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

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4 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.

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disclosure (i.e.: comprehensive understanding of referral pathways). Technical support can be provided to
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 evidence 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 OCHA

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.

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2 “Quality” as defined by indicators of survivor-centered principles and other localized criteria.
3 While the evidence-base is growing, two helpful resources with regards to GBV include IRC/ERC evaluation of CTP in Jordan
(http://www.cashlearning.org/downloads/erc-irc-action-research-web.pdf) and ODI’s review of the CTP evidence-base across multiple sectors
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.
Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action

IASC GBV Guidelines Roll out: Myanmar Country Brief

WASH Cluster

Training summary

<table>
<thead>
<tr>
<th>Training location</th>
<th>Participants*</th>
<th>Agencies</th>
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<td>Yangon</td>
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<td>ICRC, CDN, DRC, BRAC, IRM, Save the Children, LWF, Islamic Relief Myanmar</td>
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<td>Rakhine</td>
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<td>UNHCR, DRC, RI, Oxfam, SCI, LWF, IOM, NRC, UNICEF, IRI, MHDO, SED, Solidarités International, UNFPA, SMD, CARE</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>81</strong></td>
<td></td>
</tr>
</tbody>
</table>

* Includes CCCM/Shelter colleagues as the training was conducted jointly between sectors.

Myanmar WASH Cluster focal points

- Olivier Le Guillou, National WASH Cluster Coordinator, UNICEF, oleguillou@unief.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

1. Integrate menstrual hygiene management (MHM) curriculum into community outreach activities (e.g. education and information sessions) for men, women and adolescents in all new WASH programming.
2. Ensure culturally appropriate spaces and materials for safe and hygienic menstrual hygiene management that promotes the dignity of women and girls – e.g. separate spaces for washing and drying of reusable sanitary items, analysis of menstrual hygiene practices.
3. Adapt hygiene kits in accordance with GBV Working Group MHM mapping, which may include two buckets (one for MHM) and dark cloth (as opposed to disposable sanitary pads).
4. Design and maintain WASH facilities to ensure equitable access for women and girls and their privacy.

Recommendations for WASH partners

1. At the national or sub-national cluster level, develop a WASH and GBV technical working group to promote the dissemination of WASH Cluster GBV Mitigation Tools and the IASC GBV Guidelines for WASH. Collect information on feasible practices to be shared with other WASH partners in country and for regional and global level learning.
2. Develop capacity-building and sensitization strategy with minimum competencies for WASH staff responsibilities related to GBV, inclusive of program managers, outreach/community mobilization staff, community-based committees and hygiene promoters.
3. Continue to apply and to strengthen a GBV risk analysis to all programmatic areas of intervention including conducting joint, routine safety audits with GBV partners in localized areas and camp settings.
4. Consider identifying a GBV focal point within the WASH Cluster to liaise with the GBV Sub-Cluster, provide support to WASH partners on GBV prevention and risk mitigation and forward WASH Cluster-specific objectives for the integration of GBV into all programming and funding proposals/allocation processes.

For more information: visit [www.gbvguidelines.org](http://www.gbvguidelines.org) contact Erin Patrick, IASC GBV Guidelines Coordinator, at gbv.guidelines@gmail.com