

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

## Key Questions Answered



# 1. What are the revised IASC GBV Guidelines?

The revised *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery* aim to assist humanitarian 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 all sectors of humanitarian response.

## 2. Who is the audience for the revised GBV Guidelines?

All national and international actors responding to an emergency have a duty to protect those affected by the crisis, including protection from GBV. The revised GBV Guidelines will be essential for all humanitarian response sectors and operations to facilitate joint action on mainstreaming GBV prevention and risk reduction in humanitarian action. The Guidelines are an operational tool that reinforces the commitment of the IASC Principals to ensuring the *Centrality of Protection in Humanitarian Action*, as well as the role of Humanitarian Coordinators, Humanitarian Country Teams and Clusters, and donors to implement this commitment in all aspects of humanitarian action. The Guidelines also reinforce responsibilities outlined in key guidance documents such as the Sphere Handbook, the IASC Gender Equality Policy Statement, and the Women, Peace and Security thematic agenda of the United Nations Security Council. The Guidelines are primarily targeted to non-GBV specialists — that is, agencies and individuals who work in areas of humanitarian response 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.

## 3. What is the overall goal of the revised GBV Guidelines?

The overall goal of the revised GBV Guidelines is to support humanitarian stakeholders<sup>1</sup> in fulfilling their responsibility to protect all those affected by crises, by:

1. *Reducing risk* of GBV by implementing GBV prevention and mitigation strategies from pre-emergency to recovery stages of humanitarian action.
2. *Promoting resilience* by strengthening national and community-based systems that prevent and mitigate GBV, and by enabling survivors and those at risk of GBV to access specialized care and support.
3. *Aiding recovery* of communities and societies by supporting local and national capacity to create lasting solutions to the problem of GBV.

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<sup>1</sup> Humanitarian stakeholders include international and national actors across all humanitarian sectors (national and international NGOs, United Nations agencies and government agencies).



## 4. Why were the GBV Guidelines revised?

The original Inter-agency Standing Committee (IASC) *Guidelines for Gender-Based Violence Interventions in Humanitarian Settings* (the 'GBV Guidelines'), drafted in 2005, were revised to increase their practical relevance and reach to all humanitarian actors. The revised GBV Guidelines now reflect changes in humanitarian architecture and the important agreements on humanitarian coordination, leadership, accountability and partnership within the Transformative Agenda that have occurred since 2005. The revised Guidelines also incorporate the many lessons learned from the nearly 10-year implementation of the previous GBV Guidelines, including strategies and tools to assist humanitarian actors in meeting their protection responsibilities to affected populations and to improve the quality and effectiveness of GBV-related interventions. A set of recommended indicators per thematic area have been added to track activities through the programme cycle. The revised Guidelines are not meant to increase the workload of humanitarian actors, but rather to assist them to make their current programming more effective.

## 5. How were the GBV Guidelines revised?

UNICEF and UNFPA, on behalf of the GBV Area of Responsibility (GBV AoR), led the two-year revision process along with an advisory board ('Task Team') of 16 organizations with extensive experience in addressing GBV in humanitarian settings. The Task Team included representatives of the GBV AoR co-lead agencies – UNICEF and UNFPA – as well as UNHCR, UN Women, the World Food Programme, expert NGOs (including American Refugee Committee, Care International, Catholic Relief Services, ChildFund International, Interaction, International Medical Corps, International Rescue Committee, Oxfam, Plan International, Refugees International, Save the Children and Women's Refugee Commission), the United States Centers for Disease Control and Prevention and independent consultants with expertise in the field.

The revision process was highly inclusive, involving:

- Broad-based consultations, inputs and feedback from national and international actors both at headquarters and in-country, representing most regions of the world. This included four global reviews of evolving draft versions of the Guidelines, with an estimated 200+ global reviewers providing feedback at various stages of the process.
- Direct dialogue with over 100 individuals representing GBV experts working in humanitarian settings; all clusters and AoRs; all cross-cutting areas; 26 INGOs; 11 United Nations agencies and other entities (e.g. Red Cross/Red Crescent); and four donor agencies.
- Two surveys distributed globally in four languages (English, French, Spanish and Arabic) to approximately 160 individuals and organizations and eight inter-agency distribution lists, resulting in 428 completed responses from 66 countries.
- Ten field visits to first review preliminary content and then provide pilot trainings on the Guidelines, reaching an additional approximately 1,000 individuals across United Nations, INGO and government agencies<sup>2</sup> in nine locations in eight countries.<sup>3</sup>

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<sup>2</sup> This figure is based on the engagement with 11 clusters consulted in each country in the first round of field visits with an average of 15 participants per cluster, plus another 50 individuals per country for the second round of review.

<sup>3</sup> Kakuma refugee camp (Kenya); Somalia country office; Amman, Jordan (2 field visits); Manila and Mindanao, Philippines (2 field visits); San Salvador, El Salvador; Islamabad, Pakistan; Bogotá, Colombia; and Bamako, Mali.



There are 13 different thematic area sections of the GBV Guidelines. Throughout the different thematic area sections are 'Essential to Know', 'Promising Practice' and 'Lesson Learned' boxes. The boxes and thematic area sections have been developed based on known good practices at the time of publication. The information was collected through a review of relevant desk resources and from field partners of members of the GBV Guidelines Task Team, as well as during field visits and one-on-one consultations.

## 6. What populations do the GBV Guidelines focus on?

The revised Guidelines contain recommendations that have been approved by and are relevant to a wide array of humanitarian actors with different mandates and target populations. The Guidelines recognize a broad range of issues and at-risk groups including women, men, girls, and boys as well as LGBTI (lesbian, gay, bisexual, transgender and intersex) persons. The Guidelines include recommendations on analysing specific sex, age, disability and other relevant vulnerability factors that may increase a person's risk of GBV and other forms of violence in any setting.

Employing a community development approach, the Guidelines also describe how to work with all members of the affected community to address GBV vulnerabilities and to provide safe access to care and support for all survivors.

The Guidelines provide recommendations for targeted actions, including strategies to promote gender equality, to address the high risk of GBV faced by women and girls before, during, and after emergencies as well as their differential access to resources, goods and services in humanitarian settings. This approach is in line with various inter-agency humanitarian policies and standards that recognize the particular vulnerabilities of women and girls to GBV and that call for efforts to promote gender equality.<sup>4</sup>

## 7. What do you mean by 'prevention' and 'risk mitigation'?

Throughout the Guidelines, 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 to address practices that contribute to GBV; etc.). Mitigation refers to taking steps to reduce the risk of exposure to GBV (e.g. ensuring sufficient lighting and security patrols are in place when establishing displacement camps; placing locks on the inside of latrines; etc.).

## 8. How does this differ from specialist programming guidance?

The GBV Guidelines are a tool that primarily aims to promote prevention and risk mitigation across all sectors of humanitarian response, within the framework of each sector's existing

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<sup>4</sup> Including UNICEF, UNFPA and other GBV AoR members' gender policies (e.g. UNICEF 2008 Gender Policy and 2014–2017 Gender Action Plan; UNFPA 2009 Gender Policy and Strategic Framework on Gender Mainstreaming and Women's Empowerment), the IASC Gender Equality Policy (2008) and IASC Gender Handbook (2007), the Sphere Standards (e.g. Guidance Note 13), and UNHCR's Executive Committee (2006) Conclusion on Women and Girls at Risk no. 105, <[www.unhcr.org/45339d922.html](http://www.unhcr.org/45339d922.html)>.



mandates, responsibilities and capacities. The GBV Guidelines have in general not been designed to support specialized programmes<sup>5</sup> (often referred to as 'stand-alone' or 'vertical') to address GBV.

It is expected that GBV specialists, agencies and inter-agency mechanisms will assist non-GBV specialists to use the Guidelines. To that end, the Guidelines include recommendations about how GBV specialists can be mobilized for technical support.

## 9. But what if I need more specialized programming guidance – where can I find more specialized programming tools?

Addressing GBV in humanitarian settings is a growing field of practice. As the field continues to expand there will be a continuous need for more specialized programming to tackle different aspects of GBV and other related forms of violence in humanitarian settings. For example, it has become clear that more specialized guidance for addressing violence against the LGBTI community and sexual violence against men and boys is required for humanitarian settings.

The revised GBV Guidelines provide a platform for addressing violence against women and girls, men and boys and LGBTI populations that can be built upon. The Guidelines also emphasize the importance of ensuring that GBV specialists are in place from the earliest stage of preparedness to plan, implement and coordinate GBV specialized interventions. For more information on specialized programming guidance, go to the GBV AoR website ([www.gbvaor.net](http://www.gbvaor.net)).

## 10. These Guidelines are so comprehensive! Am I expected to read the whole thing?

The Guidelines that have been shared for review during the two-year drafting process represent the composite version. This version will be available for anyone requesting it. However, it is not anticipated that specific sector actors will necessarily review the recommendations provided for all other sectors. The Guidelines are also being published in smaller 'Thematic Area Guides' (TAGs) for each of the sectors covered in the composite Guidelines. These TAGs include the introduction, background to the thematic area guidance, and the thematic area itself, and should be easily transportable. Annexes to the TAGs will be available online. Other tools – such as sector-specific pamphlets summarizing the fold-out table and other key information – will be developed as the roll-out unfolds.

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<sup>5</sup> Specialized programming is programming managed and implemented by individuals with significant professional training and experience working on GBV programming, including for example providing psychosocial support to survivors, clinical management of rape or legal accompaniment/representation. Many tools for supporting specialized programmes already exist, including: International Rescue Committee and UNICEF. 2012. *Caring for Child Survivors in Humanitarian Aid Settings: Guidelines for providing case management, psychosocial interventions and health care to child survivors of sexual abuse*; and UNHCR. 2012. *Need to Know Guidance Series: Working with Men and Boy Survivors of Sexual and Gender-Based Violence in Forced Displacement. Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced Displacement*, etc. These tools are highlighted in Annex 1 of the revised GBV Guidelines.



## 11. What's next?

The revised GBV Guidelines and associated TAGs will be widely disseminated starting in 2015. To promote and support the Guidelines' implementation, advocacy materials and an implementation strategy have also been developed. 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 United States Centers for Disease Control and Prevention, ChildFund, International Medical Corps, International Organization for Migration, International Rescue Committee, Norwegian Refugee Council, Oxfam, Refugees International, Save the Children, UNHCR, Women's Refugee Commission, and the World Food Programme.

Implementation of the revised GBV Guidelines will be an ongoing process. One key function of the Global Reference Group is the development of a GBV Guidelines website, [www.gbvguidelines.org](http://www.gbvguidelines.org). This website will host a knowledge repository and provide easy access to the Guidelines and related tools, collated case studies, and monitoring and evaluation results (to build the evidence base for GBV risk mitigation across all sectors). Emerging good practices and lessons learned related to the Guidelines' implementation will be documented and made widely available.

**To get involved or for more information please visit: [www.gbvguidelines.org](http://www.gbvguidelines.org).**



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