CAMP COORDINATION AND CAMP MANAGEMENT

THIS SECTION APPLIES TO:

• Camp coordination and camp management (CCCM) coordination mechanisms

• Actors involved in camp administration (CA), camp coordination (CC) and camp management (CM): NGOs, community-based organizations (including National Red Cross/Red Crescent Societies), INGOs and United Nations agencies

• Local committees and community-based groups (*e.g. groups for women, adolescents/youth, older persons, etc.*) related to CCCM

• Displaced populations

• Other CCCM stakeholders, including national and local governments, community leaders and civil society groups

Why Addressing Gender-Based Violence Is a Critical Concern of the Camp Coordination and Camp Management Sector

Camp managers, coordinators and administrators all share the responsibility of ensuring the safety and security of affected populations during the entire life cycle of a site:[1] from planning and set-up, to care and maintenance, and through to site closure and longer-term solutions for affected populations. Poorly planned camp coordination and camp management (CCCM) processes can heighten risks of GBV in many ways:

▶ **Registration procedures** that rely only on household registration may exclude some individuals from accessing resources, in turn increasing their risk of exploitation and abuse. Women may become dependent on male family members for access to food, assistance or

WHAT THE SPHERE HANDBOOK SAYS:

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.sphereproject.org/resources/download-publications/?search=1&keywords=&language=English&category=22>)

CCCM

INTRODUCTION

! ESSENTIAL TO KNOW

Defining 'CCCM'

There are typically three distinct but interrelated areas of responsibility in responding to a displaced population. **Camp administration** refers to the functions carried out by governments and national (civilian) authorities that relate to the supervision and oversight of activities in camps and camp-like settings. **Camp coordination** refers to the creation of the humanitarian space necessary for the effective delivery of protection and assistance. **Camp management** refers to holistic responses that ensure the provision of assistance and protection to the displaced. These responses occur at the level of a single camp and entail coordinating protection and services; establishing governance and community participation; ensuring maintenance of camp infrastructure; collecting and sharing data; monitoring the standards of services; and identifying gaps in services. Various national authorities, humanitarian agencies, community volunteers and civil society stakeholders will be involved in camp responses.

(Adapted from **Norwegian Refugee Council. 2008**. 'Prevention of and Response to Gender-Based Violence', ch. 10 in *The Camp Management Toolkit*, <http://www.nrc.no/arch/_img/9178016.pdf>. Also see **CCCM Global Cluster**, Revised Toolkit, forthcoming March 2015, e-version at <www.cmtoolkit.org>.)

essential services—or have no access at all. Girls and boys who are not registered are at greater risk of separation from their families, as well as trafficking for sexual exploitation or forced/domestic labour and other forms of violence. Unregistered girls are more vulnerable to child marriage. Single women, woman- and child-headed households, persons with disabilities and other at-risk groups[2] who arrive and register after a site has been established may be further marginalized by being placed on the outskirts of formal sites, potentially exposing them to sexual assault.

▶ Where **access to services such as food, shelter, and non-food items** (NFIs) is inadequate, women and girls are most often tasked with finding fuel and food outside of secure areas, which can expose them to assault and abduction. Distribution systems that do not take into consideration the needs of at-risk groups, including LGBTI persons, can lead to their exclusion, in turn increasing their vulnerability to exploitation and other forms of violence.

▶ **Poorly lit and inaccessible areas,** as well as **ill-considered placement or design of site-related services** (such as shelter and sanitation facilities and food distribution sites) can increase incidents of GBV.

▶ In some settings the risks of GBV can be compounded by **overcrowding and lack of privacy**. In multi-family tents and multi-household dwellings, lack of doors and partitions for sleeping and changing clothes can increase exposure to sexual harassment and assault. Tensions linked to overcrowding may lead to an escalation of intimate partner violence and other forms of domestic violence. Where situational and risk analyses are not systematically conducted, these risks might not be identified and rectified.

▶ As displacement continues, **scarcity of local land and natural resources** (such as food, water and fuel) may exacerbate community violence as well as problems such as child labour, forced labour and sexual exploitation. Women, girls and other at-risk groups may be abducted or coerced to leave sites, tricked by traffickers when seeking livelihoods opportunities, or forced to trade sex or other favours for basic items and materials.

---

[1] The term 'site' is used throughout this section to apply to a variety of camps and camp-like settings including planned camps, self-settled camps, reception and transit centres, collective centres and spontaneous settlements. Ideally, sites are selected and camps are planned before the controlled arrival of the displaced population. In most cases, however, the sector lead and camp management agencies will arrive on the scene—along with other actors—to find populations already settled and coping in whatever ways they can. As a result, CCCM responses do not always directly coincide with the phases of the programme cycle framework. The following guidance tries to capture this reality (though not all of it will apply to spontaneous settlements).
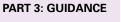
[2] For the purposes of these Guidelines, at-risk groups include those whose particular vulnerabilities may increase their exposure to GBV and other forms of violence: adolescent girls; elderly women; woman and child heads of households; girls and women who bear children of rape and their children born 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 11 of these Guidelines.

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

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 within the affected population in all CCCM assessment processes	✔	✔	✔	✔
Analyse the physical safety in and around sites as it relates to risks of GBV (*e.g. adherence to Sphere standards; lighting; need for women-, adolescent- and child-friendly spaces; when, where, how and by whom security patrols are conducted; safety of water and distribution sites and whether they accommodate the specific needs of women, girls and other at-risk groups; accessibility for persons with disabilities etc.*)	✔	✔	✔	✔
Assess the level of participation and leadership of women, adolescent girls and other at-risk groups in all aspects of site governance and CCCM programming (*e.g. ratio of male/female CCCM staff; participation in site committees, governance bodies, and executive boards; etc.*)		✔	✔	✔
Analyse whether IDP/refugee registration and profiling are conducted in a manner that respects the rights and needs of women and other at-risk groups, as well as of GBV survivors		✔	✔	✔
Assess awareness of CCCM staff and stakeholders 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 CCCM programming and GBV risk reduction; etc.*)	✔	✔	✔	✔
Review existing/proposed community outreach material related to CCCM—specifically communicating with communities (CwC) and feedback mechanisms—to ensure it includes basic information about GBV risk reduction (*including prevention, where to report risk and how to access care*)	✔	✔	✔	✔
RESOURCE MOBILIZATION				
Identify and pre-position age-, gender-, and culturally appropriate supplies for CCCM that can mitigate risk of GBV (*e.g. lighting/torches, partitions where appropriate*)	✔	✔		
Develop CCCM proposals that reflect awareness of GBV risks for the affected population and strategies for reducing these risks	✔	✔	✔	✔
Prepare and provide trainings for government, humanitarian workers and volunteers engaged in CCCM work on safe design and implementation of CCCM programming that mitigates risks of GBV	✔	✔	✔	✔
IMPLEMENTATION				
▶ **Programming**				
Involve women as staff and administrators in CCCM operations	✔	✔	✔	✔
Involve women, adolescent girls and other at-risk groups as participants and leaders in community-based site governance mechanisms and decision-making structures throughout the entire life cycle of the camp (*with due caution where this poses a potential security risk or increases the risk of GBV*)	✔	✔	✔	✔
Prioritize GBV risk-reduction activities in camp planning and set-up (*e.g. confidential and non-stigmatizing registration; safety of sleeping areas; use of partitions for privacy; designated areas for women-, adolescent- and child-friendly spaces; etc.*)	✔	✔		
Prioritize GBV risk-reduction and mitigation strategies during the care and maintenance phase of the camp life cycle (*e.g. undertake frequent and regular checks on site security; create complaint and feedback mechanisms for community; etc.*)		✔	✔	✔
Support the role of law enforcement and security patrols to prevent and respond to GBV in and around sites throughout the entire camp life cycle (*e.g. advocate for adequate numbers of properly trained personnel; work to identify the best safety patrol options with the community; etc.*)	✔	✔	✔	✔
Integrate GBV prevention and mitigation into camp closure (*e.g. closely monitor GBV risks for returning/resettling/residual populations; work with GBV specialists to ensure continued delivery of services to GBV survivors who are exiting camps; etc.*)			✔	✔
▶ **Policies**				
Incorporate relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of CCCM programmes (*e.g. procedures for food and non-food item distribution; housing policies for at-risk groups; 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 CCCM, and allocate funding for sustainability (*e.g. develop or strengthen policies related to the allocation of law enforcement and security personnel; develop camp closure and exit strategies that take GBV-related risks into consideration; 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 CCCM staff have the basic skills to provide them with information where they can obtain support	✔	✔	✔	✔
Ensure that CCCM programmes sharing information about reports of GBV within the CCCM 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 prevention, where to report risk and how to access care*) into CCCM-related community outreach and awareness-raising activities, using multiple formats to ensure accessibility		✔	✔	✔
COORDINATION				
Ensure GBV risk reduction is a regular item on the agenda in all CCCM-related coordination mechanisms	✔	✔	✔	✔
Undertake coordination with other sectors 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 CCCM 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 CCCM 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 Thematic Area Guidance.**

CHILD PROTECTION

Why Addressing Gender-Based Violence Is a Critical Concern of the Child Protection Sector

Children and adolescents often face a heightened risk of violence in humanitarian settings due to the lack of rule of law, the breakdown of family and community protective mechanisms, their limited power in decision-making and their level of dependence. The strain on adults caused by humanitarian crises may increase children's risk of physical abuse, corporal punishment and other forms of domestic violence. Children and adolescents are also at risk of being exploited by persons in authority (e.g. through child labour, commercial sexual exploitation, etc.). Proximity to armed forces, overcrowded camps and separation from family members further contribute to an increased risk of violence.

During emergencies, both girls and boys are at risk of sexual assault. Many other types of violence against children—including sexual exploitation and abuse, trafficking for sex, female genital mutilation/cutting,

honour killing, child marriage, differential access to food and services, and differential access to education—disproportionately affect girls and young women because of gender-based discrimination against females. In situations of armed conflict, girls and boys are at risk of being abducted by armed forces/groups and subjected to different forms of violence. Girls in particular are often the targets of sexual slavery and other forms of sexual violence and exploitation. Girls who are unaccompanied or orphaned, single heads of households, child mothers and girls with disabilities are among the most at risk.[1]

> **ESSENTIAL TO KNOW**
>
> **Considering the Best Interests of the Child**
>
> In all actions concerning children and adolescents, **the best interests of the child** shall be a primary consideration. This principle should guide the design, monitoring and adjustment of all humanitarian programmes and interventions. Where humanitarians take decisions regarding individual children, agreed procedural safeguards should be implemented to ensure this principle is upheld. **Children are people under 18 years of age. This category includes infants (up to 1 year old) and most adolescents (10–19 years). Adolescents are normally referred to as people between the ages of 10 and 19.**
>
> (**Child Protection Working Group [CPWG]. 2012.** *Minimum Standards for Child Protection in Humanitarian Action*, pp. 15 and 221, <http://toolkit.ineesite.org/toolkit/INEEcms/uploads/1103/Minimum-standards-Child_Protection.pdf>. For additional information see UNHCR, 2008. *Guidelines on Determining the Best Interests of the Child*, <www.unhcr.org/4566b16b2.pdf>)

> **WHAT THE *MINIMUM STANDARDS FOR CHILD PROTECTION IN HUMANITARIAN ACTION* SAY:**
>
> *Standard 8*
> ▶ Girls and boys are protected from physical violence and other harmful practices, and survivors have access to age-specific and culturally appropriate responses.
>
> *Standard 9*
> ▶ Girls and boys are protected from sexual violence, and survivors of sexual violence have access to age-appropriate information as well as safe, responsive and holistic response.
>
> (**Child Protection Working Group [CPWG]. 2012.** *Minimum Standards for Child Protection in Humanitarian Action,* <http://toolkit.ineesite.org/toolkit/INEEcms/uploads/1103/Minimum-standards-Child_Protection.pdf>)

Child protection actors can play a central role in enhancing the safety and well-being of children and adolescents by integrating GBV prevention and mitigation measures into their programming, and by supporting child-friendly systems of care (i.e. referral pathways) for survivors. Actions taken by the child protection sector to prevent and respond to GBV should be done in coordination with GBV specialists and actors working in other humanitarian sectors. Child protection actors should also coordinate with—where they exist—partners addressing gender, mental health and psychosocial support (MHPSS), HIV, age and environment. (See 'Coordination', below.)

When establishing programmes aimed at preventing, mitigating and responding to GBV against children and adolescents, child protection actors should remain attentive to how the particular needs and vulnerabilities of girls in emergency settings may differ from the needs and vulnerabilities of boys. Addressing all forms of violence against girls requires understanding and challenging the social norms and traditions that place females in a subordinate position to males. Addressing specific forms of violence against boys through a gender lens will often focus on the negative effects for boys of socially determined norms of masculinity, in particular, norms of male power and violent masculinity. The needs and vulnerabilities of transgender and intersex children tend to be particularly hidden, and require correspondingly close attention and collaboration with local experts or aid workers experienced in working with these populations. Efforts to address violence against children and adolescents will be most effective when there is a thorough analysis of gender-related risk and protective factors.
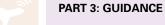
[1] For the purposes of these Guidelines, at-risk groups include those whose particular vulnerabilities may increase their exposure to GBV and other forms of violence: adolescent girls; elderly women; woman and child heads of households; girls and women who bear children of rape and their children born 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 11 of these Guidelines. The *Minimum Standards for Child Protection in Humanitarian Action* refer to at-risk groups of children as those who are likely to be excluded from care and support. Some of the categories of children most often identified as excluded are children with disabilities, child-headed households, LGBTI children, children living and working on the streets, children born as a result of rape, children from ethnic and religious minorities, children affected by HIV, adolescent girls, children in the worst forms of child labour, children without appropriate care, children born out of wedlock and children living in residential care or detention (p. 157).

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

	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
ASSESSMENT, ANALYSIS AND PLANNING				
Promote the active participation of children and adolescents—particularly adolescent girls—in all child protection assessment processes (according to ethical standards and processes)	✔	✔	✔	✔
Assess the level of participation and leadership of women, adolescent girls and other at-risk groups in the design, implementation and monitoring of child protection programmes (*e.g. ratio of male/female child protection staff; participation in child protection monitoring groups; etc.*)	✔	✔	✔	✔
Identify the cultural practices, expected behaviours and social norms that constitute GBV and/or increase risk of GBV against girls and boys (*e.g. preferential treatment of boys; child marriages; female genital mutilation/cutting; gender-based exclusion from education; domestic responsibilities for girls; child labour; recruitment of children into armed forces/groups; etc.*)	✔	✔	✔	✔
Identify the environmental factors that increase children's and adolescents' risk of violence, understanding the different risk factors faced by girls, boys and particularly at-risk groups of children (*e.g. presence of armed forces/groups; unsafe routes for firewood/water collection, to school, to work; overcrowded camps or collective centres; status as separated or unaccompanied child; being in conflict with the law; existence of child trafficking networks; etc.*)	✔	✔		
Map community-based child protection mechanisms that can be fortified to mitigate the risks of GBV against children, particularly adolescent girls (*e.g. child protection committees; community watch committees; child-friendly safe spaces; community-based organizations; families and kinship networks; religious structures; etc.*)	✔	✔		
Identify response services and gaps in services for girl and boy survivors (*including child-friendly health care; mental health and psychosocial support; security response; legal/justice processes; etc.*)	✔	✔		
Assess the capacity of child protection programmes and personnel to recognize and address the risks of GBV against girls and boys and to apply the principles of child-friendly care when engaging with girl and boy survivors	✔	✔	✔	✔
Review existing/proposed community outreach material related to child protection to ensure it includes basic information about GBV risk reduction (*including prevention, where to report risk and how to access care*)	✔	✔	✔	✔
RESOURCE MOBILIZATION				
Develop proposals for child protection programmes that reflect awareness of GBV risks for the affected population and strategies for reducing these risks	✔	✔	✔	✔
Prepare and provide trainings for government, humanitarian workers, national and local security and law enforcement, child protection personnel, teachers, legal/justice sector actors, community leaders, and relevant community members on violence against children and adolescents, recognizing the differential risks and safety needs of girls and boys	✔	✔	✔	✔
Train child protection actors who work directly with affected populations to recognize GBV risks for children and adolescents and to inform survivors and their caregivers about where they can obtain care and support	✔	✔		
Target women and other at-risk groups for job skills training related to child protection, particularly in leadership roles to ensure their presence in decision-making processes	✔	✔	✔	✔
IMPLEMENTATION				
▶ **Programming**				
Involve women, adolescent girls and other at-risk groups in relevant aspects of child protection programming (*with due caution where this poses a potential security risk or increases the risk of GBV*)	✔	✔	✔	✔
Support the capacity of community-based child protection networks and programmes to prevent and mitigate GBV (*e.g. strengthen existing community protection mechanisms; support creation of girl- and boy-friendly spaces; etc.*)		✔	✔	✔
Support the provision of age-, gender-, and culturally sensitive multi-sectoral care and support for child survivors of GBV (*including health services; mental health and psychosocial support; security/police response; legal/justice services; etc.*)		✔	✔	✔
Where there are gaps in services for children and adolescents, support the training of medical, mental health and psychosocial, police, and legal/justice actors in how to engage with child survivors in age-, gender-, and culturally sensitive ways		✔	✔	✔
Monitor and address the risks of GBV for separated and unaccompanied girls and boys (*e.g. establish separate reception areas for unaccompanied girls and boys; ensure family reunification and foster care programmes monitor and mitigate potential risk of GBV; etc.*)		✔	✔	✔
Incorporate efforts to address GBV into activities targeting children associated with armed forces/groups (*e.g. disarmament, demobilization and reintegration programmes*)		✔	✔	✔
Ensure the safety and protection of children in contact with the law, taking into account the particular risks of GBV within detention facilities		✔	✔	✔
▶ **Policies**				
Incorporate relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of child protection 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.*)	✔	✔	✔	✔
Support the reform of national and local laws and policies (including customary laws) to promote and protect the rights of children and adolescents to be free from GBV (*with recognition of the particular vulnerabilities, rights and needs of girls and other at-risk groups of children*)	✔		✔	✔
▶ **Communications and Information Sharing**				
Ensure that child protection programmes sharing information about reports of GBV within the child protection 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 child survivors, their caretakers or the broader community*)	✔	✔	✔	✔
Incorporate GBV messages (*including prevention, where to report risk and how to access care*) into child protection–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 girls and boys at risk	✔	✔	✔	✔
Seek out the GBV coordination mechanism for support and guidance and, whenever possible, assign a child protection 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 child protection 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 Thematic Area Guidance.** Also refer to the *Minimum Standards for Child Protection in Humanitarian Action*, <http://toolkit.ineesite.org/toolkit/INEEcms/uploads/1103/Minimum-standards-Child_Protection.pdf>

EDUCATION

THIS SECTION APPLIES TO:
- Education coordination mechanisms
- Education actors (staff and leadership): NGOs, community-based organizations (including National Red Cross/ Red Crescent Societies), INGOs and United Nations agencies
- Local committees and community-based groups (e.g. groups for women, adolescents/youth, etc.) related to education
- Other education stakeholders, including national and local governments, community leaders and civil society groups

Why Addressing Gender-Based Violence Is a Critical Concern of the Education Sector

In many humanitarian settings, attending school can be a risky endeavour. Because of the erosion of standard protection mechanisms caused by humanitarian emergencies, students and education personnel—particularly females—may face an increased risk of sexual harassment, sexual assault or abduction while travelling to and from school. Lack of supervisory staff increases the risk of bullying, sexual harassment and sexual assault occurring on school grounds, by peers as well as teachers and other adults.
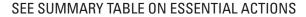
Unethical teachers may take advantage of their positions and sexually exploit students. A report by UNHCR/Save the Children UK (2002) drew widespread attention to the exploitation of girls and young women by humanitarian workers in refugee camps in West Africa. Teachers were identified as one of the key groups of perpetrators, taking advantage of their authority over students and offering good grades and other school privileges in return for sex.

Access to education is often a challenge during emergencies as traditional education systems become disrupted. For example:

▶ Refugee children living in urban areas may have difficulty attending school if they cannot afford the fees or if schools are already overcrowded.

▶ Educational programmes in camp settings may be non-existent or limited to primary school level.

▶ Children with disabilities may be prevented from participating in education programmes that do not adhere to principles of universal design and/or reasonable accommodation.[1]

▶ Parents may be afraid to send girls to school for fear of their exposure to GBV in or on the way to school.

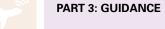[1] For more information regarding universal design and/or reasonable accommodation, see definitions in **Annex 4.**

▶ Impoverished families may prioritize boys' education and not have the money to pay for girls' school fees, uniforms and other supplies. This puts girls at an economic disadvantage and heightens their risk of sexual exploitation in exchange for school-related fees. When girls are denied the opportunity to attend school (and boys are given priority), this in itself constitutes a form of GBV.

In addition, lack of sanitation facilities and supplies—as well as cultural taboos and stigma around menstruation—can contribute to low attendance and high dropout rates among adolescent girls who are menstruating. Family caretaking responsibilities, child marriage and pregnancy are additional barriers to girls taking up or continuing their schooling. Even where girls are enrolled in high numbers, dropout rates towards the end of primary school are often high in many humanitarian settings.

School curricula and other teaching materials may reinforce traditional notions about gender roles and sexuality that underpin GBV. This problem is exacerbated in school settings where there are few female teachers (especially in positions of authority). Intersex, transgender, lesbian, gay and bisexual children and youth are particularly at risk of bullying in schools. School authorities may have little understanding of sexual orientation and gender identity issues and may exclude students suspected of being different. As trusted adults, teachers may be required to be first responders to children and youth experiencing GBV and other forms of violence. How they respond to disclosures is critical to the outcome for the child.

While poorly designed education programmes can exacerbate the problem of GBV, **education programmes that are well designed can be critical to reducing GBV:**

▶ **If designed properly, educational facilities can provide a protective environment for children and youth at risk of GBV.** Students' risk of exposure to different forms of GBV can be mitigated through: thoughtful planning of education delivery strategies and structures; placement of learning centres away from danger zones in urban areas and/or camps; careful employment and training of teachers and school administrators; and sensitization and awareness-raising for students and the community. Additionally, girls who are kept in school through the secondary education level are less likely to enter early marriages or engage in sexually exploitative income-earning activities.

▶ **School is a place where cultural norms can be challenged and reshaped to support gender equality and prevent GBV.** As well as teaching traditional academic subjects, both primary

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

Stage of Emergency Applicable to Each Action

ASSESSMENT, ANALYSIS AND PLANNING

Action	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
Promote the active participation of women, girls and other at-risk groups in all education assessment processes	✔	✔	✔	✔
Assess the level of participation and leadership of women, adolescent girls and other at-risk groups in all aspects of education programming (*e.g. ratio of male/female education staff; strategies for hiring and retaining females and other at-risk groups as teachers and administrators; involvement of women and, where appropriate, adolescent girls in community-based education committees and associations; etc.*)	✔	✔	✔	✔
Investigate community norms and practices that may affect students'—particularly adolescent females'—access to learning (*e.g. responsibilities at home that may prevent girls from going to school; child and/or forced marriage; pregnancy; lack of menstrual hygiene supplies; school fees; gender-inequitable attitudes about girls attending school; stigma faced by certain groups; etc.*)	✔	✔	✔	✔
Analyse access to and physical safety of learning environments to identify risks of GBV (*e.g. travel to/from learning environments; separate and safe toilets for girls and boys; adequate lighting within and around buildings; school safety patrols; accessibility features for students and teachers with disabilities; etc.*)	✔	✔	✔	✔
Assess awareness of all education staff on Codes of Conduct and 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 education programming and GBV risk reduction; etc.)*	✔	✔	✔	✔
Assess capacity of education programmes to safely and ethically respond to incidents of GBV reported by students (*e.g. availability of trained caseworkers; standard reporting mechanisms and systems of care; confidentiality measures; students' knowledge of how and where to report GBV; procedures for investigating and taking disciplinary action for incidents of sexual exploitation and abuse by education personnel; etc.*)	✔	✔		
Review existing/proposed national and local educational curricula to identify opportunities to integrate GBV prevention messages (*e.g. messages on gender equality, GBV, sexual and reproductive health, etc.*)	✔	✔	✔	
Review existing/proposed community outreach material related to education to ensure it includes basic information about GBV risk reduction (*including prevention, where to report risk and how to access care*)	✔	✔	✔	✔

RESOURCE MOBILIZATION

Action	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
Develop proposals for education programmes that reflect awareness of GBV risks for the affected population and strategies for reducing these risks	✔	✔	✔	✔
Identify and pre-position age-, gender-, and culturally appropriate supplies for education that can mitigate risk of GBV (*e.g. 'school in a box' or other emergency education kits; school uniforms or other appropriate clothing; sanitary supplies for female students and teachers of reproductive age; etc.*)	✔	✔		
Prepare and provide trainings for government, education personnel (*including 'first responder' education actors*) and relevant community members on the safe design and implementation of education programmes that mitigate the risk of GBV	✔	✔	✔	✔
Target women and other at-risk groups for job skills training related to education, particularly in leadership roles to ensure their presence in decision-making processes	✔	✔	✔	✔

IMPLEMENTATION

▶ Programming

Action	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
Involve women and other at-risk groups as staff and leaders in education programming (*with due caution where this poses a potential security risk or increases the risk of GBV*)	✔	✔	✔	✔
Implement strategies that maximize accessibility of education for women, girls and other at-risk groups (*e.g. re-establishment of educational facilities; non-traditional education programmes; funding for school-related costs; re-enrolment programmes for out-of-school youth; universal design and/or reasonable accommodation of physical environments; etc.*)		✔	✔	✔
Implement strategies—in consultation with women, girls, boys and men—that maximize physical safety in and around education environments *(e.g. location of learning centres; distance from households; safety patrols along paths; safe and separate toilets for boys and girls; adequate lighting; etc.)*	✔	✔	✔	✔
Enhance the capacity of education personnel to mitigate the risk of GBV in educational settings through ongoing support and training *(e.g. provide training on gender, GBV, women's/human rights, social exclusion and sexuality; ensure all education personnel understand and have signed a Code of Conduct; engage male teachers in creating a culture of non-violence; etc.)*	✔	✔	✔	✔
Consult with GBV specialists to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors, and ensure education staff have the basic skills to provide information to them on where they can obtain support		✔	✔	✔
After the emergency wanes, work with the Ministry of Education to develop and implement school curricula that contribute to long-term shifts in gender-inequitable norms and promote a culture of non-violence and respect for women, girls and other at-risk groups *(e.g. targeted programming for the empowerment of women and girls; curricula related to sexual and reproductive health, gender norms, HIV, relationship skills, GBV and conflict transformation; etc.)*			✔	✔

▶ Policies

Action	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
Incorporate relevant GBV prevention and response strategies into the policies, standards and guidelines of education programmes *(e.g. standards for equal employment of females; codes of conduct for teachers and education personnel related to sexual exploitation and abuse; procedures and protocols for sharing protected or confidential information about GBV incidents; etc.)*	✔	✔	✔	✔
Advocate for the integration of GBV risk-reduction strategies into national and local laws and policies related to education, and allocate funding for sustainability *(e.g. address discriminatory practices hindering girls and other at-risk groups from safe access to education)*			✔	✔

▶ Communications and Information Sharing

Action	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
Ensure that education programmes sharing information about reports of GBV within the education 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 prevention, where to report risk and how to access care*) into education-related community outreach and awareness-raising activities, using multiple formats to ensure accessibility		✔	✔	✔

COORDINATION

Action	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
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 an education focal point to regularly participate in GBV coordination meetings	✔	✔	✔	✔

MONITORING AND EVALUATION

Action	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
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 education 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 Thematic Area Guidance.**

FOOD SECURITY AND AGRICULTURE

Why Addressing Gender-Based Violence Is a Critical Concern of the Food Security and Agriculture[1] Sector

The causes of food insecurity are complex and numerous. They can include droughts, floods, tsunamis, earthquakes, wars, climate change, government failures, population growth, rising prices, and land and natural resource degradation. Whatever the origins, food insecurity affects entire communities in surprisingly similar ways across different settings—including in terms of how it contributes to the risk of GBV. For example:

▶ In many settings, women and girls are primarily responsible for procuring and cooking food for the family. Activities that require them to travel to remote or unfamiliar locations (e.g. to tend agricultural lands or livestock; to collect water, firewood and other non-food items for cooking; to go in search of feed, water or shelter materials for livestock; etc.) may place them at risk of sexual assault. In addition, their lack of

information about or access to food assistance (commodity and cash-based interventions) can cause household tensions that increase their risk of intimate partner and other forms of domestic violence.

▶ When commodity and cash-based interventions or agricultural livelihoods programming are insufficient to meet a family's food needs, are not contextualized or only target male heads of households, certain at-risk groups[2] (particularly woman and child heads of households and single women) may be forced or coerced to provide sex in exchange for food and agricultural inputs.

▶ Unsafe locations of distribution sites for food and agricultural inputs, long distances required to travel to sites, and heavy weight of food rations or agricultural inputs (that require women and girls to seek assistance when transporting them) all pose risks for sexual assault and exploitation.

▶ In some cases, food insecurity may put pressure on families to marry daughters at young ages in order to gain bride wealth, ensure the economic well-being of the girl or lessen food needs within the family.

Exposure to GBV can, in turn, heighten food insecurity by undermining the physical and psychosocial well-being of survivors. Injuries or illness can affect a survivor's capacity to work, limiting their ability to produce or secure food for themselves and their families. Stigma and exclusion may further reduce survivors' access to food distributions, food- and agriculture-related technical trainings, and other forms of support.

Effective, safe and efficient strategies of the food security and agriculture (FSA) sector can only be achieved if the risks of GBV are factored into programme design and delivery. This requires assessing and addressing gender issues that affect food security and agricultural livelihoods in emergencies, as well as agricultural rehabilitation after a crisis. Women, girls and other at-risk groups must be actively engaged in decisions about how to best implement FSA activities.

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

(!) ESSENTIAL TO KNOW

Cash and Voucher-Based Interventions

Although food distribution is still the predominant food relief response in humanitarian emergencies, there is growing awareness that cash- and voucher-based interventions can be used to address a range of commodity-based needs—particularly in urban settings where markets and banking systems are in place. Cash and vouchers can also be useful in rural areas and in camps where markets grow increasingly dynamic as more people settle in these areas. New technologies—such as money transfers through mobile phones—can facilitate the dispersal of assistance in insecure contexts; however, the selection must be context-specific.

(**United Nations High Commissioner for Refugees. 2012.** *An Introduction to Cash-Based Interventions in UNHCR Operations*, p. 5, <www.unhcr.org/515a959e9.pdf>)

(!) ESSENTIAL TO KNOW

Pillars of Food Security

Food security is based on four pillars, all of which must be fulfilled simultaneously in order to realize food security objectives:

• Physical **AVAILABILITY** of food
• Economic and physical **ACCESS** to food
• Food **UTILIZATION**
• **STABILITY** of the other three dimensions over time.

(Adapted from **European Commission and Food and Agriculture Organization. 2008.** 'An Introduction to the Basic Concepts of Food Security,' <www.fao.org/docrep/013/al936e/al936e00.pdf>)

---

[1] The term 'food security and agriculture' (FSA) is used throughout to refer to a wide variety of methods used for food production, including agriculture, forestry and fisheries, aquaculture, apiculture, livestock, etc.

[2] For the purposes of these Guidelines, 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 11 of these Guidelines.
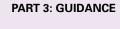
Essential Actions for *Reducing Risk, Promoting Resilience and Aiding Recovery* throughout the Programme Cycle

	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 food security and agricultural assessment processes	✔	✔	✔	✔
Assess the level of participation and leadership of women, adolescent girls and other at-risk groups in the design, construction and monitoring of FSA activities (*e.g. ratio of male/female staff; representation of women and other at-risk persons in food assistance management groups, committees and other relevant organizations; etc.*)	✔	✔	✔	✔
Assess community norms and practices and how they relate to food insecurity, with a focus on the barriers faced by women, girls and other at-risk groups in achieving food security (*e.g. decision-making in the family; roles related to agriculture/livestock; restricted access to lands, water, cooking fuel or FSA programmes; etc.*)	✔	✔	✔	✔
Assess the physical safety risks associated with FSA activities (*e.g. distance and routes travelled for distribution/work sites and agriculture/livestock activities; distribution/work times and locations; existence of safety patrols and other security measures for those travelling to distribution/work sites; accessibility features at distribution sites for persons with disabilities; etc.*)		✔	✔	✔
Assess awareness of FSA 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 FSA programming and GBV risk reduction; etc.*)	✔	✔	✔	✔
Review existing/proposed community outreach material related to FSA to ensure it includes basic information about GBV risk reduction (*including where to report risk and how to access care*)	✔	✔	✔	✔
RESOURCE MOBILIZATION				
Develop proposals for FSA programmes that reflect awareness of GBV risks for the affected population and strategies for reducing these risks	✔	✔	✔	✔
Prepare and provide trainings for government, staff and community groups engaged in FSA on the safe design and implementation of FSA programming that mitigates the risk of GBV	✔	✔	✔	✔
IMPLEMENTATION				
▶ **Programming**				
Involve women and other at-risk groups in the planning, design and implementation of all FSA activities (*with due caution where this poses a potential security risk or increases the risk of GBV*)	✔	✔	✔	✔
Design commodity- and cash-based interventions in ways that minimize the risk of GBV (*e.g. transfer modalities that meet food requirement needs; food ration cards assigned without discrimination; girls and boys included in school feeding programmes; etc.*)		✔	✔	✔
Take steps to address food insecurity for women, girls and other at-risk groups through agriculture and livestock programming (*e.g. include interventions that increase agricultural production and diversification into humanitarian response; facilitate ownership of livestock assets for women, girls and other at-risk groups; etc.*)	✔	✔	✔	✔
Implement strategies that increase the safety in and around food security and agricultural livelihoods activities (*e.g. adhere to Sphere standards for safe locations; carry out food distribution during daylight hours; consider sex-segregated distribution sites; etc.*)		✔	✔	✔
Incorporate safe access to cooking fuel and alternative energy into programmes (*e.g. consult local populations to create strategies for accessing cooking fuel; encourage use of fuel-efficient stoves and fuel-saving cooking techniques; etc.*)		✔	✔	✔
▶ **Policies**				
Incorporate GBV prevention and mitigation strategies into the policies, standards and guidelines of FSA programmes (*e.g. standards for equal employment of females; procedures and policies 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 activities into national and local policies and plans related to FSA, and allocate funding for sustainability (*e.g. policies for safe access to cooking fuel; plans to promote the participation of women and other at-risk groups in agricultural diversification and livestock programmes, protection of natural resources and related skills-building; 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 FSA staff have the basic skills to provide them with information on where they can obtain support	✔	✔	✔	✔
Ensure that FSA programmes sharing information about reports of GBV within the FSA 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 community outreach and awareness-raising activities related to FSA, 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 an FSA sector 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 food security and agriculture 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 Thematic Area Guidance.**

HEALTH

THIS SECTION APPLIES TO:

- Health coordination mechanisms
- Health actors (staff and leadership): NGOs, community-based organizations (including National Red Cross/Red Crescent Societies), INGOs and United Nations agencies
- Local committees and community-based groups (e.g. groups for women, adolescents/youth, older persons, etc.) related to health
- Other health stakeholders, including national and local governments, community leaders and civil society groups

Why Addressing Gender-Based Violence Is a Critical Concern of the Health Sector

Health services are often the first—and sometimes, the only—point of contact for survivors seeking assistance for gender-based violence (GBV). In order to facilitate care, survivors must have safe access to health facilities (e.g. safe transit to/from facilities; adequate lighting at facilities; non-stigmatizing and confidential entry points for services; no-cost services; etc.). It is also critical that health providers working in emergencies are equipped to offer non-discriminatory, quality health services for survivors.

Many survivors will not disclose violence to a health-care provider (or any other provider) due to fear of repercussions, social stigma, rejection from partners/families and other reasons. If health-care providers are not well trained, they may not be able to detect the indicators of violence. Survivors may be inadvertently discouraged from asking for help for GBV-related health problems. This can occur if the provider does not ask the right questions; if communication materials in the facility do not make clear the types of services that are available, and that they are available for all; or if the provider makes remarks or in some other way implies that the disclosure of GBV will not be met with respect, sympathy and confidentiality.

! ESSENTIAL TO KNOW

Defining 'Health'

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

(Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19–22 June 1946; signed on 22 July 1946 by the representatives of 61 States [Official Records of the World Health Organization, no. 2, p. 100] and entered into force on 7 April 1948. Available online at <www.who.int/governance/eb/who_constitution_en.pdf>.)

Emergencies put additional stress on health systems that are often already overburdened. Even so, overlooking the physical and mental health implications of GBV is not just a missed opportunity: it can be a violation of medical ethics. Health-care workers may fail to provide necessary—even life-saving—care, such as post-exposure prophylaxis (PEP) for HIV; emergency contraception; treatment for sexually transmitted infections (STIs); mental health and psychosocial support;

and appropriate referrals for legal and other services that can support survivors and prevent their re-victimization.

Furthermore, when health-care providers are not trained in the guiding principles of working with survivors—such as when providers do not respect patient confidentiality or understand how to address the particular needs of children—survivors may be at heightened risk of additional violence from partners, family and/or community members.

From the earliest stages of an emergency, health-care systems should have good quality services in place to provide clinical care for sexual assault survivors as per the standard of the Minimum Initial Service Package (MISP). In addition—and as quickly as possible in emergencies—health sector actors should be equipped to provide clinical care for other forms of GBV (e.g. injuries and pregnancy complications from intimate partner violence; health effects of early sexual debut and pregnancies related to child marriages; complications related to female genital mutilation/cutting; etc.). It is essential to inform communities about the benefits of and locations for seeking care once services are established.

Adequate health services are not only vital to ensuring life-saving care for women, girls and other at-risk groups,[1] but they are also a key building block for any setting seeking to overcome the devastation of humanitarian emergency. When health-care programmes are safe, confidential, effectively designed, sensitive, accessible (both in terms of location and physical access) and of good quality, they can:

▶ Facilitate immediate care for survivors.

▶ Initiate a process of recovery—one that not only incurs physical and mental health benefits for individual survivors, but can have wide-ranging benefits for families, communities and societies.

Actions taken by the health sector to prevent and respond to GBV should be done in coordination with GBV specialists and actors working in other humanitarian sectors. Health 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 these Guidelines, 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 11 of these Guidelines.

WHAT THE SPHERE HANDBOOK SAYS:

Essential Health Services—Sexual and Reproductive Health Standard 1: Reproductive Health

▶ People have access to the priority reproductive health services of the Minimum Initial Service Package (MISP) at the onset of an emergency and comprehensive reproductive health as the situation stabilizes.

Key Actions:

- Implement measures to reduce the risk of sexual violence, in coordination with other relevant sectors or clusters.
- Inform populations about the benefits and availability of clinical services for survivors of sexual violence.

Health Systems Standard 2: Human Resources Guidance Note 1: Staffing Levels

▶ [T]he presence of just one female health worker or one representative of a marginalized ethnic group on a staff may significantly increase the access of women or people from minority groups to health services.

Health Systems Standard 5: Health Information Management Guidance Note 4: Confidentiality

▶ Adequate precautions should be taken to protect the safety of the individual, as well as the data itself. . . . Data that relate to injury caused by torture or other human rights violations including sexual assault must be treated with the utmost care.

(**Sphere Project. 2011.** *Sphere Handbook: Humanitarian charter and minimum standards in humanitarian response*, <www.sphereproject.org/resources/download-publications/?search=1&keywords=&language=English&category=22>)

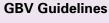## Essential Actions for *Reducing Risk, Promoting Resilience and Aiding Recovery* throughout the Programme Cycle

	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 health assessment processes	✔	✔	✔	✔
Investigate cultural and community perceptions, norms and practices related to GBV and GBV-related health services (*e.g. stigma that may prevent survivors from accessing health care; community awareness about the physical and mental health consequences of GBV and benefits of seeking care; existing community supports for survivors; providers' attitudes towards survivors; etc.*)	✔	✔	✔	✔
Assess the safety and accessibility of existing GBV-related health services (*e.g. safety travelling to/from facilities; cost; language, cultural and or/physical barriers to services, especially for minority groups and persons with disabilities; existence of mobile clinics; etc.*)	✔	✔	✔	✔
Assess the quality of existing GBV-related health services (*e.g. range of health services provided; privacy and confidentiality; representation of females in clinical and administrator positions; policies and protocols for clinical care of survivors; safe and ethical case documentation and information-sharing processes; availability of appropriate drugs and equipment; etc.*)	✔	✔	✔	✔
Assess awareness of *specialized* (clinical) staff in the provision of targeted care for survivors (*including how to provide clinical care for adult and child survivors of sexual assault; how to safely and confidentially document cases of GBV; knowledge and use of multi-sectoral referral pathways; how to provide care for intimate partner violence and other forms of domestic violence; how to provide court testimony when appropriate; etc.*)	✔	✔	✔	✔
Assess awareness of *all* health personnel on basic issues related to gender, GBV, women's/human rights, social exclusion and sexuality	✔	✔	✔	
Investigate national and local laws related to GBV that might affect the provision of GBV-related health services (*e.g. legal definitions of rape and other forms of GBV; legal age of consent; legal status of abortion and emergency contraception; etc.*)	✔	✔		
With the leadership/involvement of the Ministry of Health, assess whether existing national policies and protocols related to the clinical care and referral of GBV are in line with international standards (*e.g. post-exposure prophylaxis [PEP]; emergency contraception; abortion/post-abortion care in settings where these services are legal; etc.*)	✔	✔		
Review existing/proposed health-related community outreach material to ensure it includes basic information about GBV (*including prevention; where to report risk; health effects of GBV; benefits of health treatment; and how to access care*)	✔	✔	✔	✔
RESOURCE MOBILIZATION				
Develop proposals for GBV-related health programming that reflect awareness of GBV risks for the affected population and strategies for health sector prevention and response	✔	✔	✔	✔
Pre-position trained staff and appropriate supplies to implement clinical care for GBV survivors in a variety of health delivery systems (*e.g. medical drugs, equipment, administrative supplies, mental health and psychosocial support, referrals, etc.*)	✔	✔		
Prepare and provide trainings for government, health facility administrators and staff, and community health workers (including traditional birth attendants and traditional healers) on sexual assault-related protocols	✔	✔	✔	✔
IMPLEMENTATION				
▶ **Programming**				
Involve women, adolescent girls and other at-risk groups in the design and delivery of health programming (*with due caution where this poses a potential security risk or increases the risk of GBV*)	✔	✔	✔	✔
Increase the accessibility of health and reproductive health facilities that integrate GBV-related services (*e.g. provide safe and confidential escorts to facilities; make opening times convenient; ensure universal access for persons with disabilities; eliminate service fees; etc.*)	✔	✔	✔	✔
Implement strategies that maximize the quality of survivor care at health facilities (*e.g. implement standardized guidelines for the clinical care of sexual assault; establish private consultation rooms; maintain adequate supplies and medical drugs; provide follow-up services; etc.*)		✔	✔	✔
Enhance the capacity of health providers to deliver quality care to survivors through training, support and supervision (and, where feasible, include a GBV caseworker on staff at health facilities)		✔	✔	✔
Implement all health programmes within the framework of sustainability beyond the initial crisis stage (*e.g. design plans for rebuilding health centres; provide more frequent and intensive training of health workers; develop longer-term supply management strategies; etc.*)			✔	✔
▶ **Policies**				
Develop and/or standardize protocols and policies for GBV-related health programming that ensure confidential, compassionate and quality care of survivors and referral pathways for multi-sectoral support	✔	✔	✔	✔
Advocate for the reform of national and local laws and policies that hinder survivors or those at risk of GBV from accessing quality health care and other services, and allocate funding for sustainability	✔		✔	✔
▶ **Communications and Information Sharing**				
Ensure that health programmes sharing information about reports of GBV within the health 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 family members or the broader community*)	✔	✔	✔	✔
Incorporate GBV messages into health-related community outreach and awareness-raising activities (*including prevention; where to report risk; health effects of different forms of GBV; benefits of health treatment; and how to access care, 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 health 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		✔	✔	✔

Stage of Emergency Applicable to Each Action

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 health 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 Thematic Area Guidance.**

HOUSING, LAND AND PROPERTY

Why Addressing Gender-Based Violence Is a Critical Concern of the Housing, Land and Property Sector

Humanitarian crises are often characterized by high levels of displacement, both of refugees and internally displaced populations (IDPs). Existing land grievances, evictions, and confiscation or occupation of housing, land and property (HLP) all play an important role in this displacement. In many situations, refugees, IDPs and returnees:

▶ Live in disrupted environments where traditional protection mechanisms may no longer exist.

▶ Lack documentation of their rights to HLP.

▶ Live in camp-like situations for many years without knowing when or if they will return to their homes.

▶ Come into conflict over land with host communities while seeking temporary or permanent settlement.

▶ Live in informal settlements or occupy public/private buildings with the risk of forced eviction.

▶ Return home to claim land/property that has been taken up as residence by secondary occupants.
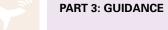
> **! ESSENTIAL TO KNOW**
>
> **Defining 'HLP'**
>
> The concept of HLP embraces a variety of access rights to housing, land and property—both public and private—that aim to provide a home: a place that offers somewhere to live and the ability to secure livelihoods. HLP rights are held by tenants, cooperative dwellers, customary land tenure owners and users, and informal sector dwellers without secure tenure.
>
> (Adapted from **Norwegian Refugee Council. 2014.** 'Life Can Change: Securing housing, land and property rights for displaced women', <http:// womenshlp.nrc.no>)

HOUSING, LAND AND PROPERTY · INTRODUCTION

Pre-existing inequality and discrimination exacerbate these issues and increase the risk of gender-based violence (GBV) for women and girls. For example, occupation of land or property, destruction of housing and forced evictions are often deliberate strategies used by warring parties during armed conflicts. In such cases, those left at home (often women) may get into arguments, negotiations or confrontations with those evicting them, putting them at risk of abuse, beatings, sexual assault and murder.

Lack of adequate housing during displacement and resettlement— whether in urban slums, squatter settlements, collective centres, refugee settlements or with host families—may contribute to sexual assault and exploitation. The poor and marginalized who rent can be exposed to abuses and exploitation by landlords.

In return situations where laws and customs prohibit women, girls and other at-risk groups[1] from renting, owning or inheriting HLP, these persons may have few opportunities for recourse. Widows and separated/divorced women are often particularly vulnerable because they may not be documented as heads of households with land tenure rights. Those who do own land may be subjected to customary practices such as forced marriages or obligated to stay in violent domestic situations so that family members can retain rights and access to the land. Those with insecure land tenure may also face exploitation and violence by family or community members, especially if they have increased the value of their land (e.g. by preparing and cultivating crops).

Separated or unaccompanied children and those living in child-headed households may similarly face challenges with HLP. Even if they own land, they may not be able to cultivate it or build housing for themselves due to lack of skills, physical challenges or difficulty obtaining support from relevant organizations. For example, they may not be able to receive housing assistance if they do not have documentation to prove ownership over their house, land or property. These barriers may be further exacerbated by their inability to access justice when their land rights are violated.

> **WHAT THE PINHEIRO PRINCIPLES SAY:**
>
> The normative framework for addressing HLP rights in the context of displacement is summarized in the 2005 *Principles on Housing and Property Restitution for Refugees and Displaced Persons.* Known as the 'Pinheiro Principles', this document reaffirms that all displaced persons—whether internally displaced or refugees, and whether or not they return—shall be protected from arbitrary and unlawful deprivation of any housing, land and/or property. They shall also retain the right to have such property restored to them or be adequately compensated. It recognizes the need to undertake positive measures to ensure that the rights of women and girls to HLP restitution are guaranteed.
>
> Principle 4 **reaffirms the right to equality between men and women, and the equal rights of boys and girls,** to HLP restitution. This includes legal security of tenure; property ownership; equal access to inheritance; and the use, control of and access to HLP. It specifically states that HLP restitution programmes, policies and practices shall not disadvantage women and girls. States should adopt positive measures to ensure gender equality in this regard.
>
> (Adapted from **United Nations Sub-Commission on the Promotion and Protection of Human Rights. 2005.** *Principles on Housing and Property Restitution for Refugees and Displaced Persons,* E/CN.4/Sub.2/2005/17, <www.refworld.org/docid/41640c874.html>)

---

[1] For the purposes of these Guidelines, 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 11 of these Guidelines.

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

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 HLP assessment processes	✔	✔	✔	✔
Assess the level of participation and leadership of women, adolescent girls and other at-risk groups in all aspects of HLP programming (*e.g. ratio of male/female HLP staff; participation in committees related to HLP; etc.*)	✔	✔	✔	✔
Assess the barriers faced by women, adolescent girls and other at-risk groups to accessing and controlling HLP, and how these barriers may contribute to various forms of GBV (*e.g. exploitation and abuse resulting from forced eviction; intimate partner violence and other forms of domestic violence; etc.*)	✔	✔	✔	✔
Examine HLP rights related to return, resettlement or reintegration for women, adolescent girls and other at-risk groups			✔	✔
Assess whether existing institutions protect the HLP rights of women, adolescent girls and other at-risk groups (*e.g. mechanisms to increase independent registration of land and housing in women's names; gender-responsive restitution and dispute resolution mechanisms; community leaders who will speak to uphold women's HLP rights; etc.*)		✔		
Assess national and local laws and policies related to HLP rights that in turn may increase the risk of GBV (*e.g. unequal marital and inheritance rights for girls and boys; forced eviction laws; tenants' rights; etc.*)		✔		
Assess awareness of HLP 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 HLP programming and GBV risk reduction; etc.*)	✔	✔	✔	✔
Review existing/proposed community outreach material related to HLP to ensure it includes basic information about GBV risk reduction (*including where to report risk and how to access care*)	✔	✔	✔	✔
RESOURCE MOBILIZATION				
Develop proposals that reflect awareness of particular GBV risks related to HLP (*e.g. lack of adequate housing during displacement and/or resettlement may contribute to women and girls engaging in forced and/or coerced prostitution; poor and marginalized persons who rent in urban settings who can be exposed to abuse and exploitation by landlords; etc.*)	✔	✔	✔	✔
Prepare and provide trainings for government, humanitarian workers and volunteers engaged in HLP work on the safe design and implementation of HLP programmes that mitigate the risk of GBV	✔	✔	✔	✔
IMPLEMENTATION				
▶ **Programming**				
Involve women and other at-risk groups as staff and leaders in HLP programming (*with due caution where this poses a potential security risk or increases the risk of GBV*)	✔	✔	✔	✔
Support national and local efforts to promote the HLP rights of women, girls and other at-risk groups in order to minimize their vulnerability to GBV		✔	✔	✔
Provide and strengthen legal assistance for women, girls and other at-risk groups to obtain security of tenure and control of HLP (*e.g. secure official records; facilitate free legal assistance; establish gender-responsive restitution and dispute resolution mechanisms; etc.*)	✔	✔	✔	✔
▶ **Policies**				
Incorporate GBV prevention and mitigation strategies into the policies, standards and/or guidelines of HLP 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 laws and policies related to HLP, and allocate funding for sustainability	✔		✔	✔
▶ **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 HLP staff have the basic skills to provide them with information on where they can obtain support	✔		✔	✔
Ensure that HLP programmes sharing information about reports of GBV within the HLP 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 HLP-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 an HLP 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		✔	✔	✔

Stage of Emergency Applicable to Each Action

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 HLP 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 Thematic Area Guidance.**

HUMANITARIAN MINE ACTION

THIS SECTION APPLIES TO:

- Humanitarian mine action (HMA) coordination mechanisms
- HMA actors (staff and leadership) who engage in: land release (non-technical survey, technical survey and clearance, and handover of released land); mine risk education (working with communities to avoid behaviours that would put people at risk of having accidents with mines); and victim assistance (including rehabilitation and reintegration)
- NGOs, community-based organizations (including National Red Cross/Red Crescent Societies), INGOs and United Nations agencies
- Local committees and community-based groups (e.g. groups for women, adolescents/youth, older persons, etc.) related to HMA
- Other HMA stakeholders, including national and local governments, community leaders and civil society groups

Why Addressing Gender-Based Violence Is a Critical Concern of the Humanitarian Mine Action Sector

The work of the Humanitarian Mine Action (HMA)[1] sector is critical to ensuring the safety of civilian populations living in contaminated areas. It also supports the recovery and reintegration of survivors of landmines/explosive remnants of war (ERW). While men and boys make up a larger number of those directly affected by landmines/ERW, the impacts on women and girls— either directly through personal injury or indirectly through the death or injury of a family breadwinner—are also considerable.

People who are directly injured by landmines/ERW are more likely to face discrimination, isolation and stigmatization due to their disabilities, in turn increasing their risk of gender-based violence (GBV). Pre-existing inequality and discrimination will exacerbate these issues for women, girls and other at-risk groups.[2] When they are directly injured
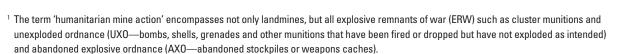
⚠️ **ESSENTIAL TO KNOW**

Defining 'Land Release'

In the context of mine action, the term 'land release' describes the process of applying all reasonable effort to identify, define and remove all presence and suspicion of mines/ERW through non-technical survey, technical survey and/or clearance. The criteria for 'all reasonable effort' shall be defined by the National Mine Action Authority.

(Excerpted from **United Nations Mine Action Service (UNMAS). 2010.** *International Mine Action Standards.* 'Glossary of terms and definitions'. IMAS 04.10, <www.mineactionstandards.org>)

---

[1] The term 'humanitarian mine action' encompasses not only landmines, but all explosive remnants of war (ERW) such as cluster munitions and unexploded ordnance (UXO—bombs, shells, grenades and other munitions that have been fired or dropped but have not exploded as intended) and abandoned explosive ordnance (AXO—abandoned stockpiles or weapons caches).

[2] For the purposes of these Guidelines, 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 11 of these Guidelines.
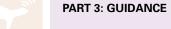
◀ **SEE SUMMARY TABLE ON ESSENTIAL ACTIONS**

---

in a blast they may be less likely to receive support for their physical rehabilitation and socio-economic reintegration. Their disability may also increase their risk of intimate partner violence and other forms of domestic violence.

Even if not directly injured, women, girls and other at-risk groups may find themselves in a precarious economic situation if the primary breadwinner in the household is killed or injured by landmines/ERW. The loss of land as a result of contamination can also have a devastating impact on family livelihoods. Single and widowed women and girls are at particular risk of being dispossessed of their land due to difficulties in obtaining land certificates or post-clearance titles. Increased levels of poverty, in turn, can lead to heightened exposure to sexual exploitation and abuse.

There are a number of ways in which HMA programmes can integrate GBV risk reduction into their activities. For example:

- A thorough assessment of the differing rights, needs and roles within the affected population related to land use is key to land clearance prioritization. This assessment process offers an opportunity to understand GBV risks associated with land ownership, land dispossession and livelihoods.
- Mine risk education (MRE)[3] activities can integrate information about GBV (such as where to report risk and how to access care) into their programmes.
- Victim assistance and rehabilitation facilities for landmine/ERW survivors can provide a confidential environment for those who are seeking information about where to report risk and/or access care for GBV.

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

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 HMA actors. Wherever possible, assessments should be inter-sectoral and interdisciplinary, with HMA 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 HMA 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 Thematic Area Guidance.**

---

[3]   Mine risk education (MRE) is defined as educational activities aimed at reducing the risk of injury from landmines and explosive remnants of war (ERW) by raising awareness and promoting behavioural change through public information campaigns, education and trainings, and liaison with communities.

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

ASSESSMENT, ANALYSIS AND PLANNING

Action	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
Promote the active participation of women, girls and other at-risk groups in all HMA assessment processes (*e.g. community mapping; transect walks; landmines/explosive remnants of war [ERW] impact surveys; incident/injury surveillance; threat assessments; etc.*)	✔	✔	✔	✔
Assess the level of participation and leadership of women and other at-risk groups in the design and monitoring of land release, MRE, victim assistance, and other HMA activities (*e.g. ratio of male/female HMA staff; participation in committees related to HMA; etc.*)	✔	✔	✔	✔
Analyse physical safety of and access to land release activities and victim assistance programmes to identify associated risks of GBV (*e.g. travel to/from health and rehabilitation facilities; accessibility features for persons with disabilities; etc.*)		✔	✔	✔
Assess awareness of HMA staff on basic issues related to gender, GBV, women's/human rights, social exclusion and sexuality (*including knowledge of where GBV survivors can report risk and access care; linkages between HMA programming and GBV risk reduction; etc.*)	✔	✔	✔	✔
Review existing/proposed community outreach materials related to HMA to ensure they are reaching women and girls and include basic information about GBV risk reduction *(including where to report risk and how to access care)*	✔	✔	✔	✔

RESOURCE MOBILIZATION

Action	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
Develop proposals for HMA programming that reflect awareness of GBV risks for the affected population and strategies for reducing these risks	✔	✔	✔	✔
Prepare and provide trainings for government, HMA staff and volunteers, and community HMA groups on the safe design and implementation of HMA activities that mitigate the risk of GBV	✔	✔	✔	✔

IMPLEMENTATION

▶ Programming

Action	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
Involve women and other at-risk groups as staff and leaders in the design, implementation, monitoring and evaluation of land release, mine risk education (MRE) and victim assistance programming (*with due caution where this poses a potential security risk or increases the risk of GBV*)	✔	✔	✔	✔
Support and reinforce the land rights of women, girls and other at-risk groups when releasing land previously contaminated with landmines/ERW		✔	✔	✔
Implement strategies that increase the safety, availability and accessibility of victim assistance activities for women, girls and other at-risk groups (*e.g. offer emergency and longer-term medical care and physical rehabilitation to all persons and age groups directly affected by landmines/ERW; provide childcare at health and rehabilitation centres; consider providing separate accommodation for females and males; etc.*)		✔	✔	✔
Support the inclusion of women, adolescent girls and other at-risk groups in socio-economic reintegration and benefits initiatives (*giving particular attention to woman- and child-headed households and women with disabilities*)		✔	✔	✔

▶ Policies

Action	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
Incorporate relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of HMA 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 sector policies and plans related to HMA, and allocate funding for sustainability	✔		✔	✔

▶ Communications and Information Sharing

Action	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
Consult with GBV specialists to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for GBV survivors, and ensure HMA staff have the basic skills to provide them with information on where they can obtain support	✔	✔	✔	✔
Ensure that HMA programmes sharing information about reports of GBV within the HMA 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 GBV survivors, their families or the broader community*)	✔	✔	✔	✔
Incorporate GBV messages (*including where to report risk and how to access care*) into HMA-related community outreach and awareness-raising activities, using multiple formats to ensure accessibility		✔	✔	✔
Promote the participation of women, girls and other at-risk groups in MRE activities (*such as public information dissemination, education and training, and community liaison services*)	✔	✔	✔	✔

COORDINATION

Action	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
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 an HMA focal point to regularly participate in GBV coordination meetings	✔	✔	✔	✔

MONITORING AND EVALUATION

Action	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
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 in HMA programming	✔	✔	✔	✔
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 HMA 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 Thematic Area Guidance.**

LIVELIHOODS

THIS SECTION APPLIES TO:
- Livelihoods coordination mechanisms
- Livelihoods actors (staff and leadership): NGOs, community-based organizations (including National Red Cross/Red Crescent Societies), INGOs and United Nations agencies
- Local committees and community-based groups (e.g. groups for women, adolescents/youth, older persons, etc.) related to livelihoods
- Other livelihoods stakeholders, including national and local governments, community leaders and civil society groups

Why Addressing Gender-Based Violence Is a Critical Concern of Livelihoods Programmes

In the face of severe economic hardship that humanitarian emergencies and associated displacement often cause, many affected populations have limited opportunities to support themselves and their families. Refugees living in camps, for example, are often not legally allowed to work outside of the camps—and some not even within the camps. Refugees living in urban contexts may also be prohibited from working. Displaced men are at times forced into unemployment due to prevalent assumptions that they may engage in harmful activities if they are free to move and seek work.

> ⚠ **ESSENTIAL TO KNOW**
>
> **Defining 'Livelihoods'**
> The term 'livelihoods' refers to the capabilities, assets and strategies that people use to make a living. Livelihoods programming encompasses a variety of activities, including:
> - asset restoration (livestock, tools, equipment)
> - training and placement programmes
> - building in-camp economies
> - agrarian interventions
> - market interventions
> - microfinance
> - income-generating activities (IGAs)
> - enterprise development
> - Village Savings and Loans Associations (VSLAs)
> - cash programming (such as food for work; unconditional/conditional cash grants; cash for work [CFW]; vouchers; etc.)

◀ SEE SUMMARY TABLE ON ESSENTIAL ACTIONS

Finding work can be difficult for both males and females in humanitarian settings; however, women, adolescent girls and other at-risk groups[1] often face particular obstacles related to gender or cultural norms. These norms may inhibit women from working outside the home, or relegate them to work that offers lower income than traditionally male jobs. Laws and practices prohibiting females from owning or accessing land and property can further limit their ability to generate income. Stigma and discrimination may exclude LGBTI persons, ethnic minorities, persons with disabilities and other marginalized groups from economic opportunities. Single heads of households may be unable to work outside of the home if they do not have childcare.

Lack of safe and lucrative livelihoods opportunities not only increases economic dependence on others, but can also elevate vulnerability to violence. For example:

▶ Economic vulnerability can increase the risk of exposure to sexual exploitation by aid workers, family and community members. In order to support themselves and their families, women, girls and other at-risk groups may enter exploitative work environments, become dependent on and trapped in abusive relationships, or be forced or coerced into prostitution.

▶ In the absence of formal jobs, many women, adolescent girls and other at-risk groups will find work in the informal economy (e.g. collecting and selling firewood or charcoal; running small-goods kiosks; selling goods door-to-door; or engaging in domestic work with receptor or host communities). These activities may force them to travel through unsafe areas or during dangerous times of day or night.

▶ Women, girls and other at-risk groups are particularly susceptible to exploitation, harassment and abuse from customers, suppliers and market administrators, especially in unregulated markets and when they must borrow money, negotiate prices or manage a shop alone.
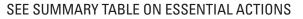
At the same time, introducing livelihoods programmes into humanitarian contexts without taking gender and cultural norms into account can create backlash and inadvertently heighten the risk of violence against participants, particularly females. For example, domestic violence can increase if partners or family members feel threatened by or resentful of women's economic independence—especially in humanitarian settings where male family members may not be able to meet their traditional responsibilities as 'breadwinners'. In IDP/refugee settings, livelihoods initiatives that exclusively target displaced populations can increase tension with receptor/host communities, which may perceive displaced persons as taking away economic opportunities or receiving extra benefits. In addition, if new resources are not distributed or managed in safe ways, they can make recipients the target of violence and theft.

If effectively designed, however, livelihoods programmes can mitigate these risks. Programmes that include built-in protective mechanisms to monitor and address potential risk factors can help to reduce participants' exposure to violence and exploitation, while empowering them with skills training and social and financial capital. Such programmes can:

▶ Provide women, girls and other at-risk groups with safe alternatives for generating income.

▶ Enhance their knowledge and skills base of micro-enterprise, financial management, natural resource management and leadership.

---

[1] For the purposes of these Guidelines, 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 11 of these Guidelines.

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

	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 livelihoods assessment processes	✔	✔	✔	✔
Assess the level of participation and leadership of women, adolescent girls and other at-risk groups in all aspects of livelihoods programming (*e.g. ratio of male/female livelihoods staff; participation in positions of leadership; strategies for hiring and retaining females and other at-risk groups; etc.*)	✔	✔	✔	✔
Assess community norms and practices related to livelihoods, with a focus on the barriers faced by women, adolescent girls and other at-risk groups to accessing safe livelihoods opportunities (*e.g. gender norms that exclude women from certain types of work; gender-based discrimination against women in the workplace; etc.*)	✔	✔	✔	✔
Conduct market analyses in partnership with those at risk of GBV to identify profitable, accessible and desirable livelihoods activities that do not exacerbate the risk of GBV	✔	✔	✔	✔
Assess the physical safety of and access to livelihoods programmes to identify associated risks of GBV (*e.g. safety travelling to/from work; childcare during the workday; exploitation by employers, clients or suppliers; work hours and locations; backlash from family or community members when women start earning money; safe strategies for storing earned money; etc.*)	✔	✔	✔	✔
Assess awareness of livelihoods 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 livelihoods and GBV; etc.*)	✔	✔	✔	✔
Review existing/proposed community outreach material related to livelihoods to ensure it includes basic information about GBV risk reduction (*including prevention, where to report risk and how to access care*)	✔	✔	✔	✔
RESOURCE MOBILIZATION				
Develop proposals for livelihoods programmes that reflect awareness of GBV risks for the affected population and strategies for reducing these risks	✔	✔	✔	✔
Prepare and provide trainings for government, humanitarian workers, women's groups and community members engaged in livelihoods work on the safe design and implementation of livelihoods programmes that mitigate the risk of GBV	✔	✔	✔	✔
IMPLEMENTATION				
▶ **Programming**				
Involve women and other at-risk groups as staff and leaders in livelihoods programming (*with due caution where this poses a potential security risk or increases the risk of GBV*)	✔	✔	✔	✔
In consultation with women, girls, men and boys, implement livelihoods programmes that are accessible to those at risk of GBV (*e.g. address logistical and cultural obstacles that prevent their participation*)		✔	✔	✔
In consultation with women, girls, men and boys, implement livelihoods programmes that minimize related GBV risks (*e.g. sensitize community members about GBV; work with local authorities to increase security measures; engage men and boys as supportive partners through workshops and discussions on gender issues; work with receptor or host communities to reduce competition over employment or natural resources; etc.*)		✔	✔	✔
Promote the economic and professional empowerment of participants through business development, agricultural trainings, value chain integration, vocational skills training, capacity-building and education		✔	✔	✔
Implement strategies that allow participants to control their assets in ways that mitigate the risk of theft or financial exploitation		✔	✔	✔
Implement all livelihoods programmes within the framework of building sustainable livelihoods that are ongoing beyond the crisis stage (*e.g. develop culturally sensitive exit strategies to lessen the risks of GBV; link short-term livelihoods programmes with longer-term economic empowerment strategies; etc.*)		✔	✔	✔
▶ **Policies**				
Incorporate GBV prevention and mitigation strategies into the policies, standards and guidelines of livelihoods programmes (*e.g. standards for equal employment of females; procedures and policies 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.*)	✔	✔	✔	✔
Support the reform of national and local laws, policies and plans that hinder women, girls and other at-risk groups from economic and professional empowerment, and allocate funding for sustainability	✔		✔	✔
▶ **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 livelihoods staff have the basic skills to provide them with information on where they can obtain support	✔	✔	✔	✔
Ensure that livelihoods programmes sharing information about reports of GBV within the livelihoods 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 prevention, where to report risk and how to access care*) into livelihoods-related community outreach and awareness-raising activities, using multiple formats to ensure accessibility		✔	✔	✔
COORDINATION				
Undertake coordination with other sectors to address GBV risks, ensure protection and identify livelihoods opportunities for women, girls and other at-risk groups	✔	✔	✔	✔
Seek out the GBV coordination mechanism for support and guidance and, whenever possible, assign a livelihoods 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 livelihoods actors in the early stages of an emergency. These minimum commitments will not necessarily be under-taken 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 Thematic Area Guidance.**

NUTRITION

Why Addressing Gender-Based Violence Is a Critical Concern of the Nutrition Sector

Nutrition, gender inequality and gender-based violence (GBV) are often interrelated. Evidence shows that higher levels of both acute and chronic malnutrition for women and girls is directly related to gender-inequitable access to nutritious foods, quality health care, and water, sanitation and hygiene (WASH) services. Gender-inequitable access to food and services is a form a GBV that can, in turn, contribute to other forms of GBV.

Women, girls and other at-risk groups[1] face a heightened risk of GBV in humanitarian settings. The links between nutrition, gender inequality and the risks of GBV may also become particularly pronounced in these settings, where food and other basic needs are in short supply. For example:

▶ Poor families may try to ensure the nutritional needs of their daughters are met by arranging child marriages.
▶ Underfed women and girls may be at heightened risk of exchanging sex for food.
▶ Disagreements about how to manage limited household food supplies or assign food rations may contribute to intimate partner violence and other forms of domestic violence.

For GBV survivors—particularly those who are socially isolated and/or have physical limitations—access to nutrition support services may be difficult. This can be especially detrimental for survivors who have physical injuries and/or need to take medication that must be accompanied by food.

[1] For the purposes of these Guidelines, 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 11 of these Guidelines.
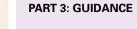
Given that most nutrition programmes in emergencies target vulnerable groups based on physiological and social criteria—including pregnant and lactating women, adolescent girls, and children under five years of age—**nutrition actors are particularly well-positioned to monitor the safety needs of women, girls and other at-risk groups, as well as provide support to survivors.** For example:

▶ Infant and young child feeding programmes can ensure privacy for breastfeeding mothers and help decrease the risk of harassment or violence against female participants.
▶ Therapeutic feeding centres or stabilization centres can provide a supportive and confidential environment for women, girls and other at-risk groups seeking information about where to report risk or access care for exposure to GBV.
▶ Community-based nutrition programmes can monitor households' resource scarcity and any resulting conflicts at the family and community levels; they can then share this information with GBV specialists so that preventative action can be taken at the earliest possible stage.
▶ Nutrition programmes can provide nutritional support to survivors, including those who may have specific nutritional requirements for supporting the healing process.

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

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 nutrition actors. Wherever possible, assessments should be inter-sectoral and interdisciplinary, with nutrition actors working in partnership with other sectors as well as with GBV specialists. Ideally, nutrition and food security assessments should overlap to identify barriers to adequate nutrition as well as interventions to improve the availability, access and optimal utilization of food intake.

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 nutrition 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 Thematic Area Guidance.**

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

	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 nutrition assessment process (*including broader emergency food security assessments, where relevant*)	✔	✔	✔	✔
Assess the level of participation and leadership of women, adolescent girls and other at-risk groups in all aspects of nutrition programming (*e.g. ratio of male/female nutrition staff; participation in nutrition-related committees; etc.*)	✔	✔	✔	✔
Assess community perceptions, norms and practices linked to nutrition that may contribute to GBV (*e.g. gender dynamics in food consumption; obstacles to nutritional assistance for at-risk groups; etc.*)	✔	✔	✔	✔
Assess physical safety of and access to nutrition services to identify associated risks of GBV (*e.g. service hours and locations; safety travelling to/from distribution sites; accessibility features for persons with disabilities; etc.*)		✔	✔	✔
Assess awareness of nutrition 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 nutrition programming and GBV risk reduction; etc.*)	✔	✔	✔	✔
Review existing/proposed community outreach material related to nutrition to ensure it includes basic information about GBV risk reduction (*including where to report risk and how to access care*)	✔	✔	✔	✔
RESOURCE MOBILIZATION				
Develop proposals for nutrition programmes that reflect awareness of GBV risks for the affected population and strategies for reducing these risks	✔	✔	✔	✔
Prepare and provide trainings for government, nutrition staff and community nutrition groups on the safe design and implementation of nutrition programmes that mitigate the risk of GBV	✔	✔	✔	✔
IMPLEMENTATION				
▶ **Programming**				
Involve women and other at-risk groups as staff and leaders in the planning, design, implementation and monitoring of nutrition activities (*with due caution where this poses a potential security risk or increases the risk of GBV*)	✔	✔	✔	✔
Implement strategies that increase the safety, availability and accessibility of nutrition services for women, girls and other at-risk groups (*e.g. locate services in safe areas; establish supplemental feeding schedules in collaboration with women, girls and other at-risk groups; consider the need to bring feeding supplements to GBV survivors and their children in safe shelters; etc.*)	✔	✔	✔	✔
Implement proactive strategies to meet the GBV-related needs of those accessing nutrition services (*e.g. locate nutrition facilities next to women-, adolescent- and child-friendly spaces and/or health facilities; consider including a GBV caseworker as part of the nutrition staff; organize informal support groups for women at feeding centres; etc.*)	✔	✔	✔	✔
▶ **Policies**				
Incorporate relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of nutrition 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 laws and policies related to nutrition, and allocate funding for sustainability (*e.g. ensure policies address discriminatory feeding practices; protection and management of natural resources that relate to food and cooking fuel needs; land reform as it relates to securing land for agriculture and food security; 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 nutrition staff have the basic skills to provide them with information on where they can obtain support	✔	✔	✔	
Ensure that nutrition programmes sharing information about reports of GBV within the nutrition 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 nutrition-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 nutrition 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 nutrition 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 Thematic Area Guidance.**

PROTECTION

THIS SECTION APPLIES TO:

- Protection coordination mechanisms
- National actors (staff and leadership) undertaking targeted protection activities, including governments (particularly Ministries of the Interior, Justice, Defense, Promotion of Family, Women and Children, Social Development, etc.), national and local police, members of the judiciary and legal associations, traditional justice actors, community leaders, and human rights and other protection-related civil society groups
- Specialized protection actors working within the United Nations and INGO system that are mobilized during emergencies to undertake targeted protection programming
- Local committees and community-based groups (e.g. groups for women, adolescents/youth, older persons, etc.) related to protection

Why Addressing Gender-Based Violence Is a Critical Concern of the Protection Sector

Protection needs for all people become heightened by armed conflict, natural disasters and other humanitarian emergencies. Risks of various forms of gender-based violence (GBV) are magnified. Factors that increase people's level of risk can include, among other things: the loss of shelter; armed attacks and abuse; family separation; the collapse of family and community protection mechanisms; arbitrary deprivation of land, homes and other property; marginalization, discrimination and hostility in new settings; exposure to landmines or explosive remnants of war; long-standing gender inequalities; and the failure to address GBV prior to the emergency.

Humanitarian conditions particularly increase the frequency and level of GBV for women, girls and other at-risk[1] groups, who often face greater obstacles in claiming their rights. The weakening of social and legal protections

WHAT THE SPHERE HANDBOOK SAYS:

Protection Principle 3:
▶ Protect people from physical and psychological harm arising from violence and coercion.

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.

Protection Principle 4:
▶ Assist people to claim their rights, access available remedies and recover from the effects of abuse.

(**Sphere Project. 2011.** *Sphere Handbook: Humanitarian charter and minimum standards in humanitarian response,* <www.sphereproject. org/resources/download-publications/?search=1&keywords=& language=English&category=22>)

[1] For the purposes of these Guidelines, 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 11 of these Guidelines.
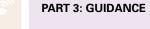
promotes a culture of impunity for perpetrators and increases the likelihood that survivors will not seek care and support.

Displacement—whether to urban settings, informal settlements, host communities or camps—also presents new risks, which may in turn contribute to the risk of GBV:

▶ Loss of documents can make it difficult for displaced persons to prove their identity, in turn affecting their ability to access humanitarian assistance.

▶ Host authorities may have limited understanding of domestic and international laws that relate to the provision of services and support to refugees. Self-settled urban refugees may have even less assistance available to them than those in camps.

▶ Prejudicial feelings in the receptor/host community about IDPs/refugees may increase their exposure to violence, exploitation and abuse.

▶ Failure to site refugee camps sufficiently far from borders may result in abduction by armed groups from the country of origin.

▶ Humanitarian agencies located in remote settings may have trouble finding enough trained staff to address the needs of survivors.

Protection is a concern of all humanitarian actors; however, those working on operational responses to key protection problems have a very important role to play in addressing GBV-related security and justice issues in emergencies. This section sets out the GBV-related responsibilities relevant to specialized protection staff who are mobilized to undertake targeted—or 'stand alone'—protection activities during a humanitarian emergency. These protection activities and the related GBV prevention and mitigation recommendations are grouped into **four major areas of targeted protection sector work,** highlighted below. Namely, specialized protection actors can:

▶ Ensure that all **protection monitoring** activities include an investigation of security issues that might heighten the risk of GBV. They should also ensure that any protection monitoring that specifically focuses on GBV incidents is undertaken in close collaboration with GBV specialists.

▶ Implement strategies that safeguard those at risk of GBV during **documentation, profiling and registration** processes.

▶ **Strengthen security** by building the capacities of national and local security and legal/justice sector actors to prevent, mitigate and respond to GBV.

▶ **Promote access to justice** by advocating for the implementation of laws and policies that prevent GBV and ensure care and protection of survivors.

! ESSENTIAL TO KNOW

Exercising Rights

UNHCR's Executive Committee has noted that, "while forcibly displaced men and boys also face protection problems, women and girls can be exposed to particular protection problems related to their gender, their cultural and socio-economic position, and their legal status, which mean that they may be less likely than men and boys to be able to exercise their rights." The Executive Committee has therefore recognized "specific action in favour of women and girls may be necessary to ensure they can enjoy protection and assistance on an equal basis with men and boys."

(**UNHCR Executive Committee. 2006.** 'Conclusion on Women and Girls at Risk', No. 105 [LVII], <www.unhcr.org/45339d922.html>)

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 protection assessment processes	✔	✔	✔	✔
Assess the level of participation and leadership of women and other at-risk groups in all aspects of targeted humanitarian protection programming (*e.g. ratio of male/female humanitarian protection personnel; participation in community-based protection programming; etc.*)	✔	✔	✔	✔
Assess the broader protection factors that exacerbate the risks of GBV in the particular setting (*e.g. displacement; unsafe routes to work, to school, to health facilities or to collect water/firewood; safety issues for those who remain in the home; distribution times and locations of foods and non-food items; loss of personal identity documents; proximity to insecure zones or warring parties; etc.*)	✔	✔	✔	
Assess the capacity of security actors to mitigate the risks of GBV and assist and support GBV survivors (*e.g. ratio of male/female officers; existence and implementation of codes of conduct for security personnel and GBV-related policies, protocols, and standard operating procedures; confidential and secure environments for reporting incidents of GBV that limit re-victimization of survivors; etc.*)			✔	✔
Assess the capacity of formal and informal justice sector/actors to safely and ethically respond to incidents of GBV (*e.g. accessibility of free/low-cost legal aid services; how judicial processes provide protection to GBV survivors and witnesses; how the informal justice system deals with GBV cases; etc.*)			✔	✔
Assess awareness of protection 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 targeted protection programming and GBV risk reduction; etc.*)	✔	✔		✔
Review existing/proposed protection-related community outreach material to ensure it includes basic information about GBV risk reduction (*including where to report risk and how to access care*)	✔	✔	✔	✔
RESOURCE MOBILIZATION				
Develop proposals for protection programming that reflect awareness of GBV risks for the affected population and strategies for reducing these risks	✔	✔	✔	✔
Target women and other at-risk groups for job skills training related to protection, particularly in leadership roles to ensure their presence in decision-making processes	✔	✔	✔	✔
Prepare and provide trainings for protection actors (*including expert protection actors sent to the field as part of a surge response*), security and legal/justice personnel, and relevant community members (*such as traditional leaders*) on the safe design and implementation of protection programmes that mitigate the risk of GBV	✔	✔	✔	✔
IMPLEMENTATION				
▶ **Programming**				
Involve women and other at-risk groups in all aspects of protection programming (*with due caution where this poses a potential security risk or increases the risk of GBV*)	✔	✔	✔	✔
Integrate GBV prevention and mitigation into protection monitoring activities, and support the development of community-based protection strategies	✔	✔	✔	✔
Implement strategies that safeguard those at risk of GBV during documentation, profiling and registration processes (*e.g. ensure participation of women, girls and other at-risk groups in the processes; develop strategies that encourage affected populations to report their risk and/or history of GBV; prioritize programmes for women to receive, recover or replace personal documents; consider the need for special protection measures such as relocation and safe houses; etc.*)		✔	✔	✔
Enhance the capacity of security institutions/personnel to prevent and respond to GBV (*e.g. support employment of women in the security sector; work with GBV specialists to train security personnel on issues of GBV; advocate for implementation of codes of conduct; support secure environments in which GBV can be reported to police; etc.*)		✔	✔	✔
Promote access to justice for GBV survivors by strengthening institutional capacities of state and traditional justice actors (*e.g. provide training to relevant legal/justice actors on GBV; support free and accessible legal aid; provide protection for GBV survivors and witnesses during court processes; etc.*)			✔	✔
▶ **Policies**				
Incorporate relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of targeted protection 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.*)	✔	✔	✔	✔
Support the reform of national and local laws and policies (including customary law) to promote access to justice and the rule of law, and allocate funding for sustainability (*e.g. strengthen GBV protections; support the ratification of key human rights standards; advocate for frameworks and action plans that contain GBV-related measures in return, relocation and reintegration; 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 that protection staff have the basic skills to provide them with information on where they can obtain support	✔	✔	✔	✔
Ensure that protection programmes sharing information about reports of GBV within the protection 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 protection-related community outreach and awareness-raising activities, using multiple formats to ensure accessibility		✔	✔	✔
COORDINATION				
Undertake coordination with other sectors and strengthen government coordination mechanisms 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 protection 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 protection 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 implement-ed at a later date. For more information about minimum commitments, see **Part Two: Background to Thematic Area 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.

▶ 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

> **! ESSENTIAL TO KNOW**
>
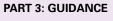> **Defining 'shelter'**
>
> The term shelter is used throughout the text to refer to both the basic definition of shelter—a 'habitable covered space providing a secure and healthy environment with privacy and dignity for those residing in the dwelling'—and the process through which this habitable space 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>)

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.

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.)

> **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>)

[1] For the purposes of these Guidelines, 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 11 of these Guidelines.

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 Thematic Area Guidance.**

WATER, SANITATION AND HYGIENE

THIS SECTION APPLIES TO:
- Water, sanitation and hygiene (WASH) coordination mechanisms
- WASH actors (staff and leadership): NGOs, community-based organizations (including National Red Cross/Red Crescent Societies), INGOs and United Nations agencies
- Local committees and community-based groups (e.g. groups for women, adolescents/youth, older persons, etc.) related to WASH
- Other WASH stakeholders, including national and local governments, community leaders and civil society groups

Why Addressing Gender-Based Violence Is a Critical Concern of the Water, Sanitation and Hygiene Sector

Armed conflict, natural disasters and other humanitarian emergencies can significantly alter a community's traditional water, sanitation and hygiene (WASH) practices. During an emergency, well-designed WASH programmes and facilities can help to keep affected populations safe from violence. Conversely, WASH programming that is poorly planned and insensitive to gender dynamics in a given social and cultural context can exacerbate risk of exposure to sexual and other forms of gender-based violence (GBV). This is particularly true for women, girls and other at-risk groups,[1] who may be disproportionately affected by WASH issues. For example:

▶ Women, girls and other at-risk groups face an increased risk of sexual assault and violence while travelling to WASH facilities (including water points, cooking facilities and sanitation facilities) that are limited in number, located far from homes or placed in isolated locations. In some emergencies, women and girls must travel through unsafe areas or after nightfall to relieve themselves.

▶ If there is insufficient water (e.g. during drought), they may be punished for returning home empty-handed or for returning home late after waiting in line for hours.

▶ School-age girls who must spend a long time collecting water are at a higher risk of missing and/or not attending school, which limits their future opportunities. This, in turn, may place them at a higher risk of GBV in the future (for more information, see the **Education Section**).

[1] For the purposes of these Guidelines, 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 11 of these Guidelines.
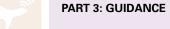
▶ Schools that are not equipped with hygiene supplies for girls may discourage girls from attending and staying in school, especially adolescent girls who are menstruating.

▶ Lack of lighting, locks, privacy and/or sex-segregated sanitation facilities can increase the risk of harassment or assault against women and girls. Inadequate building materials (such as weak plastic sheeting) and poor design (such as open roofs in sites where there is an embankment located above) can also increase this risk.

▶ In situations of displacement, tensions with receptor/host communities over water resources can lead to violence against IDPs/refugees, especially women and girls who are most often responsible for collecting water.

▶ Women, girls and other at-risk groups may face exploitation at the hands of WASH staff in return for soap, sanitary materials, water or other WASH supplies.

WHAT THE SPHERE HANDBOOK SAYS:

Programme Design and Implementation
▶ All users are satisfied that the design and implementation of the WASH programme have led to increased security and restoration of dignity.

Communal Washing and Bathing Facilities
▶ People require spaces where they can bathe in privacy and with dignity. If this is not possible at the household level, separate central facilities for men and women will be needed. . . . The number, location, design, safety, appropriateness and convenience of facilities should be decided in consultation with the users, particularly women, adolescent girls and persons with disabilities. The location of facilities in central, accessible and well-lit areas with good visibility of the surrounding area can contribute to ensuring the safety of users.

Appropriate and Adequate Toilet Facilities
▶ Inappropriate siting of toilets may make women and girls more vulnerable to attack, especially during the night. Ensure that women and girls feel safe when using the toilets provided.

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

Crucial to the design of any WASH intervention is a thorough analysis of the differing rights, needs and roles of those at risk of GBV related to WASH. It is critical to engage women, girls and other at-risk groups in the design and delivery of WASH programming—as both employees in the WASH sector and as community-based advisers. This engagement not only helps to ensure effective response to life-saving needs, but also contributes to long-term gains in gender equality and the reduction of GBV. Actions taken by the WASH sector to prevent and mitigate the risk of GBV should be done in coordination with GBV specialists and actors working in other humanitarian sectors. WASH actors should also coordinate with—where they exist—partners addressing gender, mental health and psychosocial support (MHPSS), HIV, age and environment. (See 'Coordination', below.)

(!) ESSENTIAL TO KNOW

GBV and WASH
In both urban and rural contexts, girls and women regularly face harassment when going to the toilet. Given the taboos around defecation and menstruation and the frequent lack of privacy, women and girls may prefer to go to the toilet or use bathing units under the cover of darkness. They may even delay drinking and eating in order to wait until nightfall to relieve themselves. However, using WASH facilities after dark puts women, girls, and other vulnerable groups at risk of harassment and sexual assault.

(Adapted from **House, S. 2013.** Gender-Based Violence and Sanitation, Hygiene and Water, WaterAid. Blog series by the Institute of Development Studies, <www.communityledtotalsanitation.org/blog/gender-based-violence-and-sanitation-hygiene-and-water>)

◀ SEE SUMMARY TABLE ON ESSENTIAL ACTIONS

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

	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 WASH assessment processes (*especially assessments focusing on the location and design of water points, toilets, laundry, kitchen and bathing facilities*)	✔	✔	✔	✔
Investigate community norms and practices related to WASH that may increase the risk of GBV (*e.g. responsibilities of women and girls for water collection, water storage, waste disposal, cleaning, and taking care of children's hygiene; management and maintenance of WASH facilities; etc.*)	✔	✔	✔	✔
Assess the level of participation and leadership of women, adolescent girls and other at-risk groups in the design, construction and monitoring of WASH facilities (*e.g. ratio of male/female WASH staff; participation in water management groups and water committees; etc.*)	✔	✔	✔	✔
Analyse physical safety of and access to WASH facilities to identify associated risks of GBV (*e.g. travel to/from WASH facilities; sex-segregated toilets; adequate lighting and privacy; accessibility features for persons with disabilities; etc.*)	✔	✔	✔	✔
Assess awareness of WASH 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 WASH programming and GBV risk reduction; etc.*)	✔	✔	✔	✔
Review existing/proposed community outreach material related to WASH 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 WASH that can mitigate risks of GBV (*e.g. sanitary supplies for menstruation; sturdy locks for toilets and bathing facilities; lights for toilets, laundry, kitchen and bathing facilities; handpumps and water containers that are women- and girl-friendly; accessibility features for persons with disabilities; etc.*)	✔	✔		
Develop proposals for WASH programmes that reflect awareness of GBV risks for the affected population and strategies for reducing these risks	✔	✔	✔	✔
Prepare and provide trainings for government, WASH staff and community WASH groups on the safe design and construction of WASH facilities that mitigate the risk of GBV	✔	✔	✔	✔
Target women for job skills training on operation and maintenance of water supply and sanitation, particularly in technical and managerial roles to ensure their presence in decision-making processes	✔	✔	✔	✔
IMPLEMENTATION				
▶ **Programming**				
Involve women and other at-risk groups as staff and leaders in the siting, design, construction and maintenance of water and sanitation facilities and in hygiene promotion activities (*with due caution where this poses a potential security risk or increases the risk of GBV*)	✔	✔	✔	✔
Implement strategies that increase the availability and accessibility of water for women, girls and other at-risk groups (*e.g. follow Sphere standards for placement of water points; establish ration schedules in collaboration with women, girls and other at-risk groups; work with receptor/host communities to reduce tension over shared water resources; etc.*)		✔	✔	✔
Implement strategies that maximize the safety, privacy and dignity of WASH facilities (*e.g. location of facilities; safety patrols along paths; adequate lighting and privacy; sturdy internal locks; sex-segregated facilities; sufficient numbers of facilities based on population demographics; etc.*)		✔	✔	✔
Ensure dignified access to hygiene-related materials (*e.g. sanitary supplies for women and girls of reproductive age; washing facilities that allow laundry of menstrual cloth; proper disposal of sanitary napkins; etc.*)	✔	✔	✔	✔
▶ **Policies**				
Incorporate relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of WASH 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 WASH, and allocate funding for sustainability (*e.g. address discriminatory practices hindering women and other at-risk groups from safe participation in the WASH sector*)	✔		✔	✔
▶ **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 WASH staff have the basic skills to provide them with information on where they can obtain support	✔	✔	✔	✔
Ensure that WASH programmes sharing information about reports of GBV within the WASH 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 hygiene promotion and other WASH-related community outreach 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 WASH 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		✔	✔	✔

Stage of Emergency Applicable to Each Action

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 WASH 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 Thematic Area Guidance.**