*Thematic Area Guide for:*

# Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action

*Reducing risk, promoting resilience and aiding recovery*

- Camp Coordination and Camp Management
- 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
- Humanitarian Operations Support Sectors

Global Protection Cluster
GBV Prevention and Response

www.gbvguidelines.org

IASC
Inter-Agency Standing Committee

# Acknowledgements

This Thematic Area Guide (TAG) is excerpted from the comprehensive Inter-Agency Standing Committee *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery* (IASC, 2015), available at <www.gbvguidelines.org>. The lead authors were Jeanne Ward and Julie Lafrenière, with support from Sarah Coughtry, Samira Sami and Janey Lawry-White.

The comprehensive Guidelines were revised from the original 2005 IASC *Guidelines for Gender-Based Violence Interventions in Humanitarian Settings.* The revision process was overseen by an Operations Team led by UNICEF. Operations team members were: Mendy Marsh and Erin Patrick (UNICEF), Erin Kenny (UNFPA), Joan Timoney (Women's Refugee Commission) and Beth Vann (independent consultant), in addition to the authors. The process was further guided by an inter-agency advisory board ('Task Team') of 16 organizations including representatives of the global GBV Area of Responsibility (GBV AoR) co-lead agencies—UNICEF and UNFPA—as well as UNHCR, UN Women, the World Food Programme, expert NGOs (the American Refugee Committee, Care International, Catholic Relief Services, ChildFund International, InterAction, International Medical Corps, International Rescue Committee, Oxfam International, Plan International, Refugees International, Save the Children and Women's Refugee Commission), the U.S. Centers for Disease Control and Prevention and independent consultants with expertise in the field. The considerable dedication and contributions of all these partners has been critical throughout the entire revision process.

The content and design of the revised Guidelines was informed by a highly consultative process that involved the global distribution of multi-lingual surveys in advance of the revision process to help define the focus and identify specific needs and challenges in the field. In addition, detailed inputs and feedback were received from over 200 national and international actors both at headquarters and in-country, representing most regions of the world, over the course of two years and four global reviews. Draft content of the Guidelines was also reviewed and tested at the field level, involving an estimated additional 1,000 individuals across United Nations, INGO and government agencies in nine locations in eight countries.

The Operations and Task Teams would like to extend a sincere thank you to all those individuals and groups who contributed to the Guidelines revision process from all over the world, particularly the Cluster Lead Agencies and cluster coordinators at global and field levels. We thank you for your input as well as for your ongoing efforts to address GBV in humanitarian settings.

We would like to thank the United States Government for its generous financial support for the revision process.

A Global Reference Group has been established to help promote the Guidelines and monitor their use. The Reference Group is led by UNICEF and UNFPA and includes as its members: American Refugee Committee, Care International, the U.S. Centers for Disease Control and Prevention, ChildFund International, International Medical Corps, International Organization for Migration, International Rescue Committee, Norwegian Refugee Council, Oxfam, Refugees International, Save the Children, UNHCR and Women's Refugee Commission.

For more information about the implementation of the revised Guidelines, please visit the GBV Guidelines website <www.gbvguidelines.org>. This website hosts a knowledge repository and provides easy access to the comprehensive Guidelines, the TAGs and related tools, collated case studies and monitoring and evaluation results. Arabic, French and Spanish versions of the Guidelines and associated training and rollout materials are available on this website as well.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the United Nations or partners concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

Design by: Prographics, Inc.

# Foreword

There is an increasing awareness that shelter is about more than 'four walls and a roof'; it is also about providing security, safety and protection for families and communities displaced by conflict, disaster or other crises.

Therefore shelter, settlement and recovery actors play a critical role in enhancing the safety and well-being of people affected by crisis. This includes helping to protect people against gender-based violence. Overcrowding, lack of privacy or locks, insufficient lighting, inadequate distribution of non-food items and shelters built in unsafe locations can all increase the risk of domestic violence, sexual assault, harassment, sexual exploitation and other forms of gender-based violence—especially against women and girls. These risks of violence, however, can be prevented and mitigated. But it requires strategic and risk-aware programming that continuously monitors for, and develops strategies to address, safety risks related to shelters, settlements and non-food items.

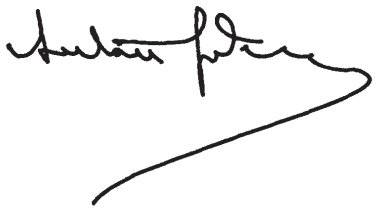
This Thematic Area Guide (TAG) on shelter, settlement and recovery and gender-based violence is part of the larger, comprehensive *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery* (IASC, 2015, available at <www.gbvguidelines.org>. It is a portable tool that provides practical guidance for shelter, settlement and recovery actors and affected communities to coordinate, plan, implement, monitor and evaluate actions designed to prevent and mitigate gender-based violence. Extensively reviewed and field tested, the guidance reflects the combined wisdom and experience of colleagues from across the sector, as well as from the wider humanitarian community. It is meant to be used at all stages along the humanitarian continuum: from preparedness to response and through to recovery.

Promoting and protecting the rights of affected populations—including the right to be safe from gender-based violence—is central to our work. By acting on the insight and experience captured in this guidance, we can make a difference for the most vulnerable, helping always to protect their safety and dignity. We owe that to them.

International Federation
of Red Cross and Red Crescent Societies
www.ifrc.org Saving lives, changing minds.

Elhadj As Sy,
Secretary General

UNHCR
United Nations High Commissioner for Refugees
Haut Commissariat des Nations Unies pour les réfugiés



Antonio Guterres,
High Commissioner

# Acronyms

| | |
|---|---|
| AAP | Accountability to Affected Populations |
| AoR | area of responsibility |
| AXO | abandoned explosive ordnance |
| CA | camp administration |
| CAAC | Children and Armed Conflict |
| CAAP | Commitments on Accountability to Affected Populations |
| CaLP | Cash Learning Partnership |
| CBPF | country-based pooled fund |
| CCCM | camp coordination and camp management |
| CCSA | clinical care for sexual assault |
| CEDAW | Committee on the Elimination of Discrimination against Women |
| CERF | Central Emergency Response Fund |
| CFW | cash for work |
| CIVPOL | Civilian Police |
| CLA | cluster lead agency |
| CoC | code of conduct |
| CP | child protection |
| CPRA | Child Protection Rapid Assessment |
| CPWG | Child Protection Working Group |
| CRC | Convention on the Rights of the Child |
| CwC | communicating with communities |
| DDR | disarmament, demobilization and reintegration |
| DEVAW | Declaration on the Elimination of Violence against Women |
| DFID | Department for International Development |
| DRC | Danish Refugee Council |
| DRC | Democratic Republic of the Congo |
| DTM | Displacement Tracking Matrix |
| EA$E | Economic and Social Empowerment |
| EC | emergency contraception |
| ERC | emergency relief coordinator |
| ERW | explosive remnants of war |
| FAO | Food and Agriculture Organization |
| FGD | focus group discussion |
| FGM/C | female genital mutilation/cutting |
| FSA | food security and agriculture |
| GA | General Assembly |
| GBV | gender-based violence |
| GBVIMS | Gender-Based Violence Information Management System |
| GPS | Global Positioning System |
| HC | humanitarian coordinator |
| HCT | humanitarian country team |
| HIV | human immunodeficiency virus |
| HLP | housing, land and property |
| HMA | humanitarian mine action |
| HPC | Humanitarian Programme Cycle |
| HR | human resources |
| HRP | Humanitarian Response Plan |
| HRW | Human Rights Watch |
| IASC | Inter-Agency Standing Committee |
| ICLA | Information, Counselling and Legal Assistance |
| ICRC | International Committee of the Red Cross |
| ICT | information and communication technologies |
| ICWG | inter-cluster working group |
| IDD | Internal Displacement Division |
| IDP | internally displaced person |
| IEC | information, education and communication |
| IFRC | International Federation of Red Cross and Red Crescent Societies |
| IGA | income-generating activity |
| IMC | International Medical Corps |
| IMN | Information Management Network |
| IMS | Information Management System |
| INEE | Inter-Agency Network for Education in Emergencies |
| INGO | international non-governmental organization |
| IOM | International Organization for Migration |
| IPPF | International Planned Parenthood Federation |
| IRC | International Rescue Committee |
| IRIN | Integrated Regional Information Network |
| KII | key informant interview |
| LEGS | Livestock Emergency Guidelines and Standards |

# Acronyms (continued)

| | |
|---|---|
| LGBTI | lesbian, gay, bisexual, transgender and intersex |
| M&E | monitoring and evaluation |
| MDG | Millennium Development Goals |
| MHPSS | mental health and psychosocial support |
| MIRA | multi-cluster/sector initial rapid assessment |
| MISP | Minimum Initial Service Package |
| MoE | Ministry of Education |
| MPP | minimum preparedness package |
| MRE | mine risk education |
| MRM | monitoring and reporting mechanism |
| NFI | non-food item |
| NGO | non-governmental organization |
| NRC | Norwegian Refugee Council |
| OCHA | Office for the Coordination of Humanitarian Affairs |
| OHCHR | Office of the High Commissioner for Human Rights |
| Oxfam | Oxford Famine Relief Campaign |
| PATH | Program for Appropriate Technology in Health |
| PEP | post-exposure prophylaxis |
| PFA | psychological first aid |
| POC | Protection of Civilians |
| PSEA | protection from sexual exploitation and abuse |
| PTA | parent-teacher association |
| RC | resident coordinator |
| RDC | relief to development continuum |
| SAFE | Safe Access to Firewood and alternative Energy |
| SC | Security Council |
| SGBV | sexual and gender-based violence |
| SOGI | sexual orientation and gender identity |
| SOPs | standard operating procedures |
| SRH | sexual and reproductive health |
| SRP | strategic response plan |
| SS&R | shelter, settlement and recovery |
| STI | sexually transmitted infection |
| SWG | Sub-Working Group |
| TAG | Thematic Area Guide |
| UNDAC | United Nations Disaster Assessment and Coordination |
| UNDP | United Nations Development Programme |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund |
| UNFPA | United Nations Population Fund |
| UNMAS | United Nations Mine Action Service |
| UNOPS | United Nations Office for Project Services |
| USAID | United States Agency for International Development |
| UXO | unexploded ordnance |
| VAWG | violence against women and girls |
| VSLA | Village Savings and Loan Association |
| WASH | water, sanitation and hygiene |
| WFP | World Food Programme |
| WHO | World Health Organization |
| WMA | World Medical Association |
| WPE | Women's Protection and Empowerment |
| WRC | Women's Refugee Commission |

# Contents

Acknowledgements ..... ii
Foreword ..... iii
Acronyms ..... iv

## Part One: Introduction

1. About This Thematic Area Guide ..... 1
2. Overview of Gender-Based Violence ..... 4
3. The Obligation to Address Gender-Based Violence in Humanitarian Work ..... 13

## Part Two: Background to Shelter, Settlement and Recovery Guidance

1. Content Overview of Shelter, Settlement and Recovery Guidance ..... 19
2. Guiding Principles and Approaches for Addressing Gender-Based Violence ..... 33

## Part Three: Shelter, Settlement and Recovery Guidance

Why Addressing Gender-Based Violence is a Critical Concern of the Shelter, Settlement and Recovery Sector ..... 39

Addressing Gender-Based Violence throughout the Programme Cycle ..... 41
- Key GBV Considerations for Assessment, Analysis and Planning ..... 41
- Key GBV Considerations for Resource Mobilization ..... 44
- Key GBV Considerations for Implementation ..... 46
- Key GBV Considerations for Coordination with Other Humanitarian Sectors ..... 51
- Key GBV Considerations for Monitoring and Evaluation throughout the Programme Cycle ..... 53

Resources ..... 56

# PART ONE
# INTRODUCTION

# 1. About This Thematic Area Guide

## Purpose of This Guide

This Thematic Area Guide (TAG) is excerpted from the comprehensive Inter-Agency Standing Committee *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery* (IASC, 2015).[1] The purpose of this TAG is to assist shelter, settlement and recovery (SS&R) actors and communities affected by armed conflict, natural disasters and other humanitarian emergencies to *coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of gender-based violence (GBV) across the SS&R sector.*[2]

As detailed below, GBV is a widespread international public health and human rights issue. During a humanitarian crisis, many factors can exacerbate GBV-related risks. These include—but are not limited to—increased militarization, lack of community and State protections, displacement, scarcity of essential resources, disruption of community services, changing cultural and gender norms, disrupted relationships and weakened infrastructure.

All national and international actors responding to an emergency have a duty to protect those affected by the crisis; this includes protecting them from GBV. *In order to save lives and maximize protection, essential actions must be undertaken in a coordinated manner from the earliest stages of emergency preparedness.* These actions, described in **Part Three: Shelter, Settlement and Recovery Guidance,** are necessary in every humanitarian crisis and are focused on three overarching and interlinked goals:

1. To **reduce risk** of GBV by implementing GBV prevention and mitigation strategies within the SS&R sector from pre-emergency through to recovery stages;
2. To **promote resilience** by strengthening national and community-based systems that prevent and mitigate GBV, and by enabling survivors[3] and those at risk of GBV to access care and support; and
3. To **aid recovery** of communities and societies by supporting local and national capacity to create lasting solutions to the problem of GBV.

[1] The comprehensive Guidelines include guidance for thirteen areas of humanitarian operations, including camp coordination and camp management (CCCM); child protection; education; food security and agriculture (FSA); health; housing, land and property (HLP); humanitarian mine action (HMA); livelihoods; nutrition; protection; shelter, settlement and reconstruction (SS&R); water, sanitation and hygiene (WASH); and humanitarian operations support sectors (e.g. logistics and telecommunications). Unlike this TAG, the comprehensive Guidelines also include annexes with supplemental resources related to GBV prevention, mitigation and response. The annexes are also available as stand-alone documents. The comprehensive Guidelines and stand-alone TAGs and annexes are available at <www.gbvguidelines.org>.

[2] The different areas of humanitarian operation addressed in the comprehensive Guidelines and the stand-alone TAGs have been identified based on the global cluster system. However, both this TAG and the comprehensive Guidelines generally use the word 'sector' rather than 'cluster' in an effort to be relevant to both cluster and non-cluster contexts. Where specific reference is made to work conducted only in clusterized settings, the word 'cluster' is used. For more information about the cluster system, see <http://www.humanitarianresponse.info/clusters/space/page/what-cluster-approach>.

[3] A survivor is a person who has experienced gender-based violence. The terms 'victim' and 'survivor' can be used interchangeably. 'Victim' is a term often used in the legal and medical sectors, while the term 'survivor' is generally preferred in the psychological and social support sectors because it implies resiliency. This TAG employs the term 'survivor' in order to reinforce the concept of resiliency

**ESSENTIAL TO KNOW**

**'Prevention' and 'Mitigation' of GBV**

Throughout this TAG, there is a distinction made between '**prevention**' and '**mitigation**' of GBV. While there will inevitably be overlap between these two areas, **prevention** generally refers to taking action to stop GBV from first occurring (*e.g. scaling up activities that promote gender equality; working with communities, particularly men and boys, to address practices that contribute to GBV; etc.*). **Mitigation** refers to reducing the risk of exposure to GBV (*e.g. ensuring that reports of 'hot spots' are immediately addressed through risk-reduction strategies; ensuring sufficient lighting and security patrols are in place from the onset of establishing displacement camps; etc.*). While some humanitarian sectors (such as health) may undertake response activities related to survivor care and assistance, the overarching focus of this TAG is on essential prevention and mitigation activities that should be undertaken within and across the SS&R sector.

# How This Thematic Area Guide is Organized

**Part One** introduces this TAG, presents an overview of GBV and provides an explanation for why GBV is a protection concern for all SS&R actors.

**Part Two** provides a background to and summarizes the structure of the SS&R guidance detailed in **Part Three**. It also introduces the guiding principles and approaches that are the foundation for all planning and implementation of GBV-related programming.

**Part Three** provides specific guidance for the SS&R sector to implement programming that addresses the risk of GBV.

Although this TAG is specifically tailored to the SS&R sector, all humanitarian actors must avoid 'siloed' interventions. SS&R actors should strive to work with other sectors to ensure coordinated response, and recommendations for coordination are outlined in **Part Three**. It is also recommended that SS&R actors review the content of the comprehensive Guidelines—not just their TAG—in order to familiarize themselves with key GBV prevention, mitigation and response activities of other sectors.

**ESSENTIAL TO KNOW**

**Assume GBV Is Taking Place**

The actions outlined in this TAG are relevant from the earliest stages of humanitarian intervention and in any emergency setting, regardless of whether the prevalence or incidence of various forms of GBV is 'known' and verified. It is important to remember that **GBV is happening everywhere. It is under-reported worldwide**, due to fears of stigma or retaliation, limited availability or accessibility of trusted service providers, impunity for perpetrators, and lack of awareness of the benefits of seeking care. Waiting for or seeking population-based data on the true magnitude of GBV should not be a priority in an emergency due to safety and ethical challenges in collecting such data. With this in mind, **all humanitarian personnel ought to assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening problem; and take actions based on recommendations in this TAG**, regardless of the presence or absence of concrete 'evidence'.

This TAG draws from many tools, standards, background materials and other resources developed by UN, I/NGO and academic sources. At the end of **Part Three** there is a list of resources specific to SS&R; additional GBV-related resources are provided in **Annex 1** of the comprehensive Guidelines, available at <www.gbvguidelines.org>.

## Target Audience

This TAG is designed for national and international SS&R actors operating in settings affected by armed conflict, natural disasters and other humanitarian emergencies, as well as in host countries and/or communities that receive people displaced by emergencies. The principal audience is SS&R programmers—agencies and individuals who can use the information to incorporate GBV prevention and mitigation strategies into the design, implementation, monitoring and evaluation of SS&R interventions. However, it is critical that humanitarian leadership—including governments, humanitarian coordinators, SS&R coordinators and donors—also use this TAG as a reference and advocacy tool to improve the capacity of the SS&R sector to prevent and mitigate GBV.[4] This TAG can further serve those working in development contexts—particularly contexts affected by cyclical disasters—in planning and preparing for humanitarian action that includes efforts to prevent and mitigate GBV.

**ESSENTIAL TO KNOW**

**GBV Specialists and GBV Specialized Agencies**

Throughout this TAG, there are references to 'GBV specialists' and 'GBV-specialized agencies'. A GBV specialist is someone who has received GBV-specific professional training and/or has considerable experience working on GBV programming. A GBV-specialized agency is one that undertakes targeted programmes for the prevention of and response to GBV. **It is expected that GBV specialists, agencies and inter-agency mechanisms will use this document to assist non-GBV specialists in undertaking prevention and mitigation activities within and across the SS&R sector.** This TAG includes recommendations (outlined under 'Coordination' in **Part Three**) about how GBV specialists can be mobilized for technical support.

This TAG is primarily targeted to non-GBV specialists—that is, agencies and individuals who work in humanitarian response sectors other than GBV and do not have specific expertise in GBV prevention and response programming, but can nevertheless undertake activities that significantly reduce the risk of GBV for affected populations.[5]

The guidance emphasizes the importance of active involvement of **all members** of affected communities; this includes the leadership and meaningful participation of women and girls—alongside men and boys—in all preparedness, design, implementation, and monitoring and evaluation activities.

[4] Government, humanitarian coordinators, humanitarian country teams/inter-cluster working groups, cluster/sector lead agencies, cluster/sector coordinators and GBV coordination mechanisms can play an especially critical role in supporting the uptake of this TAG as well as the comprehensive Guidelines. For more information about actions to be undertaken by these actors to facilitate implementation of the Guidelines, see 'Ensuring Implementation of the GBV Guidelines: Responsibilities of key actors' (available at <www.gbvguidelines.org> as both a stand-alone document and as part of **Part One: Introduction** of the comprehensive Guidelines).

[5] Affected populations include all those who are adversely affected by an armed conflict, natural disaster or other humanitarian emergency, including those displaced (both internally and across borders) who may still be on the move or have settled into camps, urban areas or rural areas.

# 2. Overview of Gender-Based Violence

## Defining GBV

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.

Acts of GBV violate a number of universal human rights protected by international instruments and conventions (see 'The Obligation to Address Gender-Based Violence in Humanitarian Work', below). Many—but not all—forms of GBV are criminal acts in national laws and policies; this differs from country to country, and the practical implementation of laws and policies can vary widely.

**ESSENTIAL TO KNOW**

**Informed Consent**

When considering whether an act is perpetrated against a person's will, it is important to consider the issue of consent. **Informed consent is voluntarily and freely given** based upon a clear appreciation and understanding of the facts, implications and future consequences of an action. In order to give informed consent, the individual concerned must have all relevant facts at the time consent is given and be able to evaluate and understand the consequences of an action. They also must be aware of and have the power to exercise their right to refuse to engage in an action and/or to not be coerced (i.e. being persuaded based on force or threats). **Children are generally considered unable to provide informed consent** because they do not have the ability and/or experience to anticipate the implications of an action, and they may not understand or be empowered to exercise their right to refuse. There are also instances where consent might not be possible due to cognitive impairments and/or physical, sensory, or developmental disabilities.

The term 'GBV' is most commonly used to underscore how systemic inequality between males and females—which exists in every society in the world—acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls. The United Nations Declaration on the Elimination of Violence against Women (DEVAW, 1993) defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women." DEVAW emphasizes that the violence is "a manifestation of historically unequal power relations between men and women, which have led to the domination over and discrimination against women by men and to the prevention of the full advancement of women." Gender discrimination is not only a cause of many forms of violence against women and girls but also contributes to the widespread acceptance and invisibility of such violence—so that perpetrators are not held accountable and survivors are discouraged from speaking out and accessing support.

The term 'gender-based violence' is also increasingly used by some actors to highlight the gendered dimensions of certain forms of violence against men and boys—particularly some forms of sexual violence committed with the explicit purpose of reinforcing gender inequitable norms of masculinity and femininity (e.g. sexual violence committed in armed conflict aimed at emasculating or feminizing the enemy). This violence against males is based on socially constructed ideas of what it means to be a man and exercise male power. It is used by men (and in rare cases by women) to cause harm to other males. As with violence against women and girls, this violence is often under-reported due to issues of stigma for the survivor—in this case associated with norms of masculinity (e.g. norms that discourage male survivors from acknowledging vulnerability, or suggest that a male survivor is somehow weak for having been assaulted). Sexual assault against males may also go unreported in situations where such reporting could result in life-threatening repercussions against the

survivor and/or his family members. Many countries do not explicitly recognize sexual violence against men in their laws and/or have laws which criminalize survivors of such violence.

The term 'gender-based violence' is also used by some actors to describe violence perpetrated against lesbian, gay, bisexual, transgender and intersex (LGBTI) persons that is, according to OHCHR, "driven by a desire to punish those seen as defying gender norms" (OHCHR, 2011). The acronym 'LGBTI' encompasses a wide range of identities that share an experience of falling outside societal norms due to their sexual orientation and/or gender identity. (For a review of terms, see **Annex 2** of the comprehensive Guidelines, available at <www.gbvguidelines.org>.) OHCHR further recognizes that "lesbians and transgender women are at particular risk because of gender inequality and power relations within families and wider society." Homophobia and transphobia not only contribute to this violence but also significantly undermine LGBTI survivors' ability to access support (most acutely in settings where sexual orientation and gender identity are policed by the State).

**ESSENTIAL TO KNOW**

**Women, Girls and GBV**

Women and girls everywhere are disadvantaged in terms of social power and influence, control of resources, control of their bodies and participation in public life—all as a result of socially determined gender roles and relations. Gender-based violence against women and girls occurs in the context of this imbalance. While SS&R actors must analyse different gendered vulnerabilities that may put men, women, boys and girls at heightened risk of violence and ensure care and support for all survivors, **special attention should be given to females due to their documented greater vulnerabilities to GBV, the overarching discrimination they experience, and their lack of safe and equitable access to humanitarian assistance**. SS&R actors have an obligation to promote gender equality through humanitarian action in line with the IASC 'Gender Equality Policy Statement' (2008). They also have an obligation to support, through targeted action, women's and girls' protection, participation and empowerment as articulated in the Women, Peace and Security thematic agenda outlined in United Nations Security Council Resolutions (see **Annex 6** of the comprehensive Guidelines, available at <www.gbvguidelines.org>). While supporting the need for protection of all populations affected by humanitarian crises, this TAG recognizes the heightened vulnerability of women and girls to GBV and provides targeted guidance to address these vulnerabilities—including through strategies that promote gender equality.

## Nature and Scope of GBV in Humanitarian Settings

A great deal of attention has centred on monitoring, documenting and addressing sexual violence in conflict—for instance the use of rape or other forms of sexual violence as a weapon of war. Because of its immediate and potentially life-threatening health consequences, coupled with the feasibility of preventing these consequences through medical care, addressing sexual violence is a priority in humanitarian settings. At the same time, there is a growing recognition that affected populations can experience various forms of GBV during conflict and natural disasters, during displacement, and during and following return. In particular, intimate partner violence is increasingly recognized as a critical GBV concern in humanitarian settings.

These additional forms of violence—including intimate partner violence and other forms of domestic violence, forced and/or coerced prostitution, child and/or forced marriage, female genital mutilation/cutting, female infanticide, and trafficking for sexual exploitation and/or forced/domestic labour—must be considered in GBV prevention and mitigation efforts according to the trends in violence and the needs identified in a given setting. (For a list of types of GBV and associated definitions, see **Annex 3** of the comprehensive Guidelines, available at <www.gbvguidelines.org>.)

In all types of GBV, violence is used primarily by males against females to subordinate, disempower, punish or control. The gender of the perpetrator and the victim are central not only to the motivation for the violence, but also to the ways in which society condones or responds to the violence. Whereas violence against men is more likely to be committed by an acquaintance or stranger, women more often experience violence at the hands of those who are well known to them: intimate partners, family members, etc.[6] In addition, widespread gender discrimination and gender inequality often result in women and girls being exposed to multiple forms of GBV throughout their lives, including 'secondary' GBV as a result of a primary incident (e.g. abuse by those they report to, honor killings following sexual assault, forced marriage to a perpetrator, etc.).

**ESSENTIAL TO KNOW**

**Women and Natural Disasters**

In many situations, women and girls are disproportionately affected by natural disasters. As primary caregivers who often have greater responsibilities related to household work, agriculture and food production, women may have less access to resources for recovery. They may also be required to take on new household responsibilities (for example when primary income earners have been killed or injured, or need to leave their families to find employment). If law and order break down, or social support and safety systems (such as the extended family or village groups) fail, women and girls are also at greater risk of GBV and discrimination.

(Adapted from **Global Protection Cluster. n.d.** 'Strengthening Protections in Natural Disaster Response: Women and girls' (draft), <www.globalprotectioncluster.org/en/tools-and-guidance/protection-cluster-coordination-

Obtaining prevalence and/or incidence data on GBV in emergencies is not advisable due to the methodological and contextual challenges related to undertaking population-based research on GBV in emergency settings (e.g. security concerns for survivors and researchers, lack of available or accessible response services, etc.). The majority of information about the nature and scope of GBV in humanitarian contexts is derived from qualitative research, anecdotal reports, humanitarian monitoring tools and service delivery statistics. These data suggest that many forms of GBV are significantly aggravated during humanitarian emergencies, as illustrated in the statistics provided below. (See **Annex 5** of the comprehensive Guidelines, available at <www.gbvguidelines.org>, for additional statistics as well as for citations for the data presented below.)

- In the Democratic Republic of the Congo during 2013, UNICEF coordinated with partners to provide services to 12,247 GBV survivors; 3,827—or approximately 30 per cent—were children, of whom 3,748 were girls and 79 were boys (UNICEF DRC, 2013).
- In Pakistan following the 2011 floods, 52 per cent of surveyed communities reported that privacy and safety of women and girls was a key concern. In a 2012 Protection Rapid Assessment with conflict-affected IDPs, interviewed communities reported that a number of women and girls were facing aggravated domestic violence, forced marriage, early marriages and exchange marriages, in addition to other cases of gender-based violence (de la Puente, 2014).
- In Afghanistan, a household survey (2008) showed 87.2 per cent of women reported one form of violence in their lifetime and 62 per cent had experienced multiple forms of violence (de la Puente, 2014).

[6] In 2013 the World Health Organization and others estimated that as many as 38 per cent of female homicides globally were committed by male partners while the corresponding figure for men was 6 per cent. They also found that whereas males are disproportionately represented among victims of violent death and physical injuries treated in emergency departments, women and girls, children and elderly people disproportionately bear the burden of the nonfatal consequences of physical, sexual and psychological abuse, and neglect, worldwide. (**World Health Organization. 2014**. *Global Status Report on Violence Prevention 2014,* <www.who.int/violence_injury_prevention/violence/status_report/2014/en>. Also see **World Health Organization. 2002**. *World Report on Violence and Health,* <http://whqlibdoc.who.int/hq/2002/9241545615.pdf>.)

- In Liberia, a survey of 1,666 adults found that 32.6 per cent of male combatants experienced sexual violence while 16.5 per cent were forced to be sexual servants (Johnson et al, 2008). Seventy-four per cent of a sample of 388 Liberian refugee women living in camps in Sierra Leone reported being sexually abused prior to being displaced. Fifty-five per cent experienced sexual violence during displacement (IRIN, 2006; IRIN, 2008).
- Of 64 women with disabilities interviewed in post-conflict Northern Uganda, one third reported experiencing some form of GBV and several had children as a result of rape (HRW, 2010).
- In a 2011 assessment, Somali adolescent girls in the Dadaab refugee complex in Kenya explained that they are in many ways 'under attack' from violence that includes verbal and physical harassment; sexual exploitation and abuse in relation to meeting their basic needs; and rape, including in public and by multiple perpetrators. Girls reported feeling particularly vulnerable to violence while accessing scarce services and resources, such as at water points or while collecting firewood outside the camps (UNHCR, 2011).
- In Mali, daughters of displaced families from the North (where female genital mutilation/cutting [FGM/C] is not traditionally practised) were living among host communities in the South (where FGM/C is common). Many of these girls were ostracized for not having undergone FGM/C; this led families from the North to feel pressured to perform FGM/C on their daughters (Plan Mali, April 2013).
- Domestic violence was widely reported to have increased in the aftermath of the 2004 Indian Ocean tsunami. One NGO reported a three-fold increase in cases brought to them (UNFPA, 2011). Studies from the United States, Canada, New Zealand and Australia also suggest a significant increase in intimate partner violence related to natural disasters (Sety, 2012).
- Research undertaken by the Human Rights Documentation Unit and the Burmese Women's Union in 2000 concluded that an estimated 40,000 Burmese women are trafficked each year into Thailand's factories and brothels and as domestic workers (IRIN, 2006).
- The GBV Information Management System (IMS), initiated in Colombia in 2011 to improve survivor access to care, has collected GBV incident data from 7 municipalities. As of mid-2014, 3,499 females (92.6 per cent of whom were 18 years or older) and 437 males (91.8 per cent of whom were 18 years or older) were recorded in the GBVIMS, of whom over 3,000 received assistance (GBVIMS Colombia, 2014).

**ESSENTIAL TO KNOW**

**Protection from Sexual Exploitation and Abuse (PSEA)**

As highlighted in the Secretary-General's Bulletin on 'Special Measures for Protection from Sexual Exploitation and Sexual Abuse' (ST/SGB/2003/13, <www.refworld.org/docid/451bb6764.html>), PSEA relates to certain responsibilities of international humanitarian, development and peacekeeping actors. These responsibilities include preventing incidents of sexual exploitation and abuse **committed by United Nations, NGO, and inter-governmental organization (IGO) personnel against the affected population**; setting up confidential reporting mechanisms; and taking safe and ethical action as quickly as possible when incidents do occur. PSEA is an important aspect of preventing GBV and PSEA efforts should therefore link to GBV expertise and programming—especially to ensure survivors' rights and other guiding principles are respected.

These responsibilities are at the determination of the Humanitarian Coordinator/Resident Coordinator and individual agencies. As such, detailed guidance on PSEA is outside the authority of this TAG. This TAG nevertheless wholly supports the mandate of the Secretary-General's Bulletin and provides several recommendations on incorporating PSEA strategies into agency policies and community outreach. Detailed guidance is available on the IASC AAP/PSEA Task Force website: <www.pseataskforce.org>.

# Impact of GBV on Individuals and Communities

GBV seriously impacts survivors' immediate sexual, physical and psychological health, and contributes to greater risk of future health problems. Possible sexual health effects include unwanted pregnancies, complications from unsafe abortions, female sexual arousal disorder or male impotence, and sexually transmitted infections, including HIV. Possible physical health effects of GBV include injuries that can cause both acute and chronic illness, impacting neurological, gastrointestinal, muscular, urinary, and reproductive systems. These effects can render the survivor unable to complete otherwise manageable physical and mental labour. Possible mental health problems include depression, anxiety, harmful alcohol and drug use, post-traumatic stress disorder and suicidality.[7]

Survivors of GBV may suffer further because of the stigma associated with GBV. Community and family ostracism may place them at greater social and economic disadvantage. The physical and psychological consequences of GBV can inhibit a survivor's functioning and well-being—not only personally but in relationships with family members. The impact of GBV can further extend to relationships in the community, such as the relationship between the survivor's family and the community, or the community's attitudes towards children born as a result of rape. LGBTI persons can face problems in convincing security forces that sexual violence against them was non-consensual; in addition, some male victims may face the risk of being counter-prosecuted under sodomy laws if they report sexual violence perpetrated against them by a man.

GBV can affect child survival and development by raising infant mortality rates, lowering birth weights, contributing to malnutrition and affecting school participation. It can further result in specific disabilities for children: injuries can cause physical impairments; deprivation of proper nutrition or stimulus can cause developmental delay; and consequences of abuse can lead to long-term mental health problems.

Many of these effects are hard to link directly to GBV because they are not always easily recognizable by health and other providers as evidence of GBV. This can contribute to mistaken assumptions that GBV is not a problem. However, failure to appreciate the full extent and hidden nature of GBV—as well as failure to address its impact on individuals, families and communities—can limit societies' ability to heal from humanitarian emergencies.

# Contributing Factors to and Causes of GBV

Integrating GBV prevention and mitigation into humanitarian interventions requires anticipating, contextualizing and addressing factors that may contribute to GBV. Examples of these factors at the societal, community and individual/family levels are provided below. These levels are loosely based on the ecological model developed by Heise (1998). The examples are illustrative; actual risk factors will vary according to the setting, population and type of GBV. Even so, these examples underscore the importance of addressing GBV through broad-based interventions that target a variety of different risks.

Conditions related to humanitarian emergencies may exacerbate the risk of many forms of GBV. However, the **underlying causes** of violence are associated with attitudes, beliefs, norms and structures that promote and/or condone gender-based discrimination and unequal

[7] For more information on the health effects of GBV on women and children, see **World Health Organization. 1997**. 'Violence Against Women: Health consequences', <www.who.int/gender/violence/v8.pdf>, as well as **UN Women**. 'Virtual Knowledge Centre to End Violence against Women and Girls', <www.endvawnow.org/en/articles/301-consequences-and-costs-.html>. For more information on health effects of sexual violence against men, see **United Nations High Commissioner for Refugees. 2012**. *Working with Men and Boy Survivors of Sexual and Gender-Based Violence in Forced Displacement*, <www.refworld.org/pdfid/5006aa262.pdf>.

power, whether during emergencies or during times of stability. Linking GBV to its roots in **gender discrimination and gender inequality** necessitates not only working to meet the immediate needs of the affected populations, but also implementing strategies—as early as possible in any humanitarian action—that promote long-term social and cultural change towards gender equality. Such strategies include ensuring leadership and active engagement of women and girls, along with men and boys, in community-based groups related to SS&R; conducting advocacy to promote the rights of all affected populations; and enlisting females as SS&R programme staff, including in positions of leadership.

| Contributing Factors to GBV | |
|---|---|
| **Society-Level Contributing Factors** | • Porous/unmonitored borders; lack of awareness of risks of being trafficked<br>• Lack of adherence to rules of combat and International Humanitarian Law<br>• Hyper-masculinity; promotion of and rewards for violent male norms/behaviour<br>• Combat strategies (*e.g. torture or rape as a weapon of war*)<br>• Absence of security and/or early warning mechanisms<br>• Impunity, including lack of legal framework and/or criminalization of forms of GBV, or lack of awareness that different forms of GBV are criminal<br>• Lack of inclusion of sex crimes committed during a humanitarian emergency into large-scale survivors' reparations and support programmes (including for children born of rape)<br>• Economic, social and gender inequalities<br>• Lack of meaningful and active participation of women in leadership, peacebuilding processes, and security sector reform<br>• Lack of prioritization on prosecuting sex crimes; insufficient emphasis on increasing access to recovery services; and lack of foresight on the long-term ramifications for children born as a result of rape, specifically related to stigma and their resulting social exclusion<br>• Failure to address factors that contribute to violence such as long-term internment or loss of skills, livelihoods, independence, and/or male roles |
| **Community-Level Contributing Factors** | • Poor camp/shelter/WASH facility design and infrastructure (including for persons with disabilities, older persons and other at-risk groups)<br>• Lack of access to education for females, especially secondary education for adolescent girls<br>• Lack of safe shelters for women, girls and other at-risk groups<br>• Lack of training, vetting and supervision for humanitarian staff<br>• Lack of economic alternatives for affected populations, especially for women, girls and other at-risk groups<br>• Breakdown in community protective mechanisms and lack of community protections/ sanctions relating to GBV<br>• Lack of reporting mechanisms for survivors and those at risk of GBV, as well as for sexual exploitation and abuse committed by humanitarian personnel<br>• Lack of accessible and trusted multi-sectoral services for survivors (health, security, legal/justice, mental health and psychosocial support)<br>• Absence/under-representation of female staff in key service provider positions (health care, detention facilities, police, justice, etc.)<br>• Inadequate housing, land and property rights for women, girls, children born of rape and other at-risk groups<br>• Presence of demobilized soldiers with norms of violence<br>• Hostile host communities<br>• 'Blaming the victim' or other harmful attitudes against survivors of GBV<br>• Lack of confidentiality for GBV survivors<br>• Community-wide acceptance of violence<br>• Lack of child protection mechanisms<br>• Lack of psychosocial support as part of disarmament, demobilization and reintegration (DDR) programming |
| **Individual/Family-Level Contributing Factors** | • Lack of basic survival needs/supplies for individuals and families or lack of safe access to these survival needs/supplies (e.g food, water, shelter, cooking fuel, hygiene supplies, etc.)<br>• Gender-inequitable distribution of family resources<br>• Lack of resources for parents to provide for children and older persons (economic resources, ability to protect, etc.), particularly for woman and child heads of households<br>• Lack of knowledge/awareness of acceptable standards of conduct by humanitarian staff, and that humanitarian assistance is free<br>• Harmful alcohol/drug use<br>• Age, gender, education, disability<br>• Family history of violence<br>• Witnessing GBV |

**ESSENTIAL TO KNOW**

**Risks for a Growing Number of Refugees Living in Urban and Other Non-Camp Settings**

A growing number and proportion of the world's refugees are found in urban areas. As of 2009, UNHCR statistics suggested that almost half of the world's 10.5 million refugees reside in cities and towns, compared to one third who live in camps. As well as increasing in size, the world's urban refugee population is also changing in composition. In the past, a significant proportion of the urban refugees registered with UNHCR in developing and middle-income countries were young men. Today, however, large numbers of refugee women, children and older people are found in urban and other non-camp areas, particularly in those countries where there are no camps. They are often confronted with a range of protection risks, including the threat of arrest and detention, refoulement, harassment, exploitation, discrimination, inadequate and overcrowded shelter, HIV, human smuggling and trafficking, and other forms of violence. The recommendations within this TAG are relevant to SS&R actors providing assistance to displaced populations living in urban and other non-camp settings, as well as those living in camps.

(Adapted from **United Nations High Commissioner for Refugees. 2009**. 'UNHCR Policy on Refugee Protection and Solutions in Urban Areas', <www.unhcr.org/4ab356ab6.html>)

# Key Considerations for At-Risk Groups

In any emergency, there are groups of individuals more vulnerable to harm than other members of the population. This is often because they hold less power in society, are more dependent on others for survival, are less visible to relief workers, or are otherwise marginalized. This TAG uses the term 'at-risk groups' to describe these individuals.

When sources of vulnerability—such as age, disability, sexual orientation, religion, ethnicity, etc.—intersect with gender-based discrimination, the likelihood of women's and girls' exposure to GBV can escalate. For example, adolescent girls who are forced into child marriage—a form of GBV itself—may be at greater risk of intimate partner violence than adult females. In the case of men and boys, gender-inequitable norms related to masculinity and femininity can increase their exposure to some forms of sexual violence. For example, men and boys in detention who are viewed by inmates as particularly weak (or 'feminine') may be subjected to sexual harassment, assault and rape. In some conflict-afflicted settings, some groups of males may not be protected from sexual violence because they are assumed to not be at risk by virtue of the privileges they enjoyed during peacetime.

Not all the at-risk groups listed below will always be at heightened risk of gender-based violence. Even so, they will very often be at heightened risk of harm in humanitarian settings. Whenever possible, efforts to address GBV should be alert to and promote the protection rights and needs of these groups. Targeted work with specific at-risk groups should be in collaboration with agencies that have expertise in addressing their needs. With due consideration for safety, ethics and feasibility, the particular experiences, perspectives and knowledge of at-risk groups should be solicited to inform work throughout all phases of the programme cycle. Specifically, SS&R actors should:

- Be mindful of the protection rights and needs of these at-risk groups and how these may vary within and across different humanitarian settings;
- Consider the potential intersection of their specific vulnerabilities to GBV; and
- Plan interventions that strive to reduce their exposure to GBV and other forms of violence.

## Key Considerations for At-Risk Groups

| At-risk groups | Examples of violence to which these groups might be exposed | Factors that contribute to increased risk of violence |
|---|---|---|
| **Adolescent girls** | • Sexual assault<br>• Sexual exploitation and abuse<br>• Child and/or forced marriage<br>• Female genital mutilation/ cutting (FGM/C)<br>• Lack of access to education | • Age, gender and restricted social status<br>• Increased domestic responsibilities that keep girls isolated in the home<br>• Erosion of normal community structures of support and protection<br>• Lack of access to understandable information about health, rights and services (including reproductive health)<br>• Being discouraged or prevented from attending school<br>• Early pregnancies and motherhood<br>• Engagement in unsafe livelihoods activities<br>• Loss of family members, especially immediate caretakers<br>• Dependence on exploitative or unhealthy relationships for basic needs |
| **Elderly women** | • Sexual assault<br>• Sexual exploitation and abuse<br>• Exploitation and abuse by caregivers<br>• Denial of rights to housing and property | • Age, gender and restricted social status<br>• Weakened physical status, physical or sensory disabilities, and chronic diseases<br>• Isolation and higher risk of poverty<br>• Limited mobility<br>• Neglected health and nutritional needs<br>• Lack of access to understandable information about rights and services |
| **Woman and child heads of households** | • Sexual assault<br>• Sexual exploitation and abuse<br>• Child and/or forced marriage (including wife inheritance)<br>• Denial of rights to housing and property | • Age, gender and restricted social status<br>• Increased domestic responsibilities that keep them isolated in the home<br>• Erosion of normal community structures of support and protection<br>• Dependence on exploitative or unhealthy relationships for basic needs<br>• Engagement in unsafe livelihoods activities |
| **Girls and women who bear children of rape, and their children born of rape** | • Sexual assault<br>• Sexual exploitation and abuse<br>• Intimate partner violence and other forms of domestic violence<br>• Lack of access to education<br>• Social exclusion | • Age, gender<br>• Social stigma and isolation<br>• Exclusion or expulsion from their homes, families and communities<br>• Poverty, malnutrition and reproductive health problems<br>• Lack of access to medical care<br>• High levels of impunity for crimes against them<br>• Dependence on exploitative or unhealthy relationships for basic needs<br>• Engagement in unsafe livelihoods activities |
| **Indigenous women, girls, men and boys, and ethnic and religious minorities** | • Social discrimination, exclusion and oppression<br>• Ethnic cleansing as a tactic of war<br>• Lack of access to education<br>• Lack of access to services<br>• Theft of land | • Social stigma and isolation<br>• Poverty, malnutrition and reproductive health problems<br>• Lack of protection under the law and high levels of impunity for crimes against them<br>• Lack of opportunities and marginalization based on their national, religious, linguistic or cultural group<br>• Barriers to participating in their communities and earning livelihoods |
| **Lesbian, gay, bisexual, transgender and intersex (LGBTI) persons** | • Social exclusion<br>• Sexual assault<br>• Sexual exploitation and abuse<br>• Domestic violence (e.g. violence against LGBTI children by their caretakers)<br>• Denial of services<br>• Harassment/sexual harassment<br>• Rape expressly used to punish lesbians for their sexual orientation | • Discrimination based on sexual orientation and/or gender identity<br>• High levels of impunity for crimes against them<br>• Restricted social status<br>• Transgender persons not legally or publicly recognized as their identified gender<br>• Same-sex relationships not legally or socially recognized, and denied services other families might be offered<br>• Exclusion from housing, livelihoods opportunities, and access to health care and other services<br>• Exclusion of transgender persons from sex-segregated shelters, bathrooms and health facilities<br>• Social isolation/rejection from family or community, which can result in homelessness<br>• Engagement in unsafe livelihoods activities |

**Key Considerations for At-Risk Groups** (continued)

| At-risk groups | Examples of violence to which these groups might be exposed | Factors that contribute to increased risk of violence |
|---|---|---|
| **Separated or unaccompanied girls, boys and orphans, including children associated with armed forces/groups** | • Sexual assault<br>• Sexual exploitation and abuse<br>• Child and/or forced marriage<br>• Forced labour<br>• Lack of access to education<br>• Domestic violence | • Age, gender and restricted social status<br>• Neglected health and nutritional needs<br>• Engagement in unsafe livelihoods activities<br>• Dependence on exploitative or unhealthy relationships for basic needs<br>• Early pregnancies and motherhood<br>• Social stigma, isolation and rejection by communities as a result of association with armed forces/groups<br>• Active engagement in combat operations<br>• Premature parental responsibility for siblings |
| **Women and men involved in forced and/or coerced prostitution, and child victims of sexual exploitation** | • Coercion, social exclusion<br>• Sexual assault<br>• Physical violence<br>• Sexual exploitation and abuse<br>• Lack of access to education | • Dependence on exploitative or unhealthy relationships for basic needs<br>• Lack of access to reproductive health information and services<br>• Early pregnancies and motherhood<br>• Isolation and a lack of social support/peer networks<br>• Social stigma, isolation and rejection by communities<br>• Harassment and abuse from law enforcement<br>• Lack of protection under the law and/or laws that criminalize sex workers |
| **Women, girls, men and boys in detention** | • Sexual assault as punishment or torture<br>• Physical violence<br>• Lack of access to education<br>• Lack of access to health, mental health and psychosocial support, including psychological first aid | • Poor hygiene and lack of sanitation<br>• Overcrowding of detention facilities<br>• Failure to separate men, women, families and unaccompanied minors<br>• Obstacles and disincentives to reporting incidents of violence (especially sexual violence)<br>• Fear of speaking out against authorities<br>• Possible trauma from violence and abuse suffered before detention |
| **Women, girls, men and boys living with HIV** | • Sexual harassment and abuse<br>• Social discrimination and exclusion<br>• Verbal abuse<br>• Lack of access to education<br>• Loss of livelihood<br>• Prevented from having contact with their children | • Social stigma, isolation and higher risk of poverty<br>• Loss of land, property and belongings<br>• Reduced work capacity<br>• Stress, depression and/or suicide<br>• Family disintegration and breakdown<br>• Poor physical and emotional health<br>• Harmful use of alcohol and/or drugs |
| **Women, girls, men and boys with disabilities** | • Social discrimination and exclusion<br>• Sexual assault<br>• Sexual exploitation and abuse<br>• Intimate partner violence and other forms of domestic violence<br>• Lack of access to education<br>• Denial of access to housing, property and livestock | • Limited mobility, hearing and vision resulting in greater reliance on assistance and care from others<br>• Isolation and a lack of social support/peer networks<br>• Exclusion from obtaining information and receiving guidance, due to physical, technological and communication barriers<br>• Exclusion from accessing washing facilities, latrines or distribution sites due to poor accessibility in design<br>• Physical, communication and attitudinal barriers in reporting violence<br>• Barriers to participating in their communities and earning livelihoods<br>• Lack of access to medical care and rehabilitation services<br>• High levels of impunity for crimes against them<br>• Lack of access to reproductive health information and services |
| **Women, girls, men and boys who are survivors of violence** | • Social discrimination and exclusion<br>• Secondary violence as result of the primary violence (e.g. abuse by those they report to; honor killings following sexual assault; forced marriage to a perpetrator; etc.)<br>• Heightened vulnerability to future violence, including sexual violence, intimate partner violence, sexual exploitation and abuse, etc. | • Weakened physical status, physical or sensory disabilities, psychological distress and chronic diseases<br>• Lack of access to medical care, including obstacles and disincentives to reporting incidents of violence<br>• Family disintegration and breakdown<br>• Isolation and higher risk of poverty |

# 3. The Obligation to Address Gender-Based Violence in Humanitarian Work

> *"Protection of all persons affected and at risk must inform humanitarian decision-making and response, including engagement with States and non-State parties to conflict. It must be central to our preparedness efforts, as part of immediate and life-saving activities, and throughout the duration of humanitarian response and beyond. In practical terms, this means identifying who is at risk, how and why at the very outset of a crisis and thereafter, taking into account the specific vulnerabilities that underlie these risks, including those experienced by men, women, girls and boys, and groups such as internally displaced persons, older persons, persons with disabilities, and persons belonging to sexual and other minorities."*
>
> (Inter-Agency Standing Committee Principals' statement on the Centrality of Protection in Humanitarian Action, endorsed December 2013 as part of a number of measures that will be adapted by the IASC to ensure more effective protection of people in humantarian crises.[8] Available at <www.globalprotectioncluster.org/en/tools-and-guidance/guidance-from-inter-agency-standing-committee.html>)

The primary responsibility to ensure that people are protected from violence rests with States. In situations of armed conflict, both State and non-State parties to the conflict have obligations in this regard under international humanitarian law. This includes refraining from causing harm to civilian populations and ensuring that people affected by violence get the care they need. When States or parties to conflict are unable and unwilling to meet their obligations, humanitarian actors play an important role in supporting measures to prevent and respond to violence. No single organization, agency or entity working in an emergency has the complete set of knowledge, skills, resources and authority to prevent GBV or respond to the needs of GBV survivors alone. Thus, collective effort is paramount: **All humanitarian actors must be aware of the risks of GBV and—acting collectively to ensure a comprehensive response—prevent and mitigate these risks as quickly as possible within their areas of operation.**

Failure to take action against GBV represents a failure by humanitarian actors to meet their most basic responsibilities for promoting and protecting the rights of affected populations. Inaction and/or poorly designed programmes can also unintentionally cause further harm. Lack of action or ineffective action contribute to a poor foundation for supporting the resilience, health and well-being of survivors, and create barriers to reconstructing affected communities' lives and livelihoods. In some instances, inaction can serve to perpetuate the cycle of violence: Some survivors of GBV or other forms of violence may later become perpetrators if their medical, psychological and protection needs are not met. In the worst case, inaction can indirectly or inadvertently result in loss of lives.

[8] The Centrality Statement further recognizes the role of the protection cluster to support protection strategies, including mainstreaming protection throughout all sectors. To support the realization of this, the Global Protection Cluster has committed to providing support and tools to other clusters, both at the global and field level, to help strengthen their capacity for protection mainstreaming. For more information see the **Global Protection Cluster. 2014**. *Protection Mainstreaming Training Package*, <www.globalprotectioncluster.org/en/areas-of-responsibility/protection-mainstreaming.html>.

The responsibility of humanitarian actors to address GBV is supported by a framework that includes key elements highlighted in the diagram below. (For additional details of elements of the framework, see **Annex 6** of the comprehensive Guidelines, available at <www.gbvguidelines.org>.)

It is important that those working in settings affected by humanitarian emergencies understand the framework's key components and act in accordance with it. They must also use it to guide others—States, communities and individuals—to meet their obligations to promote and protect human rights.

**International and national law:** GBV violates principles that are covered by international humanitarian law, international and domestic criminal law, and human rights and refugee law at the international, regional and national levels. These principles include the protection of civilians even in situations of armed conflict and occupation, and their rights to life, equality, security, equal protection under the law, and freedom from torture and other cruel, inhumane or degrading treatment.

**United Nations Security Council resolutions:** Protection of Civilians (POC) lies at the centre of international humanitarian law and also forms a core component of international human rights, refugee, and international criminal law. Since 1999, the United Nations Security Council, with its United Nations Charter mandate to maintain or restore international peace and security, has become increasingly concerned with POC—with the Secretary-General regularly including it in his country reports to the Security Council and the Security Council providing it as a common part of peacekeeping mission mandates in its resolutions. Through this work on POC, the **Security Council has recognized the centrality of women, peace and security by adopting a series of thematic resolutions on the issue**. Of these, three resolutions (1325, 1889 and 2212) address women, peace and security broadly (e.g. women's specific experiences of conflict and their contributions to conflict prevention, peacekeeping, conflict resolution and peacebuilding). The others (1820, 1888, 1960 and 2106) also reinforce women's participation, but focus more specifically on conflict-related sexual violence. United Nations Security Council Resolution 2106 is the first to explicitly refer to men and boys as survivors of violence. The United Nations Security Council's agenda also includes Children and Armed Conflict (CAAC)

through which it established, in 2005, a monitoring and reporting mechanism (MRM) on six grave children's rights violations in armed conflict, including rape and sexual violence against children. For more details on the United Nations Security Council resolutions, see **Annex 6** of the comprehensive Guidelines, available at <www.gbvguidelines.org>.

**Humanitarian principles:** The humanitarian community has created global principles on which to improve accountability, quality and performance in the actions they take. These principles have an impact on every type of GBV-related intervention. They act as an ethical and operational guide for humanitarian actors on how to behave in an armed conflict, natural disaster or other humanitarian emergency.

United Nations agencies are guided by four humanitarian principles enshrined in two General Assembly resolutions: General Assembly Resolution 46/182 (1991) and General Assembly Resolution 58/114 (2004). These humanitarian principles include humanity, neutrality, impartiality and independence.

| Humanity | Neutrality | Impartiality | Independence |
|---|---|---|---|
| Human suffering must be addressed whenever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings. | Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature. | Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions. | Humanitarian action must be autonomous from the political, economic, military or other objectives that any actors may hold with regard to areas where humanitarian action is being implemented. |

(Excerpted from **Office for the Coordination of Humanitarian Affairs (OCHA). 2012.** 'OCHA on Message: Humanitarian principles', <https://docs.unocha.org/sites/dms/Documents/OOM_HumPrinciple_English.pdf>)

Many humanitarian organizations have further committed to these principles by developing codes of conduct, and by observing the 'do no harm' principle and the principles of the Sphere Humanitarian Charter. The principles in this Charter recognize the following rights of all people affected by armed conflict, natural disasters and other humanitarian emergencies:

- The right to life with dignity
- The right to receive humanitarian assistance, including protection from violence
- The right to protection and security[9]

**Humanitarian standards and guidelines:** Various standards and guidelines that reinforce the humanitarian responsibility to address GBV in emergencies have been developed and broadly endorsed by humanitarian actors. Many of these key standards are identified in **Annex 6** of the comprehensive Guidelines, available at <www.gbvguidelines.org>.

**ESSENTIAL TO KNOW**

**What the Sphere Handbook Says:**

***Guidance Note 13: Women and girls can be at particular risk of gender-based violence.***

When contributing to the protection of these groups, humanitarian agencies should particularly consider measures that reduce possible risks, including trafficking, forced prostitution, rape or domestic violence. They should also implement standards and instruments that prevent and eradicate the practice of sexual exploitation and abuse. This unacceptable practice may involve affected people with specific vulnerabilities, such as isolated or disabled women who are forced to trade sex for the provision of humanitarian assistance.

(**Sphere Project. 2011.** *Sphere Handbook: Humanitarian charter and minimum standards in humanitarian response,* <www.sphereproject.org/resources/download-publications/?search=1&keywords=Sphere+Handbook&language=English&category=22&subcat-22=23&subcat-29=0&subcat-31=0&subcat-35=0&subcat-49=0&subcat-56=0&subcat-60=0&subcat-80=0>)

[9] For more information, see 'The Humanitarian Charter,' available at <www.spherehandbook.org/en/the-humanitarian-charter>.

## Additional Citations

**United Nations General Assembly. December 1993.** 'Declaration on the Elimination of Violence against Women', A/RES/48/104, <www.un.org/documents/ga/res/48/a48r104.htm>

**Office of the High Commissioner for Human Rights (OHCHR). 2011.** 'Discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity', A/HRC/19/41, <http://www.ohchr.org/documents/issues/discrimination/a.hrc.19.41_english.pdf>

**Inter-Agency Standing Committee (IASC). 2008.** 'Policy Statement: Gender Equality in Humanitarian Action', <https://interagencystandingcommittee.org/system/files/legacy_files/IASC%20Gender%20Policy%2020%20June%202008.pdf>

**Heise, L. 1998.** 'Violence against Women: An integrated, ecological framework', *Violence against Women,* vol. 4, no. 3, June 1998, pp. 262–90, <www.ncbi.nlm.nih.gov/pubmed/12296014>

# PART TWO
# BACKGROUND TO SHELTER, SETTLEMENT AND RECOVERY GUIDANCE

# 1. Content Overview of Shelter, Settlement and Recovery Guidance

This section provides an overview of the recommendations detailed in **Part Three: Shelter, Settlement and Recovery Guidance.** The information below:

- Describes the summary **fold-out table** of essential actions presented at the beginning of **Part Three**, designed as a quick reference tool for SS&R actors.
- Introduces the **programme cycle**, which is the framework for all the recommendations within **Part Three**.
- Reviews the **guiding principles** for addressing GBV and summarizes how to apply these principles through four inter-linked approaches: the human rights-based approach, survivor-centred approach, community-based approach and systems approach.

## Summary Fold-Out Table of Essential Actions

**Part Three** begins with a summary fold-out table for use as a quick reference tool. The fold-out table links key recommendations made in the body of **Part Three** with guidance on when the recommendations should be applied across four stages of emergency: *Pre-emergency/preparedness* (before the emergency and during ongoing preparedness planning), *Emergency* (when the emergency strikes)[1], *Stabilized Stage* (when immediate emergency needs have been addressed), and *Recovery to Development* (when the focus is on facilitating returns of displaced populations, rebuilding systems and structures, and transitioning to development). In practice, the separation between different stages is not always clear; most emergencies do not follow a uniformly linear progression, and stages may overlap and/or revert. The stages are therefore only indicative.

**ESSENTIAL TO KNOW**

**Emergency Preparedness and Contingency Planning**

*"Experience confirms that effective humanitarian response at the onset of a crisis is heavily influenced by the level of preparedness and planning of responding agencies/organizations, as well as the capacities and resources available to them."*

In the summary fold-out table, the points listed under 'pre-emergency/preparedness' are not strictly limited to actions that can be taken before an emergency strikes. These points are also relevant to **ongoing preparedness planning**, the goal of which is to anticipate and solve problems in order to facilitate rapid response when a particular setting is struck by another emergency. In natural disasters, on going preparedness is often referred to as 'contingency planning' and is part of all stages of humanitarian response.

(Quote from **Inter-Agency Standing Committee. 2007**. *Inter-Agency Contingency Planning Guidelines for Humanitarian Assistance, Revised version,* p.7. <https://interagencystandingcommittee.org/system/files/legacy_files/IA%20CP%20Guidelines%20Publication_%20Final%20version%20Dec%202007.pdf>

[1] Slow-onset emergencies such as drought may follow a different pattern from rapid-onset disasters. Even so, the risks of GBV and the humanitarian needs of affected populations remain the same. The recommendations in this TAG are applicable to all types of emergency.

In the summary fold-out table, SS&R-specific **minimum commitments**[2] appear in bold. These minimum commitments represent critical actions that SS&R actors can prioritize in the earliest stages of emergency when resources and time are limited. As soon as the acute emergency has subsided (anywhere from two weeks to several months, depending on the setting), additional essential actions outlined in the summary fold-out table—and elaborated in the subsequent guidance—should be initiated and/or scaled up. Each recommendation should be adapted to the particular context, always taking into account the essential rights, expressed needs and identified resources of target community.

## Essential Actions Outlined according to the Programme Cycle Framework

Following the summary fold-out table, the guidance is organized according to five elements of a programme cycle. Each element of the programme cycle is designed to link with and support the other elements. *While coordination is presented as its own separate element, it should be considered and integrated throughout the entirety of the programme cycle.* The five elements[3] are presented as follows:

| | |
|---|---|
| **Assessment Analysis and Planning** | Identifies key questions to be considered when integrating GBV concerns into assessments. These questions are subdivided into three categories—(i) Programming, (ii) Policies, and (iii) Communications and Information Sharing. The questions can be used as 'prompts' when designing assessments. Information generated from the assessments can be used to contribute to project planning and implementation. |
| **Resource Mobilization** | Promotes the integration of elements related to GBV prevention and mitigation when mobilizing supplies and human and financial resources. |
| **Implementation** | Lists SS&R actors' responsibilities for integrating GBV prevention and mitigation strategies into their programmes. The recommendations are subdivided into three categories: (i) Programming, (ii) Policies, and (iii) Communications and Information Sharing. |
| **Coordination** | Highlights key GBV-related areas of coordination with various sectors. |
| **Monitoring and Evaluation** | Defines indicators for monitoring and evaluating GBV-related actions through a participatory approach. |

[2] Note that the minimum commitments do not always come first under each programme cycle category of the summary table. This is because all the actions are organized in chronological order according to an ideal model for programming. When it is not possible to implement all actions—particularly in the early stages of an emergency—the minimum commitments should be prioritized and the other actions implemented at a later date.

[3] These elements of the programme cycle are an adaptation of the Humanitarian Programme Cycle (HPC). The HPC has been slightly adjusted within this TAG to simplify presentation of key information. The HPC is a core component of the Transformative Agenda, aimed at improving humanitarian actors' ability to prepare for, manage and deliver assistance. For more information about the HPC, see: <www.humanitarianresponse.info/programme-cycle/space>.

Integrated throughout these stages is the concept of **early recovery** as a multidimensional process. Early recovery begins in the early days of a humanitarian response and should be considered systematically throughout. Employing an early recovery approach means:

> *"focusing on local ownership and strengthening capacities; basing interventions on a thorough understanding of the context to address root causes and vulnerabilities as well as immediate results of crisis; reducing risk, promoting equality and preventing discrimination through adherence to development principles that seek to build on humanitarian programmes and catalyse sustainable development opportunities. It aims to generate self-sustaining, nationally-owned, resilient processes for post-crisis recovery and to put in place preparedness measures to mitigate the impact of future crises."*
>
> (**Global Cluster on Early Recovery. 2014.** 'Guidance Note on Inter-Cluster Early Recovery' [draft], p. 7, <www.humanitarianresponse.info/system/files/documents/files/Guidance%20Note%20on%20inter-cluster%20ER%20draft%20June%2024%202014%20%28no%20Annex%29.pdf>)

In order to facilitate early recovery, GBV prevention and mitigation strategies should be integrated into programmes from the beginning of an emergency in ways that protect and empower women, girls and other at-risk groups. These strategies should also address underlying causes of GBV (particularly gender inequality) and develop evidence-based programming and tailored assistance.

## Element 1: Assessment, Analysis and Planning

The programme cycle begins with a list of recommended GBV-related questions or 'prompts'. These prompts highlight areas for investigation that can be selectively incorporated into various assessments and routine monitoring undertaken by SS&R actors. The questions link to the recommendations under the heading 'Implementation' and the three main types of responsibilities therein (see Element 3 below):

- Programming;
- Policies; and
- Communications and Information Sharing.

**ESSENTIAL TO KNOW**

**Initiating Risk-Reduction Interventions without Assessments**

While assessments are an important foundation for programme design and implementation, they are not required in order to put in place some essential 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**. For example, SS&R actors can construct shelters in accordance with Sphere standards for space, density and distance to water points.

In addition to the prompts of what to assess, other key points should be considered when designing assessments:

| | |
|---|---|
| **Who to Assess** | • Key stakeholders and actors providing services in the community<br>• GBV, gender and diversity specialists<br>• Males and females of all ages and backgrounds of the affected community, particularly women, girls and other at-risk groups<br>• Community leaders<br>• Community-based organizations (*e.g. organizations for women, adolescents/youth, persons with disabilities, older persons, etc.*)<br>• Representatives of humanitarian response sectors<br>• Local and national governments<br>• Members of receptor/host communities in IDP/refugee settings |
| **When to Assess** | • At the outset of programme planning<br>• At regular intervals for monitoring purposes<br>• During ongoing safety and security monitoring |
| **How to Assess** | • Review available secondary data (existing assessments/studies; qualitative and quantitative information; IDP/refugee registration data; etc.);<br>• Conduct regular consultations with key stakeholders, including relevant grass-roots organizations, civil societies and government agencies<br>• Carry out key informant interviews<br>• Conduct focus group discussions with community members that are age-, gender-, and culturally appropriate (*e.g. participatory assessments held in consultation with men, women, girls and boys, separately when necessary*)<br>• Carry out site observation<br>• Perform site safety mapping<br>• Conduct analysis of national legal frameworks related to GBV and whether they provide protection to women, girls and other at-risk groups |

When designing assessments, SS&R actors should apply ethical and safety standards that are age-, gender-, and culturally sensitive and prioritize the well-being of all those engaged in the assessment process. Wherever possible—and particularly when any component of the assessment involves communication with community stakeholders—**investigations should be designed and undertaken according to participatory processes** that engage the entire community, and most particularly women, girls, and other at-risk groups. This requires, as a first step, ensuring equal participation of women and men on assessment teams, as stipulated in the IASC Gender Handbook.[4] Other important considerations are listed below.

[4] An online survey of humanitarian practitioners and decision makers by Plan International found that the participation of women in assessment teams varies considerably, despite IASC standards. See *The State of the World's Girls 2013: In double jeopardy – Adolescent girls and disasters,* <http://plan-international.org/girls/reports-and-publications/the-state-of-the-worlds-girls-2013.php>

**DOs and DON'Ts for Conducting Assessments That Include GBV-Related Components**

**DOs**

- Do consult GBV, gender and diversity specialists throughout the planning, design, analysis and interpretation of assessments that include GBV-related components.
- Do use local expertise where possible.
- Do strictly adhere to safety and ethical recommendations for researching GBV.
- Do consider cultural and religious sensitivities of communities.
- Do conduct all assessments in a participatory way by consulting women, girls, men and boys of all backgrounds, including persons with specific needs. The unique needs of at-risk groups should be fairly represented in assessments in order to tailor interventions.
- Do conduct inter-agency or multi-sectoral assessments promoting the use of common tools and methods and encourage transparency and dissemination of the findings.
- Do include GBV specialists on inter-agency and inter-sectoral teams.
- Do conduct ongoing assessments of GBV-related programming issues to monitor the progress of activities and identify gaps or GBV-related protection issues that arise unexpectedly. Adjust programmes as needed.
- Do ensure that an equal number of female and male assessors and translators are available to provide age-, gender-, and culturally appropriate environments for those participating in assessments, particularly women and girls.
- Do conduct consultations in a secure setting where all individuals feel safe to contribute to discussions. Conduct separate women's groups and men's groups, or individual consultations when appropriate, to counter exclusion, prejudice and stigma that may impede involvement.
- Do provide training for assessment team members on ethical and safety issues. Include information in the training about appropriate systems of care (i.e. referral pathways) that are available for GBV survivors, if necessary.
- Do provide information about how to report risk and/or where to access care—especially at health facilities—for anyone who may report risk of or exposure to GBV during the assessment process.
- Do include—when appropriate and there are no security risks—government officials, line ministries and sub-ministries in assessment activities.

**DON'Ts**

- Don't share data that may be linked back to a group or an individual, including GBV survivors.
- Don't probe too deeply into culturally sensitive or taboo topics (*e.g. gender equality, reproductive health, sexual norms and behaviours, etc.*) unless relevant experts are part of the assessment team.
- Don't single out GBV survivors: Speak with women, girls and other at-risk groups in general and not explicitly about their own experiences.
- Don't make assumptions about which groups are affected by GBV, and don't assume that reported data on GBV or trends in reports represent actual prevalence and trends in the extent of GBV.
- Don't collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.

(Adapted from **GBV AoR. 2010.** *Handbook for Coordinating Gender-Based Violence Interventions in Humanitarian Settings* [provisional edition]; **CPWG. 2012.** *Minimum Standards for Child Protection in Humanitarian Action;* and **UN Action. 2008.** *Reporting and Interpreting Data on Sexual Violence from Conflict-Affected Countries: Dos and don'ts*)

The information collected during various assessments and routine monitoring will help to identify the relationship between GBV risks and SS&R programming. The data can highlight priorities and gaps that need to be addressed when planning new programmes or adjusting existing programmes, such as:

- Safety and security risks for particular groups within the affected population.
- Unequal access to services for women, girls and other at-risk groups.
- Global and national sector standards related to protection, rights and GBV risk reduction that are not applied (or do not exist) and therefore increase GBV-related risks.
- Lack of participation by some groups in the planning, design, implementation, and monitoring and evaluation of programmes, and the need to consider age-, gender-, and culturally appropriate ways of facilitating participation of all groups.
- The need to advocate for and support the deployment of GBV specialists within the SS&R sector.

Data can also be used to inform common response planning processes, which serve as the basis for resource mobilization in some contexts. As such, it is essential that GBV be adequately addressed and integrated into joint planning and strategic documents—such as the Humanitarian Programme Cycle, the OCHA Minimum Preparedness Package (MPP), the Multi-Cluster/Sector Initial Rapid Assessment (MIRA), and Strategic Response Plans (SRPs).

**ESSENTIAL TO KNOW**

**Investigating GBV-Related Safety and Security Issues When Undertaking Assessments**

It is the responsibility of all humanitarian actors to work within a protection framework and understand the safety and security risks that women, girls, men and boys face. Therefore it is extremely important that assessment and monitoring of general safety issues be an ongoing feature of assistance. This includes exploring—through a variety of entry points and participatory processes—when, why and how GBV-related safety issues might arise, particularly as the result of delivery or use of humanitarian services. However, **GBV survivors should not be sought out or targeted as a specific group during assessments. GBV-specific assessments—which include investigating specific GBV incidents, interviewing survivors about their specific experiences, or conducting research on the scope of GBV in the population—should be conducted only in collaboration with GBV specialists and/or a GBV-specialized partner or agency.** Training in gender, GBV, women's/human rights, social exclusion and sexuality—and how these inform assessment practices—should be conducted with relevant SS&R staff. To the extent possible, assessments should be locally designed and led, ideally by relevant local government actors and/or programme administrators and with the participation of the community. When non-GBV specialists receive specific reports of GBV during general assessment activities, they should share the information with GBV specialists according to safe and ethical standards that ensure confidentiality and, if requested by survivors, anonymity of survivors.

## Element 2: Resource Mobilization

Resource mobilization most obviously refers to accessing funding in order to implement programming—either through specific donors or linked to coordinated humanitarian funding mechanisms. (For more information on funding mechanisms, see **Annex 7** of the comprehensive Guidelines, available at <www.gbvguidelines.org>.) This TAG aims to reduce the challenges of accessing GBV-related funds by outlining key GBV-related issues to be considered when drafting proposals.

In addition to the SS&R-specific funding points presented under the 'Resource Mobilization' subsection of **Part Three**, all humanitarian actors should consider the following general points:

**ESSENTIAL TO KNOW**

**Recognizing GBV Prevention and Response as Life-Saving**

**Addressing GBV is considered life-saving and meets multiple humanitarian donor guidelines and criteria, including the Central Emergency Response Fund (CERF).** In spite of this, GBV prevention, mitigation and response are rarely prioritized from the outset of an emergency. Taking action to address GBV is more often linked to longer-term protection and stability initiatives; as a result, humanitarian actors operate with limited GBV-related resources in the early stages of an emergency (Hersh, 2014). This includes a lack of physical and human resources or technical capacity in the area of GBV, which can in turn result in limited allocation of GBV-related funding. These limitations are both a cause and an indicator of systemic weaknesses in emergency response, and may in some instances stem from the failure of initial rapid assessments to illustrate the need for GBV prevention and response interventions. (For more information about including GBV in various humanitarian strategic plans and funding mechanisms, see **Annex 7** of the comprehensive Guidelines, available at <www.gbvguidelines.org>.)

| Components of a Proposal | GBV-Related Points to Consider for Inclusion |
|---|---|
| **HUMANITARIAN NEEDS OVERVIEW** | • Describe vulnerabilities of women, girls and other at-risk groups in the particular setting<br>• Describe and analyse risks for specific forms of GBV (*e.g. sexual assault, forced and/or coerced prostitution, child and/or forced marriage, intimate partner violence and other forms of domestic violence*), rather than a broader reference to 'GBV'<br>• Illustrate how those believed to be at risk of GBV have been identified and consulted on GBV-related priorities, needs and rights |
| **PROJECT RATIONALE/ JUSTIFICATION** | • Explain the GBV-related risks that are linked to the sector's area of work<br>• Describe which groups are being targeted in this action and how the targeting is informed by vulnerability criteria and inclusion strategies<br>• Describe whether women, girls and other at-risk groups are part of decision-making processes and what mechanisms have been put in place to empower them<br>• Explain how these efforts will link with and support other efforts to prevent and mitigate specific types of GBV in the affected community |
| **PROJECT DESCRIPTION** | • Illustrate how activities are linked with those of other humanitarian actors/sectors<br>• Explain which activities may help in changing or improving the environment to prevent GBV (*e.g. by better monitoring and understanding the underlying causes and contributing factors of GBV*)<br>• Describe mechanisms that facilitate reporting of GBV, and ensure appropriate follow-up in a safe and ethical manner<br>• Describe relevant linkages with GBV specialists and GBV coordination mechanisms<br>• Consider how the project promotes and rebuilds community systems and structures that ensure the participation and safety of women, girls and other at-risk groups |
| **MONITORING AND EVALUATION PLAN** | • Outline a monitoring and evaluation plan to track progress as well as any adverse effects of GBV-related activities on the affected population<br>• Illustrate how the monitoring and evaluation strategies include the participation of women, girls and other at-risk groups<br>• Include outcome level indicators from the Indicator Sheets in **Part Three** of this TAG to measure programme impact on GBV-related risks<br>• Where relevant, describe a plan for adjusting the programme according to monitoring outcomes<br>• Disaggregate indicators by sex, age, disability and other relevant vulnerability factors |

**ESSENTIAL TO KNOW**

**The IASC Gender Marker**

Despite universal acceptance that humanitarian assistance must meet the distinct needs of women, girls, boys and men to generate positive and sustainable outcomes, evaluations of humanitarian effectiveness show gender equality results are weak. The Gender Marker is a tool that codes, on a 0–2 scale, whether or not a humanitarian project is designed well enough to ensure that women/girls and men/boys will benefit equally from it or that it will advance gender equality in another way. If the project has the potential to contribute to gender equality, the marker predicts whether the results are likely to be limited or significant. Although the gender mainstreaming objectives of the Gender Marker differ in some ways from those of GBV prevention and response programming, in order to be effective, they **must both address issues of women's and girls' empowerment and gender equality and include men and boys as partners in prevention.**

(For links between the Gender Marker and GBV prevention and response projects, see **Annex 8** of the comprehensive Guidelines, available at <www.gbvguidelines.org>. For information on the Gender Marker, see: <https://interagencystandingcommittee.org/system/files/legacy_files/IASC%20Gender%20Marker%20Fact%20Sheet.doc> For information on trends in spending according to the Gender Marker, see **Global Humanitarian Assistance. 2014.** *Funding Gender in Emergencies: What are the trends?* <www.globalhumanitarianassistance.org/report/funding-gender-emergencies-trends>.)

Importantly, resource mobilization is not limited to soliciting funds. When planning for and implementing GBV prevention and response activities, SS&R actors should:

- Mobilize human resources by making sure that partners within the SS&R sector:
  - Have been trained in and understand issues of gender, GBV, women's/human rights, social exclusion and sexuality.
  - Are empowered to integrate GBV risk-reduction strategies into their work.
- Employ and retain women and other at-risk groups as staff, and ensure their active participation and leadership in all SS&R-related community activities.
- Pre-position age-, gender-, and culturally sensitive supplies where necessary and appropriate.
- Pre-position accessible GBV-related community outreach material.
- Advocate with the donor community so that donors recognize GBV prevention, mitigation and response interventions as life-saving, and support the costs related to improving intra- and inter-sector capacity to address GBV.
- Ensure that government and humanitarian policies related to SS&R programming integrate GBV concerns and include strategies for ongoing budgeting of activities.

## Element 3: Implementation

The 'Implementation' subsection provides guidance for putting GBV-related risk-reduction responsibilities into practice. The information is intended to:

- Describe a set of activities that, taken together, establish shared standards and improve the overall quality of GBV-related prevention and mitigation strategies in humanitarian settings.
- Establish GBV-related responsibilities that should be undertaken by all SS&R actors, regardless of available data on GBV incidents.
- Maximize immediate protection of GBV survivors and persons at risk.
- Foster longer-term interventions that work towards the elimination of GBV.

Three main types of responsibilities—programming, policies, and communications and information sharing—correspond to and elaborate upon the suggested areas of inquiry outlined under the subsection 'Assessment, Analysis and Planning'. Each targets a variety of SS&R actors.

1) **Programming**: Targets NGOs, community-based organizations (including the National Red Cross/ Red Crescent Society), INGOs, United Nations agencies, and national and local governments to encourage them to:
   - Support the involvement of women, girls and other at-risk groups within the affected population as programme staff and as leaders in governance mechanisms and community decision-making structures.
   - Implement programmes that (1) reflect awareness of the particular GBV risks faced by women, girls and other at-risk groups, and (2) address their rights and needs related to safety and security.
   - Integrate GBV prevention and mitigation into activities.

**ESSENTIAL TO KNOW**

**Active Participation of Women, Girls and Other At-Risk Groups**

Commitment 4 of the IASC Principals' Commitments on Accountability to Affected Populations (CAAP) highlights the importance of enabling affected populations to play a decision-making role in processes that affect them. This is reflected in recommendations within this TAG that promote the active participation of women, girls and other at-risk groups in assessment processes and as staff and leaders in community-based structures. **Involving women, girls, and other at-risk groups in all aspects of SS&R programming is essential** to fulfilling the guiding principles and approaches discussed later in this section. However, such involvement—especially as leaders or managers—can be risky in some settings. Therefore the recommendations throughout this TAG aimed at greater inclusion of women, girls and other at-risk groups (e.g. striving for 50 per cent representation of females in programme staff) may need to be adjusted to the context. **Due caution must be exercised where their inclusion poses a potential security risk or increases their risk of GBV.** Approaches to their involvement should be carefully contextualized.

2) **Policies**: Targets programme planners, advocates, and national and local policymakers to encourage them to:
   - Incorporate GBV prevention and mitigation strategies into SS&R programme policies, standards and guidelines from the earliest stages of the emergency.
   - Support the integration of GBV risk-reduction strategies into national and local development policies and plans and allocate funding for sustainability.
   - Support the revision and adoption of national and local laws and policies (including customary laws and policies) that promote and protect the rights of women, girls and other at-risk groups.

3) **Communications and Information Sharing**: Targets programme and community outreach staff to encourage them to:
   - Work with GBV specialists in order to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for GBV survivors; incorporate basic GBV messages into SS&R-related community outreach and awareness-raising activities; and develop information-sharing standards that promote confidentiality and ensure anonymity of survivors. In the early stages of an emergency, services may be quite limited; referral pathways should be adjusted as services expand.

- Receive training on issues of gender, GBV, women's/human rights, social exclusion, sexuality and psychological first aid (e.g. how to engage supportively with survivors and provide information in an ethical, safe and confidential manner about their rights and options to report risk and access care).

## ESSENTIAL TO KNOW

### Mental Health and Psychosocial Support: Providing Referrals and Psychological First Aid

The term 'mental health and psychosocial support' (MHPSS) is used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder (IASC, 2007). The experience of GBV can be a very distressing event for a survivor. All survivors should have access to supportive listeners in their families and communities, as well as additional GBV-focused services should they choose to access them. Often the first line of focused services will be through community-based organizations, in which trained GBV support workers provide case management and resiliency-based mental health care. Some survivors—typically a relatively small number—may require more targeted mental health care from an expert experienced in addressing GBV-related mental health issues (*e.g. when survivors are not improving according to a care plan, or when caseworkers have reason to believe survivors may be at risk of hurting themselves or someone else*).

As part of care and support for people affected by GBV, the humanitarian community plays a crucial role in ensuring survivors gain access to GBV-focused community-based care services and, as necessary and available, more targeted mental health care provided by GBV and trauma-care experts. Survivors may also wish to access legal/justice support and police protection. **Providing information to survivors in an ethical, safe and confidential manner about their rights and options to report risk and access care is a responsibility of all humanitarian actors who interact with affected populations.** SS&R actors should work with GBV specialists to identify systems of care (i.e. referral pathways) that can be mobilized if a survivor reports exposure to GBV.

For all SS&R personnel who engage with affected populations, it is important not only to be able to offer survivors up-to-date information about access to services, but also to know and apply the principles of psychological first aid. Even without specific training in GBV case management, non-GBV specialists can go a long way in assisting survivors by responding to their disclosures in a supportive, non-stigmatizing, survivor-centred manner. (For more information about the survivor-centred approach, see 'Guiding Principles', below).

**Psychological first aid (PFA)** describes a humane, supportive response to a fellow human being who is suffering and who may need support. Providing PFA responsibly means to:

1. Respect safety, dignity and rights.
2. Adapt what you do to take account of the person's culture.
3. Be aware of other emergency response measures.
4. Look after yourself.

**PREPARE**

- Learn about the crisis event.
- Learn about available services and supports.
- Learn about safety and security concerns.

(continued)

## ESSENTIAL TO KNOW (continued)

The three basic action principles of PFA presented below—look, listen and link—can help SS&R actors with how they view and safely enter a crisis situation, approach affected people and understand their needs, and link them with practical support and information.

| | | |
|---|---|---|
| **LOOK** | • Check for safety.<br>• Check for people with obvious urgent basic needs.<br>• Check for people with serious distress reactions. | |
| **LISTEN** | • Approach people who may need support.<br>• Ask about people's needs and concerns.<br>• Listen to people, and help them to feel calm. | |
| **LINK** | • Help people address basic needs and access services.<br>• Help people cope with problems.<br>• Give information.<br>• Connect people with loved ones and social support. | |

The following chart identifies **ethical dos and don'ts in providing PFA.** These are offered as guidance to avoid causing further harm to the person; provide the best care possible; and act only in their best interests. These ethical dos and don'ts reinforce a survivor-centred approach. In all cases, SS&R actors should offer help in ways that are most appropriate and comfortable to the people they are supporting, given the cultural context. In any situation where an SS&R actor feels unsure about how to respond to a survivor in a safe, ethical and confidential manner, she or he should contact a GBV specialist for guidance.

**Dos**

- Be honest and trustworthy.
- Respect people's right to make their own decisions.
- Be aware of and set aside your own biases and prejudices.
- Make it clear to affected people that even if they refuse help now, they can still access help in the future.
- Respect privacy and keep the person's story confidential, if this is appropriate.
- Behave appropriately by considering the person's culture, age and gender.

**Don'ts**

- Don't exploit your relationship as a helper.
- Don't ask the person for any money or favour for helping them.
- Don't make false promises or give false information.
- Don't exaggerate your skills.
- Don't force help on people and don't be intrusive or pushy.
- Don't pressure people to tell you their stories.
- Don't share the person's story with others.
- Don't judge the people for their actions or feelings.

(Adapted from: **World Health Organization, War Trauma Foundation and World Vision International. 2011**. *Psychological First Aid: Guide for field workers*, pp. 53–55, <www.who.int/mental_health/publications/guide_field_workers/en>; and **World Health Organization. 2012.** 'Mental Health and Psychosocial Support for Conflict-Related Sexual Violence: 10 myths', <www.who.int/reproductivehealth/publications/violence/rhr12_17/en>. For more information on providing first-line support see **World Health Organization. 2014**. *Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence. A clinical handbook* (Field-testing version), WHO/RHR/14.26, <www.who.int/reproductivehealth/publications/violence/vaw-clinical-handbook/en>.)

## Element 4: Coordination

Given its complexities, GBV is best addressed when multiple sectors, organizations and disciplines work together to create and implement unified prevention and mitigation strategies. In an emergency context, actors leading humanitarian interventions (e.g. the Office for the Coordination of Humanitarian Affairs; the Resident Coordinator/Humanitarian Coordinator; the Deputy Special Representative of the Secretary-General/Resident Coordinator/Humanitarian Coordinator; UNHCR; etc.) can facilitate coordination that ensures GBV-related issues are prioritized and dealt with in a timely manner. Effective coordination can strengthen accountability, prevent a 'siloed' effect, and ensure that agency-specific and intra-sectoral GBV action plans are in line with those of other sectors, reinforcing a cross-sectoral approach.

The 'Coordination' subsection of **Part Three** provides guidance on key GBV-related areas for cross-sectoral coordination. This guidance targets NGOs, community-based organizations (including National Red Cross/Red Crescent Societies), INGOs and United Nations agencies, national and local governments, and humanitarian coordination leadership—such as line ministries, humanitarian coordinators, sector coordinators and donors. Leaders of SS&R coordination mechanisms should also undertake the following:

- Put in place mechanisms for regularly addressing GBV at SS&R coordination meetings, such as including GBV issues as a regular agenda item and soliciting the involvement of GBV specialists in relevant SS&R coordination activities.
- Coordinate and consult with gender specialists and, where appropriate, diversity specialists or networks (e.g. disability, LGBTI, older persons, etc.) to ensure specific issues of vulnerability—which may otherwise be overlooked—are adequately represented and addressed.
- Develop monitoring systems that allow SS&R programmes to track their own GBV-related activities (e.g. include GBV-related

**ESSENTIAL TO KNOW**

**Accessing the Support of GBV Specialists**

SS&R coordinators and SS&R actors should identify and work with the chair (and co-chair) of the GBV coordination mechanism where one exists. (Note: GBV coordination mechanisms may be chaired by government actors, NGOs, INGOs and/or United Nations agencies, depending on the context.) They should also encourage an SS&R focal point to participate in GBV coordination meetings, and encourage the GBV chair/co-chair (or other GBV coordination group member) to participate in SS&R coordination meetings. Whenever necessary, SS&R coordinators and SS&R actors should seek out the expertise of GBV specialists to assist with implementing the recommendations presented in this TAG.

**GBV specialists can ensure the integration of protection principles and GBV risk-reduction strategies into ongoing SS&R programming.** These specialists can advise, assist and support coordination efforts through specific activities, such as:

- Conducting GBV-specific assessments.
- Ensuring appropriate services are in place for survivors.
- Developing referral systems and pathways.
- Providing case management for GBV survivors.
- Developing trainings for SS&R actors on gender, GBV, women's/human rights, and how to respectfully and supportively engage with survivors.

GBV experts neither can nor should have specialized knowledge of the SS&R sector, however. Efforts to integrate GBV risk-reduction strategies into SS&R responses should be led by SS&R actors to ensure that any recommendations from GBV actors are relevant and feasible within the sectoral response.

In settings where the GBV coordination mechanism is not active, SS&R coordinators and SS&R actors should seek support from local actors with GBV-related expertise (*e.g. social workers, women's groups, protection officers, child protection specialists, etc.*) as well as the Global GBV AoR. (Relevant contacts are provided on the GBV AoR website, <www.gbvaor.net>.)

activities in the sector's 3/4/5W form used to map out actors, activities and geographic coverage).

- Submit joint proposals for funding to ensure that GBV has been adequately addressed in SS&R programming response.
- Develop and implement SS&R work plans with clear milestones that include GBV-related inter-agency actions.
- Support the development and implementation of sector-wide policies, protocols and other tools that integrate GBV prevention and mitigation.
- Form strategic partnerships and networks to conduct advocacy for improved programming and to meet the responsibilities set out in this TAG (with due caution regarding the safety and security risks for humanitarian actors, survivors and those at risk of GBV who speak publicly about the problem of GBV).

**ESSENTIAL TO KNOW**

**Advocacy**

**Advocacy is the deliberate and strategic use of information—by individuals or groups of individuals—to bring about positive change at the local, national and international levels.** By working with GBV specialists and a wide range of partners, SS&R actors can help promote awareness of GBV and ensure safe, ethical and effective interventions. They can highlight specific GBV issues in a particular setting through the use of effective communication strategies and different types of products, platforms and channels, such as: press releases, publications, maps and media interviews; different web and social media platforms; multimedia products using video, photography and graphics; awareness-raising campaigns; and essential information channels for affected populations. All communication strategies must adhere to standards of confidentiality and data protection when using stories, images or photographs of survivors for advocacy purposes.

(Adapted from **International Rescue Committee. 2011**. *GBV Emergency Response and Preparedness Participant Handbook*, p. 93, <http://cpwg.net/resources/irc-2011-gbv_erp_participant_handbook_-_revised>)

## Element 5: Monitoring and Evaluation

Monitoring and evaluation (M&E) is a critical tool for planning, budgeting resources, measuring performance and improving future humanitarian response. Continuous **routine monitoring** ensures that effective programmes are maintained and accountability to all stakeholders—especially affected populations—is improved. **Periodic evaluations** supplement monitoring data by analyzing in greater depth the strengths and weaknesses of implemented activities, and by measuring improved outcomes in the knowledge, attitudes and behaviour of affected populations and humanitarian workers. Implementing partners and donors can use the information gathered through M&E to share lessons learned among field colleagues and the wider humanitarian community. This TAG primarily focuses on indicators that strengthen SS&R programme monitoring to avoid the collection of GBV incident data and more resource-intensive evaluations. (For general information on M&E, see resources available to guide real-time and final programme evaluations

**ESSENTIAL TO KNOW**

**GBV Case Reporting**

For a number of safety, ethical and practical reasons, **this TAG does not recommend using the number of reported cases (either increase or decrease) as an indicator of success.** As a general rule, GBV specialists or those trained on GBV research should undertake data collection on cases of GBV.

such as ALNAP's *Evaluating Humanitarian Action Guide*, <www.alnap.org/eha>. For GBV-specific resources on M&E, see **Annex 1** of the comprehensive Guidelines, available at <www.gbvguidelines.org>.)

The 'Monitoring and Evaluation' subsection of **Part Three** includes a *non-exhaustive* set of indicators for monitoring and evaluating the recommended activities at each phase of the programme cycle. Most indicators have been designed so they can be incorporated into *existing* SS&R M&E tools and processes, in order to improve information collection and analysis without the need for additional data collection mechanisms. SS&R actors should select indicators and set appropriate targets prior to the start of an activity and adjust them to meet the needs of the target population as the project progresses. There are suggestions for collecting both quantitative data (through surveys and 3/4/5W matrices) and qualitative data (through focus group discussions, key informant interviews and other qualitative methods). Qualitative information helps to gather greater depth on participants' perceptions of programmes. Some indicators require a mix of qualitative and quantitative data to better understand the quality and effectiveness of programmes.

**ESSENTIAL TO KNOW**

**Ethical Considerations**

Though GBV-related data presents a complex set of challenges, the indicators in this TAG are designed so that the information can be safely and ethically collected and reported by SS&R actors who do not have extensive GBV expertise. However, **it is the responsibility of all SS&R actors to ensure safety, confidentiality and informed consent when collecting or sharing data.** See above, 'Element 1: Assessment, Analysis and Planning', for further information.

It is crucial that the data not only be collected and reported, but also analysed with the goal of identifying where modifications may be beneficial. In this regard, sometimes 'failing' to meet a target can provide some of the most valuable opportunities for learning. For example, if a programme has aimed for 50 per cent female participation in assessments but falls short of reaching that target, it may consider changing the time and/or location of the consultations, or speaking with the affected community to better understand the barriers to female participation. The knowledge gained through this process has the potential to strengthen SS&R interventions even beyond the actions taken related to GBV. Therefore, indicators should be analysed and reported using a 'GBV lens'. This involves considering the ways in which all information—including information that may not seem 'GBV-related'—could have implications for GBV prevention and mitigation.

Lastly, SS&R actors should disaggregate indicators by sex, age, disability and other relevant vulnerability factors to improve the quality of the information they collect and to deliver programmes more equitably and efficiently. See 'Key Considerations for At-Risk Groups' in **Part One: Introduction** for more information on vulnerability factors.

# 2. Guiding Principles and Approaches for Addressing Gender-Based Violence

The following principles are inextricably linked to the overarching humanitarian responsibility to provide protection and assistance to those affected by a crisis. They serve as the foundation for all humanitarian actors when planning and implementing GBV-related programming. These principles state that:

- GBV encompasses a wide range of human rights violations.
- Preventing and mitigating GBV involves promoting gender equality and promoting beliefs and norms that foster respectful, non-violent gender norms.
- Safety, respect, confidentiality and non-discrimination in relation to survivors and those at risk are vital considerations at all times.
- GBV-related interventions should be context-specific in order to enhance outcomes and 'do no harm'.
- Participation and partnership are cornerstones of effective GBV prevention.

**ESSENTIAL TO KNOW**

**Do No Harm**

The concept of '**do no harm**' means that humanitarian organizations must strive to "minimize the harm they may inadvertently be doing by being present and providing assistance." Such unintended negative consequences may be wide-ranging and extremely complex. SS&R actors can reinforce the 'do no harm' principle in their GBV-related work through careful attention to the human rights-based, survivor-centred, community-based and systems approaches described below.

(Adapted from **Kahn, C., and Lucchi, E. 2009**. 'Are Humanitarians Fuelling Conflicts? Evidence from eastern Chad and Darfur', *Humanitarian Exchange Magazine*, No. 43, <www.odihpn.org/humanitarian-exchange-magazine/issue-43/are-humanitarians-fuelling-conflicts-evidence-from-eastern-chad-and-darfur>)

These principles can be put into practice by applying the four essential and interrelated approaches described below.

## 1. Human Rights-Based Approach

A human rights-based approach seeks to analyse the root causes of problems and to redress discriminatory practices that impede humanitarian intervention. This approach is often contrasted with the needs-based approach, in which interventions aim to address practical, short-term emergency needs through service delivery. Although a needs-based approach includes affected populations in the process, it often stops short of addressing policies and regulations that can contribute to sustainable systemic change.

By contrast, the human rights-based approach views affected populations as 'rights-holders', and recognizes that these rights can be realized only by supporting the long-term empowerment of affected populations through sustainable solutions. This approach seeks to attend to rights as well as needs; how those needs are determined and addressed is informed by legal and

moral obligations and accountability. Humanitarian actors, along with states (where they are functioning), are seen as 'duty-bearers' who are bound by their obligations to encourage, empower and assist 'rights-holders' in claiming their rights. A human rights-based approach requires those who undertake GBV-related programming to:

- Assess the capacity of rights-holders to claim their rights (identifying the immediate, underlying and structural causes for non-realization of rights) and to participate in the development of solutions that affect their lives in a sustainable way.
- Assess the capacities and limitations of duty-bearers to fulfill their obligations.
- Develop sustainable strategies for building capacities and overcoming these limitations of duty-bearers.
- Monitor and evaluate both outcomes and processes, guided by human rights standards and principles and using participatory approaches.
- Ensure programming is informed by the recommendations of international human rights bodies and mechanisms.

## 2. Survivor-Centred Approach

| | | |
|---|---|---|
| To be treated with dignity and respect | VS. | Victim-blaming attitudes |
| To choose | | Feeling powerless |
| To privacy and confidentiality | | Shame and stigma |
| To non-discrimination | | Discrimination on the basis of gender, ethnicity, etc. |
| To information | | Being told what to do |

(Excerpted from **GBV AoR. 2010.** *GBV Coordination Handbook* (provisional edition), p. 20, <www.gbvguidelines.org/tools-resources>)

A survivor-centred approach means that the survivor's rights, needs and wishes are prioritized when designing and developing GBV-related programming. The illustration above contrasts survivor's rights (in the left-hand column) with the negative impacts a survivor may experience when the survivor-centred approach is not employed.

The survivor-centred approach can guide professionals—regardless of their role—in their engagement with persons who have experienced GBV. It aims to create a supportive environment in which a GBV survivor's **rights** are respected, safety is ensured, and the survivor is treated with **dignity** and **respect**. The approach helps to promote a survivor's recovery and strengthen her or his ability to identify and express needs and wishes; it also reinforces the person's capacity to make decisions about possible interventions (adapted from IASC Gender SWG and GBV AoR, 2010).

**ESSENTIAL TO KNOW**

**Key Elements of the Survivor-Centred Approach for Promoting Ethical and Safety Standards**

**1) Safety:** The safety and security of the survivor and others, such as her/his children and people who have assisted her/him, must be the number one priority for all actors. Individuals who disclose an incident of GBV or a history of abuse are often at high risk of further violence from the perpetrator(s) or from others around them.

**2) Confidentiality:** Confidentiality reflects the belief that people have the right to choose to whom they will, or will not, tell their story. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the person concerned. Confidentiality promotes safety, trust and empowerment.

**3) Respect:** The survivor is the primary actor, and the role of helpers is to facilitate recovery and provide resources for problem-solving. All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor.

**4) Non-discrimination:** Survivors of violence should receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity, sexual orientation or any other characteristic.

(Adapted from **United Nations Population Fund. 2012.** 'Module 2' in *Managing Gender-Based Violence Programmes in Emergencies, E-Learning Companion Guide*, <www.unfpa.org/sites/default/files/pub-pdf/GBV%20E-Learning%20Companion%20Guide_ENGLISH.pdf>)

## 3. Community-Based Approach

A community-based approach insists that affected populations should be leaders and key partners in developing strategies related to their assistance and protection. From the earliest stage of the emergency, all those affected should "participate in making decisions that affect their lives" and have "a right to information and transparency" from those providing assistance. The community-based approach:

- Allows for a process of direct consultation and dialogue with all members of communities, including women, girls and other at-risk groups.
- Engages groups who are often overlooked as active and equal partners in the assessment, design, implementation, monitoring and evaluation of assistance.
- Ensures all members of the community will be better protected, their capacity to identify and sustain solutions strengthened and humanitarian resources used more effectively (adapted from UNHCR, 2008).

## 4. Systems Approach

Using a systems approach means analyzing GBV-related issues across an entire organization, sector and/or humanitarian system to come up with a combination of solutions most relevant to the context. The systems approach can be applied to introduce systemic changes that improve GBV prevention and mitigation efforts—both in the short term and in the long term. SS&R actors can apply a systems approach in order to:

- Strengthen agency/organizational/sectoral commitment to gender equality and GBV-related programming.
- Improve SS&R actors' knowledge, attitudes and skills related to gender equality and GBV through sensitization and training.

- Reach out to organizations to address underlying causes that affect SS&R sector-wide capacity to prevent and mitigate GBV, such as gender imbalance in staffing.
- Strengthen safety and security for those at risk of GBV through the implementation of infrastructure improvements and the development of GBV-related policies.
- Ensure adequate monitoring and evaluation of GBV-related programming (adapted from USAID, 2006).

**ESSENTIAL TO KNOW**

### Conducting Trainings

Throughout this TAG, it is recommended that SS&R actors **work with GBV specialists to prepare and provide trainings on gender, GBV and women's/human rights**. These trainings should be provided for a variety of stakeholders, including SS&R actors, government actors, and community members. Such trainings are essential not only for implementing effective GBV-related programming, but also for engaging with and influencing cultural norms that contribute to the perpetuation of GBV. Where GBV specialists are not available in-country, SS&R actors can liaise with the Global GBV Area of Responsibility (gbvaor.net) for support in preparing and providing trainings. SS&R actors should also:

- Research relevant SS&R training tools that have already been developed, prioritizing tools that have been developed in-country (*e.g. local referral mechanisms, standard operating procedures, tip sheets, etc.*).
- Consider the communication and literacy abilities of the target populations, and tailor the trainings accordingly.
- Ensure all trainings are conducted in local language(s) and that training tools are similarly translated.
- Ensure that non-national training facilitators work with national co-facilitators wherever possible.
- Balance awareness of cultural and religious sensitivities with maximizing protections for women, girls and other at-risk groups.
- Seek ways to provide ongoing monitoring and mentoring/technical support (in addition to training), to ensure sustainable knowledge transfer and improved expertise in GBV.
- Identify international and local experts in issues affecting different at-risk groups (*e.g. persons with disabilities, LGBTI populations*) to incorporate information on specific at-risk groups into trainings.

(For a general list of GBV-specific training tools as well as training tools on related issues, including LGBTI rights and needs, see **Annex 1** of the comprehensive Guidelines, available at <www.gbvguidelines.org>.)

## Additional Citations


**Hersh, M. 2014.** 'Philippines: New approach to emergency response fails women and girls'. Refugees International Field Report, <http://refugeesinternational.org/sites/default/files/Philippines%20GBV%20New%20Approach%20letterhead.pdf>

**Inter-Agency Standing Committee. 2007.** *Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, <https://interagencystandingcommittee.org/system/files/legacy_files/Guidelines%20IASC%20Mental%20Health%20Psychosocial%20%28with%20index%29.pdf>

**Inter-Agency Standing Committee Gender Sub-Working Group (IASC Gender SWG) and GBV Area of Responsibility (GBV AoR). 2010.** *Caring for Survivors of Sexual Violence in Emergencies Training Guide,* <www.unicefinemergencies.com/downloads/eresource/docs/GBV/Caring%20for%20Survivors.pdf>

**United Nations High Commissioner for Refugees. 2008.** *UNHCR Manual on a Community Based Approach in UNHCR Operations,* <www.unhcr.org/47f0a0232.pdf>

**United States Agency for International Development. 2006.** *Addressing Gender-Based Violence through USAID's Health Programs: A guide for health sector program officers,* <www.prb.org/pdf05/gbvreportfinal.pdf>

PART THREE

# SHELTER, SETTLEMENT AND RECOVERY GUIDANCE

# SHELTER, SETTLEMENT AND RECOVERY

**THIS SECTION APPLIES TO:**

- Shelter, settlement and recovery (SS&R) coordination mechanisms
- Actors (staff and leadership) involved in humanitarian SS&R responses and distribution of non-food items (NFIs): NGOs, community-based organizations (including National Red Cross/Red Crescent Society), INGOs and United Nations agencies
- Local committees and community-based groups (e.g. groups for women, adolescents/youth, older persons, etc.), related to SS&R
- Other SS&R stakeholders, including national and local governments, community leaders and civil society groups.



## Why Addressing Gender-Based Violence Is a Critical Concern of the Shelter, Settlement and Recovery Sector

The work of the Shelter, Settlement and Recovery (SS&R) sector is critical to the survival of populations displaced by humanitarian emergencies. Whether the displacement occurs within or across national borders, a variety of shelter and settlement options may be implemented depending on the context. Failure to consider GBV-related risks in SS&R can result in heightened GBV exposure for inhabitants. For example:

- Overcrowding in urban areas or camp situations can exacerbate family tensions, which in turn can contribute to intimate partner violence and other forms of domestic violence. Overcrowding can also increase the risk of sexual assault by non-family members, particularly in multi-family tents, multi-household dwellings or large communal spaces. Some families may arrange child marriages in order to alleviate congestion or attempt to protect their daughters from assault in communal dwellings. Even when camps are planned to avoid overcrowding, problems may arise as populations grow and additional land is not available.

**! ESSENTIAL TO KNOW**

**Defining 'shelter'**

The term shelter is used throughout the text to refer to both the basic definition of shelter— a 'habitable covered space providing a secure and healthy environment with privacy and dignity for those residing in the dwelling'— and the process through which this habitable space evolves from emergency shelter to durable solutions, which may take years.

(**UN, DFID and Shelter Centre. 2010**. 'Shelter after Disaster: Strategies for transitional settlement and reconstruction', p. 321, <http://sheltercentre.org/node/12873>)

- Shelters that are poorly designed (e.g. with insufficient doors and partitions in sleeping areas; inadequate locks; lack of privacy for dressing and bathing; not weatherized to

SEE SUMMARY TABLE ON ESSENTIAL ACTIONS

## Essential Actions for *Reducing Risk, Promoting Resilience and Aiding Recovery* throughout the Programme Cycle

| | Stage of Emergency Applicable to Each Action | | | |
|---|---|---|---|---|
| | Pre-Emergency/ Preparedness | Emergency | Stabilized Stage | Recovery to Development |
| **ASSESSMENT, ANALYSIS AND PLANNING** | | | | |
| **Promote the active participation of women, girls and other at-risk groups in all SS&R assessment processes** | ✓ | ✓ | ✓ | ✓ |
| Assess the level of participation and leadership of women, adolescent girls and other at-risk groups in all aspects of SS&R programming (*e.g. ratio of male/female SS&R staff; participation in committees related to SS&R; etc.*) | ✓ | ✓ | ✓ | ✓ |
| **Assess shelter design and safety to identify associated risks of GBV** (*e.g. overcrowding; location of shelter; partitions for privacy; locks and lighting; cost of rent; accessibility features for persons with disabilities; etc.*) | | ✓ | ✓ | ✓ |
| Assess whether shelters maintain family-community links while still maintaining privacy (*e.g. assess if females are forced to share shelter with males who are not family members*) | ✓ | ✓ | ✓ | ✓ |
| Analyse GBV risks associated with the distribution of SS&R assistance and non-food items (*e.g. sexual exploitation or forced and/or coerced prostitution in exchange for shelter materials, cash for rent, work vouchers, etc.*) | ✓ | ✓ | ✓ | ✓ |
| Assess awareness of SS&R staff on basic issues related to gender, GBV, women's/human rights, social exclusion and sexuality (*including knowledge of where survivors can report risk and access care; linkages between SS&R programming and GBV risk reduction; etc.*) | ✓ | ✓ | ✓ | ✓ |
| Review existing/proposed community outreach material related to SS&R to ensure it includes basic information about GBV risk reduction *(including where to report risk and how to access care)* | ✓ | ✓ | ✓ | ✓ |
| **RESOURCE MOBILIZATION** | | | | |
| **Identify and pre-position age-, gender-, and culturally appropriate supplies for SS&R that can mitigate risks of GBV** (*e.g. sheets for partitions; doors; locks; accessibility features for persons with disabilities; etc.*) | ✓ | ✓ | | |
| **Develop proposals that reflect awareness of GBV risks for the affected population related to SS&R assistance** (*e.g. heightened risk of trading sex or other favours in exchange for shelter materials, construction and/or rent; increased risk of sexual violence in cramped quarters or quarters that lack privacy; etc.*) | ✓ | ✓ | ✓ | ✓ |
| Prepare and provide trainings for government, SS&R staff and community SS&R groups on the safe design and implementation of SS&R programmes that mitigate the risk of GBV | ✓ | ✓ | ✓ | ✓ |
| **IMPLEMENTATION** | | | | |
| ▸ **Programming** | | | | |
| **Involve women and other at-risk groups as staff and leaders in the design and implementation of SS&R programming** (*with due caution where this poses a potential security risk or increases the risk of GBV*) | ✓ | ✓ | ✓ | |
| Prioritize GBV risk reduction in the allocation of shelter materials and in shelter construction (*e.g. implement Sphere standards for space and density; provide temporary housing for those at risk of GBV; designate women-, adolescent- and child-friendly spaces; etc.*) | | ✓ | ✓ | ✓ |
| **Ensure equal and impartial distribution of SS&R-related non-food items (NFIs)** (*e.g. establish clear, consistent and transparent distribution systems; ensure at-risk groups have the same access to NFIs; etc.*) | ✓ | ✓ | ✓ | ✓ |
| Distribute cooking sets and design cooking facilities that reduce consumption of cooking fuel, which in turn reduces the need to seek fuel in unsafe areas | ✓ | ✓ | | |
| ▸ **Policies** | | | | |
| Incorporate relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of SS&R programmes (*e.g. standards for equal employment of females; procedures and protocols for sharing protected or confidential information about GBV incidents; agency procedures to report, investigate and take disciplinary action in cases of sexual exploitation and abuse; etc.*) | ✓ | ✓ | ✓ | ✓ |
| Advocate for the integration of GBV risk-reduction strategies into national and local policies and plans related to SS&R, and allocate funding for sustainability (*e.g. address discriminatory practices hindering women, girls and other at-risk groups from safe participation in the SS&R sector; consider the construction of women-, adolescent- and child-friendly spaces and safe shelter from the onset of an emergency; etc.*) | | ✓ | ✓ | ✓ |
| ▸ **Communications and Information Sharing** | | | | |
| **Consult with GBV specialists to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors, and ensure SS&R staff have the basic skills to provide them with information on where they can obtain support** | ✓ | ✓ | ✓ | ✓ |
| **Ensure that SS&R programmes sharing information about reports of GBV within the SS&R sector or with partners in the larger humanitarian community abide by safety and ethical standards** (*e.g. shared information does not reveal the identity of or pose a security risk to individual survivors, their families or the broader community*) | ✓ | ✓ | ✓ | ✓ |
| Incorporate GBV messages (*including where to report risk and how to access care*) into SS&R-related community outreach and awareness-raising activities, using multiple formats to ensure accessibility | | ✓ | ✓ | ✓ |
| **COORDINATION** | | | | |
| **Undertake coordination with other sectors to address GBV risks and ensure protection for women, girls and other at-risk groups** | ✓ | ✓ | ✓ | ✓ |
| Seek out the GBV coordination mechanism for support and guidance and, whenever possible, assign a SS&R focal point to regularly participate in GBV coordination meetings | | ✓ | ✓ | ✓ |
| **MONITORING AND EVALUATION** | | | | |
| **Identify, collect and analyse a core set of indicators—disaggregated by sex, age, disability and other relevant vulnerability factors—to monitor GBV risk-reduction activities throughout the programme cycle** | ✓ | ✓ | ✓ | ✓ |
| Evaluate GBV risk-reduction activities by measuring programme outcomes (including potential adverse effects) and using the data to inform decision-making and ensure accountability | | ✓ | ✓ | ✓ |

NOTE: The essential actions above are organized in chronological order according to an ideal model for programming. The actions that are in bold are the **suggested minimum commitments** for shelter actors in the early stages of an emergency. These minimum commitments will not necessarily be undertaken according to an ideal model for programming; for this reason, they do not always fall first under each subcategory of the summary table. When it is not possible to implement all actions—particularly in the early stages of an emergency—the minimum commitments should be prioritized and the other actions implemented at a later date. For more information about minimum commitments, see **Part Two: Background to Shelter, Settlement and Recovery Guidance.**

withstand the elements; etc.) may increase the risk of sexual harassment and assault for inhabitants. For example, when shelters become so hot that men are sleeping outdoors, women may fear attack if going outside to use the latrines at night. Transgender and intersex persons are particularly vulnerable to stigma, discrimination and physical threat if they cannot sustain an adequate level of privacy for basic activities such as dressing and bathing.

- When women, girls and other at-risk groups[1] (particularly woman- and child-headed households, unaccompanied children, persons with disabilities and older persons) are sheltered on the perimeter of camps or in areas with insufficient lighting, their risk of GBV is increased.
- In both camp and non-camp settings, inadequate or partial distribution of shelter-related non-food items (NFIs, such as cooking and heating fuel and fuel alternatives, building materials for shelter, hygiene and dignity kits, lighting for personal use, etc.) can increase vulnerability for women, girls and other at-risk groups, who might be forced to trade sex or other favours in exchange for these items.
- Lack of rental assistance (e.g. cash grants, cash-for-rent or cash-for-work) can increase vulnerability to sexual assault and exploitation by landlords. Women, girls and other at-risk groups may also be at risk of assault if they cannot secure rental property or pay their rent and are therefore obliged to seek shelter in open spaces (such as churches or mosques) or in multi-family dwellings.
- Lack of security patrols and other protection monitoring systems in and around shelter sites can create an environment of impunity for potential perpetrators.

**Risks of GBV can be reduced through SS&R programming that continuously monitors for and develops strategies to address emerging GBV-related safety risks related to shelters, settlements and NFIs.** This requires meeting internationally agreed-upon standards. It also requires taking into account cultural and social patterns from the onset of the emergency and into the recovery phase to build safer and more resilient communities in the long term. SS&R actors should engage women, girls and other at-risk groups in the design and delivery of their programming; prioritize GBV risk reduction in allocation of shelter materials and shelter construction; and ensure equal and impartial distribution of SS&R-related NFIs.

## WHAT THE SPHERE HANDBOOK SAYS:

***Shelter, Settlement and Non-Food Items Standard 1: Strategic Planning***

- Shelter and settlement strategies contribute to the security, safety, health and well-being of both displaced and non-displaced affected populations, and promote recovery and reconstruction where possible.

***Guidance Note #7: Risk, Vulnerability and Hazard Assessments:***

- Actual or potential security threats and the unique risks and vulnerabilities due to age, gender [including GBV], disability, social or economic status, the dependence of affected populations on natural environmental resources, and the relationships between affected populations and any host communities should be included in any such assessments.

(**Sphere Project. 2011.** *Sphere Handbook: Humanitarian charter and minimum standards in humanitarian response,* <www.spherehandbook.org>)

These actions taken by the SS&R sector to prevent and mitigate GBV should be done in coordination with GBV specialists and actors working in other humanitarian sectors. SS&R actors should also coordinate with—where they exist—partners addressing gender, mental health and psychosocial support (MHPSS), HIV, age and environment. (See 'Coordination', below.)

[1] For the purposes of this TAG, at-risk groups include those whose particular vulnerabilities may increase their exposure to GBV and other forms of violence: adolescent girls; elderly women; woman and child heads of households; girls and women who bear children of rape and their children born of rape; indigenous people and ethnic and religious minorities; lesbian, gay, bisexual, transgender and intersex (LGBTI) persons; persons living with HIV; persons with disabilities; persons involved in forced and/or coerced prostitution and child victims of sexual exploitation; persons in detention; separated or unaccompanied children and orphans, including children associated with armed forces/groups; and survivors of violence. For a summary of the protection rights and needs of each of these groups, see page 10 of this TAG.

# Addressing Gender-Based Violence throughout the Programme Cycle

## KEY GBV CONSIDERATIONS FOR ASSESSMENT, ANALYSIS AND PLANNING

The questions listed below are ***recommendations*** **for possible areas of inquiry that can be selectively incorporated into various assessments and routine monitoring** undertaken by SS&R actors. Wherever possible, assessments should be inter-sectoral and interdisciplinary, with SS&R actors working in partnership with other sectors as well as with GBV specialists.

These areas of inquiry are linked to the three main types of responsibilities detailed below under 'Implementation': programming, policies, and communications and information sharing. The information generated from these areas of inquiry should be analysed to inform planning of SS&R programmes in ways that prevent and mitigate the risk of GBV. This information may highlight priorities and gaps that need to be addressed when planning new programmes or adjusting existing programmes. For general information on programme planning and on safe and ethical assessment, data management and data sharing, see **Part Two: Background to Shelter, Settlement and Recovery Guidance.**

### KEY ASSESSMENT TARGET GROUPS

- Key stakeholders in SS&R: governments; SS&R sector administrators and staff; shelter and NFI committees; camp coordination and camp management (CCCM) actors; security personnel such as police and peacekeepers; GBV, gender and diversity specialists
- Affected populations and communities
- In urban settings, actors linked with SS&R such as municipal authorities, civil society organizations, development actors, health administrators, school boards, private business, etc.
- In IDP/refugee settings, members of receptor/ host communities

## POSSIBLE AREAS OF INQUIRY (Note: This list is not exhaustive)

### Areas Related to SS&R PROGRAMMING

**Participation and Leadership**

a) What is the ratio of male to female SS&R staff, including in positions of leadership?
- Are systems in place for training and retaining female staff?
- Are there any cultural or security issues related to their employment that may increase their risk of GBV?

b) Are women and other at-risk groups actively involved in community activities related to SS&R (*e.g. community SS&R committees, etc.*)? Are they in leadership roles when possible?

c) Are women and other at-risk groups given opportunities for livelihoods and skills training within the SS&R sector (*e.g. shelter construction, distribution, etc.*)?

d) Are the lead actors in SS&R response aware of international standards (including this TAG as well as the comprehensive Guidelines) for mainstreaming GBV prevention and mitigation strategies into their activities?

**Shelter Design and Safety**

e) Are there systems/criteria in place to determine how shelters are being allocated?
- Is a vulnerability index being used for shelter assistance? If so, does it ensure that those at risk of GBV are provided with safe shelter options that minimize their risk?
- Are there processes in place for determining access to individual accommodation for women?
- Are there processes in place for determining access to safe communal shelter or foster homes for unaccompanied girls?
- Are there individuals or groups who may require additional shelter support (*e.g. persons with disabilities, woman- or child-headed households, older persons, etc.*)? Are there systems in place for identifying their particular needs?
- Where this can be done in a safe and confidential way and by experts working on these issues, are single LGBTI persons consulted on which shelter arrangements would feel safest (*e.g. sharing a shelter with other LGBTI persons, living alone, sharing with non-LGBTI persons, etc.*)?

f) Are shelters built for safety and privacy?
- Are shelters secured with locks on doors and windows?
- Does shelter material prevent people outside from being able to observe whether or not the shelter is occupied—both day and night?
- Is there sufficient lighting in and around shelters (*e.g. alternative lighting during periods with no power; adequate lightbulbs; etc.*)?
- Are shelters built based on universal design and/or reasonable accommodation[2] to ensure accessibility for all persons, including those with disabilities (*e.g. physical disabilities, injuries, visual or other sensory impairments, etc.*)?
- Are toilets, bathing facilities and water points placed at appropriate distances from sleeping structures (according to humanitarian standards)?
- Are law enforcement personnel, security patrols and other protection monitoring systems in place in and around shelters?

g) How many people/families share the same shelter (*including in urban settings*)?
- Is overcrowding an issue?
- Are measures in place to provide privacy between ages and sexes as culturally appropriate? Are rooms partitioned?

h) In tenant situations:
- What is the cost of rent? How are people paying, and is there any evidence of sexual exploitation or abuse by landlords?
- Are there any programmes to help deal with high rent and cost of living, particularly for women and other at-risk groups?
- Is there access to electricity?

i) Is there a process in place to minimize or mediate conflicts between those needing shelter and those otherwise laying claims to the land on which shelters are being constructed (*i.e. conflicts that can lead to forced evictions, violence or increased risk of GBV*)?

j) Are woman- and child-headed households, single women and other at-risk groups consulted on which shelter arrangement would feel safest (*e.g. accommodated in their own dwellings or areas; living alone; etc.*)?
- Are single mothers and their children—or any other at-risk groups, particularly when they are new arrivals—housed with people who are not part of their own family? What are the security risks to the arrangement?

(continued)

[2] For more information regarding universal design and/or reasonable accommodation, see definitions in **Annex 4** of the comprehensive Guidelines, available at <www.gbvguidelines.org>.

## POSSIBLE AREAS OF INQUIRY (Note: This list is not exhaustive)

k) Are there designated communal areas in the site?
- Are they in safe locations? Is the lighting in these spaces sufficient?
- How is that space used? By whom?
- Are there women-, adolescent- and child-friendly spaces? Are they clearly demarked?

**Distribution of Assistance/Non-Food Items**

l) Is there a process in place to determine, as a matter of priority, which NFIs are the responsibility of the SS&R sector (*e.g. hygiene and dignity kits; lighting for personal use; etc.*)?

m)Are there criteria in place for distributing shelter materials and shelter-related NFIs in ways that decrease the risk of sexual exploitation or abuse (*e.g. gender-disaggregated lines/zones*)?
- Is a vulnerability index being used that recognizes the needs of women and other at-risk groups in distribution processes?
- Are there individuals or groups (*e.g. unaccompanied children, pregnant women, persons with disabilities, survivors of GBV, etc.*) who may need additional support with shelter-related NFIs (*e.g. assistance with transporting materials and/or building their shelters*)?

n) Are shelter materials and shelter-related NFIs being distributed in areas that are safe?
- Do women, girls and other at-risk groups have to travel far to obtain them?
- Are there strategies in place to ensure equal access for women, girls and other at-risk groups?
- Are these locations routinely monitored for safety?

o) What are the needs, issues and constraints related to cooking and heating fuel?
- Do women, girls and other at-risk groups have to travel long distances to obtain fuel (*placing them at risk of sexual assault, kidnappings, abuse, etc.*)?
- Is there a risk of sexual exploitation related to obtaining fuel (*e.g. exchanging sex for fuel*)?
- Have security patrols been established along routes used for fuel collection?

p) Depending on the context, are cash or voucher transfers in place?
- Where are the distribution points and methods?
- Is there regular monitoring of these systems?
- Are child-headed households included as a target group for cash or voucher transfers in a safe and ethical way?

### Areas Related to SS&R POLICIES

a) Are GBV prevention and mitigation strategies incorporated into the policies, standards and guidelines of SS&R programmes?
- Are women, girls and other at-risk groups meaningfully engaged in the development of SS&R policies, standards and guidelines that address their rights and needs, particularly as they relate to GBV? In what ways are they engaged?
- Are these policies, standards and guidelines communicated to women, girls, boys and men (*separately when necessary*)?
- Are SS&R staff properly trained and equipped with the necessary skills to implement these policies?

b) Do national and local sector policies address discriminatory practices hindering women and other at-risk groups from safe participation (*as staff, in community-based groups, etc.*) in the SS&R sector?

c) Do national and local SS&R sector policies and plans integrate GBV-related risk-reduction strategies (*e.g. inclusion of a GBV specialist to advise the government on shelter-related GBV risk reduction, particularly in situations of cyclical natural disasters, etc.*)? Do they allocate funding for sustainability of these strategies?

### Areas Related to SS&R COMMUNICATIONS and INFORMATION SHARING

a) Has training been provided to SS&R staff on:
- Issues of gender, GBV, women's/human rights, social exclusion and sexuality?
- How to supportively engage with survivors and provide information in an ethical, safe and confidential manner about their rights and options to report risk and access care?

b) Do SS&R-related community outreach activities raise awareness within the community about general safety and GBV risk reduction?
- Does this awareness-raising include information on survivor rights (including confidentiality at the service delivery and community levels), where to report risk and how to access care for GBV?
- Is this information provided in age-, gender-, and culturally appropriate ways?
- Are males, particularly leaders in the community, engaged in these education activities as agents of change?

c) Are discussion forums on SS&R age-, gender-, and culturally sensitive? Are they accessible to women, girls and other at-risk groups (*e.g. confidential, with females as facilitators of women's and girls' discussion groups, etc.*) so that participants feel safe to raise GBV issues?

KEY GBV CONSIDERATIONS FOR

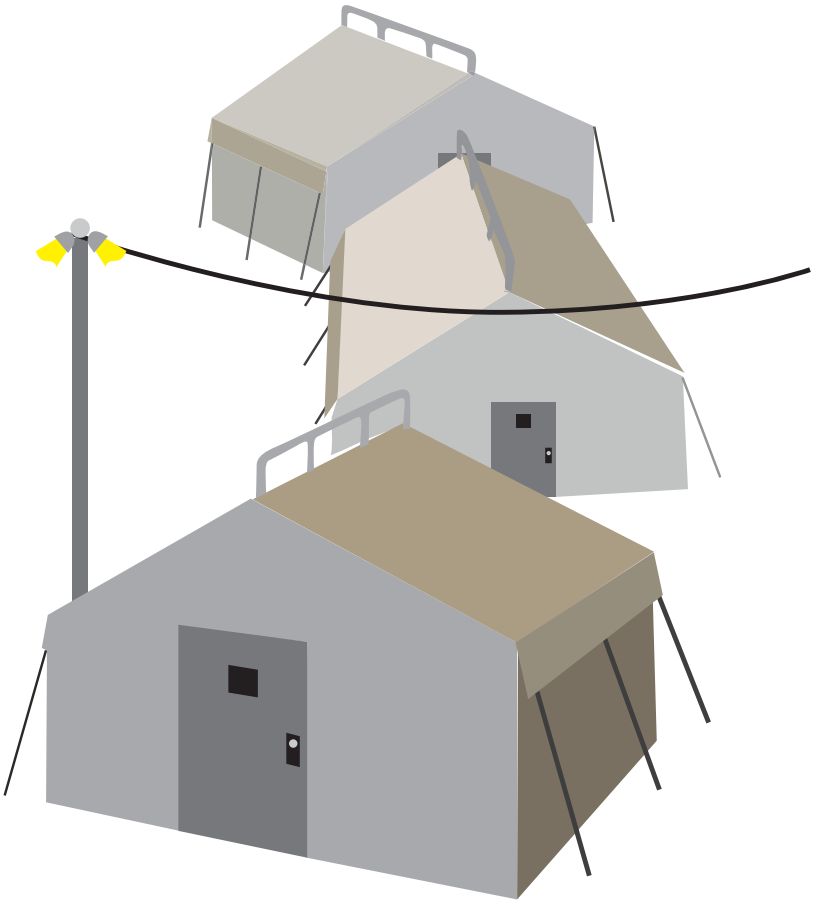
# RESOURCE MOBILIZATION

The information below highlights important considerations for mobilizing GBV-related resources when drafting proposals for SS&R programming. Whether requesting pre-/emergency funding or when accessing post-emergency and recovery/development funding, proposals will be strengthened when they reflect knowledge of the particular risks of GBV and propose strategies for addressing those risks.

**ESSENTIAL TO KNOW**

### Beyond Accessing Funds

'Resource mobilization' refers not only to accessing funding, but also to scaling up human resources, supplies and donor commitment. For more general considerations about resource mobilization, see **Part Two: Background to Shelter, Settlement and Recovery Guidance.** Some additional strategies for resource mobilization through collaboration with other humanitarian sectors/partners are listed under 'Coordination', below.



## A. HUMANITARIAN NEEDS OVERVIEW

- Does the proposal articulate the GBV-related safety risks, protection needs and rights of the affected population as they relate to the provision of shelter (*e.g. cramped quarters; lack of privacy; inadequate shelter; attitudes of humanitarian staff that may contribute to discrimination against women and other at-risk groups; etc.*)?
- Are specific forms of GBV (*e.g. sexual assault, intimate partner violence and other forms of domestic violence, sexual exploitation, harassment, etc.*) described and analysed, rather than a broader reference to 'GBV'?
- Are the vulnerabilities and related shelter needs of particular at-risk groups (*e.g. persons with disabilities; woman and child heads of households; single women; unaccompanied/ separated children; etc.*) recognized and described?

## B. PROJECT RATIONALE/ JUSTIFICATION

- When drafting a proposal for emergency preparedness:
  - Is there an anticipation of age-, gender-, and culturally appropriate supplies that should be pre-positioned in order to facilitate a rapid SS&R response that incorporates GBV risk reduction (*e.g. sheets for partitions; torches; doors; locks; features to improve accessibility for persons with disabilities; etc.*)?
  - Are additional costs required to ensure that new construction as well as renovations of existing infrastructure adhere to the principles of universal design and/or reasonable accommodation?
  - Is there a strategy in place for preparing and providing trainings for government, SS&R staff and community groups on the safe design and implementation of SS&R programming that mitigates the risk of GBV?
  - Are additional costs required to ensure any GBV-related community outreach materials will be available in multiple formats and languages (*e.g. Braille; sign language; simplified messaging such as pictograms and pictures; etc.*)?
- When drafting a proposal for emergency response:
  - Is there a clear explanation of how SS&R programmes will mitigate exposure to GBV, for example in terms of shelter design (*e.g. type of material used; use of partitions; availability of locks; adequate lighting; etc.*)?
  - Is there a clear explanation of how women will be involved in the distribution of shelter materials? Of how women, girls and other at-risk groups will be prioritized for the allocation of shelters?
  - Do strategies meet standards promoted in the Sphere Handbook?
  - Are additional costs required to ensure the safety and effective working environments for female staff in the SS&R sector (*e.g. supporting more than one female staff member to undertake any assignments involving travel, or funding a male family member to travel with the female staff member*)?
- When drafting for post-emergency and recovery:
  - Is there an explanation of how the project will contribute to sustainable strategies that promote the safety and well-being of those at risk of GBV, and to long-term efforts to reduce specific types of GBV (*e.g. integrating GBV risk-reduction strategies into national and local policies, such as standardizing partitions into pre-positioned tent supplies; developing strategies for cyclical natural disasters in which women-, adolescent- and child-friendly spaces and safe shelters are considered from the onset of an emergency; etc.*)?
  - Does the proposal reflect a commitment to working with the community to ensure sustainability?

## C. PROJECT DESCRIPTION

- Do the proposed activities reflect guiding principles and key approaches (*human rights-based, survivor-centred, community-based and systems-based*) for integrating GBV-related work?
- Do the proposed activities illustrate linkages with other humanitarian actors/ sectors in order to maximize resources and work in strategic ways?
- Does the project promote/support the participation and empowerment of women, girls and other at-risk groups—including as SS&R staff and in community-based SS&R-related committees?

## KEY GBV CONSIDERATIONS FOR
# IMPLEMENTATION

The following are some common GBV-related considerations when implementing SS&R programming in humanitarian settings. These considerations should be adapted to each context, always taking into account the essential rights, expressed needs and identified resources of the target community.

### Integrating GBV Risk Reduction into
## SS&R PROGRAMMING

1. **Involve women and other at-risk groups as staff and leaders in the design and implementation of SS&R programming** (*with due caution in situations where this poses a potential security risk or increases the risk of GBV*).
   - Strive for 50 per cent representation of females within SS&R programme staff. Provide them with formal and on-the-job training in the construction, operation and maintenance of shelter facilities, as well as targeted support to assume leadership and training positions.
   - Ensure women (and where appropriate, adolescent girls) are actively involved in community-based SS&R committees and management groups. Be aware of potential tensions that may be caused by attempting to change the role of women and girls in communities and, as necessary, engage in dialogue with males to ensure their support.
   - Employ persons from at-risk groups in SS&R staff, leadership and training positions. Solicit their input to ensure specific issues of vulnerability are adequately represented and addressed in programmes.

**ESSENTIAL TO KNOW**

**LGBTI Persons**

Lesbian, gay, bisexual, transgender and intersex (LGBTI) persons face unique difficulties during displacement. In most areas of the world, they are at significant risk of harassment, discrimination, and physical or sexual assault. SS&R strategies or guidelines should be inclusive of the rights and needs of LGBTI persons and address specific safety concerns, especially in contexts where there is widespread prejudice against LGBTI persons. With the assistance of LGBTI specialists, SS&R programmers should consult with local LGBTI organizations and consider culturally sensitive strategies to address the needs of LGBTI persons. For example:

- Where appropriate and without putting them at greater risk, encourage the representation of LGBTI persons on SS&R committees and ensure they are consulted on the safe design of shelters.
- Consider that scattered-site housing mechanisms work better in certain contexts than communal 'safe houses' for LGBTI persons.
- Allow transgender persons to choose the housing option that they believe is safest for them. For example, where shelters are sex-segregated, persons identifying as men should be housed with men and those identifying as women should be housed with women, unless they indicate other preferences based on safety.
- Consider allowing transgender residents the ability to sleep near safe and well-trained night staff to lower the risk of assault and harassment.

(Information provided by Duncan Breen, Human Rights First, Personal Communication, 20 May 2013)

2. **Prioritize GBV risk reduction in allocation of shelter materials and shelter construction.**
   - Implement clear, consistent and transparent criteria for qualifying for shelter assistance. Ensure these criteria do not discriminate against GBV survivors or women seeking accommodation without a male relative.

- Ensure personal accommodation is available for women, girls and at-risk groups. Provide temporary separate housing for unaccompanied children until a foster care situation can be arranged. Where possible, position this housing away from high-trafficked areas such as distribution points.
- Implement Sphere standards for space and density to avoid overcrowded living arrangements. Consider that overcrowding can add to family stress and can in turn increase intimate partner violence and other forms of domestic violence.
- Strive to build shelters no more than 500 metres from water points (in accordance with Sphere standards) so that women, girls and other at-risk groups do not have to venture far for their household's WASH needs.
- Improve safety and privacy within sleeping areas and protect against attack by providing strong and non-transparent building materials; doors and windows that lock; and (where age-, gender-, and culturally appropriate) family and sex-segregated partitions.
- Where lighting is a responsibility of the SS&R sector, prioritize the installation of appropriate lighting in and around shelters, particularly in areas deemed at high risk of GBV. Distribute torches and/or solar powered lights for individual use.
- Establish a system for the community to provide feedback about shelter-related safety issues relating to GBV.

**LESSON LEARNED**

Following two earthquakes in El Salvador in 2001, single women participating in the shelter response demanded that the sheeting provided for temporary shelters be strong and opaque. Translucent materials that had been provided previously made it easy for outsiders to see through the walls and identify isolated women. The material could also easily be cut and as a result many women had been sexually assaulted.

(Excerpted from **Active Learning Network for Accountability and Performance in Humanitarian Action. 2003**. *Participation by Crisis-Affected Populations in Humanitarian Action: A handbook for practitioners.* London. Overseas Development Institute, p. 299, <www.alnap.org/pool/files/gs_handbook.pdf>)

**3. Ensure equal and impartial distribution of SS&R-related non-food items (NFIs).**

- As a matter of priority, determine which NFIs are the responsibility of the SS&R sector. Identify ways of mitigating the risk of GBV through adequate and sustained distribution of these NFIs, which can include:
  - Cooking and heating fuel and fuel alternatives.
  - Building materials for shelter.
  - Hygiene and dignity kits.
  - Lighting for personal use.
- In consultation with the affected community, ensure women, girls and other at-risk groups (particularly woman- and

**PROMISING PRACTICE**

In Somalia, UNICEF's Child Protection, WASH and Education sections came together to conduct a survey on menstrual hygiene management to increase the retention of school attendance for girls and to mitigate the risks of child and/or forced marriage. While the main focus in the survey was on menstrual hygiene management (type of sanitary towels, type of underwear, soap, access to water, etc.), UNICEF used the opportunity to also survey participants on items to include in dignity kits. The UNICEF partners therefore involved the SS&R sector in the development of the survey since it was the main provider of dignity kits. This led to further cooperation between sectors for the benefit of the affected population.

(Information provided by UNICEF Somalia Child Protection Section, Personal Communication, August 2014)

child-headed households, single women, young girls, older persons, persons with disabilities and other at-risk groups) have access to age-, gender-, and culturally appropriate NFIs.

- Promptly address inequities in distribution among women and men.
- Consider additional needs while distributing shelter materials to women and other at-risk groups (e.g. directly delivering materials to designated sites).
- Ensure that NFI distributions consider the needs of persons with disabilities and GBV survivors isolated or confined in the home. These persons may require additional items (e.g. soap, cloth, incontinence pads, containers for water storage, etc.) to ensure their safety and dignity.

▶ In non-camp settings, consider cash-for-rent, cash-for-work or voucher assistance to reduce risks of GBV associated with lack of appropriate shelter.

▶ Establish clear, consistent and transparent distribution systems that are known by all members of the community. Regularly communicate information about distribution to women, girls, boys and men.

**PROMISING PRACTICE**

Cash transfers have the potential to respond to the disadvantage, discrimination and abuse of women and children. According to reports, 55 per cent of female-headed households among Syrian refugees did not have an income. In order to cope, families resorted to engaging their girls in child marriages, sending their children to work (especially boys, who were vulnerable to wage exploitation and were more willing to work under dangerous conditions), and forced and/or coerced prostitution. The risk of intimate partner violence and other forms of domestic violence also likely increased as economic pressures caused frustrations and feelings of helplessness among household members. A 2012 survey conducted by the International Rescue Committee (IRC) reported that cash transfers through the means of pre-paid ATM cards were the most appropriate means of support because they provided refugees with an increased sense of independence and dignity.

(Adapted from **IRC. 2012.** *Assessment Report: Cash transfer program to Syrian refugees in Jordan,* <http://data.unhcr.org/syrianrefugees/download.php?id=1176>)

4. **Distribute cooking sets and design cooking facilities that reduce consumption of cooking fuel, which in turn reduces the need to seek fuel in unsafe areas.**

▶ Where SS&R actors are responsible for distributing cooking and heating fuel, link with GBV specialists to monitor whether women and girls are selling firewood or charcoal as a source of income, and whether this livelihoods activity is putting them at risk of sexual assault and exploitation.

▶ Whenever possible, provide fuel-efficient stoves and cash assistance/vouchers for fuel. Consult women about their preferred type of fuel-efficient stoves and the distribution of cooking and heating fuel. Train women and men in the use of these stoves and ensure ongoing availability of a sustainable, safe and appropriate energy source.

### Integrating GBV Risk Reduction into
## SS&R POLICIES

1. **Incorporate relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of SS&R programmes.**

   ▶ Identify and ensure the implementation of programmatic policies that (1) mitigate the risks of GBV and (2) support the participation of women, adolescent girls and other at-risk groups as staff and leaders in SS&R activities. These can include, among others:

   - Policies regarding childcare for SS&R staff.
   - Standards for equal employment of females.
   - Procedures and protocols for sharing protected or confidential information about GBV incidents.
   - Relevant information about agency procedures to report, investigate and take disciplinary action in cases of sexual exploitation and abuse.

   ▶ Circulate these widely among SS&R staff, committees and management groups and—where appropriate—in national and local languages to the wider community (using accessible methods such as Braille; sign language; posters with visual content for non-literate persons; announcements at community meetings; etc.).

2. **Advocate for the integration of GBV risk-reduction strategies into national and local policies and plans related to SS&R, and allocate funding for sustainability.**

   ▶ Support governments, customary/traditional leaders and other stakeholders in the review and reform of policies and plans to address discriminatory practices hindering women, girls and other at-risk groups from safe participation (as staff and leaders) in the SS&R sector.

   ▶ Ensure national SS&R policies include GBV-related safety measures (e.g. consider standardizing the inclusion of partitions into pre-positioned tent supplies; consider the construction of women-, adolescent- and child-friendly spaces and safe shelter from the onset of an emergency; ensure that policies for reconstruction integrate GBV risk-reduction measures related to space and density; etc.).

   ▶ Support relevant line ministries in developing implementation strategies for GBV-related policies and plans. Undertake awareness-raising campaigns highlighting how such policies and plans will benefit communities in order to encourage community support and mitigate backlash.

### Integrating GBV Risk Reduction into
## SS&R COMMUNICATIONS and INFORMATION SHARING

1. **Consult with GBV specialists to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors, and ensure SS&R staff have the basic skills to provide them with information on where they can obtain support.**

   ▶ Ensure all SS&R personnel who engage with affected populations have written information about where to refer survivors for care and support. Regularly update information about survivor services.

**ESSENTIAL TO KNOW**

**Referral pathways**

A 'referral pathway' is a flexible mechanism that safely links survivors to supportive and competent services, such as medical care, mental health and psychosocial support, police assistance and legal/justice support.

- Train all SS&R personnel who engage with affected populations in gender, GBV, women's/human rights, social exclusion, sexuality and psychological first aid (e.g. how to supportively engage with survivors and provide information in an ethical, safe and confidential manner about their rights and options to report risk and access care).

2. **Ensure that SS&R programmes sharing information about reports of GBV within the SS&R sector or with partners in the larger humanitarian community abide by safety and ethical standards.**
   - Develop inter- and intra-agency information-sharing standards that do not reveal the identity of or pose a security risk to individual survivors, their families or the broader community.

3. **Incorporate GBV messages into SS&R-related community outreach and awareness-raising activities.**
   - Work with GBV specialists to integrate community awareness-raising on GBV into SS&R outreach initiatives (e.g. community dialogues; workshops; meetings with community leaders; GBV messaging; etc.).
     - Ensure this awareness-raising includes information on prevention, survivor rights (including to confidentiality at the service delivery and community levels), where to report risk and how to access care for GBV.
     - Use multiple formats and languages to ensure accessibility (e.g. Braille; sign language; simplified messaging such as pictograms and pictures; etc.).
     - Engage (separately when necessary), women, girls, men and boys in the development of messages and in strategies for their dissemination so they are age-, gender-, and culturally appropriate.
   - Engage males, particularly leaders in the community, as agents of change in SS&R outreach activities related to the prevention of GBV.
   - Consider the barriers faced by women, girls and other at-risk groups to their safe participation in community discussion forums (e.g. transportation; meeting times and locations; risk of backlash related to participation; need for childcare; accessibility for persons with disabilities; etc.). Implement strategies to make discussion forums age-, gender-, and culturally sensitive (e.g. confidential, with females as facilitators of women's and girls' discussion groups, etc.) so that participants feel safe to raise GBV issues.
   - Provide community members with information about existing codes of conduct for SS&R personnel, as well as where to report sexual exploitation and abuse committed by SS&R personnel. Ensure appropriate training is provided for staff and partners on the prevention of sexual exploitation and abuse.

**ESSENTIAL TO KNOW**

**GBV-Specific Messaging**

Community outreach initiatives should include dialogue about basic safety concerns and safety measures for the affected population, including those related to GBV. **When undertaking GBV-specific messaging, non-GBV specialists should be sure to work in collaboration with GBV-specialist staff or a GBV-specialized agency.**

KEY GBV CONSIDERATIONS FOR

# COORDINATION WITH OTHER HUMANITARIAN SECTORS

As a first step in coordination, SS&R programmers should seek out the GBV coordination mechanism to identify where GBV expertise is available in-country. GBV specialists can be enlisted to assist SS&R actors to:

- Design and conduct SS&R assessments that examine the risks of GBV related to SS&R programming, and strategize with SS&R actors about ways these risks can be mitigated.
- Provide trainings for SS&R staff on issues of gender, GBV and women's/human rights.
- Identify where survivors who may report instances of GBV exposure to SS&R staff can receive safe, confidential and appropriate care, and provide SS&R staff with the basic skills and information to respond supportively to survivors.
- Provide training and awareness-raising for the affected community on issues of gender, GBV and women's/human rights as they relate to SS&R.
- Provide advice regarding women-, adolescent- and child-friendly spaces and safe shelter to make sure that the locations and physical structures are secure and safe.

In addition, SS&R programmers should link with other humanitarian sectors to further reduce the risk of GBV. Some recommendations for coordination with other sectors are indicated below (to be considered according to the sectors that are mobilized in a given humanitarian response). While not included in the table, SS&R actors should also coordinate with—where they exist—partners addressing gender, mental health and psychosocial support (MHPSS), HIV, age and environment. For more general information on GBV-related coordination responsibilities, see **Part Two: Background to Shelter, Settlement and Recovery Guidance.**

### PROMISING PRACTICE

To ensure that GBV prevention was prioritized in the planning of the Azraq camp for Syrian refugees in Jordan, a task force of the SGBV sub-working group (SGBV SWG) was established. The task force included UNHCR, UNFPA, UNICEF, IMC and IRC. In 2013, the task force organized a visit by UNHCR in coordination with UNFPA and UNICEF to the planned site and followed up with recommendations to shelter actors, site planners and other sector colleagues. As a result, plans for the camp were modified and adapted to include:

- A separate reception area for vulnerable refugee women and their children.
- Safe spaces for women and girls and other community services for each area of the camp (1/20,000 refugees)

In addition, the task force coordinated with shelter actors and community service providers to prevent the most at-risk refugees (such as woman- and child-headed households, single women, unaccompanied children, elderly persons and persons with disabilities) from becoming dependent on others to build transitional shelters, which in turn would increase their risk of sexual exploitation. It was agreed that 'T-shelters' would be pre-built and allocated to families upon the arrival of refugees. These T-shelters would include a wiring system that allowed separators to be added for privacy. As refugees continued to arrive, some refugees were involved in the construction of new shelters as part of a cash-for-work programme. The SGBV SWG maintains ongoing discussions on the prevention of GBV with the camp management sector and all other sectors, each of which has been very receptive to implementing further protection recommendations.

(Information provided by UNFPA and UNHCR in Jordan, Personal Communication, 7 October 2014)

## SHELTER, SETTLEMENT & RECOVERY

**Camp Coordination and Camp Management (CCCM)**

- Collaborate with CCCM actors to plan and design sites and shelters that reduce the risks of GBV, including:
  - Accessible safe spaces for women, children and adolescent girls
  - Separate reception area for women and children and/or presence of female staff at reception areas
  - Strategies to address overcrowding issues
  - Safe and accessible distribution of relevant NFIs

**Child Protection**

- Link with child protection actors to ensure site planning takes into consideration any GBV-related risks faced by children (*e.g. when planning shelter for unaccompanied/ separated girls*)

**Education**

- Work with education actors to:
  - Plan, design and locate schools and other educational sites in safe and accessible areas for students
  - Address GBV-related safety concerns in the ongoing rehabilitation of schools
  - Ensure that partitions or 'privacy walls' are put in place, as appropriate, in areas where girls and boys are culturally required to be educated separately

**Food Security and Agriculture**

- Consult with food security and agriculture actors about the type of food to be provided as it relates to the use of stoves and cooking fuel

**Health**

- Work with health actors to plan the location, layout and construction of health facilities in ways that minimize the risk of GBV

**Housing, Land and Property (HLP)**

- Work with HLP actors to:
  - Map out existing rental rights and land/property ownership to ensure that women's and girls' HLP rights are respected, especially when selecting and designating lands for shelter
  - Ensure that land tenure agreements are negotiated at an early stage of settlement planning, which can reduce the risk of future evictions or conflicts

**Humanitarian Mine Action (HMA)**

- Coordinate with HMA actors on the identification and clearing of sites, as needed, for emergency and transitional shelter in a manner that supports the rights of women and girls
- Where relevant, work with mine clearance actors to ensure that firewood (for fuel) collection areas are cleared or marked

**Livelihoods**

- Link with livelihoods actors to:
  - Identify areas for skilled and unskilled mentoring in shelter programmes
  - Identify age-, gender-, and culturally appropriate livelihoods opportunities for women and other at-risk groups related to the building, design and maintenance of shelters

**Protection**

- Collaborate in protection monitoring in and around shelter facilities
- Coordinate with protection actors—and with GBV specialists—to ensure selected locations and physical structures of shelters are safe and secure

**Water, Sanitation and Hygiene (WASH)**

- Work with WASH actors to:
  - Locate shelters within safe distances of water and sanitation facilities
  - Distribute dignity kits where appropriate

KEY GBV CONSIDERATIONS FOR

# MONITORING AND EVALUATION THROUGHOUT THE PROGRAMME CYCLE

The indicators listed below are non-exhaustive suggestions based on the recommendations contained in this TAG. Indicators can be used to measure the progress and outcomes of activities undertaken across the programme cycle, with the ultimate aim of maintaining effective programmes and improving accountability to affected populations. The '*Indicator Definition*' describes the information needed to measure the indicator; '*Possible Data Sources*' suggests existing sources where an SS&R programme or agency can gather the necessary information; '*Target*' represents a benchmark for success in implementation; '*Baseline*' indicators are collected prior to or at the earliest stage of a programme to be used as a reference point for subsequent measurements; '*Output*' monitors a tangible and immediate product of an activity; and '*Outcome*' measures a change in progress in social, behavioural or environmental conditions. Targets should be set prior to the start of an activity and adjusted as the project progresses based on the project duration, available resources and contextual concerns to ensure they are appropriate for the setting.

The indicators should be collected and reported by the SS&R sector. Several indicators have been taken from the SS&R sector's own guidance and resources (see footnotes below the table). See **Part Two: Background to Shelter, Settlement and Recovery Guidance** for more information on monitoring and evaluation.

To the extent possible, indicators should be disaggregated by sex, age, disability and other vulnerability factors. See **Part One: Introduction** for more information on vulnerability factors for at-risk groups.

## Monitoring and Evaluation Indicators

| INDICATOR | INDICATOR DEFINITION | POSSIBLE DATA SOURCES | TARGET | Stage of Programme: BASE-LINE | OUT-PUT | OUT-COME |
|---|---|---|---|---|---|---|
| **ASSESSMENT, ANALYSIS AND PLANNING** | | | | | | |
| **Inclusion of GBV-related questions in Shelter, Settlement and Recovery sector (SS&R) assessments**[3] | # of SS&R assessments that include GBV-related questions* from the GBV Guidelines × 100 / # of SS&R assessments<br>** See page 42 for GBV areas of inquiry that can be adapted to questions in assessments* | Assessment reports or tools (at agency or sector level) | 100% | ✔ | ✔ | |
| **Female participation in assessments** | # of assessment respondents who are female × 100 / # of assessment respondents *and* # of assessment team members who are female × 100 / # of assessment team members | Assessment reports (at agency or sector level) | 50% | ✔ | ✔ | |

(continued)

[3] **Inter-Agency Standing Committee. 30 November 2012.** *Reference Module for Cluster Coordination at the Country Level.* IASC Transformative Agenda Reference Document, <https://interagencystandingcommittee.org/system/files/legacy_files/4.%20Reference%20module%20for%20Cluster%20Coordination.pdf>

| INDICATOR | INDICATOR DEFINITION | POSSIBLE DATA SOURCES | TARGET | Stage of Programme: BASE-LINE | OUT-PUT | OUT-COME |
|---|---|---|---|---|---|---|
| **ASSESSMENT, ANALYSIS AND PLANNING** (continued) | | | | | | |
| **Consultations with the affected population on GBV risk factors in shelters**<br><br>*Disaggregate consultations by sex and age* | *Quantitative:*<br># of specified geographic locations assessed through consultations with the affected population on GBV risk factors in and around shelters × 100 / # of specified geographic locations<br>*Qualitative:*<br>What types of GBV-related risk factors do affected persons experience in and around shelters? | Organizational records, focus group discussion (FGD), key informant interview (KII), assessment reports | 100% | ✓ | ✓ | |
| **Female participation prior to the design of shelter facilities**[4] | *Quantitative:*<br># of affected persons consulted before designing a shelter facilities who are female × 100 / # of affected persons consulted before designing shelter facilities<br>*Qualitative:*<br>How do women and girls perceive their level of participation in the design of shelter facilities? What enhances women's and girls' participation in the design process? What are barriers to female participation in these processes? | Organizational records, FGD, KII | Determine in the field | | ✓ | |
| **Staff knowledge of referral pathway for GBV survivors** | # of SS&R staff who, in response to a prompted question, correctly say the referral pathway for GBV survivors × 100 / # of surveyed SS&R staff | Survey | 100% | ✓ | | ✓ |
| **RESOURCE MOBILIZATION** | | | | | | |
| **Inclusion of GBV risk reduction in SS&R funding proposals or strategies** | # of SS&R funding proposals or strategies that include at least one GBV risk-reduction objective, activity or indicator from the GBV Guidelines × 100 / # of SS&R funding proposals or strategies | Proposal review (at agency or sector level) | 100% | ✓ | ✓ | |
| **Stock availability of pre-positioned supplies for GBV risk mitigation** | # of GBV risk-reduction supplies that have stock levels below minimum levels × 100 / # of GBV risk-reduction supplies | Planning or procurement records, forecasting records | 0% | ✓ | ✓ | |
| **Training of SS&R staff on the GBV Guidelines** | # of SS&R staff who participated in a training on the GBV Guidelines × 100 / # of SS&R staff | Training attendance, meeting minutes, survey (at agency or sector level) | 100% | ✓ | ✓ | |

(continued)

[4] **United Nations Office for the Coordination of Humanitarian Affairs**. Humanitarian Indicators Registry, <www.humanitarianresponse.info/applications/ir/indicators>

| INDICATOR | INDICATOR DEFINITION | POSSIBLE DATA SOURCES | TARGET | Stage of Programme: BASE-LINE | OUT-PUT | OUT-COME |
|---|---|---|---|---|---|---|
| **IMPLEMENTATION** | | | | | | |
| ▸ **Programming** | | | | | | |
| **Risk factors of GBV in and around shelters** | *Quantitative:*<br># of affected persons who report concerns about experiencing GBV when asked about areas in and around shelters × 100 / # of affected persons asked about areas in and around shelters<br>*Qualitative:*<br>Do affected persons feel safe from GBV in and around shelters? What types of safety concerns does the affected population describe in and around shelters? | Survey, FGD, KII, participatory community mapping | 0% | ✓ | | ✓ |
| **Coverage of non-food items (NFIs)[4]**<br>*Disaggregate by male- and female-headed household* | # of households in need of NFIs* and who received NFIs × 100 / # of surveyed households in need of NFIs<br>** NFIs can include hygiene and dignity kits, lighting for personal use, cooking and heating fuel, and transitional shelter materials* | Survey, W matrix | Determine in the field | ✓ | | ✓ |
| **Knowledge of distribution location and time for SS&R-related materials** | # of heads of households who, in response to a prompted question, correctly say the time and location of the next SS&R-related materials distribution × 100 / # of surveyed heads of households | Survey, FGD | Determine in the field | ✓ | | ✓ |
| **Risk factors of GBV in collecting cooking fuel/firewood** | # of affected persons who report concerns about experiencing GBV when asked about collecting cooking fuel or firewood × 100 / # of affected persons asked | Survey, FGD, KII | 0% | ✓ | | |
| ▸ **Policies** | | | | | | |
| **Inclusion of GBV prevention and mitigation strategies in SS&R policies, guidelines or standards** | # of SS&R policies, guidelines or standards that include GBV prevention and mitigation strategies from the GBV Guidelines × 100 / # of SS&R policies, guidelines or standards | Desk review (at agency, sector, national or global level) | Determine in the field | ✓ | | ✓ |
| ▸ **Communications and Information Sharing** | | | | | | |
| **Staff knowledge of standards for confidential sharing of GBV reports** | # of staff who, in response to a prompted question, correctly say that information shared on GBV reports should not reveal the identity of survivors × 100 / # of surveyed staff | Survey (at agency or programme level) | 100% | ✓ | | |
| **Inclusion of GBV referral information in SS&R community outreach activities** | # of SS&R community outreach activities programmes that include information on where to report risk and access care for GBV survivors × 100 / # of SS&R community outreach activities | Desk review, KII, survey (at agency or sector level) | Determine in the field | ✓ | ✓ | |

(continued)

| INDICATOR | INDICATOR DEFINITION | POSSIBLE DATA SOURCES | TARGET | Stage of Programme: BASE-LINE | OUT-PUT | OUT-COME |
|---|---|---|---|---|---|---|
| **COORDINATION** | | | | | | |
| **Coordination of GBV risk-reduction activities with other sectors** | # of non-SS&R sectors consulted with to address GBV risk-reduction activities* × 100<br>/<br># of existing non-SS&R sectors in a given humanitarian response<br>** See page 52 for list of sectors and GBV risk-reduction activities* | KII, meeting minutes (at agency or sector level) | Determine in the field | ✔ | ✔ | |

# RESOURCES

## Key Resources

- For a checklist to assess gender equality programming in site selection, design, construction and/or shelter allocation, see the **Inter-Agency Standing Committee (IASC). 2006.** *Gender Handbook in Humanitarian Action*, <https://interagencystandingcommittee.org/system/files/legacy_files/IASC%20Gender%20Handbook%20%28Feb%202007%29.pdf>

- **Norwegian Refugee Council. 2008.** 'Prevention of and Response to Gender-Based Violence', ch. 10 in *Camp Management Toolkit,* pp. 319–323, <www.refworld.org/pdfid/526f6cde4.pdf>. These pages of NRC's toolkit focus on protection-sensitive shelter and site planning, along with community protection systems.

- **Norwegian Refugee Council (NRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC). 2013.** *Security of Tenure in Humanitarian Shelter Operations,* <www.ifrc.org/Global/Documents/Secretariat/201406/NRC%20IFRC%20Security%20of%20Tenure.pdf>

- **United Nations High Commissioner for Refugees (UNHCR) and International Organization for Migration (IOM). 2010.** *Collective Centre Guidelines,* <www.sheltercentre.org/sites/default/files/Collective_Centre_Guidelines_2010_small.pdf>. These guidelines provide suggestions for programme planning around collective centres, including risk factors for gender-based violence and strategies to address them.

- **The National Center for Transgender Equality. 2011.** 'Making Shelters Safe for Transgender Evacuees', <www.transgenderlaw.org/resources/MakingSheltersSafeforTransgenderEvacuees.pdf>. Considering the unique difficulties transgender evacuees encounter, NCTE, Lambda Legal and the National Gay and Lesbian Task Force have issued these simple guidelines to assist shelters in making their spaces safe for transgender persons.

- **Global Shelter Cluster. 2012.** 'Guidance on Mainstreaming the Prevention of and Response to Sexual and Gender-Based Violence in Emergency Shelter Programmes', <www.urban-response.org/resource/7193>

- **Global Shelter Cluster. 2013.** 'Guidance on Mainstreaming Protection in Shelter Programmes', <http://www.sheltercluster.org/sites/default/files/docs/Protection%20Matrix_v4%20120924.doc>

- **Jones, A., Bretherton, J., Bowles, R., and Croucher, K. 2010.** 'Sanctuary Schemes for Households at Risk of Domestic Violence'. Communities and Local Government, <https://www.gov.uk/government/publications/sanctuary-schemes-for-households-at-risk-of-domestic-violence-guide-for-agencies>

- **International Federation of Red Cross and Red Crescent Societies (IFRC). 2012.** *Assisting Host Families and Communities after Crises and Natural Disaster: A step-by step guide.* Geneva: IFRC, <www.ifrc.org/PageFiles/95186/IFRC%20DRC%20Assisting%20host%20family%20guidelines-EN-LR.pdf>

- **United Nations, Department for International Development (DFID) and Shelter Centre. 2010.** *Shelter after Disaster: Strategies for transitional settlement and reconstruction,* <http://sheltercentre.org/node/12873>

- **Sphere Project. 2011.** *Sphere Handbook: Humanitarian charter and minimum standards in humanitarian response,* <www.spherehandbook.org>. The Sphere Handbook is the most widely known and recognized set of common principles and universal minimum standards for humanitarian response.

- **House, S., Mahon, T., and Cavill, S. 2012.** *Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world,* <www.wateraid.org/what-we-do/our-approach/research-and-publications/view-publication?id=02309d73-8e41-4d04-b2ef-6641f6616a4f>