study on Protection Funding in Complex Humanitarian Emergencies.*
159. Ibid.
160. Ibid. *Also see for CERF* http://www.unocha.org/cerf/resources/guidance-and-templates*; for Flash Appeal see* https://www.humanitarianresponse.info/programme-cycle/space/search?search=FLASH+APPEAL; and for Strategic Response Planning see https://www.humanitarianresponse.info/programme-cycle/space/document/2015-strategic-response-planning-template.

KEY ACTIONS Resource Mobilization

	Preparedness	Response	Recovery
Advocate for inclusion of GBV-specific activities and budgets in humanitarian response plans.		X	
Develop CERF, Flash Appeal/SRP proposals to address GBV (programming and coordination).[161]		X	
Develop joint funding proposals with partners, including in-country GBV sub-cluster actors.[162]		X	X
Allocate core UNFPA budget resources to prevent, mitigate and respond to GBV in emergencies.	X	X	X
Mobilize resources to establish and/or expand GBV coordination activities and staffing.	X	X	X
Map donors and liaise and advocate with key donors to promote UNFPA GBV work and develop proposals for donor funding.	X	X	X
Advocate with UNOCHA and relevant CLAs to include GBV proposals in humanitarian funding proposals.		X	
Use information collected on GBV risk factors and other GBV-related issues when drafting cluster and/or sector-specific proposals (initial assessment reports can influence funding priorities for the entire response).		X	X

Guidance Notes

1. Funding strategies

Funding sources for GBV programming include the UN system pooled-funding mechanisms (e.g. flash appeals, CERF, CAP), UNFPA Emergency Response Funds (ERF), multi-donor trust funds, bilateral donor funds and the Strategic Response Plan (SRP). It is important to ensure that GBV is included in the SRP document in order to highlight GBV as a funding priority for donors and ensure that GBV prevention and response is a core to part of the humanitarian response from crisis onset.

Research undertaken by the Global Protection Cluster[163] based on discussions with donors offers the following recommendations for successfully securing funding GBV programmes in an emergency:

- Key tips for developing quality proposals:
  - Consider and articulate the programme's contribution towards strategic objectives;
  - Use gender-sensitive data to inform programme design;
  - Highlight how the programme is based on best practice; and
  - Show how results will be measured with clear and concise language.
- Ensure effective coordination on GBV issues to develop joint advocacy messages and coordinated funding appeals and share information and data safely and ethically;
- Engage with existing coordination groups and mainstream protection in other humanitarian interventions;
- Engage with donors so they understand the humanitarian context and specific resources needed to manage risk.

161. UNFPA, *Standard Operating Procedures for Humanitarian Settings*, p.23.
162. Global Protection Cluster (GPC). 2013. *Placing Protection at the Centre of Humanitarian Action.*
163. IASC. 2015. *Guidelines for GBV in Humanitarian Action*, p. 25.

Indicators

- Percentage of humanitarian proposals (i.e. within humanitarian appeals) that include budgeted GBV prevention and response activities;
- Percentage of UNFPA's overall humanitarian budget allocated to GBV activities, segregated by source of funding;
- Percentage of humanitarian proposals that include GBV prevention and response activities and budget.

Tools

Global Protection Cluster. 2014. *Fundraising Handbook for Child Protection and Gender-Based Violence in Humanitarian Action*. Gender-based Violence Area of Responsibility (GBV AoR) Working Group, http://gbvaor.net/wp-content/uploads/sites/3/2014/03/FUNDRAISING_HANDBOOK.pdf

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