



2015 IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action

Lebanon, July 2016

HEALTH SECTOR Presentation to the Working Group



2015 IASC GBV Guidelines What is it about?



- GBV Prevention and Risk Mitigation = **Responsibility** of the whole humanitarian community (vs. sole GBV sector).
- All national and international humanitarian actors from **all sectors** of intervention have a **duty to protect** those affected by the crisis, including from GBV.
- Guidelines are an operational tool for non GBV specialists
- Aim: guiding each sector for implementing GBV risk mitigation measures, with the support of the GBV FPs.



2015 IASC GBV Guidelines Summary of Presentation



- GBV Overview
- Background of the Guidelines
- Introduction to the Guidelines
- Relevance for the Sector
- Ways Forward



2015 IASC GBV Guidelines GBV Overview



"GBV is an umbrella term for any harmful act that is perpetrated against a person's will and is based on socially ascribed (i.e. gender) differences between males and females.

It includes acts that inflict physical, sexual or mental harm or suffering, threats of such actions, coercion and other deprivations of liberty".

- Sexual, Physical, Economic, Emotional Violence
- Based on gender.



2015 IASC GBV Guidelines GBV Overview



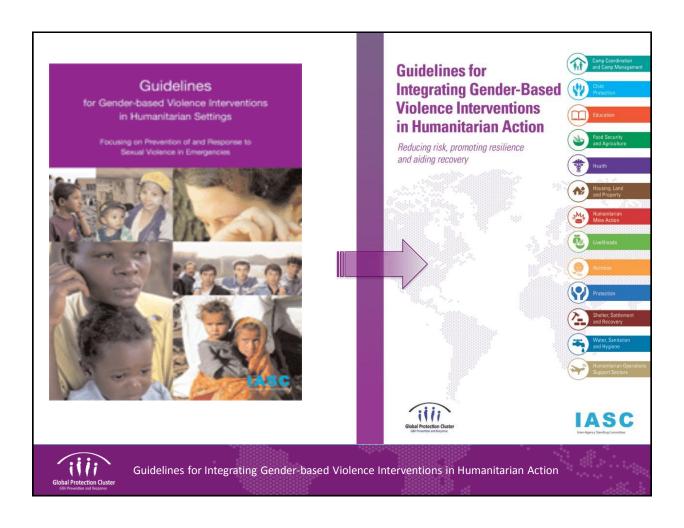
- GBV occurs everywhere Lebanon is no exception
- In times of crisis, risks of GBV are higher
- "Assume and Believe"
- In Lebanon, many factors triggers protection concerns, incl. GBV
- Main trends observed



2015 IASC GBV Guidelines Background



- Original 2005 IASC GBV Guidelines
- Outdated and under-used
- Revision led by UNICEF & UNFPA for the GBV AoR
- Two+ year process of intensive global and field consultations
- In June 2015, RTE of the 2005 Guidelines implementation in the region.
- Health was one of the targeted sectors (with Shelter).
- Findings and Recommendations to implement new Guidelines.
- New Guidelines issued in Sept 2015.





2015 IASC GBV Guidelines Structure & Content



- Reflect changes in humanitarian architecture since 2005
- Recommendations follow Programme Cycle
- 'Essential' rather than minimum standards
- Provide suggested indicators
- Target audience: primarily non-specialists
 - √Key message: should not add to workloads!
 - √ Can be used as a mainstreaming tool to make current programming safer and more effective
- Address risks across all humanitarian contexts
- Not restricted to sexual violence



2015 IASC GBV Guidelines Structure & Content



- The <u>purpose</u> of the IASC GBV Guidelines is to assist humanitarian actors and communities ...to plan, implement, coordinate, monitor and evaluate essential actions to prevent and mitigate gender-based violence (GBV) across all sectors of humanitarian response.
- Humanitarian actors can undertake activities that significantly reduce risks of GBV within affected populations.

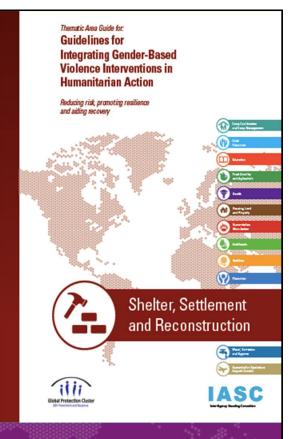
2 Formats:

Comprehensive Book (large!)

- 1. Introduction (what is GBV; obligation to address GBV in emergencies; etc.)
- 2. Background to the TAGs (how they're organized; guiding principles)
- 3. Guidance for 13 Thematic Areas

Thematic Area Guides = "TAGs" (small!)

- 1. Intro (same as comprehensive book)
- 2. Background (same)
- 3. Guidance for *ONE* thematic area (why GBV is relevant for the sector, essential actions, HPC) + links with the sector existing standards





Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action



2015 IASC GBV Guidelines Relevance for Health Sector



Why addressing GBV is a critical concern to the sector ??

Health services are often the only point of contact for Survivors Health interventions can be life-saving for Survivors

- -> Information on services known
- -> Access is safe
- -> Service provision is non-discriminatory
- -> Service provision is confidential
- -> Staff trained to identify and refer (life-saving + prevent re-victimization)



Essential Actions - Programme Cycle

Assessment, Analysis and Planning

- Identifies key questions to be considered when integrating GBV concerns into assessments.
- Questions subdivided into three categories—(i) Programming, (ii) Policies, and (iii) Communications and Information Sharing.
- Questions can be used as 'prompts' when designing assessments.
- Information generated from the assessments can be used to contribute to project planning and implementation.

Resource Mobilization

 Promotes the integration of elements related to GBV prevention & mitigation when mobilizing supplies, human & financial resources.

Implementation

- List of Health actors' responsibilities for integrating GBV prevention & mitigation strategies into their programmes.
- The recommendations are subdivided into three categories: (i) Programming, (ii) Policies, (iii) Communications & Information Sharing.

Coordination

Highlights key GBV-related areas of coordination with various sectors.

M & E

 Defines indicators for monitoring and evaluating GBV-related actions through a participatory approach.



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2015 IASC GBV Guidelines Possible Ways Forward



- Contextualization of the Guidelines for the Health Sector/Lebanon
- Trainings and Guidelines dissemination in collaboration with the gender focal points
- Identification of possible GBV risk mitigation measures for Health programming
- Review of programmatic tools in collaboration with GBV experts (post activity survey, monitoring tools...)
- Review and design proposals and programming taking into account GBV mainstreaming
- Commitment of I/NGOs delivering Health programming to use GBV guidelines as minimum standards





THANK YOU FOR YOUR ATTENTION

Questions ???

The National SGBV Task Force