Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action

Roll out of the IASC GBV Guidelines¹ in Myanmar
September 2016 & January – February 2017
Country Brief

Over the course of three months, a cadre of 232 practitioners were trained in three sites – Yangon, Kachin and Rakhine – across eight clusters – Camp Coordination and Camp Management, Child Protection, Food Security and Livelihoods, Health, Nutrition, Protection, Shelter and WASH. In Kachin and Rakhine, training participants developed tangible GBV prevention and risk mitigation commitments that they could take forward in their day-to-day work as frontline service providers. In Yangon, training participants developed Action Plans to provide a roadmap for further GBV prevention and risk mitigation integration into cluster response plans and national strategies.

Key Outcomes
1. The GBV Guidelines roll out process in two field sites, Rakhine and Kachin, provided tools for Rakhine and Kachin training participants to become familiar with the tool in order to identify and prioritize actions to integrate GBV prevention and risk mitigation in their day-to-day work. Furthermore, the GBV Guidelines Trainer was able to raise concerns, best practices and real-time case studies for GBV prevention and risk mitigation at the country level during trainings and meetings in Yangon. Yangon-based colleagues charged with overarching strategy for their respective clusters were able to better match their prioritization with field-based needs and initiatives – including better understanding where country-level support, capacity-building and technical assistance is needed.
2. The roll out process created an opportunity for further collaboration and coordination with relevant sectors vis-à-vis the GBV Sub-Cluster. Increased synergy and dialogue around prevention and risk mitigation can clarify and strengthen roles and responsibilities, and shared accountability when responding to a GBV

¹ The IASC GBV Guidelines (revised from the 2005 version) are a practical, field-tested tool that recognize the particularly high risk for women and girls of GBV in crisis-affected settings, and provide guidance for humanitarian actors and communities affected by conflict and disasters on essential actions across all sectors of humanitarian response – resulting in safer and more effective programmes. The GBV Guidelines are targeted to non-GBV specialists – that is, national and international humanitarian actors across all levels and sectors of humanitarian response, who can and should undertake actions within their day-to-day operations to prevent and mitigate the risk of GBV faced by the people and communities they serve.

For more information: visit www.gbvguidelines.org
contact Erin Patrick, IASC GBV Guidelines Coordinator, at gbv.guidelines@gmail.com
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disclosure (i.e.: comprehensive understanding of referral pathways). Technical support can be provided to trouble shoot needs and appropriate response in areas where services are lacking or are of poor quality².

3. The GBV Guidelines were able to add an additional layer of depth to existing cluster-specific guidance on GBV prevention and Gender integration. Examples of cluster-specific guidance include the WASH Cluster’s tools on risk mitigation and gender or the Health Cluster’s establishing of mobile health clinics incorporating GBV services where feasible.

4. Teams engaged in cash transfer programming (CTP) in Myanmar, including practitioners who participated in the GBV Guidelines roll-out trainings, sought to understand and analyze potential GBV risks associated with CTP. Training participants, especially in Kachin, discussed distribution models and selection/targeting criteria as areas where GBV risk mitigation strategies can be applied. Emerging evidence³ shows that cash programming may provide significant protective benefits (e.g. creating more equal access, supporting vulnerable groups, improving child well-being and supporting women’s equality and empowerment efforts). Ongoing CTP efforts are uniquely poised to further explore how these programs can prevent and reduce GBV-related risks.

Identified opportunities from the global GBV Guidelines team for all Clusters and OCHA⁴

1. Led by OCHA, all cluster lead agencies have the opportunity to actively engage in the inclusion and integration of GBV prevention and/or risk mitigation actions across all individual and multi-sectoral proposals, in the Humanitarian Needs Overview analysis (including sex and age disaggregated data), in the Humanitarian Response Plan process and other relevant funding allocations/proposals. In support of funding processes, integrate GBV into multi-sector assessments and other types of risk analysis.

2. OCHA has the opportunity to seek to ensure accountability of all clusters to prevent and mitigate the risk of GBV by improving indicators and quality of sex and age disaggregated data for the 2018 Humanitarian Response Plan. Cluster lead agencies should engage OCHA to sensitize and support coordination colleagues to review proposals and allocate funding based on added criteria of GBV prevention and risk mitigation.

3. Consult with the GBV Working Group to provide and contextualize training and sensitization for the development of SOPs for preventing sexual exploitation and abuse (PSEA).

4. The GBV Working Group has the opportunity to provide training and develop SOPs related to safe and ethical management of information including (1) safe external reporting within identified referral mechanism and (2) clarification on reporting requirements internal to an agency when not SEA.

5. The GBV Working Group and relevant GBV focal points are uniquely positioned to provide guidance on safe and appropriate response, including Psychological First Aid (PFA), to GBV incidents (by non-specialized actors) for non-GBV specialists when no services are in place or are deemed of poor quality, exposing or compromising survivor safety.

6. With the support of the GBV Working Group, each cluster can support the development of key communication messages on GBV risks, rights and services available to survivors across active sectors in local responses.

Action Plan Framework for the GBV Working Group and OCHA

Sector-specific Action Plans are detailed in the sector-specific briefs.

GBV Working Group

1. Training and building capacity of front line officers across all sectors to respond to GBV.

2. Adapt guidelines to create GBV intervention integration checklists covering programme cycle for each Cluster/Sector.

3. Work with each Cluster/Sectors (national and sub-national) to develop GBV messaging tailored to sector programming.

² “Quality” as defined by indicators of survivor-centered principles and other localized criteria.


⁴ These recommendations are specific to the Myanmar context but based on the generalized recommendations for ensuring implementation contained within the GBV Guidelines or additional information please see “Ensuring Implementation,” beginning on p.18 of the Guidelines, or available on www.gbvguidelines.org.

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4. Assess non-GBV specialist front line responders knowledge of GBV referral pathway and provide training and guidance materials on effectively and appropriately responding to GBV cases (referral, PFA).
5. Checklist for gender inclusive assessments and post-distribution monitoring.

OCHA

1. Integrate GBV and gender components into all joint funding trainings and assessments, including for MHF and CERF.
2. In coordination with the GBV Working Group, monitor clusters/sectors compliance with committed actions and accompanying indicators.
3. Integration of GBV integration indicators in HRP and other intersectoral and leadership strategies, guidance notes, policies and terms of reference.
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IASC GBV Guidelines Roll out: Myanmar Country Brief
Protection Cluster & Child Protection Sub-Cluster

Training summary
In Yangon and Kachin, trainings included both Protection and Child Protection colleagues and partners. In Rakhine, only Protection partners received training. Participant totals below reflect all participants present regardless of cluster.

<table>
<thead>
<tr>
<th>Training location</th>
<th>Participants</th>
<th>Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rakhine</td>
<td>19</td>
<td>UNFPA, UNHCR, RI, IRC, DRC, LWF, ACF, SCF, Plan International, UNICEF, Ratana Myitta, ICRC</td>
</tr>
<tr>
<td>Kachin</td>
<td>19</td>
<td>KMSS-MKA, Rule of Law Center, Shingnip Kachin Legal Aid Network, Oxfam, PSI, UNFPA, UNHCR, UNICEF, Plan International, KBC – HDD, RMP, Shalom, Pyoe</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>71</strong></td>
<td></td>
</tr>
</tbody>
</table>

Myanmar Protection and Child Protection Cluster focal points
- Marco Roggia, Protection Cluster, UNHCR, roggia@unhcr.org
- Geraldine Salducci, National Protection Cluster Coordinator, UNHCR, salducci@unhcr.org
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- Lindsay Shearer, Child Protection Specialist, UNICEF, lshearer@unicef.org
- Paul Miki L Seng Du, Child Protection – Kachin, UNICEF, pmlsengdu@unicef.org

GBV Guidelines Implementation Support Team focal points
- Erin Patrick, GBV Guidelines Coordinator, gbv.guidelines@gmail.com
- Jessica Izquierdo, GBV Guidelines Trainer, jizquierdo@iom.int

Action Plan: Protection and Child Protection
1. Ensure all front-line responders have the minimum capacity in Psychological First Aid and case management for survivors of GBV.
2. Ensure inclusion of GBV in the Protection Strategy and Protection Mainstreaming work across clusters/sectors.
3. Integrate menstrual hygiene management activities in new child protection programming (including community outreach, awareness and education sessions, education initiatives etc.).

Recommendations for Protection and Child Protection partners
1. Strengthen and build upon existing protection/CP/GBV mainstreaming activities; consideration of a Mainstreaming Workshop on protection which integrates GBV and CP considerations and engages civil society and NGO actors. For example, areas for consideration with CCCM include (1) conducting joint, multi-sector reviews and audits of camp layout with assessment of GBV risk considerations in delivery of services, (2) training of camp management committees on identification of GBV risks, roles and responsibilities within referrals and management of sensitive information (such as GBV disclosures), and (3) positioning of mainstreaming focal points to support non-protection, CP and GBV sectors in mainstreaming and integration.
2. Develop GBV service provision, information sharing and outreach SOPs with clearer guidance to account for variability of GBV services across different townships.

For more information: visit [www.gbvguidelines.org](http://www.gbvguidelines.org) contact Erin Patrick, IASC GBV Guidelines Coordinator, at gbv.guidelines@gmail.com
3. Strengthen capacities of protection and child protection partners to ensure application of GBV minimum standard competencies. For practitioners working with children in schools, CFS’ and transitional learning spaces, sensitize on CP minimum standards and GBV risks among children including appropriate response and referral (e.g. child safeguarding, consent and best interest of the child).