



Handbook for Coordinating Gender-based Violence Interventions in Emergencies



2019

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Handbook for Coordinating Gender-based Violence Interventions in Emergencies



2019

LIST OF ACRONYMS



AIDS	acquired immunodeficiency syndrome
CBA	community-based approach
CCCM	Camp Coordination and Camp Management
CERF	Central Emergency Response Fund
CIDA	Canadian International Development Agency
CP	Child Protection
CRSV	conflict-related sexual violence
DFID	Department for International Development (United Kingdom)
DPKO	Department of Peacekeeping Operations
DPO	disabled persons' organization
ECHO	European Civil Protection and Humanitarian Aid Operations
ERC	Emergency Relief Coordinator
ERF	Emergency Response Fund
FGD	focus group discussion
GBV	gender-based violence
GBV AoR	Gender-Based Violence Area of Responsibility
GBVIMS	Gender-Based Violence Information Management System
GenCap	IASC Gender Standby Capacity Project
GPC	Global Protection Cluster
HC/RC	Humanitarian Coordinator/Resident Coordinator
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
HIV	human immunodeficiency virus
HRBA	human rights-based approach
IASC	Inter-Agency Standing Committee
ICCG	Inter-Cluster Coordination Group
ICRC	International Committee of the Red Cross
ICWG	Inter-Cluster Working Group

IDP	internally displaced person
IEC	Information, Education and Communication
IFRC	International Federation of Red Cross
IRC	International Rescue Committee
INGO	international non-governmental organization
IOM	International Organization for Migration
MHPSS	mental health and psychosocial support
MISP	Minimum Initial Service Package
MoU	Memorandum of Understanding
NGO	non-governmental organization
OCHA	UN Office for the Coordination of Humanitarian Affairs
OFDA	Office of U.S. Foreign Disaster Assistance
OHCHR	Office of the High Commissioner for Human Rights
PSEA	protection from sexual exploitation and abuse
POLR	Provider of Last Resort
RH	reproductive health
SCR	Security Council Resolution
SGBV	sexual and gender-based violence
SIDA	Swedish International Development Cooperation Agency
SOP	standard operating procedure
ToR	terms of reference
TOTs	training of trainers
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNMAS	United Nations Mine Action Service
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
USAID	United States Agency for International Development
VAW	violence against women
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization
WLO	women-led organization

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FOREWORD



Why coordination matters now

In the wake of horrific accounts of Gender-Based Violence in Emergencies (GBViE) that span the globe, the voices of survivors have galvanized the international community to work towards the elimination of GBV.

The protection and safety of women and girls can be achieved only through coordinated, collective and sustained action. We know good coordination of interventions works and pays direct humanitarian dividends. Only through effective coordination can we bridge any gaps, address persistent challenges and make progress against *common objectives*. Specifically, GBV coordination ensures that every humanitarian response, from the earliest phases of a crisis, provides safe and comprehensive life-saving services for GBV survivors and mitigates the risks of GBV. Our ultimate goal is to eliminate GBV in all settings and make progress towards peace, security and human rights.

In 2013, the Inter-Agency Standing Committee adopted its statement on the “Centrality of Protection” to place protection at the heart of humanitarian response; addressing GBV is among the core concerns of humanitarian protection policy. In the same year, key donor countries launched the “Call to Action” initiative to “transform the way GBV is addressed in humanitarian operations via the collective action of numerous partners”. In 2018, the GBV Area of Responsibility (GBV AoR), launched its three-year strategy to coordinate global efforts to address GBViE, bringing together UN Agencies, non-governmental organizations (NGOs), academics, and women-led organizations to ensure lifesaving, predictable and accountable GBV prevention, risk mitigation, and response.

Now, more than ever, we must strengthen our knowledge and skills for GBV coordination. The revised *Handbook for Coordinating Gender-based Violence Interventions in Emergencies* will help deliver on this strategic objective. The purpose of this Handbook is to facilitate concrete action – from preparedness, to humanitarian response through recovery. It is an indispensable tool for GBV coordinators, and the humanitarian community more broadly, to work *together* to address gender-based violence. GBV is best addressed when multiple sectors and organizations work together to create and implement unified prevention, response and risk mitigation strategies. Without clarity on necessary actions and dedicated attention to addressing GBV, on-the-ground efforts will be inconsistent and insufficient.

Building on a growing body of international practice and resources, the Handbook provides guidance on how to use coordination to address GBV throughout the humanitarian programming cycle in all phases of emergencies. Coordinators have an essential role to play to ensure GBV is accorded sufficient attention in the response, and programme activities are guided by commonly agreed goals clear to all humanitarians. Coordination is also part of an integral strategy for implementing the essential actions in line with the IASC GBV Guidelines. The Handbook aims to address barriers to participation in GBV coordination and response so that local actors may fully engage with and contribute to wider humanitarian efforts. The involvement and participation of local actors is a core principle for humanitarian action and essential for ensuring assistance and protection is relevant and accountable to women, girls and other community members. As the lead agency, UNFPA will ensure that coordination leadership fulfills its responsibility for setting standards for ethical, safe and survivor-centred GBV programming.

The power of coordinated collective action is what each partner can bring, so the sum is greater than the parts. We know it will take sustained coordinated action to invest in and support the rights, resilience and capacities of women and girls in the most difficult settings and ensure that every survivor receives the life-saving services they deserve.



Dr. Natalia Kanem
United Nations Under-Secretary-General
and Executive Director of UNFPA,
the United Nations Population Fund

INTRODUCTION



About this handbook

Purpose

This handbook is a quick-reference tool that provides **practical, field-level guidance** to establish and maintain a GBV sub-cluster in a humanitarian emergency. It provides the foundations for coordination. More in-depth information can be pursued through resources referenced in this handbook. The [GBV AoR website \(gbvaor.net\)](http://gbvaor.net) maintains a repository of tools, training materials and resources that complement this handbook. As a second edition, this handbook provides updates to practitioners on humanitarian reforms, lessons learned, promising practices and resources that have emerged since its first publication in 2010.

Audience

This handbook is targeted towards individuals and agencies involved in GBV sub-clusters in humanitarian emergencies *at the field level*.

Throughout the handbook the term “GBV sub-cluster” is used to incorporate the different names used in various humanitarian contexts with clusters or cluster-like structures, including GBV sub-cluster, sector or sub-sector or GBV in Emergencies working groups.

This handbook is designed primarily for **GBV coordinators**, which may include UN, international or local NGO or national government coordinators at the national and sub-national levels. It will also be a useful tool for sub-cluster members, so that everyone participating can benefit from global guidance to plan and implement their work and hold coordination leadership accountable. Many sections, like “GBV Concepts for Coordination” (Chapter 1) can facilitate discussions with broader audiences, underscoring the responsibility for addressing GBV that lies with the entire humanitarian community. The handbook encourages GBV coordinators to seek ways to include those not currently involved in coordination at the local level by featuring examples of participation from different field contexts, recommending tools, providing resources and suggesting ways of working that are accessible.

The focus of this handbook is on GBV coordination. GBV programming concepts are referenced, but it is for coordinators to promote and ensure best practices and standards across an integrated humanitarian response. Other resources should be used to guide GBV programme design and evaluation. This handbook emphasizes that GBV coordination requires dedicated resources and capacities that are related to, but distinct from, GBV programming.

When to use the handbook

This handbook addresses coordination of GBV interventions in multiple types and phases of emergencies. It applies in natural disasters and armed conflict, as well as complex emergencies where these factors combine in a multi-faceted humanitarian emergency.

The handbook is most helpful when initiating coordination from the onset of an emergency. However, since GBV must be addressed in all phases of crisis, and these phases often overlap, it should also be used to improve preparedness before crisis strikes, and to identify activities during the stabilization and recovery phases. It is applicable in acute, protracted or recurrent crises.

How to use the handbook

This handbook is organized in three parts, which are integrated into a single electronic document. It can be printed as a whole or in parts that can be hand-carried to a location where Internet is inaccessible. In electronic versions, readers can jump directly to different parts of the handbook by clicking on a title of a section in the Table of Contents or in the Bookmark Palette in Adobe Acrobat. The Bookmark Palette in Adobe Acrobat can be displayed by choosing Window, Bookmarks or by clicking the Show/Hide Navigation Pane button and clicking the Bookmarks tab.

PART ONE is an overview of guiding frameworks and context.

Chapter 1 delineates the **conceptual framework for GBV coordination** in emergencies, with core definitions, principles, and approaches to address GBV that all actors involved in coordination must adopt and share. It provides the basis for promoting ethical and effective GBV interventions across the humanitarian response.

Chapter 2 describes the **policy and structural framework for humanitarian coordination**. It summarizes humanitarian reforms and explains how GBV coordination fits within the IASC Protection Policy framework and the cluster approach. It outlines the relationship with other clusters, the Protection Cluster, and global initiatives, including the Call to Action. It also provides tips to implement inclusion and localization within these frameworks.

PART TWO introduces the core functions of a GBV sub-cluster.

Chapter 3 introduces the **functions required for coordination**: 1) supporting service delivery; 2) informing strategic decision making; 3) planning and implementing cluster strategies; 4) ensuring monitoring and evaluation; 5) building national capacity in preparedness and contingency planning; and 6) supporting advocacy. Deliverables for these functions are described, including service mapping, needs assessment, referral systems and strategies for Humanitarian Response Plans and resource mobilization. The key role information management plays in these functions is highlighted throughout the chapter.

Chapter 4 explains **how to establish and sustain a sub-cluster** to fulfil these functions. It provides guidance on: launching a group, recruiting a diverse and localized membership, developing terms of reference (ToR), establishing information management systems, creating sub-groups and transition planning.

PART THREE provides resources to enhance coordination skills.

Chapter 5 offers guidance to leverage **inter-personal and managerial skills for coordination**. It discusses leadership, consensus building, negotiation, conflict resolution and staff and self-care, because coordination requires “soft skills” as well as technical knowledge.

Chapter 6 contains a list of **additional resources** for reference organized by priority and topic.

The **Annexes** contain resources and sample documents.

The **Index** identifies topics by page numbers for quick reference.

This handbook is a starting point for strategic coordination at the country level. It is a **companion** to the *Inter-Agency Minimum Standards for Prevention and Response to GBV in Emergencies* (GBV AoR, forthcoming 2019/2020) and the [Core Competencies for GBV Program Managers and Coordinators in Humanitarian Settings](#) (GBV 2014). These resources should be used together to gain in-depth understanding of the scope, quality and proficiencies required for coordination.

Quick reference cues

Icon	Title	Cue
	<i>Key point</i>	Indicates a key principle or critical point for coordination
	<i>Online tool</i>	Indicates an online resource or training for more in-depth guidance
	<i>Information management</i>	Indicates a tip for integrating information management with coordination
	<i>Lessons learned</i>	Indicates a lesson learned
	<i>Promising practice</i>	Indicates a promising practice
	<i>Meaningful participation</i>	Indicates a tip for inclusive and meaningful participation
	<i>See Annex</i>	Indicates an attachment in the Annex related to the topic
	<i>Special considerations for adolescent girls</i>	Indicates special considerations to address the needs of adolescent girls

PART

1

**FRAMEWORKS
FOR COORDINATION**

CHAPTER 1



GBV Concepts for Coordination

1.1 Building a common understanding of GBV for coordination

Definition of GBV

It is easy to take for granted that everyone working on GBV prevention and response has the same understanding of definitions, principles and programming approaches. However, partners often discover that there are divergent views on fundamental GBV concepts and its definition.

In such cases, misunderstandings are likely to emerge, leading to compromised coordination or unsafe programming. It can even lead to cultural clashes within the sub-cluster. For these reasons, it is important that everyone involved in humanitarian response is aware of definitions and principles endorsed by the Inter-Agency Standing Committee (IASC), which is the primary international forum for coordination of humanitarian assistance.

In 2015, the IASC adopted a definition of GBV in its *Guidelines for the Integration of GBV Interventions in Humanitarian Action* (p. 5) that is most commonly referenced by humanitarian workers:

Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.



Promising practice

In Libya in 2017, during the early stages of its establishment, the GBV sub-sector created a glossary of key terminologies. It was translated into Arabic and disseminated among different interlocutors to ensure a common understanding of GBV basic concepts and principles.



Lesson learned

Understandings of GBV are becoming more varied and contested among humanitarian practitioners, according to an independent survey in 2012 that was analysed in an article by Sophie Read-Hamilton (“Gender-based Violence: A Confused and Contested Term”) in the 2014 edition of *Humanitarian Exchange*. Definitions have broadened from an initial focus on violence against women to increasingly incorporate children, older persons, men and boys and persons who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI). Echoing a 2008 GBV AoR study, the author recommended that humanitarian workers discuss and clarify the types of violence their interventions combat. They should discuss how these particular types of violence should be addressed in the context where they are working, rather than lumping all forms of sexualized or gendered violence together under an umbrella without critical distinction and technical analysis. She cautioned that “a broad definition of GBV that is not clearly grounded in sound analysis and does not draw on expertise and experience will lead to poor practice and potentially to ineffective interventions”.

Scope and impact of GBV in humanitarian emergencies

The *IASC GBV Guidelines* explain that humanitarian practitioners must assume that GBV is occurring in any humanitarian emergency and act to address it, regardless of the absence or presence of data about its scope and impact.

Nevertheless, GBV coordinators are frequently asked for “evidence” of GBV in the early days of a crisis or in other scenarios where it is not possible to provide accurate data. This question becomes particularly frustrating, yet important, to address when it is raised in funding discussions, by humanitarian leadership or by local authorities. Being able to articulate arguments for GBV interventions based on available information and ethical data is an important aspect of GBV coordination. The following key point can help humanitarian practitioners respond to those queries, especially if coupled with other information about the context. (See also the *Core Competencies for GBV Program Managers and Coordinators in Humanitarian Settings*, p. 28.)



GBV occurs in all humanitarian emergencies: it is not limited to specific regions, cultures or types of emergency. In armed conflicts, a growing body of evidence suggests that sexual violence can be used as a strategic weapon of war aimed at destabilizing and demoralizing communities. Sexual violence is also often perpetrated against both women and men held in detention in conflict and post-conflict settings. Evidence indicates that the displacement and destruction that accompanies natural disasters puts women and girls at high risk of multiple forms of GBV. The culture of impunity and silence due to fear of reprisal and shame is exacerbated by the erosion of structural protection systems in the event of natural disasters or armed conflict.

Multiple and intersecting forms of discrimination add to the risk of violence, including GBV against persons with disabilities and their caregivers in humanitarian settings. For example, women and girls with disabilities experience GBV at disproportionately higher rates, with domestic violence at twice the rate of other women, and in unique forms due to discrimination based on both gender and disability.¹

1 UN General Assembly, Report of the Secretary General of the United Nations, “Situation of women and girls with disabilities and the Status of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto” A/72/227, 28 July 2017, para. 21.

Understanding the full extent of the problem is challenging. The majority of sexual violence incidents – as well as other forms of GBV – are likely to go unreported in emergencies, not only because of the high levels of stigma that commonly accompany these crimes, but also because of the lack of health and other services during an emergency.

One out of three women globally have experienced GBV, the World Health Organization reported in a 2013 [study](#) on violence against women. These rates are higher in humanitarian settings due to increased vulnerability emanating from the immediate effects of the violence, loss of livelihoods and disruption of social and family structures. The lack of access to services to prevent, report and hold perpetrators accountable for GBV can exacerbate effects and prevalence of GBV in emergencies.

Survivors of GBV are:

- at higher risk of suffering death, including suicide
- twice as likely to experience depression
- almost twice as likely to have alcohol use disorders
- 16 per cent more likely to have a low birth-weight baby
- 1.5 times more likely to acquire HIV and 1.5 times more likely to contract syphilis infection, chlamydia or gonorrhoea

The study further found:

Out of 10 selected causes and risk factors for disability and death among women aged 15 to 44, rape and domestic violence rated higher than cancer, motor vehicle accidents, war and malaria.

The table presents various types of GBV in humanitarian settings, with an example of its impact. These impacts are magnified in humanitarian settings.

GBV in humanitarian contexts	Examples of impact
GBV (child marriage) and mortality	Seven out of the 20 countries with the highest rates of child marriage are affected by large-scale humanitarian crises, including Chad, Ethiopia, Mali, Nigeria, Somalia and South Sudan. Yemen and Syria are also severely affected by child marriage. Child brides are more likely to experience frequent and early pregnancies, which may cause a range of long-term health complications and, in some cases, death. Complications in pregnancy and childbirth are the leading cause of death in girls aged 15 to 19 globally (for more information see the inter-agency initiative Girls Not Brides).
GBV (forced abortion) and women's reproductive health	Many women in Colombia have been subject to forced abortions and births, especially within guerrilla groups. Moreover, many abortion procedures were inadequate and took place very late in the pregnancy, resulting in high risks of health complications. ²

2 Council on Hemispheric Affairs, "The Silences of Sexual Violence: Commission Faces Truth Deficits in Colombia", 2015.

GBV in humanitarian contexts	Examples of impact
GBV (conflict-related sexual violence), fistula and post-traumatic stress disorder (PTSD)	A 2016 study conducted in Goma in the Democratic Republic of Congo (DRC) found that women who had survived conflict-related sexual violence (CRSV) were significantly more likely to have fistula and chronic pelvic pain compared with survivors of other types of sexual violence. Survivors of CRSV also experienced more severe forms of depression and PTSD, compared with those who also had fistula, and scored highest among the respondents on PTSD and other mental health severity scales. ³
GBV (domestic violence and sexual harassment) and mental health	In Indonesia (following Pidie Jaya earthquake and Bima floods in 2016), 13 per cent of respondents reported that women and girls felt distressed by the rise in domestic violence after the disasters. Adolescent boys and girls reported that unsafe temporary housing arrangements during the disasters triggered an increase in sexual harassment. ⁴

For more GBV global data, see the [IASC GBV Guidelines](#), pp. 327-330.

Actors engaged in GBV coordination have a responsibility to be familiar with global data on GBV in emergencies in order to: 1) understand and anticipate the risks and effects of GBV in the populations with whom they are working, and 2) educate the humanitarian community about their responsibility. However, the planning of GBV response interventions should not be limited to addressing what is being reported, but should always factor in incidents that are not reported.



Obtaining **data on prevalence** (total number of cases in the population) of sexual or other forms of GBV **should not** be the priority of GBV partners at the onset of an emergency. There is a high level of under-reporting and the security risks associated with obtaining data in these settings are significant. The first priority is to establish prevention and response measures, then establish safe and ethical data systems as conditions allow.

GBV encompasses many different types of violence, as seen from the examples above. When each GBV partner has a different understanding of how a type of GBV is defined, challenges in communication and analysis can result. Differing definitions may cause inaccurate information to be reported to the sub-cluster about the scope and impact of GBV risks. To address this issue, the GBV Information Management System (GBVIMS) developed an **incident classification system** that can help GBV coordination partners define and document different types of GBV (see Chapter 4, on GBVIMS). Annex 1 on Common types of GBV, from the *IASC GBV Guidelines*, can be used to come to a common understanding on each form of GBV and identify which forms are most relevant to the context.



See Annex 1: Common types of GBV

3 Dossa, Nissou Ines and Maria Victoria Zununegui, Marie Hatem and William Donald Frasier. "Mental health disorders among women victims of conflict-related sexual violence in the Democratic Republic of Congo", *Journal of Inter-personal Violence*, 1-22, 2014.

4 IFRC, *The responsibility to prevent and respond to sexual and gender-based violence in disasters and crises*, 2018.



Special considerations for adolescent girls

Adolescent girls face specific vulnerabilities to GBV. Their exposure to rape and child marriage increases in humanitarian emergencies, as do other forms of GBV. Adolescent girls may be overlooked in research and assessments due to their restricted mobility, limited access to services, and consent limitations. Without their full participation, the risks and effects of GBV on adolescent girls may not be captured in the data: it is important to analyse and explain the limitations of datasets in this regard. GBV coordinators should regularly consult with actors in the Child Protection AoR, Health Cluster and Education Cluster to determine the best data (global and local) to use in advocacy and analysis regarding the needs of adolescent girls.

[Guidelines on ethical issues for research involving adolescent subjects](#), available from the WHO Scientific and Ethical Review Group, is a useful resource on informed consent, referrals to services, confidentiality and other important considerations when involving adolescent girls in research and assessments.

1.2 Guiding principles and approaches for GBV interventions

The guiding principles for GBV coordination and programming are inextricably linked to the overarching humanitarian responsibility to provide protection and assistance to those affected by a crisis. The principles ensure we meet our obligations as humanitarians to “Do No Harm”.

The **Do No Harm** concept is a critical component of standards and principles for all sectors of humanitarian response. In the *Sphere Standards* it is reflected in Protection Principle 1 and the Core Humanitarian Standard (CHS) Commitment 3. For more detailed guidance on how to implement the Do No Harm concept go to [The Sphere Project Website](#) for the most updated version of the standards and resources.

The GBV guiding principles are: safety, respect, confidentiality and non-discrimination. Application of these principles at all times is **mandatory**. They serve as the foundation for all humanitarian actors when coordinating and implementing GBV-related programming.

Guiding principles for GBV coordination and programming

- Safety
- Respect
- Confidentiality
- Non-discrimination

Ensuring that these principles are understood and applied by all humanitarian actors is a shared responsibility: GBV coordinators play a crucial role in providing leadership and creating systems to hold everyone accountable to them. For more information, see the inter-agency GBV Minimum Standard on guiding principles and the *Core Competencies for GBV Program Managers and Coordinators in Humanitarian Settings*, p. 13).

The guiding principles may be challenged in some scenarios: the table presents problems and solutions to address them.

Challenges to applying the guiding principles	
Scenarios	Solutions
Details of GBV cases are discussed in an open meeting without survivor consent	<ul style="list-style-type: none"> • Set ground rules for GBV coordination and other meetings, especially protection and child protection meetings, where cases could be discussed. Explain the prohibition on discussion of individual cases. Include these rules in ToRs. • Create and discuss a set of ground rules for the Inter-Cluster Coordination Group (ICCG) for all clusters and ask for HCT endorsement. • Present regularly (quarterly) during ICCG meetings about the ways to support a survivor. Provide reminders for all actors, including the survivor-centred approach and how to refer survivors (including child survivors) to services. • Share templates for monitoring GBV services that include questions to probe partners' understanding and application of guiding principles.
Identifying case information is featured in widely circulating inter-sector humanitarian reports	<ul style="list-style-type: none"> • Organize a bilateral meeting for immediate revision of the report, and protection actions for survivors. • Brief the ICCG on the guiding principles and how they relate to reporting. ICCG adopts GBV guiding principles for inter-sector coordination. • Review all inter-sector assessment tools and recommend appropriate language for the assessment questions related to GBV.
High-level agency, donor, celebrity Goodwill Ambassador, media or government visits to service provision areas expose survivors to re-traumatization, safety risks and public identification without informed consent	<ul style="list-style-type: none"> • GBV sub-cluster adopts guidelines for managing "visits" that are shared by all actors. • ICCG/OCHA provides a briefing sheet on guiding principles and how they apply in site visits to all persons for whom they facilitate access (see Annex 2: "Sample guidelines for high level visits to service areas"). • GBV sub-cluster discusses concerns with country humanitarian leadership to seek methods to address violations by high-level visitors. • GBV sub-cluster advocates for global level leadership (GPC/IASC/ERCs) to draft and adopt guidelines to prevent these violations.
GBV service provision staff violate guiding principles	<ul style="list-style-type: none"> • Organize bilateral meetings between GBV coordinators and the agency of the staff member to discuss and adopt an immediate plan of action. • Ask donors to share information with coordinators and cluster members about complaint mechanisms that their implementing partners can use. • Include "evidence of ability to apply guiding principles" in requirements for GBV sub-cluster membership. • Require proof of Codes of Conduct from all GBV sub-cluster member organizations. Provide model Code of Conduct in local languages if needed (particularly for local organizations).



Promising practice

In 2017 during the early stages of the Rohingya refugee crisis in Bangladesh, to safeguard the guiding principles the inter-sector coordination group (ISCG) worked with UNFPA and the GBV sub-sector to create a one-page set of guidelines for visits to women-friendly spaces. The group included the guidelines at the front of briefing packets for delegation visits that they coordinated. The Myanmar GBV sub-cluster provided advice based on materials they had developed for Rohingya populations. The briefing note helped to prevent unplanned visits, photos and interviews taking place without the informed consent of beneficiaries.



See Annex 2: Guidelines for delegations visiting women-friendly spaces



Special considerations for adolescent girls

In addition to these guiding principles, the principle of “the best interests of the child” must be safeguarded when assisting child and adolescent survivors of GBV. For more information on how to implement this principle, consult the *Minimum Standards for Child Protection* (Child Protection Working Group 2012).

Programming approaches

The guiding principles – safety, respect, confidentiality and non-discrimination – can be applied using the interlinked approaches described below, including the *human rights-based approach*, the *survivor-centred approach*, and the *community-based approach*.

Human rights-based approach (HRBA)

The human rights-based approach requires humanitarian workers to address discriminatory practices that impede humanitarian intervention. This approach is often contrasted with the needs-based approach that addresses short-term emergency needs. Although a needs-based approach includes affected populations in the process, it often stops short of contributing to sustainable change.

The **human rights-based approach** seeks to analyze and address the root causes of discrimination and inequality to ensure that everyone, regardless of their gender, age, disabilities, ethnicity or religion (among other factors), has the right to live with freedom and dignity, safe from violence, exploitation and abuse, in accordance with principles of human rights law.

A human rights-based approach requires those who undertake GBV interventions to:

- Assess capacities of affected population to claim their rights, identifying immediate barriers and underlying causes that prevent people from realizing their rights.
- Facilitate participation of affected populations in the development of solutions.

- Assess capacities and limitations of duty-bearers (e.g. states/governments) to fulfil their human rights obligations.
- Develop sustainable strategies for overcoming the limitations of duty-bearers.
- Monitor and evaluate humanitarian outcomes and processes, guided by human rights principles and standards and using participatory approaches.
- Ensure GBV programming is informed by the recommendations of international human rights bodies and law.



Promising practice

In the Philippines, the GBV sub-cluster, Protection Cluster and Child Protection Working Group designed a checklist for the Shelter Cluster and Local Government Unit in 2013 in Mindanao. The checklist aims to guarantee that plans for moving internally displaced persons (IDPs) are designed with a human rights-based approach. It involves consultations with communities, ensures provision of basic services, and prioritizes persons at high risk of GBV and other human rights violations.



Meaningful participation

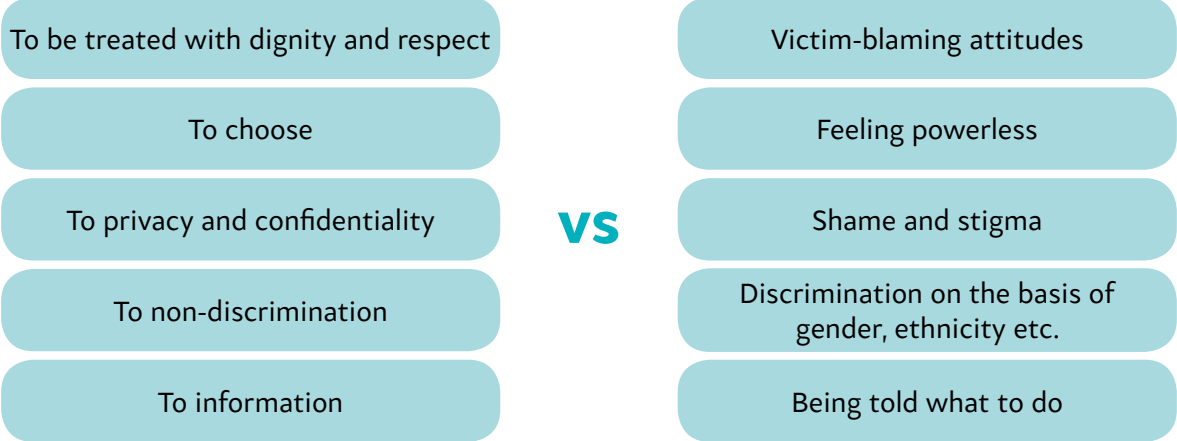
GBV coordinators may wish to include a session in the sub-cluster agenda on the “right to participation.” Human rights law provides general guarantees on the right to participation in public affairs, while the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities provide specific guarantees for the participation of children and persons with disabilities. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) General Recommendation 23 (para. 26) clarifies that for women to participate in public life on an equal footing with men, state parties should “consult and incorporate the advice of groups which are broadly representative of women’s views and interests.” Discussions can focus on how the GBV sub-cluster can meaningfully, safely and ethically implement the right to participation in its response.

Survivor-centred approach

A person who has experienced GBV is referred to, often interchangeably, as a “survivor” or “victim”. The term “victim” is often used in the legal and medical sectors, recognizing that many forms of GBV are crimes. The term “survivor” is generally preferred in the psychological and social support sectors because it implies resiliency. This handbook employs the term “survivor” in order to reinforce the concept of resilience and the survivor-centred approach to coordination and service delivery.

The **survivor-centred approach** means that the survivor’s rights, needs and wishes are prioritized when coordinating, developing and implementing GBV-related programming in accordance with the guiding principles.

The illustration contrasts survivor's rights (in the left-hand column) with the negative impacts a survivor may experience when the survivor-centred approach is not employed.



The key elements of the survivor-centred approach build on the guiding principles of safety, confidentiality, respect and non-discrimination:

- **Safety:** The safety and security of the survivor and others, such as her/his children and people who have assisted her/him, must be the number one priority for all actors. Individuals who disclose an incident of GBV or a history of abuse are often at high risk of further violence from the perpetrator(s) or from others around them.
- **Confidentiality:** Confidentiality reflects the belief that people have the right to choose to whom they will, or will not, tell their story. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the person concerned. Confidentiality promotes safety, trust and empowerment.
- **Respect:** The survivor is the primary actor, and the role of helpers is to facilitate recovery and provide resources for problem solving. All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor.
- **Non-discrimination:** Survivors of violence should receive equal and fair treatment regardless of their age, gender, disability, race, religion, nationality, ethnicity, sexual orientation or any other characteristic.

Community-based approach

From the earliest stage of the emergency, people affected should participate in making decisions, have access to information and expect transparency from those providing assistance.

The **community-based approach** means that affected populations are actively engaged as partners in developing strategies related to their protection and the provision of humanitarian assistance.

The community-based approach:

- Allows for a process of direct consultation and dialogue with members of communities, including women, girls and other at-risk groups.
- Engages groups who are often overlooked as active and equal partners in the assessment, design, implementation, monitoring and evaluation of assistance.

- Ensures all members of the community will be better protected, their capacity to identify and sustain solutions strengthened and humanitarian resources used more effectively.⁵

GBV sub-clusters should abide by the principles of participation within a community-based approach, so that women, men, girls and boys affected by an emergency are empowered as partners in GBV policy and strategy development, as well as in programme design and implementation. However, because GBV can be a socially and politically charged issue, community-based participatory methods should begin with those who are most affected by GBV and, according to their insights and recommendations, seek to involve others, such as male community leaders.



Promising practice

An ongoing *evaluation* of the UNICEF community-based *Communities Care: Transforming Lives and Preventing Violence* programme in South Sudan and Somalia has been documenting best practices for using a community-based approach since 2017. Communities Care uses a “facilitated dialogue” method, which is a structured conversation led by trained community members over 15 weeks. It brings groups of adults and adolescents together to build awareness and consciousness about shared values; to connect their experiences of violence and injustice to the experiences of others; and to analyse how gender norms contribute to violence and injustice. The goal is to empower participants to work together to find solutions to the problem of GBV, and to support them in translating these solutions into concrete action within their communities.

1.3 Models for GBV programming related to GBV coordination

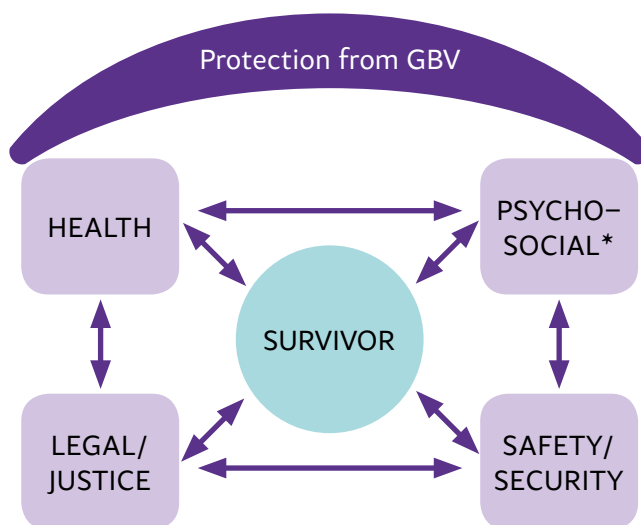
The primary goal of GBV coordination is to ensure that accessible and safe services are available to survivors and that prevention and mitigation mechanisms are put in place to reduce incidents of GBV. For any GBV sub-cluster to be effective, GBV partners must be able to apply basic models of programming. Coordination groups should assess and support common understanding of these models among GBV partners.

The following models are inter-related and should be used together. Each has a particular emphasis that is important when planning and implementing GBV interventions in emergencies.

The multi-sector model

Programming experiences from the field reveal that no single sector or agency can adequately address GBV prevention, mitigation and response alone. The multi-sector model calls for holistic, inter-agency response and coordination across sectors, including (but not limited to) **health, mental health and psychosocial, legal/justice and security**. Survivors are

Multi-sector model



* Includes social reintegration and livelihood initiatives

⁵ UNHCR, *A Community-based Approach in UNHCR Operations* (January 2008), pp. 5-6.

linked to these different sectors of service through **case management**. This model builds on an understanding that survivors have political and socio-economic rights, which span a range of needs and services. Details of what is required for each of these sectors for an effective response to GBV can be found in UNFPA's 2015 publication *Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies*, which will be supplemented by Inter-Agency Minimum Standards for Prevention and Response to GBV in Emergencies (GBV AoR, forthcoming 2019/2020).

Another critical component of the multi-sector model is inter- and intra-sector coordination, including creation and monitoring of referral pathways, information sharing and participation in regular meetings with representatives from the various sectors. GBV sub-clusters must work towards ensuring presence and quality of programming in each of these sectors of response in emergency settings.

The multi-level model

The multi-level model has been adapted for emergencies to provide clarification on the responsibilities of the sectors within the multi-sector model. It helps to explain the role that each sector can play in policy reform, infrastructure development, and direct services. GBV interventions must take place across all of the key sectors and at multiple levels in order to institutionalize structural, systemic and individual protections. These levels can interact and overlap with one another.

The multi-level model includes the following levels:

1. **Structural reform**: This includes prevention at the broadest level to ensure rights are recognized and protected through international, statutory and traditional laws and policies. Examples include:
 - Substantive and procedural law reform.
 - Policy development on health, social welfare, justice and security.
 - Human rights education with traditional and community elders.
2. **Systems reform**: Systems reform includes systems and strategies to monitor and respond when rights are breached. Intervention at this level includes building the capacity of statutory and traditional justice systems, healthcare systems, social-welfare systems and community mechanisms. Examples include:
 - Education and training for governmental and non-governmental agencies providing health, security and social-welfare services to women and girls.
 - Technical assistance to government departments.
 - Assessing and addressing risks and vulnerabilities of affected population.
 - Coordination of multi-sector and inter-agency efforts.
 - Generation of knowledge and information for advocacy.
3. **Operational response**: This includes response at the individual level through direct services to meet the needs of GBV survivors. Examples include:
 - Community-based education and information campaigns about GBV and the availability of services.
 - Case management, referral and advocacy.
 - Counselling and support.
 - Medical forensic examination, treatment and follow-up.
 - Linkage with police and courts.

Many GBV programmes concentrate their efforts at the operational response level. By planning activities that also focus on the levels of structural and systems reform, programmers and policy-

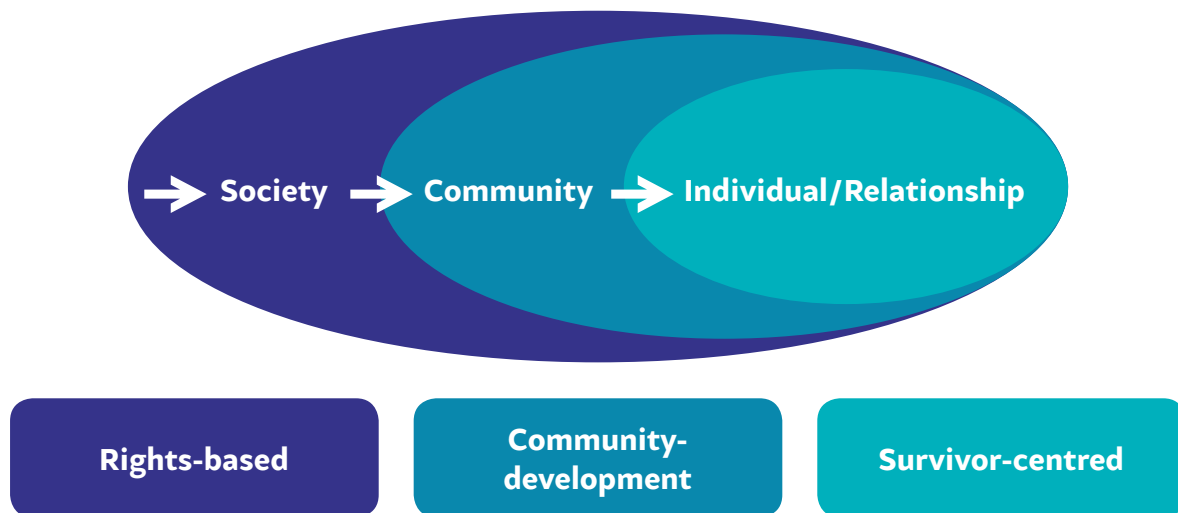
makers across sectors can begin to institute lasting reforms that protect those who have been exposed to GBV, and work towards the elimination of GBV.

The multi-level model plays a particularly important role in emergency settings where there are protracted or recurrent crises, since there can be more opportunity to work at the systemic and structural levels. It is important to examine these levels in the stabilization, recovery and preparedness phases of an emergency. Finally, advocacy is critical at all these levels to produce changes to improve the GBV response (see Chapter 3, Function 6 on Advocacy).

The ecological framework

The ecological framework, originally developed within the health sector to understand causes and risks of GBV, has been adapted for emergency settings. The version of this framework below synthesizes the different approaches and models of GBV interventions discussed above to show how they can work together to produce a comprehensive and coordinated response.

The Ecological Framework and the Three Approaches



Prevention programming

Prevention programming should be linked to GBV response programming, to protect rights before violence occurs. Prevention focuses on causes of and contributing factors to GBV, whereas response focuses on impacts of GBV on individuals, families and communities. (For an example of this conceptualisation see [training facilitator guides in the field by Beth Vann, 2004](#).) Prevention programming should align with the ecological framework illustration above, tackling the underlying nature of GBV through human rights-based approaches that address gender discrimination and gender inequality.

When developing prevention strategies:

- Conduct assessments to identify key GBV types experienced by affected populations.
- Understand the risk and protective factors related to GBV in the context.
- Determine the best strategies for reducing risks for the context.
- Introduce prevention strategies that will have the most widespread effect in combating multiple forms of violence, e.g. livelihoods programming may be helpful in reducing sexual violence and exploitation, as well as intimate partner violence.
- Develop strategies to sustain prevention interventions when humanitarian actors withdraw.

- Link prevention activities with response programming to meet the diverse needs of the affected population--especially those who are most at risk of violence. Identify particular risk and protective factors for adolescent girls, unaccompanied children, elderly women, LGBTI populations, women and girls with disabilities, among others. For more detailed information about at-risk groups see the IASC GBV Guidelines (pp. 12-13) and [IASC Gender Handbook for Humanitarian Action](#).
 - Ensure that prevention activities underscore the need to address discrimination of women and girls as an underlying cause of violence against women and girls.
-



Lesson learned

Innovative approaches have been piloted in various countries to involve men and boys in GBV prevention. For example, EMAP (Engaging Men in Accountable Practices) is a one-year primary intervention model developed by the International Rescue Committee (IRC). It works with men to examine the gendered impact of conflict and how they have been socialized, which is a crucial step in creating a world where women and girls are valued equally and live free from violence. Learning from the EMAP programme shows that male engagement strategies should be designed to safeguard women and girls. This is to counter responses often observed in the first sessions of EMAP, where men rebelled and felt that the activities were designed to take power away from them.

Implementation of innovative approaches has been effective only in settings where the community is stable, because the activities and sessions need to target the same group over time. See the resources in Chapter 6 related to engaging boys and men to address GBV.



Special considerations for adolescent girls

Involving adolescents, and particularly adolescent girls, in prevention and response to GBV can have positive, catalytic effects. The International Rescue Committee has designed a life skills curriculum for adolescent girls in Lebanon as part of the Syrian refugee response since 2014, to involve them in prevention of GBV. The curriculum develops positive coping mechanisms of adolescent girls and helps them to create a network of supporters if they encounter GBV. There are opportunities for the girls to become peer educators to share and further develop their knowledge and networks (see [My Safety, My Wellbeing](#)). Other examples of targeted prevention programmes with adolescent girls include inter-agency initiatives to eliminate child marriage (see [Girls Not Brides](#)) and female genital mutilation (see [UNFPA-UNICEF Joint Programme to Eliminate Female Genital Mutilation](#)). GBV sub-clusters should include adolescent girls in their prevention strategies and response plans.



Online tool

Take the free [online training course on Managing GBV in Emergencies](#) to review these basic GBV intervention models and approaches. In English, French, Spanish and Arabic.

Risk mitigation

Risk mitigation refers to reducing the risk of exposure to GBV. It can be confused with prevention, which refers to taking action to stop GBV from occurring. Risk mitigation is sometimes part of prevention, but risk mitigation measures are distinct from longer-term prevention programming.

Risk mitigation of GBV in emergency settings is a critical component of integrating GBV interventions across different sectors of humanitarian response, and may be implemented by non-specialists, as well as specialists in GBV programming.

The [IASC GBV Guidelines](#) provide detailed information on mainstreaming GBV risk mitigation measures across key sectors of humanitarian response. A number of tools have also emerged on [mitigating risks of GBV in cross-sector, cash-based interventions](#) and new tools have been developed for [GBV risk mitigation in the Shelter Cluster](#).

For example, safety audits have been considered a good practice for identifying emerging GBV risks. Safety audit reports with targeted recommendations should be shared across different sectors to reduce risks associated with GBV. These are conducted on a regular basis through either observations or a combination of observations and focus group discussions. To ensure prompt action and effective coordination, safety audits are often more effective if conducted with other sectors. For more information on safety audits see Chapter 3 and the annexes.

For more information on how the sub-cluster can implement integration of risk mitigation interventions with different sectors, see Chapter 4.

1.4 Gender-equality programming and gender mainstreaming

Systemic gender inequality is a root cause of violence against women and girls. As such, GBV sub-clusters and GBV programming should promote gender equality in GBV programming, and as an approach to mitigate GBV risks across all sectors of humanitarian response. Addressing gender inequality is one of the principles behind the GBV AoR's global strategy 2018-2020.

Gender mainstreaming is a cross-cutting approach to humanitarian action applied across all sectors. It should also be maintained on the GBV agenda to ensure programming is implemented in a way that does not exclude key populations in need and is adapted to the gender dynamics of the context. Gender mainstreaming provides a mechanism to understand and address the complex intersection of the different gendered factors that affect protection and access to humanitarian assistance, guarding against a narrow approach to vulnerabilities in emergencies. Gender mainstreaming can also be referred to as a "gendered approach" or "gender equality approach" to humanitarian action.⁶

Other actors, such as the gender theme groups, gender focal points in agencies and organizations and the [GenCap Advisor](#), should be responsible for ensuring the broader responsibilities of gender mainstreaming (or gendered approaches) across the different clusters of humanitarian response, as articulated in the [IASC Gender Handbook for Humanitarian Action](#) (2017). For more information about working with these actors see Chapter 2.

.....
6 The IASC has defined Gender Mainstreaming as "a strategy for making women's as well as men's concerns an integral dimension of the design, implementation, monitoring and evaluation of policies, plans and programmes in all spheres - political, economic, social, environmental - so that women and men benefit equally, and inequality is eliminated." (IASC Policy on Gender Equality and Women and Girl's Empowerment in Humanitarian Action)

The **GenCap Advisor** is a senior gender expert seconded to support the humanitarian leadership and clusters to mainstream gender across humanitarian programming and response. They are present in some but not all humanitarian responses.

GBV actors should collaborate with gender experts on the ground and with all the parts of the **Protection Cluster** to ensure that gendered approaches to humanitarian response and GBV programming efforts are mutually reinforcing. For example, GBV coordinators are in a unique position to advocate with the Protection Cluster (including the Child Protection AoR) and the Health Cluster for deliberate, thoughtful and inclusive programming to address the distinct and gendered needs of males, children and other populations of concern. Some examples of using a gendered approach may include advocating and working with the Child Protection AoR, other Protection Cluster actors and the Health Cluster for their programming to address the risks and needs of children associated with armed forces or armed groups (CAAFAG), men in detention or torture survivors, who are all at heightened risk of sexual violence among many other forms of violence and concerns.

Gendered approach vs. GBV response

GBV response is focused on preventing and responding to violence caused by gender inequalities and discrimination, while a gendered approach aims to ensure that those who are affected by systemic and structural gender inequalities benefit equally from assistance and protection. Both are necessary and reinforce each other, as gender inequalities are the cause of and often contribute to legitimating violence.

– from Peer 2 Peer Guidance note, [Addressing Gender-based Violence: Practical Steps for Humanitarian Coordinators and Humanitarian Country Teams](#) (October 2017)



Online tool

Take the free, online training course on the updated IASC Gender in Humanitarian Action Handbook and related IASC guidelines in English or Arabic.



Lesson learned

In the Asia-Pacific region, a disaster risk reduction (DRR) agenda includes the participation of states, the UN and I/NGOs to address recurrent, cyclical natural disasters. This agenda promotes gender-inclusive approaches, such as ensuring women's engagement and gender equality throughout DRR initiatives. Some components, however, including prevention of GBV, are weak. To address this problem, some countries with clusters have developed inter-sector contingency plans that include GBV and bring awareness about the requirements for GBV response in case of an emergency.

1.5 Women and girls empowerment approach and how it relates to inclusion of other groups

In addition to a gender-equality approach that mainstreams gender concerns across humanitarian response, a targeted approach should also be used to achieve women and girls' **empowerment** in humanitarian action. Specialized GBV interventions employ a targeted approach to address the root causes of GBV and achieve empowerment and equality of women and girls.

As referenced in the above section, the global GBV AoR strategy (2018-2020) aims to address the root causes of GBV through targeted responses: "**the GBV AoR prioritizes women and girls, whilst being inclusive of all survivors.**" This programmatic method will be further described in the Inter-Agency Minimum Standards for Prevention and Response to GBV in Emergencies (GBV AoR, forthcoming 2019/2020).

The key benefit of using a women- and girl-centred approach is that it creates longer-term, transformative impacts in emergency settings. This approach contributes to achieving the substantive equality for women and girls that is essential to eliminating GBV and fulfilling the right to non-discrimination.

This inter-agency strategy is premised on the conceptual framework for GBV established in the IASC GBV Guidelines, which explains:

"Women and girls everywhere are disadvantaged in terms of social power and influence, control of resources, control of their bodies and participation in public life – all as a result of socially determined gender roles and relations. Gender-based violence against women and girls occurs in the context of this imbalance. While humanitarian actors must analyse different gendered vulnerabilities that may put men, women, boys and girls at heightened risk of violence and ensure care and support for all survivors, **special attention should be given to females due to their documented greater vulnerabilities to GBV, the overarching discrimination they experience and their lack of safe and equitable access to humanitarian assistance.**" (IASC GBV Guidelines, p. 6)

This approach is also consistent with human rights-based approaches to humanitarian assistance and other core policies and standards.

Key legal and policy instruments	Relevance for women-girls empowerment approach
<p>International human rights law:</p> <p>Convention on the Elimination of All Forms of Discrimination against Women (1979)</p>	<p>GBV is defined as a form of discrimination against women and States parties have obligations to eliminate it, including violence by non-state actors. (See General Recommendation No 19 of the CEDAW Committee)</p> <p>To address discrimination against women, measures are necessary that give women not just formally equal treatment to men, but preferential treatment, in order to create substantive equality for women.</p> <p>Pursuit of substantive equality also calls for an effective strategy aimed at overcoming underrepresentation of women and a redistribution of resources and power between men and women. (See Article 4 of CEDAW, as elaborated in General Recommendation No. 25)</p>
<p>Humanitarian policy:</p> <p>IASC Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action (2017)</p>	<p><u>Empowerment</u>: "Empowerment of Women and Girls refers to the ability of a woman or girl to control her own destiny. This implies that she must not only have equal capabilities (such as education and health) and equal access to resources and opportunities (such as land and employment), but that she must also have the agency to use these rights, capabilities, resources and opportunities to make strategic choices and decisions." (See Annex B – Terms and Definitions)</p> <p><u>It requires humanitarians to</u>: "Tangibly promote the meaningful and safe participation, transformative leadership, and collective action of women and girls of all backgrounds at all stages of humanitarian action, also reinforcing similar efforts in conflict prevention, peacebuilding and state building."</p>
<p>Humanitarian standards:</p> <p>Sphere Standards, Sphere Project</p>	<p><u>Definition</u>: "Gender-based violence" describes violence based on gender differences between males and females. It underscores how inequality between males and females is the foundation of most forms of violence perpetrated against women and girls across the world." (See November 2018 edition)</p> <p><u>Women and girls can be at particular risk of GBV</u>: 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. (See Guidance Note 13, 2011 edition)</p>

At the field level, ensuring that the needs of women and girls are prioritized in order to achieve substantive equality and eliminate GBV requires specific approaches and methods for coordination.

Approaches at the field level include:

- Formulating programme and response strategies from the premise that systemic inequalities between males and females underpins the violence against women and girls.
- Promoting and ensuring women's and girl's leadership in all phases of the programme cycle and in coordination.
- Listening to the demands and advice of diverse women and girls when undertaking male engagement in GBV programming.
- Ensuring male involvement does not have negative physical or systemic effects on women and girls that reproduce patriarchal inequalities.
- Ensuring accountability to women and girls from affected communities for the outcomes of GBV responses.
- Using research and assessment tools informed by participatory and feminist methods (such as service barrier assessments; documenting women's lived experiences; women-led, participatory qualitative assessments) that are more likely to improve humanitarian services and have a sustainable, transformative impact on the root causes of GBV.
- Using monitoring and evaluation techniques that analyse gender inequalities and the social factors that contribute to them, including challenging hierarchies between the "evaluator" and "evaluated", the subject and object of evaluation; qualitative and quantitative forms of knowledge. (See Chapter 6 for more resources on monitoring and evaluation.)
- Aiming for multi-level, transformative effects from the humanitarian response to GBV that contribute to altering the pre-existing inequalities and gendered hierarchies that benefit males.

These methods draw on approaches to GBV programming that are meant to have transformative effects that do not re-create exclusions which are present in systems of unequal, gendered hierarchies.

GBV coordinators may need to explain that using women and girls' empowerment approaches as part of GBV programming does not mean exclusion of or lack of services for other groups:

Myths and facts

Myth: If you prioritize women and girls in GBV programming, men and boys will be excluded and not have equal access to services.

Fact: Using women- and girl-centred approaches DOES NOT mean male survivors are excluded from humanitarian services if they experience sexual violence, family violence, trafficking, child marriage or other types of violence. In accordance with the IASC GBV Guidelines, all victims should be assisted. Men and boys are included in MISP/SRH components of GBV response through the Health cluster/sector, and are considered in standard operating procedures (SOPs) and the [Interagency Gender-Based Violence Case Management Guidelines](#). There can be differences in how males and females access GBV-related services and in the actors/sectors who focus on these services. These differences in modes of service delivery are in order to tailor services to the particular needs of each group, to do no harm and to achieve substantive equality between males and females (See also gender equality programming section and the CEDAW references above). Service provision arrangements are based on multi-sector and joint analysis of the needs and human rights issues in the particular context.

Myth: Prioritizing women and girls for GBV programming means you are not involving men in finding solutions, which is essential to addressing the root causes of GBV.

Fact: Using women and girls empowerment approaches DOES NOT mean that men and boys cannot be part of efforts to end violence against women and girls. GBV programming can include “male engagement”, which carefully analyses where, when and how working with men and boys can have substantive positive impacts on addressing gender inequalities, while ensuring that women and girls are not put at increased risk of GBV.

Myth: LGBTI concerns will be left out if you prioritize women and girls in GBV programming.

Fact: The 2017 IASC Policy on Gender Equality and Women and Girls Empowerment explain that addressing the needs of persons who identify as LGBTI is within the scope of Gender Equality and Women and Girls Empowerment programming to be addressed across the humanitarian response. The [Interagency Gender-Based Violence Case Management Guidelines](#) (GBVIMS Steering Committee) include specific recommendations and guidance on referring and managing cases of GBV perpetrated against persons who identify as LGBTI. The women and girls empowerment approach supports the identification of intersections of different vulnerabilities of women and girls (including the intersection with gender identity and sexual orientation) to prevent and respond to GBV across the humanitarian response. However, it is important to note that while there can be some commonalities and intersections with violence against women and girls and LGBTI-related violence; we cannot assume there is equivalence. It is important for humanitarians to conduct protection analyses of risks of violence against members of the LGBTI community to identify its particular drivers and to address their specific needs and experiences across the humanitarian response.

Chapter 6 provides more information about resources on specialized GBV programming that engages men and boys to address violence against women and girls and how specialized GBV actors work with different clusters to address the needs of male survivors and persons who identify as LGBTI, among other groups at heightened risk of GBV.

Calls for the application of targeted approaches to the empowerment of women and girls through specialized GBV programming in humanitarian settings have become more urgent in recent years, as practitioners document instances of marginalization of women and girls within GBV programming in emergencies.

GBV coordinators confront scenarios like those listed below across multiple settings, according to consultations for this handbook. Suggestions for possible actions to address them are provided with a framing of the problem using an empowerment approach.

Scenario	
Donors or other influential humanitarians have requested access for men and boys or that they be incorporated into the GBV activities inside of Women and Girl-Friendly Spaces, so males do not feel excluded. These requests have come in settings where women are not allowed access to the pervasive, traditional male spaces (i.e. mosques, community leader meetings etc.).	
Problem	Possible responses
<ul style="list-style-type: none"> • Allowing men access to these spaces will re-introduce the male dominant inequalities that previously limited women and girls access to humanitarian services, which the women/girl-focused intervention had addressed. • Introducing men is likely to reduce the use of services by women and girls because it no longer meets their needs and they will become more isolated, potentially causing harm. • The presence of men and boys in these spaces can create new GBV risks to women and girls. • It is also unlikely to serve the mental health and psychosocial support needs of males, which may require different types of interventions to be effective. • Implementing guiding principles (particularly confidentiality and safety) may be endangered if men use access to monitor or report on activities of women and girls. 	<ul style="list-style-type: none"> • Offer to do a walk-through of the camp and observe how many spaces are inhabited by women, men, boys and girls. • Explain that communities, especially when asked in sex-disaggregated groups, often identify and agree with the need for gender-segregated spaces. • Request analysis on the needs driving the request for male access and identify the drivers that can be addressed through broader humanitarian programming, such as more actively engaging men and boys in information or awareness raising programming related to health. • Determine if feminist approaches to male engagement could address the needs of men and boys in this situation. • Provide information about how male survivors can access existing services without reducing the positive impacts of programming tailored to women and girls. • Advocate with Protection, Child Protection AoR and Health Cluster to lead focused follow-up to determine any service or consultation gaps related to males. • Explain the “do no harm” approach that cannot be compromised by allowing men to enter spaces that have been designed as safe spaces for women and girls.

Scenario	
GBV specialists and technical analysis are not included in a protection assessment, because it is assumed that "gender" is already covered through a broader protection approach.	
Problem	Solution
<ul style="list-style-type: none"> • By grouping all factors for "vulnerability" into one protection rubric and methodology, the specific needs of women and girls can be obscured, particularly if the focus is on who has access to services, and not on why or how. • The skills required for a detailed GBV analysis for protection are not necessarily the same as for all the other areas of protection. • Gender expertise is not always equivalent to GBV expertise. 	<ul style="list-style-type: none"> • Insist GBV actors and specialists should be consulted and included in protection assessments and analysis, based on humanitarian commitments to align with relevant IASC Gender Policy and the broader UN mandate on Women, Peace and Security resolutions. • Develop a country-level roster of trained and available GBV specialists that can be easily deployed to support protection assessments. • Develop GBV sub-cluster "Best Practices" on protection assessments, which include guidance on the involvement and prioritization of women and girls at all stages.
Scenario	
Women-led organizations (WLOs) are not included in the GBV sub-cluster and are not part of other humanitarian forums	
Problem	Solution
<ul style="list-style-type: none"> • Local women's and girl's absence in key planning and decision-making forums about humanitarian assistance reinforces underlying inequalities that are obstacles to their access to humanitarian services. • GBV cannot be successfully eradicated without the leadership of women and girls from affected populations. 	<ul style="list-style-type: none"> • Engage in discussion and action planning with local women's groups about how meetings and information about coordination can be made more accessible to them. • Prioritize training for local women's groups to enable their participation in all phases of the GBV response. • Develop GBV sub-cluster "Principles of Accountability" for endorsement that provides benchmarks for accountability of GBV programming to women and girls.

The ability to explain women-centred and girl-centred interventions can help GBV coordinators respond to donors that prioritize feminist approaches – in addition to improving the outcomes of humanitarian assistance. For example, Canada and Sweden have recently adopted feminist agendas for their foreign policy, prioritizing humanitarian assistance that specifically addresses the needs of women and girls. The UK's Department for International Development (DFID) has also adopted an approach to GBV that prioritizes the needs of women and girls. (See the resource links listed below for further information on funding and feminist approaches to GBV.)



Online tool

For more information on feminist approaches to GBV response in humanitarian settings, go to the website of the [Interagency Gender Working Group \(IGWG\)](#), which features updated guidance and resources, including a [paper series](#) by the Coalition of Feminists for Social Change (COFEM). For further resources, see the COFEM [Feminist Pocketbook](#) designed for practitioners.

1.6 Ensuring inclusion of persons with disabilities in GBV interventions

Humanitarian actors must ensure inclusion of persons with disabilities in humanitarian action because of the multiple and intersecting forms of discrimination related to gender, age and disabilities as well as the number and proportion of persons with disabilities impacted by crisis or conflict. As noted above, when factors related to age, disability, sexual orientation, religion, ethnicity, etc. intersect with gender-based discrimination, the likelihood of women and girls' exposure to GBV can escalate. More than one billion people live with some form of disability: there is an estimated, global prevalence rate of 19 per cent among women compared with 12 per cent among men.⁷ The proportion of persons with disabilities in populations affected by emergencies (armed conflict and natural disasters) is estimated to be higher as people frequently acquire a disability during an emergency.⁸

GBV actors can play a central role in the protection and empowerment of persons with disabilities in emergency settings. GBV interventions must be accessible to people of different genders, with different types of disabilities and of different ages, as well as their caregivers. Following the adoption of the [Charter on Inclusion of Person with Disabilities in Humanitarian Action](#) at the World Humanitarian Summit in 2016, the IASC formed a Task Team to lead consultations, develop and adopt a set of global guidelines for inclusion of persons with disabilities across all sectors, including GBV prevention and response activities. The guidelines are expected to launch in 2019.

The new global guidelines will help GBV coordinators ensure inclusion of women, men, boys, and girls with disabilities. According to the forthcoming guidelines, the role of GBV coordinators is to:

- Map local and national disabled persons organizations (DPOs) with expertise in humanitarian response to include in GBV sub-cluster meetings.
- Disseminate the guidelines for inclusion of persons with disabilities to GBV actors and stakeholders.
- Make disability inclusion a standing agenda item in GBV coordination meetings.
- Disaggregate relevant coordination group indicators for sex, age, and disability, and include analysis in response plans and proposals.
- Review national GBV referral processes/SOPs for disability inclusion, ensuring that consent processes are aligned with principles of supported, not substituted, decision-making in line with the Convention on the Rights of Persons with Disabilities (CRPD).
- Share GBV guidelines with DPOs, particularly local women's DPOs, and include them in capacity building initiatives so that disability programming has a GBV lens.

In addition, where relevant, and when it does not endanger access of service providers, GBV coordination actors may support advocacy for the participation of women and girls with disabilities in peace negotiations and peacebuilding, in line with international commitments under 1325 resolutions and human rights law.

In addition to the guidelines, considerable work has been done to improve inclusion of persons with disabilities in various parts of GBV interventions. Guidance is available on ensuring inclusion of persons with disabilities in:

- assessments and data collections
- development of outreach materials
- case management including informed consent processes
- capacity building for GBV staff and service providers (See Chapter 3, Chapter 6 and Annexes)

7 WHO/World Bank, *World Report on Disability*, 2011.

8 Help Age/Handicap International, *Hidden Victims of the Syrian Crisis: Disabled, Injured and Older Refugees*, 2014.

Inter-agency GBV guidelines and standards include key considerations for persons with disabilities.⁹ However, more efforts and funding need to be devoted to pilot, scale and document learning on how guidance is implemented in the field, particularly how GBV sub-clusters promote and support inclusion of persons with disabilities across GBV programming.



Online tool

The Women's Refugee Commission maintains an [online archive of guidance and toolkits on GBV and disability issues](#).



Promising practice

The Whole of Syria GBV response adapted the [Washington Group Questions on Disability](#) to collect data on disability during registration of beneficiaries at service delivery points. At the field level, these GBV actors contextualized the Washington Group Questions to better describe the categories of people with disabilities for inclusion for qualitative data collection during focus group discussions. Next, they created a facilitation guide for GBV partners. This process required dedicated time and resources, including training for partners and a budget. Inclusion of persons with disabilities as enumerators and respondents was also integral to the project.

Questions on disability designed by UN Washington Group on Disability Statistics

Because of physical, mental or health condition....



1. Do you have difficulty seeing even if wearing glasses?



4. Do you have difficulty remembering or concentrating?



2. Do you have difficulty hearing even if using hearing aids and/or are you deaf?



5. Do you have difficulty (with self-care such as) washing all over or dressing?



3. Do you have difficulty walking or climbing stairs?



6. Using your usual (customary) language, do you have difficulty communicating (for example, understanding or being understood by others)?

Question response categories:

No – no difficulty. Yes – Some difficulty. Yes – A lot of difficulty. Cannot do at all.

For more information [see the full set of disability questions](#).

⁹ These include but are not limited to the IASC GBV Guidelines, Minimum Standards for Prevention and Response to Gender-based Violence in Emergencies (UNFPA, 2015) and Inter-agency GBV Case Management Guidelines (2017).

1.7 Reproductive health programming and the Minimum Initial Service Package (MISP)

It is essential for GBV coordinators and partners to understand the components of the [Minimum Initial Service Package \(MISP\)](#) for reproductive health interventions in an emergency, which include addressing sexual violence. At the field level, the Sexual and Reproductive Health (SRH) Working Group of the Health Cluster takes the lead on this type of programming. The GBV sub-cluster should work with them to share information and strategies, particularly during assessment and funding processes such as the Humanitarian Needs Overview and response plans. Joint planning and advocacy help to ensure that there are adequate funds, information and infrastructure for survivors to access these essential components of health services.

Based on joint assessment and analysis the GBV sub-cluster and the SRH Working Group may choose to pursue a joint strategy or create a task force on a particular area of need for implementation of the MISP. For example, in Haiti and in the Whole of Syria response the SRH and GBV Working groups have collaborated to improve implementation of the MISP for better outcomes for adolescent girls (See Chapter 2, “Working with the Health Cluster” and Chapter 6 for more resources).



Key points to communicate to GBV and other humanitarian actors about the MISP:

- The MISP for Reproductive Health is a minimum set of priority activities, meeting the “life-saving criteria” for the Central Emergency Response Fund (CERF) to be implemented at the onset of every humanitarian crisis (for more guidance on CERF, see Chapter 3 and Annexes).
- The MISP is mandatory. It is endorsed by the Health Cluster and is part of the Sphere Standards as a minimum standard in health care to be met in all emergencies.
- The MISP should be implemented at the immediate onset of a humanitarian emergency. It forms the starting point for the minimum SRH programming and should be expanded to include more comprehensive SRH services as soon as possible (i.e. in recovery and preparedness phases).
- Neglecting the MISP has serious consequences: preventable maternal and newborn deaths; sexual violence and subsequent trauma; sexually transmitted infections; unwanted pregnancies and unsafe abortions; and the possible spread of HIV.
- Approximately 75 to 80 per cent of all crisis-affected populations are women, children and youth who need and have a right to reproductive health services, including the components of the MISP that address GBV.¹⁰



Online tool

Take the free, online course on the MISP and learn about its components for response to sexual violence at: <http://iawg.net/minimum-initial-service-package/>

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¹⁰ Adapted from the Inter-agency Working Group on Reproductive Health in Crises “MISP Advocacy Sheet”



Lesson learned

In the humanitarian response to the Tropical Cyclone Gita that affected Tonga in February 2018, the Tonga Family Health Association, supported by the NGO IPPF Humanitarian, initiated an emergency response focused on delivering life-saving SRH services to implement the MISP, including GBV services. To ensure that the LGBTI community voice was present during the response, Tonga Family Health Association recruited a member of the Tonga Leiti's Association to join the response team for several outreach clinics. Through this modality, 22 clients from the LGBTI community were reached with SRH and other non-SRH services. Awareness sessions on LGBTI issues, including addressing GBV, were incorporated as part of the mobile outreach health clinics.

Though these clients were keen to receive services, they were reluctant to label themselves as members of the LGBTI community and identified themselves as male and female in data collection. Hence in the data collected on GBV-related service provision, the gender disaggregates do not demonstrate the services delivered to LGBTI community members.

GBV sub-clusters and the Health Cluster's SRH Working Group can work together with local NGOs to create strategies like this one to ensure GBV services reach LGBTI communities during emergencies. As part of this strategy, qualitative and quantitative indicators for evaluation need to be developed and consulted in advance, so that data collection and analysis considers protection implications and does not rely solely on self-identification of gender.

1.8 GBV sub-clusters and protection from sexual exploitation and abuse

Protection from sexual exploitation and abuse (PSEA) is a complex and evolving area of humanitarian policy and practice. The section below provides introductory information to help GBV coordinators understand some of the different terms, principles and mechanisms related to PSEA. It is organized around questions raised and topics requested by GBV coordinators during consultations for this handbook. It highlights issues that pose challenges in field practice and begins to clarify how GBV actors can support PSEA, based on the available guidance and best practices. There are still areas where policies and procedures have not been sufficiently developed to allow for more precise guidance. Coordinators should seek regular updates on PSEA from the GBV AoR, or the [IASC Task Team on Accountability to Affected Populations/PSEA](#), as well as the HCT or PSEA network in their context.

Definitions and principles

Protection from sexual exploitation and abuse (PSEA) refers to responsibilities of international humanitarian, development and peacekeeping actors to prevent and respond to incidents of sexual exploitation and abuse (SEA) by United Nations, NGO and intergovernmental organization personnel against beneficiaries of assistance and other members of affected populations. These responsibilities include setting up confidential reporting mechanisms and taking prompt, safe and ethical action when incidents occur.



It is important to understand that **addressing PSEA is the responsibility of all humanitarian actors**; it is not just the responsibility of GBV or Gender specialists.

In 2002, the IASC identified a [Plan of Action](#) and adopted Core Principles in relation to SEA. The core principles that were defined in the Plan of Action were reflected in the policy set out the following year by the UN in the [2003 Secretary-General's Bulletin on Special measures for protection from sexual exploitation and sexual abuse \(ST/SGB/2003/13\)](#)¹¹ and in subsequent policies on PSEA adopted by the IASC. The IASC affirmed its commitment to actively prevent and respond to SEA by humanitarian workers in a [Statement by the IASC on PSEA](#), endorsed by the IASC principals on 11 December 2015.

IASC CORE PRINCIPLES



The **IASC Core Principles** of Codes of Conduct on PSEA in humanitarian action are:

- Sexual exploitation and abuse by humanitarian workers constitute acts of gross misconduct and are therefore grounds for termination of employment.
- Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief regarding the age of a child is not a defence.
- Exchange of money, employment, goods, or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour is prohibited. This includes exchange of assistance that is due to beneficiaries.
- Sexual relationships between humanitarian workers and beneficiaries are strongly discouraged since they are based on inherently unequal power dynamics. Such relationships undermine the credibility and integrity of humanitarian aid work.
- Where a humanitarian worker develops concerns or suspicions regarding sexual abuse or exploitation by a fellow worker, whether in the same agency or not, he or she must report such concerns via established agency reporting mechanisms.
- Humanitarian workers are obliged to create and maintain an environment which prevents sexual exploitation and abuse and promotes the implementation of their code of conduct. Managers at all levels have particular responsibilities to support and develop systems which maintain this environment.

The core principles, also referred to as "PSEA principles", are available on the IASC website in all the UN official languages and in a number of local languages (see the [2018 list of validated translations](#)).

11 The Secretary-General's bulletin applies to all staff of the UN, including staff of separately administered organs and programs of the UN. This area of policy is complex and, if needed, coordinators should seek further technical guidance on how the SGB bulletin and other related policies relate to different categories and types of staff.

Key definitions related to these principles include:

- **Sexual exploitation and abuse (SEA):** Particular forms of gender-based violence that have been reported in humanitarian contexts, specifically alleged against humanitarian workers.
- **Sexual exploitation:** "Any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, monetarily, socially or politically from the sexual exploitation of another."
- **Sexual abuse:** "The actual or threatened physical intrusion of a sexual nature, whether by force or under unequal coercive conditions."

The IASC adopted these definitions as part of the [Global Standard Operating Procedures on PSEA and inter-agency cooperation on community-based complaint mechanisms](#) (2016). See the text (p. 4) for the accompanying footnotes, which provide more detailed guidance on the terms.

The UN and many NGOs and donors are committed to supporting their partners to address SEA through appropriate preventive measures, investigation and corrective action. Failures of partners of the UN to address SEA constitute grounds for the termination of any cooperative arrangement.

Some participants in the GBV sub-cluster may have adopted additional policies or apply more stringent standards to address PSEA than those listed in the Core Principles above. For example, sexual relations between UN military personnel and the local population are prohibited, not just strongly discouraged. In 2018 the IFRC adopted its [PSEA policy](#) (in four languages) that prohibits any sexual contact between aid workers/volunteers and affected people, and as of late 2018, ICRC is finalizing its PSEA policy/rules regarding "sexual misconduct" which forbids sexual contact between aid staff and affected people as well. In 2018, the International Council of Voluntary Agencies (ICVA) did a [study](#) on PSEA, which found that its members had various PSEA policies and complaint mechanisms but that more work is needed to ensure people feel safe and confident to report, and that assistance to survivors is vetted, adequate and available.

GBV sub-clusters should ensure that all members understand and adopt PSEA policies. The GBV sub-cluster should share the IASC Core Principles and discuss ways to promote best practices and the highest standards of PSEA policy and Code of Conduct among its different members. If there are organizations in the sub-cluster that do not have PSEA policies, then the GBV sub-cluster should facilitate support for these organizations, for example by providing a sample Code of Conduct to local organizations for them to adapt and adopt. These activities should occur in coordination with the inter-agency PSEA network, where it is present.

Leadership of PSEA at the field level

The Humanitarian Coordinator/Resident Coordinator (HC/RC) is responsible to lead PSEA for the humanitarian response through the Humanitarian Country Team (HCT), including establishment of an in-country PSEA network. (For further information see the *2015 Statement by the IASC on PSEA*, para. 2 and resources available in Chapter 6.) Within the PSEA framework, the HC and HCT are responsible for preventing and responding to SEA perpetrated by the humanitarian community against the affected population.¹²

In countries where a peacekeeping operation or special political mission is located, the Special Representative of the Secretary-General (SRSG) has leadership responsibilities on PSEA, supported by the conduct and discipline team (CDT). In some contexts, the mission coordinates

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12 Sexual abuse or harassment within one organization, or between humanitarians, should be dealt with by other mechanisms, as defined by individual agencies and the relevant national and international laws. For further guidance see the IASC GBV Guidelines and the [IASC Best Practice Guide on CBCM](#) (see Chapter 6).

with the HC/RC through a PSEA focal point or designee of the HC/RC. The CDT may represent the mission in the PSEA network in some contexts.

While these parameters may seem straightforward, GBV coordinators and PSEA experts have reported that there can sometimes be confusion about who should respond and how when reports are received of host government forces committing sexual exploitation and abuse (including forms of sexual violence in conflict) while they reportedly are participating in providing assistance to affected populations. These types of incidents should be addressed through other mechanisms governed by national and international laws, while abiding by the GBV guiding principles. A mapping of legal mandates and GBV-related laws relevant to the country can assist in understanding the frameworks that apply in these cases (see Chapter 1 and Annex 3), which may be incorporated into SOPs. Leadership, GBV coordinators and PSEA coordinators (as well as other relevant national actors and experts) will need to consult in the context to be able to determine the most appropriate response.

Further information about how SEA is distinguished from other forms of GBV is in the *IASC GBV Guidelines* (pp. 8 and 322).

Responsibilities of the GBV coordinator within a PSEA network

Under the leadership of the HC/RC, the PSEA network is responsible for creating an action plan on PSEA. The action plan should include linkages to existing survivor support,¹³ as well as address guidance and resources, and implementation of reporting and accountability mechanisms. The GBV sub-cluster intersects with the PSEA network primarily on survivor support.

It is highly recommended that the GBV sub-cluster’s coordinator(s) be represented in the PSEA network to provide technical guidance, including on adherence to GBV guiding principles at all stages of a complaint mechanism. GBV coordinators represent GBV service providers who are affected by the strategic decisions of the network regarding survivor support/victim assistance. According to the *IASC Best Practice Guide Inter-Agency Community-Based Complaints Mechanisms (CBCM): Protection against Sexual Exploitation and Abuse*, “The CBCM is responsible for ensuring that GBV sub-cluster coordinators are apprised of local reporting procedures and processes for SEA allegations in order to facilitate case referrals.” (p. 30). While GBV coordinators provide technical guidance, the ultimate responsibility lies with the PSEA network to ensure that CBCM respects GBV guiding principles, including the right to safety, confidentiality and well-being of survivors.

One related and challenging issue in field practice is overlap between appointed, organizational PSEA focal points and direct GBV service providers. By including the GBV coordinator as part of the network, knowledge about GBV response and services (such as referral pathways and GBV SOPs) can be shared without appointing field-level, operational GBV case managers as the PSEA focal points to the network. Active GBV case managers face specific conflicts of interest with regard to protection of information on individual cases and the guiding principles if their agency appoints them as the PSEA network focal point. The GBV coordinator can advocate with the PSEA network and organizations to discourage this practice. For example, in the Whole of Syria response, the GBV coordinator in Jordan conducted advocacy and it was agreed that agencies would not appoint GBV case managers as their PSEA focal points. For more information on minimum standards related to focal points, see the [Minimum Standards for PSEA at the Field](#)

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13 Some UN policy documents use the language of “victim” and “victim assistance” rather than the empowerment language used by most GBV actors, which refers to “survivors” of SEA and “survivor” support. This handbook consistently employs the language of “survivor” with reference to all forms of GBV, which includes SEA. “Victim” is used in this section only where needed to refer to language in specific policy documents. See also the explanation of the terms “victim” and “survivor” in earlier sections of Chapter 1.

Level in the IASC Global Review of PSEA in Annex 2 of *Global Review of Protection from Sexual Exploitation and Abuse by UN, NGO, IOM and IFRC Personnel* (2010).

Each PSEA network will devise terms of reference (ToRs) that outline its responsibilities. The PSEA network and GBV coordinator(s) can work together to draft a paragraph about the GBV sub-cluster's role within the PSEA network, which the coordinators can bring for discussion, inputs and endorsement by the GBV sub-cluster and PSEA network. The role of the GBV sub-cluster should emphasize the GBV actors' technical expertise and coordination role to support the implementation of survivor referral and assistance in line with guiding principles. It should also stress the skills, knowledge and tools that GBV sub-clusters, and in particular the GBVIMS, bring to maintaining ethical and safety standards around the collection of sensitive GBV incident data and access to holistic care. The links between the PSEA network and the GBV sub-cluster should be clarified at the field level to enhance both groups' work and provide comprehensive assistance to SEA survivors, as survivors of GBV.

For example, GBV sub-clusters and PSEA networks should work together to map and design systems to integrate community-based complaint mechanisms (CBCM) for PSEA into existing GBV referral systems. GBV coordinators can provide valuable advice to ensure referrals of incidents are provided to the relevant investigative body using the best mechanisms to ensure confidentiality, privacy and follow-up procedures in line with guiding principles.

The PSEA network is not responsible for investigation or adjudication of complaints of SEA. In contexts where there is a dedicated, inter-agency PSEA network coordinator, s/he may receive referrals from a CBCM and determine whether the complaint potentially alleges SEA; makes the appropriate referral (if SEA) or transfers (if non-SEA); and records the complaint for monitoring. This system may not be operational in all contexts and will depend on the agreements in the country specific PSEA network and the complaints mechanism.

Neither the PSEA/ CBCM coordinator nor the CBCM focal points investigate complaints. Investigation is done by the alleged offender's agency or, if a peacekeeping mission staff is involved, through their investigation procedure. (For further guidance, see the [IASC Best Practice Guide Inter-Agency Community-Based Complaints Mechanisms](#), p. 33.)



Online tool

The *Global Standard Operating Procedures on Inter-Agency Cooperation in CBCMs*, defines the roles, responsibilities, and limits of actors, as well as the process to manage complaints and the inter-agency relationships that have been agreed upon between agencies at the Headquarters level.

The *Core Humanitarian Standards, Commitment #5* (communities and people affected by crises have access to safe and responsive mechanisms to handle complaints) explains the roles and responsibilities humanitarians have to communities and specifically to women and girls in relation to PSEA reporting mechanisms. See the guidance note (especially p. 27 on protection of complainants and p. 28). PSEA is also mainstreamed in the [CHS in Key Action 3.6](#), Organizational responsibility 5.6 and 8.7.

Implementation of quality, survivor-centred support and protection

The PSEA network has a responsibility to ensure that support is delivered to survivors of SEA, as is done for other survivors of GBV, and should do so by linking to the referral systems established through the GBV sub-cluster.

Activities undertaken to implement survivor-centred support and protection will need to consider the guidance and priorities in: the [Strategy: IASC Championship Role: Protection from and response to Sexual Exploitation and Abuse \(SEA\) and Sexual Harassment \(SH\)](#) of 1 November 2018; the [United Nations Comprehensive Strategy on Assistance and Support to Victims of Sexual Exploitation and Abuse by United Nations Staff and Related Personnel](#), as adopted by the General Assembly in its resolution 62/214 ("Comprehensive Strategy"); and the draft Uniform Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse (12 December 2016). They provide guidance that includes:

- Services for SEA survivors should be integrated into existing GBV referral pathways and services in the emergency setting.
- Multi-sector services should be provided to SEA survivors.
- Information must be available about services, referral pathways and the guiding principles for the provision of assistance.
- Support for children born as a result of SEA should be available and accessible, including medical and psychosocial care. The UN will seek to facilitate the pursuit of paternity and child support claims for victims, where desired and legally applicable, in conjunction with relevant national governments.

For the GBV sub-cluster, supporting the implementation of UN policies means:

- GBV coordination actors and PSEA network actors work together to identify gaps in GBV services and access for the affected population. This includes ensuring services are tailored to meet the needs of SEA survivors, but also do not provide unintended adverse effects when compared to services for survivors of other types of GBV.
- GBV caseworkers should be trained in the [Interagency Gender-Based Violence Case Management Guidelines](#) (GBVIMS Steering Committee), including responsibilities for reporting of SEA and disclosing limits of confidentiality to all clients. Case workers and their managers may benefit from additional training from PSEA specialists to address some of the specific needs of SEA survivors and become familiar with the particular information protocols and procedures for their operational context. This training should emphasise the survivor-centred approach, including guidance on how to ensure guiding principles are maintained alongside mandatory reporting.
- Information sharing protocols or practices should be discussed and agreed upon, including processes for sharing any relevant data collected as part of the GBVIMS or other systems.

Consequently, GBV sub-clusters and the PSEA network jointly design the survivor support systems as a component of existing GBV services. Relevant SEA survivor support / "victim assistance" protocols should be addressed in **standard operating procedures (SOPs)** developed by the GBV sub-cluster with other protection actors. (See Promising Practice below.)

The GBV sub-cluster, PSEA network and the HCT, should also consider the costs that GBV service providers incur in providing these services. **Humanitarian response plans or other funding appeals should reflect budgeting for implementation of survivor support**, which should be directed to the implementing GBV service providers for appropriate staffing, training and development of SOPs, referral pathways or other case management tools, as needed to integrate PSEA victim assistance and referral into their existing GBV services. GBV sub-clusters may wish to adopt specific indicators or project selection criteria during the HRP process, which makes inclusion of PSEA principles and Codes of Conduct for staff a mandatory part of all GBV projects. Since PSEA is a cross-cutting issue, it may be reflected in additional parts of a funding appeal: GBV and PSEA coordinators in a context should discuss and agree on cost sharing for coordination and implementation of SEA survivor assistance when drafting appeals.

Further, the GBV sub-cluster should support the PSEA network in monitoring and reporting on the implementation of survivor support, including through regular assessment of the effectiveness of the referral pathways and the quality of assistance provided, to ensure the GBV guiding principles and information sharing protocols are maintained throughout the PSEA process.

GBV sub-clusters may also work with the PSEA Network to determine how prevention programming and IECs on PSEA can be complementary to pre-existing GBV prevention programming. For example, the GBV sub-cluster may offer technical advice to the PSEA Network on IEC materials for PSEA; coordinate on how to integrate PSEA into a broader GBV campaign targeting youth; or work with the PSEA Network to integrate discussions on PSEA in Women-Friendly Space programming. Prevention and outreach should be coordinated and a shared responsibility, with the GBV sub-cluster's roles related to integration of PSEA into its broader outreach on facilitating access to services and GBV prevention/awareness-raising.

The GBV coordinator should promote that a core competency for all GBV programme managers and coordinators is: "Demonstrates knowledge of prevention of sexual exploitation and abuse responsibilities within the humanitarian response and supports implementation" (See *Core Competencies for GBV Program Managers and Coordinators Core Competencies for GBV Program Managers and Coordinators in Humanitarian Settings*, GBV AoR 2014). With the support of the PSEA Network (where present), GBV specialists should understand how the complaint mechanisms function, how to refer and how to support survivors of SEA.



Online tool

Organizations may apply to the [Trust Fund for PSEA](#) to set up awareness raising, services and investigations processes. On the website that explains the Trust Fund, you can access [tools](#), including a glossary of terms related to SEA.

The role of GBV coordinators in settings without in-country PSEA networks

Where no PSEA network is available, the GBV sub-cluster can play a leading role in advocating for the HC and HCT to put in place such a network with a dedicated PSEA coordinator and focal points in line with the inter-agency Global SOPs and inter-agency best practices on CBCMs. The GBV coordinator(s) may wish to highlight and provide a presentation on PSEA as part of the regular agenda item on GBV at HCT meetings, or advocate with the cluster lead agency to raise it. GBV assessment data related to PSEA response needs or information from inter-agency reviews, such as a Peer2Peer review, can provide powerful evidence to support advocacy for a PSEA network.

Another step for leadership regarding PSEA is to designate champions on PSEA at the field level. The GBV coordinator can consider advocating for UN and NGO champions to be identified in the context, in coordination with the Protection Cluster and global champion agencies on PSEA. See the [IASC Strategy: IASC Championship role](#) (November 2018) for more information.

When initiating the establishment of a new in-country PSEA network, it is important to clarify that the aim is for each in-country PSEA network to have a dedicated PSEA coordinator. The PSEA coordinator should be distinct from and should not be the same person as the coordinator of the humanitarian GBV sub-cluster. This distinction is to ensure the PSEA network and the GBV sub-cluster both conform to best practices and the GBV coordinator is not faced with conflicts of interest.

If the GBV coordinator is asked to play the role of PSEA network coordinator, this designation should be discussed at high levels to determine alternatives. In this situation the GBV coordinator can use the resources in Chapter 6, including the [IASC Best Practice Guide on CBCM](#) to advise the HCT that double-hatted or agency-specific PSEA coordinators are not recommended, and inform them of the

potential conflicts of interest and drawbacks. It should be made clear that mandatory reporting requirements create inherent conflicts of interest for inter-agency GBV coordinators, which may not allow them to effectively and ethically serve simultaneously as the GBV coordinator and the PSEA coordinator¹⁴. They can also contact the GBV AoR for further guidance and support for advocacy.

In all situations, survivors of SEA should be provided support services or “victim assistance” as part of the framework available for GBV services, even if there is not a dedicated PSEA network.

Mandatory reporting and the guiding principles

GBV sub-clusters often raise concerns about conflicts between mandatory reporting of SEA and adherence to the GBV guiding principles, which have been recognized as a concern in the IASC Best Practice Guide on CBCM.

There are global inter-agency GBV case management guidelines with recommended procedures and wording for GBV caseworkers to use at the field level in relation to different types of mandatory reporting, including mandatory reporting on SEA (see reference and links below). Survivors should always be able to seek care (including clinical management of rape, case management, PSS support) without disclosing the identity of an alleged perpetrator. When caseworkers share the limits of confidentiality in the first step of the case management process, and repeat this as relevant when survivors begin to tell their stories, survivors should have information to decide whether or not to share information that would trigger mandatory reporting.

GBV case management script related to PSEA

In a case management context, to explain confidentiality and its limitations with regards to PSEA before a disclosure is received you can say: *“If a UN or humanitarian worker has hurt you, I would need to tell my supervisor and report what the person has done so he/she can’t hurt anyone else”*

— For more detailed information see the [Inter-agency GBV Case Management Guidelines \(2017\)](#) pp. 51-52, from where this text was adapted.

This model script is not sufficient on its own to ensure informed consent procedures. It is a starting point that must be contextualized and elaborated for the PSEA reporting procedures and to ensure a survivor-centred approach is maintained at all times in each context. This script can be shared with PSEA focal points responsible for receiving SEA allegations, as well as with the organizations responsible for devising PSEA systems and communication materials for people who are not GBV specialists. It is useful to guide discussions on how informed consent and reporting requirements can be managed within existing GBV services.

In reality at the field level, disclosures of SEA sometimes occur without an opportunity to adequately inform the survivor of the mandatory reporting policy and gain consent before s/he provides information. For example, this could occur if someone reports a case through a general suggestion box or a survivor spontaneously reports to a trusted humanitarian worker who is not a trained GBV caseworker. Developing field-based scenarios, informed consent procedures and

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¹⁴ Mandatory reporting requirements can be in conflict with applying a survivor-centred approach, which seeks to empower the survivor by prioritizing her or his rights, needs and wishes, including the decision of whether or not to report sexual abuse.

scripts to explain and guide mandatory reporting may help prevent violation of the GBV guiding principles and re-inforce IASC priorities to improve the quality of survivor-centred, support.

There are best practices recommended for **maintaining confidentiality** of all persons involved in a PSEA community-based complaints procedure, but it is important to be aware that confidentiality may not be guaranteed in all situations.

Confidentiality of identities

The names of all parties to a complaint are confidential. The identity of the Subject of the Complaint must be protected, out of considerations of due process, potential retaliation, and presumption of innocence. It is imperative that the name of the survivor or complainant not be released to the Subject of the Complaint. In certain circumstances, a survivor's name may be revealed by the investigating agency – never the CBCM – to select persons under clear justification, for example to the administrative body conducting disciplinary review if there is insufficient corroborative evidence to pursue an agency investigation without his/her testimony.²⁶ In such cases CBCM member agencies, in consultation with agencies' investigative units, may take additional reasonable measures to shield the survivor/complainant from potential retaliation or stigmatization. — From the IASC Best Practice Guide on CBCM, p. 54.

Mandatory reporting can become particularly sensitive in field contexts where GBVIMS or other data systems collect non-identifying data on SEA. GBV sub-clusters may be pressured by various actors related to PSEA efforts to provide more detailed information on incidents or patterns of SEA. While PSEA networks/HCTs need basic data to monitor trends and engage in SEA risk mitigation activities, anonymized information is all that should be needed and provided. This issue may become more complex if some service providers are UN staff or partners subject to mandatory reporting policies, while other service providers are not. If there are not adequate safety services for survivors, there are additional challenges since CBCM/PSEA networks are not able to guarantee the safety of a survivor/complainant according to the current Inter-agency Best practice guidelines.



GBV coordinators should clarify with the relevant humanitarian actors that **GBV specialists are not responsible for guaranteeing the physical safety of survivors of SEA whose complaints are under investigation by individual agencies**. GBV specialists will need to work with and be informed by PSEA specialists in advance of receiving complaints to identify and be able to inform survivors about the safety risks and options available to survivors of SEA in their context.

Important points for discussions on mandatory reporting by GBV specialists are:

- GBV sub-clusters advocate at all times for a survivor-centred approach to PSEA reporting and complaint mechanisms.
- The draft UN Protocol on the provision of assistance to victims of SEA, Section 3.1, requires adherence to the following guiding principles: do no harm, confidentiality, safety and non-discrimination. Other agencies, such as IFRC, also have requirements that PSEA systems must comply with guiding principles and a survivor-centred approach.¹⁵

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¹⁵ IFRC's PSEA Policy (2018) and the survivor centred approach

- The draft UN Protocol on the provision of assistance to victims of SEA, Section 3.1, requires that a victim provide informed consent before sharing of information about an incident for accountability purposes.¹⁶
- It is mandatory for any UN staff member, personnel or affiliated personnel who becomes aware of or suspects an incident of SEA to report it. UN inter-agency incident reporting forms and systems are still under development, but some individual agencies have developed forms that may be used for reporting purposes.
- Best practices recommended for consent and confidentiality to be maintained are not always consistent across agencies and must be defined and monitored at the field level to ensure application of the GBV guiding principles at all times. Both GBV and PSEA specialists should be made aware of good practices.
- Lack of clarity on protections or inadequate resources to fulfil protection requirements within mandatory reporting and confidentiality systems pose significant conflicts of interest for GBV service providers, who must comply at all times with their professional responsibility to protect the rights of the survivor.

Some humanitarian settings have managed this issue by stipulating that GBV case workers (or others who directly provide specialised protection services for survivors) can provide anonymous reports of SEA that do not provide identifying details of the case if the survivor does not provide informed consent to share these details for follow up investigations. This kind of option would need to be clearly explained and agreed at the country level (potentially with global level inputs) with the PSEA Task Force and incorporated into the relevant case management scripts and procedures and SOPs.

The parameters for sharing information on SEA should be discussed and explained at the earliest stages with the PSEA network and the HCT to avoid conflicts. These information sharing arrangements should be incorporated in the SOPs on complaint handling. When data collection can be done safely and ethically, discussing SEA data on a regular basis with the HCT is highly advisable so that targeted actions can be taken to reinforce prevention and response efforts.



Online tool

For a comprehensive on-line library of PSEA resources, tools and training materials, see the [IASC PSEA tools repository](#).

.....
 16 Further guidance is under development on this issue, including the “UN Uniform policy on balancing the disclosure of information to national authorities with principles of confidentiality when receiving and handling allegations of SEA by persons acting under a UN mandate”.



Promising practice

In Iraq, the GBV standard operating procedures (SOPs) include guidance on PSEA to ensure GBV actors and other service providers have a consistent method for identifying and referring cases of PSEA to their distinct response mechanisms. The inclusion of PSEA in GBV procedures and services made it easier for a free, national inter-agency hotline to be part of the SOPs and act as a complaint mechanism. The national hotline receives complaints related to all areas of humanitarian service, including reports related to PSEA and GBV more broadly. The hotline operators are able to speak in all of the local languages.

To prepare the hotline to manage reports of GBV, the GBV coordinator met with the management of the hotline mechanism and provided briefings on GBV coordination systems, referral pathways and the SOPs, which are tailored to different geographic areas of the country. Then the hotline staff received a two-hour training on the GBV SOPs, the GBV guiding principles and Dos and Don'ts. Staff trainings are repeated regularly to ensure the knowledge remains when there is staff turnover.

The PSEA coordinator then provided dedicated training for the hotline staff on how to identify and refer a case of GBV that was PSEA. Hotline staff received scripts and procedures to know what to do if they received a report of PSEA, including immediately involving a hotline staff manager who was designated as a "sensitive case focal point" and was female. Operators were trained to obtain informed consent step-by-step for each type of referral and action for a report involving PSEA. The SOPs and hotline number were disseminated broadly with the support of the ICCG and the national government. Community focal points were trained on PSEA who could also explain how the hotline worked and understood how to use it to refer cases of PSEA.

Iraq's approach to GBV SOPs and the operation of the inter-agency hotline demonstrates an effective way to coordinate GBV and PSEA response. It maximizes cross-sector humanitarian resources. The impact has been greater access to services for survivors of all forms of GBV, including SEA.

CHAPTER 2:



GBV Coordination Policy and Structures

2.1 Legal and policy framework for humanitarian coordination of GBV interventions

Legal mandates are important for GBV coordination. First, they are the binding sources of authority for a GBV sub-cluster to act. They provide the basis for coordination and response actors to sustain their presence, seek an audience with authorities to discuss humanitarian issues and have legitimacy. Second, they are sources of obligations, which GBV actors must use to move individuals, states, communities and humanitarians to protect populations from GBV. Third, legal mandates are sources of accountability to which GBV and other humanitarian actors must abide and measure their work.

In broad terms, the binding legal framework for humanitarians and coordination bodies is as follows:

- The primary responsibility to ensure that people are protected from violence rests with States.
- In situations of armed conflict, both State and non-State parties to conflict have obligations under international humanitarian and human rights law.
- When States or parties to conflict are unable or unwilling to meet their obligations, humanitarian actors must play an important role in supporting measures to prevent and respond to violence, including GBV.

This legal framework is implemented alongside the **core humanitarian principles**:

- **Humanity**: Human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings.
- **Neutrality**: Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.
- **Impartiality**: Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions.
- **Independence**: Humanitarian action must be autonomous from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented.

Combined, these provide the basis for the **IASC Protection Policy**, which requires “Protection of all persons affected and at risk must inform humanitarian decision-making and response, including engagement with States and non-State parties to conflict”. This policy forms one of the core components of the GBV AoR Strategy (2018–2020), which defines the principles, priorities and key actions set at the global level for its affiliated GBV sub-clusters. It prioritizes targeted responses to address GBV against women and girls, while being inclusive of all survivors (see more information below on the Centrality of Protection, the GBV AoR and the GBV AoR Strategy).

All humanitarian actors must be aware of the risks of GBV and act collectively to ensure a comprehensive process to mitigate these risks within their areas of operation. A detailed discussion of the obligation of all humanitarian actors to address GBV is in the IASC GBV Guidelines (pp. 14-17).

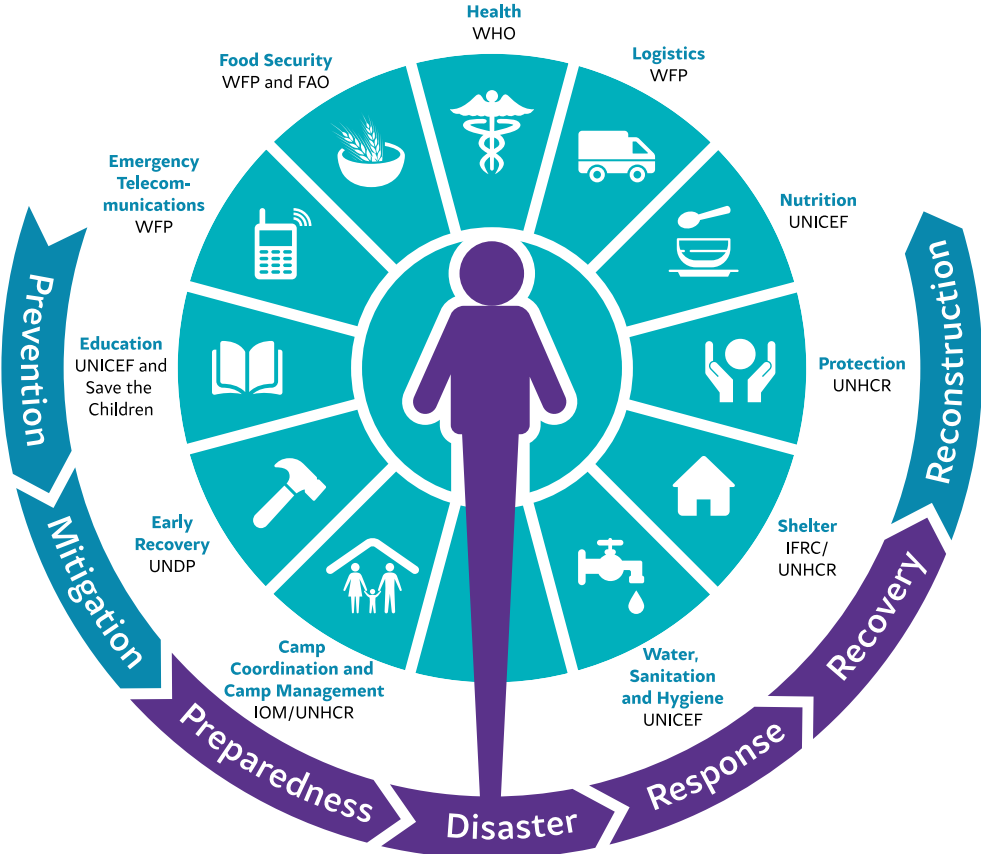


See Annex 3: Legal mandates related to GBV in humanitarian response

2.2 Humanitarian reform policies and processes

2005 Humanitarian reform and GBV coordination within the cluster approach

Prior to humanitarian reform in 2005, there were no standardized methods for introducing GBV sub-clusters in humanitarian emergencies. Humanitarian reforms created the cluster approach, which organizes humanitarian response across the following areas:



Note: The Early Recovery Cluster will stop functioning in May of this year. UNDP has decided to discontinue this Cluster based on an internal evaluation. NEXUS continues to be an important approach.

These reforms and the cluster approach provided an explicit structure for GBV coordination to be established from the onset of an emergency as one of the designated areas of responsibility that are part of the Protection Cluster.

The GBV AoR with its country GBV sub-clusters was founded in 2006 and sits within the Global Protection Cluster, which is one of the humanitarian clusters established by the IASC in 2005. UNFPA has been the sole lead agency of the GBV AoR since April 2016. More detailed information about how GBV coordination operates through the structures of a cluster can be found in other sections below.

The cluster approach is not used in every humanitarian coordination situation. It can co-exist with other forms of international and national coordination, such as refugee or government coordination systems. The form the cluster approach takes will be determined by the specific needs of a country and context. However, the same principles discussed in this handbook can be applied in support of government-led emergency or other types of cluster-like coordination mechanisms.

For more information on adapting GBV coordination structures in non-cluster coordination situations, see section 2.6.

Key areas of humanitarian reform

Humanitarian reform is an ongoing process aimed at improving international response in humanitarian crises around the world. Reforms aim to improve: *predictability* in financing and *leadership* of the response; *accountability* to affected populations and *partnership* between UN and non-UN humanitarian actors. At the field level this translates into the following areas:

<p>Ensuring effective leadership of HUMANITARIAN COORDINATORS (a high-level UN official appointed at the country level to ensure well-coordinated humanitarian response in an emergency)</p> <p>by</p> <p>Introducing mechanisms for clearer accountability, appropriate training and adequate support of HCs/RCs.</p>	<p>Ensuring adequate, timely and flexible HUMANITARIAN FINANCING</p> <p>by</p> <p>Improving access to funds through the HRP process and pooled funding mechanisms, including Country-based Pooled Funds (CBPF) and Central Emergency Response Fund (CERF).</p>	<p>Ensuring adequate capacity and predictable leadership in all areas of humanitarian response through THE CLUSTER APPROACH</p> <p>by</p> <p>Designating lead agencies at the global and country levels to assume coordination responsibilities of key sectors of humanitarian response.</p>
<p>Ensuring STRONG HUMANITARIAN PARTNERSHIPS between 1) NGOs, 2) the International Red Cross and Red Crescent Movement and 3) UN and related international agencies.</p>		

Principles of partnership

The foundation of the humanitarian reform process is partnership. Successful implementation of the cluster approach depends on all humanitarian actors working as equal partners in all areas of humanitarian response. The humanitarian “Principles of Partnership” include:

EQUALITY between members of the partnership irrespective of size and power.

- TRANSPARENCY through communication, including financial transparency, which increases the level of trust among organizations.
- RESULT-ORIENTED humanitarian response that is realistic and action-oriented.
- COMPLEMENTARITY based on the diversity of partners within the humanitarian community. Local capacity is an asset to enhance and build on. It must be an integral part of emergency response. Language and cultural barriers must be overcome.
- RESPONSIBILITY: Humanitarian organizations have an obligation to accomplish their task responsibly, with integrity and in an appropriate way. They must make sure they commit to activities only when they have the means, competencies, skills and capacity to deliver on their commitments. Decisive and robust prevention of abuses committed by humanitarians must also be a constant effort.

Using these Principles of Partnership, humanitarians should work with the structures, resources and networks already present in the local context from the onset of the emergency, to build a better response and contribute towards a sustainable approach to addressing GBV in the early recovery and preparedness phases. See Chapter 4 on Technical Working Groups for suggestions on ways a GBV sub-cluster may monitor and evaluate the implementation of the Principles of Partnership in its work.

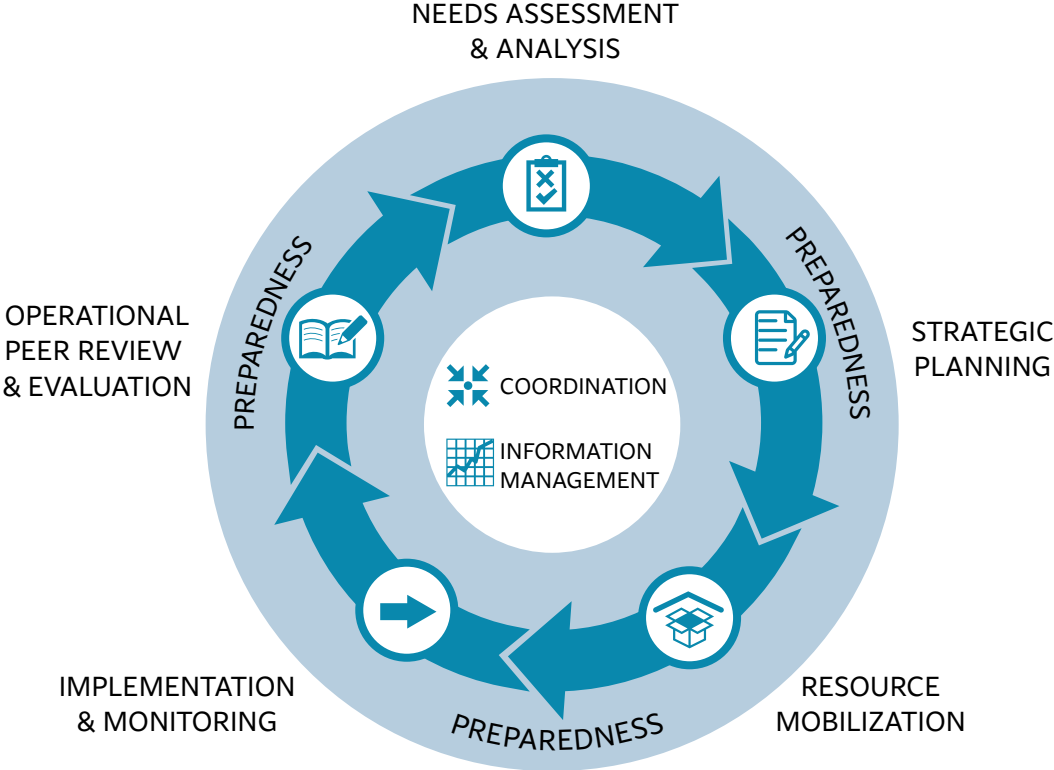
The Transformative Agenda and the Humanitarian Programme Cycle

The Transformative Agenda adopted by the IASC in 2011, focuses on improving three areas in humanitarian responses in settings with internally displaced persons (IDPs):

- Leadership
- Coordination
- Accountability

The Transformative Agenda seeks to strengthen the roles of the Humanitarian Coordinator (HC), the Humanitarian Country Team (HCT), country clusters and cluster lead agencies, as the main actors supporting country-level response.

One of the most significant aspects of the Transformative Agenda for the daily work of GBV coordinators in the field is the Humanitarian Programme Cycle (HPC). The IASC agreed that the HPC would be the mechanism through which coordinated actions could be undertaken to prepare, manage and deliver humanitarian response. The diagram below illustrates the HPC, including the six main elements and two cross-cutting areas (coordination and information management):



Through the HPC, humanitarian workers jointly identify and analyse needs and define appropriate response options. This process helps sectors of response and organizations position their role in relation to one another, and understand what is necessary at a given moment to ensure a more coherent, effective and accountable response. The HPC also aims to increase funding for the identified humanitarian priorities, including protection from GBV.

The different sectors/clusters at the field level coordinate the implementation of the HPC through the ICCG (or ICWG in some contexts) and the Office for the Coordination of Humanitarian Affairs (OCHA). The HPC presents multiple opportunities for the GBV sub-cluster and other clusters to mainstream GBV interventions across the six elements and enablers at every stage of the humanitarian response.

For more information about the functions and deliverables that the GBV sub-cluster provides throughout the HPC (including the HNO/HRP process) see Chapter 3.



Information management

Following the Transformative Agenda, cluster lead agencies are expected to have the appropriate information management capacity in place to enhance the collection and analysis of data on the progress and impact of cluster activities. The GBV sub-cluster is responsible for its information management to ensure systems are in place to collect, analyse and monitor data related to GBV and the sectoral response so the coordination body can engage and inform GBV priorities in the HPC and the HCT protection strategy. The information management function should also support sharing information among its members to enhance service delivery and other core functions.

Setting up an information management system needs to be done from the outset of the response to ensure GBV service delivery partners have the information they need about the context to participate meaningfully in the HPC. Regular dissemination of information creates a shared and more effective response. Information can be provided in coordination meetings, through emails and in a drop-box format. Information on HPC timelines and requirements for assessments and funding appeals should be prioritized for sharing and discussion with all partners.



Online tool

The 2015 *IASC Reference Module for the Implementation of the Humanitarian Programme Cycle*, provides detailed guidance critical to coordination of GBV actors to implement the HPC.

The Centrality of Protection

In 2013, the IASC issued a policy statement that “affirmed the commitment of the IASC Principals to ensuring the centrality of protection in humanitarian action”, as part of measures to ensure more effective protection of people in humanitarian crisis (see IASC’s [Statement on the Centrality of Protection](#)). In 2016, to implement this commitment, the IASC adopted guidance that defined the [IASC Policy on Protection in Humanitarian Action](#).



The Inter-Agency Standing Committee (IASC) was created in 1992 at the request of the UN General Assembly (Res. 46/182) to be the key strategic coordination mechanism for global humanitarian response. It brings together UN and non-UN agencies, including the Red Cross Movement and NGOs. It defines joint policy and sets standards for humanitarian action.

These policies resulted in specific responsibilities for HCs, HCTs, and cluster coordinators, including ensuring a common HCT Protection Strategy is in place and implemented in all aspects of humanitarian response. The Protection Cluster (which includes the GBV sub-cluster) was assigned the role to support humanitarians to develop protection strategies, which includes but is not limited to mainstreaming protection across preparedness and response to achieve collective protection outcomes. Protection strategies may be part of operational plans, the HRP, and cluster plans utilizing protection mainstreaming. Protection mainstreaming is a valuable “enabler” for a distinct and over-arching HCT Protection Strategy.

Consequently, wherever there is a humanitarian response with cluster or cluster-like mechanisms there should be a humanitarian protection strategy with protection from GBV as an integral part of its analysis and recommended actions. If working in a setting where there are not cluster/sector mechanisms, GBV actors as protection actors can still advocate for the formulation of a system-wide protection strategy by the relevant government or other type of coordination body.

In practical terms this means the GBV sub-cluster should play an active support role within the Protection Cluster to promote, develop, implement and monitor field-level protection strategies. GBV sub-clusters should prioritize providing inputs to various strategic documents related to the Centrality of Protection, such as the HCT Protection Strategies, HCT Protection advocacy strategies, and briefing notes on cross-cutting protection issues as well as other response planning tools (see Chapter 3 on HRP/HNO and cluster plans). This may include sharing safe and ethical GBV data for analysis for Protection Cluster updates and discussing critical protection issues related to GBV with other clusters and where feasible, relevant development and peace-building actors.

It is also recommended that the GBV sub-cluster be represented at Humanitarian Country Team (HCT) meetings. The lead agency (usually UNFPA) can recommend, represent and facilitate GBV to be a regular HCT agenda item, in coordination with the Protection Cluster and its other component lead agencies. (For further guidance on coordination with the Protection Cluster related to the HCT see the Q&A attached in Annex 5.) There is a strong basis for regular discussion of GBV by the HCT since the Humanitarian Coordinator ToRs and HCT sample compacts include GBV as a “non-negotiable” area for action and leadership. The GBV coordinator(s) should be available to provide requested technical guidance to the HCT in support of the GBV components of the HCT protection strategy.



Online tool

The Global Protection Cluster provides detailed information and guidance about the [Centrality of Protection](#) on its website, including reference to different HCT Protection strategies, Q&As about Centrality of Protection and guidance notes.

Examples of GBV integration in “Centrality of Protection” strategic documents	Excerpt from:
<p>“<u>Issue:</u> [...] The IDPs in these displacement locations frequently live in undignified and hazardous circumstances, where they face multiple protection risks/threats such as, unlawful evictions, overcrowded and unsanitary environments with limited access to basic services, exposure to explosive hazards, increased risk of Gender Based Violence (GBV), negative coping mechanisms such as child marriage and child labour, and tension with the host community [...]”</p> <p><u>Suggested actions by HCT:</u></p> <p>(i). HCT to endorse strengthened referral systems for services and case management; and establishment of inter-sector referral and information pathways, led by protection and CCCM actors in IDP sites/collective centres”[...]</p>	<p>Somalia Humanitarian Country Team Centrality of Protection Strategy (2018-2019)</p>

Examples of GBV integration in "Centrality of Protection" strategic documents	Excerpt from:
<p>"Below is a brief description of each protection priority area followed by a set of advocacy messages and recommendations to the Government of Iraq, the Kurdistan Regional Government, relevant authorities, the international donor community as well as domestic and international humanitarian organizations [...]"</p> <p>Protection Priority: PROTECTION AGAINST GENDER-BASED VIOLENCE AND SEXUAL VIOLENCE IN CONFLICT</p> <p>The protracted armed conflict in Iraq has impacted women, men, boys and girls differently. The conflict has led to the widespread occurrence of gender-based violence (GBV) as well as created conditions that have exacerbated vulnerabilities to GBV for women and girls including gross human rights abuses such as abductions, killings, trafficking, torture, forced marriage as well as sexual violence.</p> <p>Reports of sexual violence in the form of sexual slavery, rape and abductions targeting women and girls from religious and ethnic minorities by ISIL have increased since August 2014. A comprehensive response (medical, psychosocial, mental health care, safety and protection) is required but lacking.</p> <p>Surveys in camp and non-camp locations revealed gender related protection issues including long distances to and poor lighting in toilets and washing facilities. Overcrowded living conditions coupled with increasing rent and unemployment carry significant risks of exposure to sexual and gender-based violence (SGBV) for both women and girls. Addressing the specific needs and minimizing the SGBV risk of women and girls remains challenging."</p>	<p>Protection Advocacy Strategy for the HCT – Iraq (2015)</p>



Special considerations for adolescent girls

Adolescent girls constitute a key population whose protection risks and needs should be mainstreamed across humanitarian responses and highlighted as part of HCT Protection Strategies. According to the International Rescue Committee (IRC), more than 500 million adolescent girls live in countries affected by conflict and displacement ("Protecting and Empowering Adolescent Girls from Gender-based Violence in Emergencies", November 2017). An adolescent girl dies as the result of violence every 10 minutes, according to *A Statistical Snapshot of Violence against Adolescent Girls* (UNICEF 2014). Understanding the specific factors that drive violence against adolescent girls at the country level and addressing those factors as part of protection strategies can help to mitigate these appalling risks of violence. GBV sub-clusters should work with the Child Protection AoR to include direct consultations with adolescent girls as part of assessments to inform analysis and recommendations for inclusion of the needs of adolescent girls in HCT Protection Strategies.

The World Humanitarian Summit and the Grand Bargain

In May 2016, the World Humanitarian Summit (WHS) brought together more than 9,000 participants to support a new package of humanitarian commitments and reforms referred to as the "Agenda for Humanity." Multiple new initiatives were launched at this event, including the "Grand Bargain".

The Grand Bargain emerged in response to critical shortages of funding for global humanitarian response. Based on the recommendations of a report by a high-level panel ("[Too important to fail – addressing the humanitarian funding gap](#)"), it requires donors and humanitarian implementers who are signatories to the Grand Bargain to improve the delivery mechanisms of assistance. The aim is for more resources to reach affected populations.

Main elements of the Grand Bargain:

For aid organizations and donors to work more closely together towards:

- More financial transparency.
- More support and funding tools to national first responders.
- Scale up cash-based programming and more coordination in its delivery.


For aid organizations to commit to:

- Reduce duplication and management costs.
- Periodic functional expenditure reviews.
- More joint and impartial needs assessments.
- A participation revolution: listen more to and include beneficiaries in decisions that affect them.

For donors to commit to:

- More multi-year humanitarian funding.
- Less earmarks to humanitarian aid organizations.
- More harmonized and simplified reporting requirements.¹⁷

GBV sub-clusters should consider how to integrate elements of the Grand Bargain.



Applying the Grand Bargain at field level:

- Localization: Build partnerships and mechanisms to improve the capacities and access of local and national GBV response actors, including opportunities and skills to participate in assessments, funding and the GBV sub-cluster.
- Cash-based programming: Work within GBV programming streams and across clusters to develop cash-based programming strategies that enhance the population's access to services and mitigate any associated risks for GBV. See Chapter 6 for more resources on GBV and cash-based programming.
- Data collection and information management: Strategize and ensure effective, ethical and safe information systems are in place for GBV actors. Ensure there are dedicated resources and specialists for the coordination group to perform these functions.
- Engagement with development actors: Find opportunities to share resources, jointly strengthen national protection systems and build sustainable responses and solutions to address GBV.
- Needs assessment and analysis: Ensure GBV is effectively considered and reflected in the inter-and intra- sector analysis that results in an overview of the crisis.

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 17 Adapted from "[The Grand Bargain](#)," March 2017 (annex 2).



Meaningful participation

The GBV AoR Strategy 2018–2020 commits to engaging and partnering with local organizations, in particular women's organizations, and national governments and facilitating their active participation in coordination as part of its Strategic Objective Three. To move this strategy forward the GBV AoR has created a Localization Task Team at the global level. For more information on the Task Team's work contact the GBV AoR, or view meeting outcomes and minutes on their [website](#).



Online tool

The IASC provides videos, reports and infographics that can help coordinators explain the background and provide updates to members on the [Grand Bargain](#) and other commitments made at the World Humanitarian Summit.

The "new way of working" and the nexus between humanitarian action, development and peacebuilding

The "new way of working" refers to a related set of reforms that emerged from the World Humanitarian Summit. It addresses the high volume of humanitarian needs from the increasing number of protracted crises, which are tied to vulnerabilities in areas with scarce development.

Participants in the World Humanitarian Summit agreed that strengthening linkages between humanitarian action, development and peacebuilding helps to reduce risk and vulnerability to humanitarian crisis, as well as meet the 2030 Agenda and the Sustainable Development Goals (SDGs). The quote below summarizes the importance of the nexus approach as a way of working from the onset of crisis:



On the **nexus**: "We must also bring the humanitarian and development spheres closer together from the very beginning of a crisis -- to support affected communities, address structural and economic impacts, and help prevent a new spiral of fragility and instability. Humanitarian response, sustainable development and sustaining peace are three sides of the same triangle. This approach relates to the New Way of Working agreed at the World Humanitarian Summit."

— United Nations Secretary-General António Guterres

Negotiating and working across the nexus at the field level, particularly in protracted conflicts, is a work in progress. For GBV sub-clusters opportunities for working across the nexus include:

- Joint needs assessments and analysis to develop a common understanding of the underlying causes of vulnerability and GBV risks.
- Joint strategies to address root causes of GBV and implement interventions that may require longer-term development, funding and monitoring, such as safe shelters. This may include developing multiple year strategies that complement or align with HRPs.
- Mid- and long-term systems strengthening programming.
- Filling resource gaps across the humanitarian, peacebuilding and development funding and planning mechanisms, including the HPC, country development plans, the UNDAF and country level, joint strategies to address particular types of GBV, such as joint plans to address early or forced marriage or conflict-related sexual violence.

- Integrating GBV into early recovery, development and peacebuilding strategies to ensure sustainability and complementary with humanitarian protection and GBV interventions.
- Joint advocacy on country-level GBV issues to increase the opportunities for change.
- Joint work to develop the skills of national and local partners who respond to GBV.

Working across the nexus in situations of armed conflict poses particular challenges. Protracted or active conflicts often require humanitarian actors focus all efforts on immediate life-saving needs, and that prioritization should not necessarily shift in all contexts to development, especially if it detracts from the assistance required for the population most in need and does not contribute to improvements in humanitarian access. Working on the nexus of development and peace can also challenge humanitarian neutrality if it requires or is perceived as “taking sides”, or if it discriminates by shifting humanitarian assistance only to populations under government control while neglecting affected populations under opposition areas of control. Engaging across the nexus in these situations requires careful deliberation and discussion by GBV sub-clusters and humanitarian leadership to ensure that protection remains at the forefront of the response and humanitarian principles are upheld.



Strategies to address the nexus for more sustainable solutions

- Regular **INFORMATION SHARING** between humanitarian, peace-building and development actors working on GBV
- Joint review of key **FUNDING** processes related to GBV (HRP and UNDAF)
- Joint consultation in **STRATEGY** development processes (protection strategies, GBV crisis response plan; UN joint programmes on GBV)
- Coordinate humanitarian **CONTINGENCY PLANNING** with development disaster risk reduction programming
- Joint planning and implementation on GBV **PREVENTION** programming
- Joint **ADVOCACY** on GBV issues that span the nexus
- Joint **CAPACITY BUILDING** of GBV actors
- Joint planning for GBV sub-cluster **TRANSITION / LOCALIZATION** of Leadership
- Joint analysis and **AGREEMENT ON AREAS OF LIMITED COOPERATION** to maintain humanitarian principles and access to affected populations



Meaningful participation

The humanitarian–development–peacebuilding nexus offers entry points to increase the participation of local civil society organizations in GBV coordination and response. This may take various forms but should include capacity building of local organizations in preparedness phases to be able to participate in emergency response, including rapid response, assessment teams and building sustainable coordination structures. These efforts should seek out a diverse group of local organizations for capacity building, including WLOs, DPOs, LGBTI organizations and youth and older persons’ representative organizations. See Chapter 3 for more information about how this opportunity was leveraged in the Philippines.



Promising practice

In the Democratic Republic of Congo in 2017, when armed conflict erupted in the Kasai region, there were no humanitarian GBV service providers in the region. Historically this area had not experienced the same types of conflict that occurred in other parts of the country, but as one of the poorest regions it had limited development. Further, the patterns of displacement in the crisis were different: IDPs did not gather in large camps but instead dispersed among poor, local communities or subsisted in the bush. In this context, the GBV sub-cluster determined the most efficient way to get services to the affected population was to train and mobilize development actors, at the same time as it sought a scale-up of GBV in emergencies specialists. After determining the need for training was most critical for front-line health responders, they worked with the government and development actors using the country's Joint Programme to Address GBV to develop a multi-faceted GBV response project, including training for front-line health workers. The project attracted development funding from the World Bank, which covered training and response needs as well as contingency emergency components to re-allocate funding if new episodes of violence affected implementation.



Online tool

The association for Professionals in Humanitarian Assistance and Protection (PHAP) conducted a series of webinars and an online question & answer forum about the Nexus. This video and other information is available at: <https://phap.org/news/2018/what-humanitarian-development-peace-nexus-recording-available-now>

2.3 Cluster structures

Clusters

As introduced earlier in the chapter, humanitarian reforms led to the creation of a cluster approach to organise humanitarian response to emergencies, including in relation to GBV. The cluster approach remains the principal tool available to the international community for coordinating and accounting for their humanitarian response.

A cluster is a coordination group focused on a key area of humanitarian response. It may also be referred to as a sector. At the global level, the IASC has designated 11 global clusters, each with a lead agency or agencies.¹⁸ The global cluster lead works with UN and NGO partners within that cluster to set standards and policies for the cluster, build standby response capacity and provide operational support to organizations working in the field. The IASC has also designated cross-cutting issues that are not stand alone clusters, but should be integrated into the work of different clusters: age, environment, gender, disability and HIV/AIDS. Other cross-cutting issues that have designated technical coordination groups, that sit as part of the ICCG in some settings, are mental health and psychosocial support (MHPSS) and communication with communities.

An MHPSS Technical Working Group is not associated with any one cluster in particular; rather, it is a technical body that supports MHPSS programming through the protection, health, nutrition, education and CCCM clusters. At the global level the Mental Health and Psychosocial Support

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¹⁸ Based on an independent evaluation, UNDP has decided to discontinue the Early Recovery cluster, pending endorsement by the IASC Principles. The timeline of deactivation will be taken by the HCT in each country. However, UNDP will continue to work on Nexus.

Services reference group is referred to as an IASC subsidiary body, within the IASC Secretariat structure, that reports to the IASC Deputies and the IASC Principals (Heads of UN Agencies, World Bank and the IFRC).

A formally activated cluster is accountable to the Humanitarian Coordinator (HC) through the cluster lead agency (CLA) as well as to national authorities and the affected population. IASC clusters are meant to be temporary and efforts should be made as soon as possible and appropriate to hand over coordination structures and responsibilities to the relevant national authorities.


At the field level, the HCT assesses the situation and decides which clusters should be activated to support a response. This decision is based on the needs, resources and capacity of the setting. There may be settings where particular clusters are not needed (e.g. logistics) or where particular clusters are merged (e.g. health and nutrition). The lead agencies for priority clusters are designated at the onset of an emergency and in most cases reflect the global lead agency; the exceptions are where a partner of the global lead agency is better placed or better resourced to take the lead role.

Sharing leadership between the UN, NGOs and Red Cross/Red Crescent has shown advocacy and information sharing improve and coordination benefits. Government and NGOs are increasingly designated through arrangements with the cluster lead agencies as field level cluster co-leads: the language for these partnerships may vary (co-lead, co-chair, co-coordinator, co-facilitator, etc.) and are decided according to the context with guidance from the cluster lead agency and the HCT. Sharing leadership does not displace the country-level cluster lead agency responsibilities.¹⁹


Cluster leads

At the global level, a cluster lead (also sometimes called a sector lead) commits as an agency to play a leadership role within the international humanitarian community in a particular area of activity.

Cluster leads at the field level are responsible for ensuring well-coordinated response and high standards of predictability, accountability and partnership. They further commit to act as the “provider of last resort” (see text box below) for that particular sector, when necessary. Typically, the cluster leads at the field level will assign one or more individuals within their agencies as “cluster coordinators” or “cluster chairs”. In addition, the lead agency’s country representative is responsible to ensure that cluster issues are raised and advocated for at the HCT level.

 The **provider of last resort (POLR)** means that, where necessary, and depending on access, security and availability of funding, the cluster lead as POLR must be ready to ensure the provision of services required to fulfil crucial gaps identified by the cluster and reflected by the Humanitarian Response Plan led by the Humanitarian Coordinator.

— IASC Reference Module for Cluster Coordination at Country Level, p. 13

 Cluster coordinators are responsible for representing the interests of all members of the cluster, including local NGOs and other civil society partners. A coordinator must ensure the **integrity** of the GBV response as a whole, and should not coordinate from the perspective of their host agency alone. To implement this approach coordinators should be **dedicated** to inter-agency coordination full-time.

19 IASC Reference Module on Country-level Cluster Coordination, p. 21.

At the field level, lead agencies must advocate for adequate resources, and make every effort to address any gaps in the response themselves if cluster partners are unable to. In field settings where the global cluster lead is not operational, the global lead agency is still considered the provider of last resort and therefore is responsible for ensuring the field-based lead fulfils designated cluster responsibilities. For more information on implementing cluster leadership at the field level, see Chapter 4.

Cluster partners

Coordination efforts at the field level should involve UN agencies, the International Red Cross/Red Crescent Societies, and international and local NGOs who are actively providing humanitarian services (see Chapter 4 for a list of actors involved in GBV coordination).

Efforts to involve the government – when safe, appropriate, and feasible – are also crucial in the cluster approach. The humanitarian reform effort, and especially the adoption of the cluster approach, was launched to better support governments to respond to emergencies. The principles and the methods of the cluster approach are designed to make that support more efficient by strengthening the government's sector coordination, not replacing it.

The Principles of Partnership (see earlier in this chapter) require the engagement of cluster partners throughout the different aspects of the sub-cluster's work. Sub-cluster decision-making and activities must be conducted in a participatory manner and with transparency. All members of the sub-cluster should feel valued and respected as equal partners.



Meaningful participation

As part of the implementation of the GBV sub-clusters should take proactive steps to work with civil society organizations, and WLOs. Based on field research on the role of women responders conducted by CARE in 2018, the following **recommendations** have been endorsed by the Protection Cluster (including the GBV AoR):

- Review the coordination group membership and take steps, if needed, to ensure membership is representative of the diversity of actors, including WLOs and actors who support people with disabilities, LGBTI, etc.
- Identify ways to remove barriers for WLOs who wish to attend coordination meetings including practical, physical, security and resource-related barriers.
- Facilitate connections between grassroots, community organizations, national and international forums and authorities; and ensure that risks associated with this are mitigated.

The full report on CARE's research, recommendations and Guidance Note is [available here](#).

Inter-Cluster Coordination Group (ICCG)

The cluster coordinators (including GBV coordinator(s)) are brought together at national (and potentially at sub-national level) in the ICCG. The ICCG is the platform for clusters to work together to jointly deliver an effective and efficient humanitarian response. It places a strong emphasis on the Centrality of Protection. Ultimately the group is expected to work towards delivering on meaningful protection outcomes, with a strong protection and gender analysis forming the basis for its work. The GBV coordinator is a member of the group and is expected to coordinate their participation in the ICCG with the Protection Cluster coordinator. The GBV coordinator is expected to support the mainstreaming of protection in the work of the group.

UN Humanitarian Coordinator/ Resident Coordinator (HC/RC)

Where international humanitarian assistance is required, the HC/RC is responsible for leading and coordinating the efforts of humanitarian organizations (both UN and non-UN). The HC/RC makes sure the overall international response is strategic, well planned, inclusive, coordinated and effective. To do this, the HC/RC is responsible for:

- Establishing and maintaining effective humanitarian coordination groups.
- Supporting multi-cluster humanitarian needs assessments and analysis and leading inter-agency response planning.
- Providing leadership to address Protection across the response, including GBV and PSEA.
- Supporting sectors through advocacy and resource-mobilization efforts.

Humanitarian Country Team (HCT)

The Humanitarian Country Team's role is to provide strategic direction for the collective inter-agency humanitarian response. Gender-based violence is one of four mandatory responsibilities (along with Centrality of Protection, PSEA and Accountability to Affected Populations) outlined in the HCT's standard ToR (see also the section above on Centrality of Protection).

GBV coordinators should know and engage their HC/RC and the Humanitarian Country Team (as well as other leadership structures such as the UN country team) in coordination with the Protection Cluster. As an entry point, coordinators can reference the HC Terms of Reference, which outlines their responsibilities to ensure protection against GBV throughout the humanitarian response.



Online tool

A GBV sub-cluster can support its humanitarian leadership to make the coordination system more effective by promoting the Peer 2 Peer initiative resources to representatives on the HCT and the HC/RC. The [Peer 2 Peer initiative](#) provides support to the leadership of humanitarian responses in the field. It has a learning series, which include videos and guidance notes, for humanitarian leaders on ensuring protection from GBV.

2.4 Protection Cluster

The Protection Cluster is one of the 11 recognized global clusters. Established in 2005, it is the main forum for coordinating protection activities in humanitarian action – including GBV. The Protection Cluster brings together protection actors, which include UN human rights, humanitarian and development agencies, as well as non-governmental organizations, to ensure that all people affected or threatened by a humanitarian crisis have their rights fully respected in accordance with international law and their protection assured by relevant and timely actions through all phases of the crisis and beyond.

At the global level, the work of the Protection Cluster is conducted by the [Global Protection Cluster \(GPC\)](#) and is chaired by UNHCR, as the lead agency for protection. The Global Protection Cluster supports protection responses in non-refugee humanitarian situations as well as leads standard and policy setting relating to protection in complex and natural disaster humanitarian emergencies, in particular with regard to the protection of internally displaced persons.

The Global Protection Cluster (GPC) develops joint policies, standards and tools related to protection. It provides legal and operational guidance about protection for staff and partners in the field. The GPC also identifies and evaluates good practices in protection and makes them

available for adaptation and replication elsewhere. More importantly, the GPC ensures the Centrality of Protection in humanitarian action. It supports the field for a timely, high quality and relevant protection response.

At the country level, in natural-disaster situations or in conflict related emergencies where UNHCR is not present, the three protection-mandated agencies (UNHCR, UNICEF and OHCHR) will consult. Under the leadership of the HC/RC, they will agree which among them will assume the role of cluster lead for protection. Other agencies, according to their presence in country, could also assume the role.

In the field, the Protection Cluster is responsible for meeting the generic responsibilities outlined in the IASC 2015 Reference Module for Cluster Coordination at the Country level (explained in more detail in Chapter 3), and customizing them to the protection environment of a particular context. The Protection Cluster brings together a variety of national and international actors in order to ensure timely, appropriate and comprehensive response to a variety of specific protection concerns. The Protection Cluster is also responsible for facilitating integration of protection concerns into the work of other clusters and sectors. Thus, the Protection Cluster at the field level is responsible for targeted protection work, as well as mainstreaming protection. One component of mainstreaming protection involves promoting the integration of relevant cross-cutting issues such as age, gender, diversity, environment, HIV/AIDS and MHPSS.²⁰

Protection Cluster structure

Unlike other clusters, the Protection Cluster is organized with a multi-component architecture. The overall Protection Cluster addresses comprehensive and integrated protection interventions, with the goal of making “the whole larger than the sum of the parts.” The Areas of Responsibility are responsible to address specialized protection issues for inter-agency response to programmatic and geographic needs in their respective areas.

The relationship of the different parts of the Protection Cluster is not hierarchical. Each area and agency has responsibilities, authority and expertise for coordinating specific aspects of the Protection response in coordination with the other parts of the Protection Cluster, which must contribute to commonly defined goals and over-arching outcomes for greater inclusion and protection of all members of the affected population.



Online tool

Reference [Protection technical briefs, Q&As and examples of GBV-related protection recommendations](#) on the GPC website. If internet is slow or downloading is difficult where you are, access this information by contacting the GPC Help Desk at gpc@unhcr.org.

Areas of Responsibility

Key areas of protection are divided into functional components or Areas of Responsibility (AoRs). These AoRs strengthen protection coordination, policy, capacity and response according to their respective focus. The responsibilities of these AoRs are comparable to the work of any of the clusters, including as providers of last resort and representation in coordination forums such as the ICCG. The difference is that the AoRs function within the Protection Cluster.

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20 If an MHPSS technical working group is active in the country, then it should be floating outside of the cluster system, but with strong links to the protection cluster (as well as the health, nutrition, education and CCCM clusters). An MHPSS TWG does not fall under any one cluster as it is a cross-cutting issue affiliated with the inter-cluster coordination mechanism. MHPSS is never a separate cluster even at the country level.



The **responsibilities of these AoRs are comparable** to the work of any of the clusters, including as providers of last resort and representation in coordination forums such as the ICCG.

Agencies have agreed at the global level to serve as lead agencies for AoRs, based on their policy work and expertise in specific technical areas, as illustrated in the diagram above. In coordination with the cluster lead, the lead agency is responsible for ensuring an effective response in its particular AoR in collaboration with other participating agencies.

It is the role of the country teams and the HC/RC to decide what coordination structure best suits the situation on the ground, including determining specific AoRs arrangements. It takes into account existing protection risks and gaps, which may change over time, and the expertise and operational capacity of the agencies working in the country.

2.5 GBV Area of Responsibility

GBV AoR structure

The GBV AoR is one of the components of the Protection Cluster. It facilitates a comprehensive approach to GBV prevention and response in humanitarian settings. UNFPA is the lead agency of the GBV AoR. Within the cluster approach, the GBV AoR is accountable to affected populations, the GBV sub-cluster and core global members for supporting:

- GBV sub-clusters and their ability to undertake core cluster functions.
- Implementation of the IASC Protection Policy in the areas pertaining to GBV in emergencies.

Therefore, the GBV AoR Strategy (2018-2020) contributes to the overall vision and mission outlined **in the GPC strategic framework**, for *protection to be central to humanitarian action* (Objective 1) and *protection response is timely, of high quality and relevant* (see Centrality of Protection section earlier in this chapter).

At the field level the GBV AoR may alternatively be known as the GBV sub-cluster, sub-sector or GBV working group. In settings where this language is unfamiliar or ill-advised, coordination partners may opt to name the coordination structure something more culturally and/or politically appropriate, such as “Women’s Protection”. This handbook uses “GBV sub-clusters” to encompass all of these different names and structures.



For GBV-related protection issues, the **Provider of Last Resort** is the GBV AoR lead agency (**UNFPA**), in coordination with UNHCR as the designated global cluster lead for protection and as agreed by the Protection Cluster at the country level. For GBV-related protection issues in settings where there is no GBV AoR, the provider of last resort is the lead protection agency on the ground.



The **global GBV AoR** develops effective and inclusive protection mechanisms that promote a coherent, comprehensive and coordinated approach to GBV at the field level, including prevention, risk mitigation, care, support, recovery and perpetrator accountability.



The **GBV AoR at the field level**, which is the GBV sub-cluster, facilitates rapid implementation of GBV programming in an acute humanitarian emergency setting, including liaison and coordination with other clusters/organizations (coalition-building), training and sensitization, strategic planning, monitoring and evaluation.

Establishing the GBV AoR at field level

Where there is a Protection Cluster: UNFPA determines if it has adequate capacity to assume a leadership position in this regard, including funding, staff (e.g. allocating a full-time, preferably mid- to senior-level staff person to the role of GBV coordinator) and technical expertise/ understanding of GBV. If it does not have the capacity to assume leadership: UNFPA works with the HC/RC, the Protection Cluster lead, the UN Humanitarian Country Team and relevant NGOs, Red Cross/Red Crescent Societies and government actors to identify and support an agency to take on a leadership role in the coordination of inter-agency GBV interventions. Sharing cluster coordination responsibilities with INGO/NNGOs is encouraged and they should be supported to meet these responsibilities, where feasible.

Where there is no Protection Cluster: If there is no Protection Cluster, but GBV has been identified as a priority area of concern and the cluster system is in place: UNFPA coordinates with other relevant entities and NGOs to support and/or establish an inter-agency GBV sub-cluster.

Where there is no cluster system in place: With none in place, such as in a situation where a national government is leading and wants to use an adapted cluster model or in a refugee context where UNHCR is leading the response through a refugee coordination structure: UNFPA should coordinate with the relevant entities (UNHCR as the lead in refugee settings; national authorities and NGOs in other situations), to determine the arrangements to support and/or establish an inter-agency, or co-led GBV sub-cluster. In some countries, a UNFPA GBV specialist may provide technical advice directly to the government (as was the case in Indonesia).



UNHCR has the mandate for ensuring the protection of and providing assistance to refugees. Implicit in this is the requirement to coordinate others' efforts in this area. As explained in the "**Refugee Coordination Model**", the UNHCR framework for leading, coordinating and delivering refugee operations, States have the primary responsibility for protecting refugees, and coordination is largely determined by the capacities and approaches of the host government. Wherever possible, responses are led by the host government and build on the resources of refugees and the communities in which they live.

In "**mixed situations**" (i.e. countries that have a **refugee response as well as a cluster system**), the coordination model should adapt in order to harmonize approaches and reduce duplication. It should expand or contract depending on the characteristics of the situation (the size of the emergency, the geographical locations of affected populations and capacity to meet refugee needs). Regardless of the form the coordination model takes, UNHCR maintains coordination and oversight structures that allow it to fulfil its ultimate accountability for ensuring the international protection and delivery of services to refugees.

— For more information on mixed situations, refer to the [Joint UNHCR–OCHA Note on Mixed Situations: Coordination in Practice](#) and the [UNHCR Refugee Coordination Model](#).

Settings with pre-existing inter-agency forums for addressing GBV

This body should always be considered first for coordinating GBV in a cluster context. Parallel structures should not be established unless necessary. Supporting the existing structure to address humanitarian needs is preferable. This scenario may be likely in natural disasters or government-led responses for sudden onset emergencies where development actors have pre-existing forums.

Possible scenarios and their solutions include:

- A gender coordination body exists to address gender generally, but this forum does not focus on GBV in emergencies. Possible solution: Create a GBV Task Force comprised of institutions working directly on GBV prevention and response with reporting or coordination lines to the existing gender coordination body and the Protection Cluster.
- A GBV coordination structure exists, but the group does not address the issue of GBV in emergencies. Possible solution: Create a GBV in Emergencies sub-working group.
- A national, government-led GBV coordination structure already exists, but a gap analysis indicates that this group is not as effective at addressing humanitarian needs as it could be. Possible solution: Develop a joint UNCT, HCT and NGO programme to bolster activities of this coordination structure.

Organizing GBV sub-cluster leadership

Every effort should be made to ensure that all partners inform decisions about leadership of the sub-cluster. Ideally, an NGO, a national agency or a local organization can share leadership with a UN agency. Involving local organizations, particularly WLOs, and national governments in coordination is a key priority for the GBV AoR to implement by 2020.

In all co-leaderships, regardless of their composition, the division of labour must be clearly articulated and communicated to stakeholders by establishing a ToR for the sub-cluster and developing a Memorandum of Understanding (MoU) on roles and responsibilities between the co-leads. (See Chapter 4 on implementation of the coordination group and terms of reference).

Some useful tips for successful co-ordination gathered in consultations for this manual are:

- Create opportunities for **team-building** exercises for the leadership structure: Between the coordinators as well as with the information management officer, GBVIMS or other relevant team member and management and administrative staff.
- Recruit to find **complementary skill sets** between the coordinators: For example, one coordinator may have expertise in the health sector and strategic planning, while another has strengths in GBV case management and fund-raising. Diversity in experience and specialization of the coordinators can strengthen the coordination group overall.
- Divide meetings efficiently to **maximize representation of the GBV sub-cluster**: Use the presence of more than one coordinator as an opportunity to provide greater coverage and voice in different meetings. For example, one coordinator can attend a meeting on GBV integration with food security, while at the same time another is attending a meeting to plan a multi-sector assessment. Co-ordination is not a policing function for both coordinators to monitor NGO versus UN responses in meetings. It presents an opportunity to make coordination more representative, responsive to local needs and efficient in a variety of planning and coordination meetings. On the other hand, if there is an important forum or matter to discuss (such as a key issue in the inter-cluster coordination group), the co-coordinators may decide to both attend to magnify their voice or presence. Co-coordinators should sit together to plan their weekly meeting schedules and divide them up equitably and strategically.

- **Rotate administrative or secretarial tasks:** Co-coordinators should share the administrative and secretarial workload. If only one partner always does these tasks, it often leads to tensions due to the heavy workload or different perceptions about authority. For example, note taking for meetings can rotate among coordinators and sub-cluster members.
- **Communicate and plan together regularly:** Co-coordinators should sit together and plan their goals, talking points and schedules regularly. In these meetings co-coordinators can agree on what they need from meetings; decide common messages and organize their work plans to allow for rest and professional development opportunities for each person in the team.
- **Streamline handover processes:** Co-coordinators need to stay informed of each other's work to be able to takeover from one another during leave periods or in an emergency. Have a regular hand-over system (with documentation) that each coordinator can provide to the other.

Localization of GBV coordination leadership

Recognizing the value of **localization** and building on World Humanitarian Summit commitments, the Protection Cluster and the AoR are seeking to ensure that all coordination leadership arrangements are guided by the principle – “**as local as possible, as international as necessary**”.²¹ This principle is coupled with the legal framework that national governments are the primary duty bearers to ensure protection of their citizens.

This does not require all sub-clusters to have local leadership but they should explore all the options for partnership with government or a local civil society member. There may be aspects of coordination that can be led by a local or national partner, while an international actor leads other aspects. There can be different coordination actors at different levels or phases of coordination. For example, a local NGO may lead a sub-national GBV sub-cluster, while an international NGO and UN agency lead at the national level. There is not one formula; each sub-cluster should discuss to determine how local coordination fits into a particular environment. What is important is that GBV sub-clusters engage in these conversations and take deliberate decisions about the feasible ways to promote and include localized participation and leadership in coordination.

Some options to phase in local co-leadership of coordination groups include:

- **Secondment:** Hire an experienced coordinator to work within the national NGO or with the government. This person performs the coordination leadership functions and works with the management to build the internal knowledge (through sensitization, training, etc.) and systems to support a coordination position in the future
- **Coaching:** Provide an experienced coordination specialist to work alongside the national/NGO coordinator for a set period of time, and support them in the development of an agreed set of competencies and skills.
- **Mentoring:** Provide an experienced coordination specialist to provide advice, guidance and support to the national NGO coordinator. This could be done face to face and/or remotely (full-time or part-time), depending on the amount of mentoring required.
- **Rotating/phased-in co-leadership:** The UN agency or international NGO co-coordinator or lead provides coaching or mentoring support to the local actors, to prepare them for and during the co-leadership role.
- **Direct funding:** An International NGO or UN agency provides funding to a national NGO to enable them to hire a coordinator. This could be combined with additional technical and advocacy support to build the national organization's networks with the donor community and strengthen their capacity to fundraise more independently.

This section above was adapted from guidance under development by the Global Protection Cluster with the AoRs. For further information, visit the [GPC website](#).

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21 For more information see the [initiatives](#) and [stakeholders](#) at [Agenda for Humanity Website](#).



See Annex 4: Sample terms of reference for GBV coordinator, GBV co-chair and field coordinator

More examples of ToRs for different modes of co-leadership can be found through the [GBV AoR website](#).



Promising practice

In Somalia beginning in 2015, the GBV sub-cluster created a phased approach to enhance local leadership of the GBV humanitarian response. In the first phase, the GBV actors elected a local NGO (*Save Somali Women and Children*) from the members and supported it to assume the role of co-coordinator of the GBV sub-cluster with the UN lead-agency. The ToRs for this position stipulated that this co-leadership arrangement was time-bound and would transition to another local actor (preferably government) within two years. Support for the local co-lead included attending training on GBV in Emergencies and mentoring from the Regional Emergency GBV Advisers (REGA). This structure was replicated with local NGOs co-coordinating sub-national GBV working groups alongside UN or international NGOs wherever possible.

Links between global, regional and field levels of GBV coordination

Regional Emergency GBV Advisers (REGA) represent the GBV AoR at the regional level and are based in UNFPA regional offices. Their work includes supporting UN actors, HCTs, governments, sub-clusters, GBV coordinators and national partners to:

- Establish and reinforce GBV coordination capacity, to successfully perform core cluster functions (facilitating training and workshops for GBV sub-cluster members, at national and sub-national levels, focusing on the nuts and bolts of coordination, international GBViE standards and guidance, strengthening of referral pathways, strategy development, high level advocacy, assessments, analysis, safe sharing of data and preparedness planning).
- Support the Humanitarian Needs Overview and the Humanitarian Response Plans process: analysis, building the narrative and manoeuvring the process.
- Catalyse contingency and preparedness planning through on-site action and capacity development (e.g. mentorship, inter-agency planning and training on systems and tools relevant to GBV and non-GBV actors).
- Support inter-agency leadership on GBV, and build capacity on GBV mainstreaming across humanitarian sectors and clusters.

The REGA are a first point of contact to discuss capacity needs, technical questions related to the response, and gaps that need a coordinated effort and increased attention. The main steps for a GBV coordinator to request a REGA for a support mission are:

- Contact the gbvaor@unfpa.org to receive a REGA request package; including a standard request form and mission criteria.
- At least two agencies sign the request and share the mission ToR. The ToR is specific for each context, and should be based on GBV sub-cluster needs and priorities and/or support to the HCT for the implementation of the Centrality of Protection.
- GBV AoR core members endorse the request (within 48 hours) and give feedback to enable inter-agency synergies and engagement during the mission.

In between missions the REGA provide longer-term remote support to GBV sub-clusters through coaching and advice, and building strategic partnerships at regional level. They promote localization within coordination, and the inclusion of local service providers in all capacity building efforts.

The GBV AoR also convenes several inter-agency, global task teams, which operate on a time-bound basis as well as reference groups, which operate on an ongoing basis to manage the annual work plan and focus on coordinating, supporting and improving thematic areas of GBV response and policy. These currently include:

- Learning Reference Group
- Policy and Advocacy Reference Group
- Minimum Standards Task Team
- Localization Task Team

The IASC Guidelines Reference Group works in close collaboration with the GBV AoR to promote the ownership for GBV prevention and risk mitigation across all clusters and sectors, but the group is not operated within the AoR.

The GBV AoR also manages an on-line Skype group and conducts a monthly call for the GBV coordination leads and co-leads in the field, which allows peer-to-peer exploration of thematic issues, sharing best practices and coordination resources. A Community of Practice on GBV coordination is active. To join the Community of Practice or the Coordination Listserv, GBV coordinators and other relevant coordination actors should contact the GBV AoR.

Relationship between a GBV sub-cluster and the Protection Cluster

If a GBV sub-cluster is established at the field level as part of the Protection Cluster or in another cluster-like format, the GBV AoR Lead(s) and the Protection Cluster Lead(s) have a responsibility to ensure that the activities of the GBV sub-cluster are supportive of the goals and objectives of the Protection Cluster and vice-versa. The GBV sub-cluster must work specifically on coordinating and implementing specialized prevention, mitigation and response programming related to GBV; and is also responsible for supporting the mainstreaming of GBV prevention and mitigation strategies (and, where appropriate, response services for survivors) throughout other clusters as outlined in the IASC GBV Guidelines. Also in line with the protection mandate, the GBV sub-cluster should work with relevant experts to ensure that cross-cutting issues (in particular MHPSS, gender, age and diversity) are integrated in the work of other clusters.

There should be close communication and collaboration between the Protection Cluster and the GBV sub-cluster through regular reporting and information-sharing processes, which may be defined by an information sharing protocol. GBV coordinator(s) should attend all Protection Cluster meetings, and GBV should be a standing agenda item in Protection Cluster meetings for regular updates. Effective coordination between the GBV sub-cluster and the Protection Cluster also includes ensuring compatibility of information management tools/templates (such as the 3/4/5W matrix, see Chapter 3), contributing to HPC processes and agreeing upon roles, responsibilities, informational products (dashboards, bulletins, etc.) and timelines.

There should also be significant coordination and collaboration on developing and disseminating assessments, SOPs and referral pathways. In some settings, the Protection Cluster have held workshops for joint development of SOPs on referrals (integrating GBV, child protection and other types of referrals), or have worked to create a single dissemination method for pathways, such as mapping or mobile apps.



See Annex 5: Q&A – How field-based sub-clusters work with the Protection Cluster



Promising practice

In Syria in 2018, due to escalation of the conflict and new crises in East Ghouta, southwest Syria and Idleb, the GBV sub-sector opted to have joint Protection Sector meetings with the Child Protection sub-sector and the MHPSS Working Group and their respective partners. In these meetings partners discuss overarching issues and review information that is essential for everyone. When needed, the GBV and CP groups hold separate meetings to delve into different, technical issues related to their areas of response. The positive effects of this practice include: 1) a reduction in the amount of time spent in meetings; 2) eliminating duplication of information and agenda items discussed with the same partners; and 3) having a holistic approach on the best protection response rather than having ideas in a silo that need to be connected.

2.6 Relationship between the GBV sub-cluster and other clusters

In addition to its responsibility to support GBV-specialized multi-sector programming, the GBV sub-cluster should work with other clusters to ensure that GBV prevention and mitigation activities are integrated into cluster strategies, work plans, programming, etc., as per the IASC GBV Guidelines. In this way, the GBV sub-cluster can provide technical and other assistance to clusters in meeting their GBV-related responsibilities.

However, the GBV sub-cluster is not responsible for coordinating the GBV-related activities of specific clusters. Cluster-specific coordination and implementation of GBV programming (e.g. ensuring the MISP is launched through the Health Cluster and that the WASH Cluster ensures sex-segregated latrines) is the responsibility of the respective cluster leads.

The IASC GBV Guidelines were first developed by an IASC sub-working group in 2005 and updated in 2015 by a task team of the GBV AoR. The guidelines assist humanitarian actors and communities affected by armed conflict and natural disasters to plan, implement, coordinate, monitor and evaluate essential actions to prevent and mitigate GBV across all sectors/clusters of humanitarian response.

The IASC GBV Guidelines summarize essential actions in the key areas of humanitarian response: camp management/camp coordination, child protection, education, food security and agriculture, health, housing/land/property, humanitarian mine action, livelihoods, nutrition, protection, shelter/settlement/recovery, water/sanitation/hygiene, and support sectors. The essential actions are presented according to the HPC and include GBV-related indicators for monitoring and evaluating actions through a participatory approach.

More detailed discussion of how GBV sub-clusters work with other clusters to implement the IASC GBV Guidelines can be found in Chapters 3 and 4.



Online tool

The IASC GBV Guidelines can be accessed on the [GBV Guidelines webpage](#).

Relationship with the Child Protection AoR

The GBV AoR and the CP AoR work together at the global and field levels to address GBV and its effects against children and adolescents, especially the response to the needs of child and adolescent survivors of GBV. Vulnerable children, such as unaccompanied and separated children, children with disabilities, children associated with armed forces and armed groups (CAFAAG) are targets for Child Protection programming, but they are also among the most vulnerable to GBV. In most of these cases, CP and GBV actors must work together to prevent and respond to GBV. Another area that requires collaboration is working with children of GBV survivors: too often these children fall through a service divide between GBV and CP actors. Therefore, coordination must be continuous to ensure that GBV and CP related protection services are truly serving these populations of concern and are accountable to them.

At the field level, it is important to work together to ensure that programming from GBV and CP actors are complementary, inclusive and making efficient use of resources without unnecessary duplication with regards to services for child and adolescent survivors. For example, a Child-Friendly Space may have integrated GBV programming, or a Women-Friendly Space providing GBV programming may have child protection aspects targeting adolescent girls. Having services with overlap can be useful; it may be a strategy to provide better access and to enhance confidentiality or privacy. However, if there is overlap its pluses and minuses should be assessed and analysed carefully to ensure there is direct benefit to the affected population. Services must not be duplicative due to a lack of coordination or for the benefit of individual agencies. Regular coordination between GBV and CP actors can build integration into programming as a strategic advantage, rather than working separately.

On the strategic level in the field, the GBV sub-cluster and the CP actors should coordinate for joint planning for policy, advocacy, capacity building, sub-national coordination and funding strategies. Together they must plan and recruit adequate resources to provide accessible and quality prevention and response services to combat GBV against children, including adolescents.

At the tactical level, it is critical that coordination occurs to maximize resources and ensure consistency of services across different sites of service. Some activities in this area may include joint service mapping and access monitoring, safety audits and joint trainings on referral systems or particular areas of response. Data collection systems should also be discussed to identify areas that need to be harmonized, both to ensure ethical, safe practices and accuracy in reporting. Case management systems should also be discussed and harmonized if needed to guarantee child and adolescent survivors have access to quality life-saving response services in an effective and timely manner.

At the most basic level, GBV coordinator(s) or delegated GBV sub-cluster representatives should attend the CP meetings regularly and there should be routine information exchange. Coordinators from both groups can facilitate information exchange by having "GBV" as regular agenda items in the respective meetings.

Some useful joint practices that have been identified at field level include:

- During service mapping, there is a clear identification of GBV/CP service providers who provide services for children from infancy to 18.
- The two coordination groups develop joint awareness or information, education and communication (IEC) material related to prevention of GBV against children and adolescents (i.e. child marriage) to ensure consistency.
- The two coordination groups work together to develop strategies to address the needs of adolescent girls to maximize accessibility and impact for beneficiaries and avoid duplication.
- The two coordination groups consult each other when developing SOPs and case management trainings to ensure quality child and adolescent survivors components are included.
- The two coordination groups should have information sharing agreements in place to share relevant information from CP Information Management Systems and GBV – IMS, as well as relevant assessment data.



Lesson learned

In 2018, the *Comprehensive Coordination Support to Child and Adolescent Survivors of Sexual Abuse in Emergencies Initiative (Child and Adolescent Survivors Initiative)* launched globally, focusing on four countries (Iraq, Myanmar, Niger and Sudan) to improve the quality of and access to response services for child and adolescent survivors of sexual abuse in emergencies.

A phased approach of in-country and remote support aims to enhance the knowledge base of practitioners and ensure coordination mechanisms in pilot countries have appropriate resources. This approach includes 1) providing the opportunity to build rapport to integrate support into existing coordination response plans focused on responding to child and adolescent survivors; 2) obtaining buy-in from stakeholders who coordinate, implement, and allow humanitarian access to respond to child and adolescent survivors; and, 3) investing in champions that directly support child and adolescent survivors and partner with key stakeholders who provide access.

The entry point for this initiative has been the CP and GBV coordinators at the national and sub-national level. Building rapport with these individuals (especially if there is a government counterpart) has been vital. These individuals have championed the effort with government partners, inter-sector colleagues, programmatic stakeholders, and senior humanitarian leadership.

A lesson learned is engagement of government actors is a critical step to obtain buy-in and access to pursue joint initiatives on GBV and Child Protection. Through the rapport of the CP and GBV coordinators (at the national and sub-national level), opportunities opened to: work with national actors who directly support child and adolescent survivors; access medical facilities to assess the quality of clinical care; and, discuss services for child and adolescent survivors with key stakeholders.



Coordination synergies between GBV AoR and Child Protection AoR:

- **Policy** including SOPs, referral systems and contextualizing Child Protection Minimum Standards related to sexual violence (Standard 9) for child survivors
- **Capacity building** particularly to promote survivor and child-centred approaches and for shared national partners
- **Information management** to ensure safe and ethical data collection and analysis and to support evidence-based advocacy and programming
- **Advocacy**
- **Funding** for Child-sensitive GBV prevention and response

Coordination with the Health Cluster

GBV sub-clusters work closely with the Health Cluster on issues of reproductive health and mental health related to GBV. The *IASC GBV Guidelines* provide detailed guidance on mainstreaming GBV interventions in humanitarian health services. However, the work shared between the GBV sub-cluster and Health Cluster goes beyond integration and requires special attention throughout the response to jointly identify and analyse needs, plan, implement and monitor the provision of health services to address GBV.

At the field level, the Health Cluster creates a framework for national and international partners to achieve the agreed health objectives priorities and strategies for the benefit of the affected population. The aim is to avoid gaps and duplication in the international health response and maximize the use of resources, including health services to address GBV. The Health Cluster also serves as the liaison between the local or national health authorities and humanitarian responders, making it a key partner for joint advocacy and policy initiatives with the GBV sub-cluster. Its lead agency at global and field level is the World Health Organization.

In many humanitarian settings, a reproductive health working group (RHWG), usually led by UNFPA, will be activated as a sub-group within the Health Cluster. The RHWG has responsibilities for ensuring the implementation of the Minimum Initial Service Package for Reproductive Health (MISP), including services and trained personnel to administer clinical management of rape (CMR) protocols (see Chapter 1, SRH and MISP programming).

If an MHPSS technical working group is active in the country, then it should be floating outside of the cluster system, but with strong links to the health cluster (as well as to protection, nutrition, education and CCCM clusters). An MHPSS TWG does not fall under any one cluster as it is a cross-cutting issue affiliated with the inter-cluster coordination mechanism. The MHPSS coordination group works closely with GBV sub-clusters to ensure that the mental health and psychosocial needs of survivors of GBV are on the agenda of the group and referral mechanisms are established.

Common **areas of coordination** between Health and GBV sub-clusters include:

- Ensuring preparedness and access to comprehensive care for survivors of sexual violence, including emergency contraception, post-exposure prophylaxis (PeP) for HIV, treatment of STIs, and psychosocial support and mental health care.
- Identification and health care for survivors of intimate partner violence (IPV).
- Data collection and analysis (including sharing responsibilities to ensure GBV specialists and CMR-trained, health responders are part of inter-agency assessment teams).
- Capacity building on inter-agency SOPs or referral pathways and survivor-centred care for

front line medical responders and psychosocial responses for GBV practitioners.

- Ensuring survivors have access to gender-sensitive medical information in a language that they understand and in line with the guiding principles.
- Mapping available services for GBV survivors and service readiness to respond to GBV, as well as establishing referral pathways.

Coordination should be continuous between the two coordination groups. However, it should be a top priority during the HNO/HRP process to agree before submissions, peer reviews and defence procedures on:

- Where and how strategic objectives and indicators on GBV will be included.
- Evaluating project proposals for HRP inclusion from GBV partners to the Health Cluster (and vice versa).
- Costing of the GBV response in each coordination body's plans and funding proposals to ensure adequate coverage and non-duplication.

Ensuring focal points or representatives from the Health Cluster and GBV sub-cluster regularly attend each other's meetings is a good strategy to maintain on-going communication.



Online tool

The following resources are essential reading for GBV coordinators:

- [Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies \(WHO, 2007\)](#)
- [Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons \(WHO, UNHCR and UNFPA, second edition\)](#)
- [Health care for women subjected to intimate partner violence or sexual violence: A Clinical Handbook \(WHO, UN Women and UNFPA, 2014\).](#)

The above resources and the [Health Cluster Guide](#) can be accessed at the website for the [Health Cluster](#).



Promising practice

For the Whole of Syria response in 2017 the GBV sub-cluster and the Health Cluster's SRH Working Group worked together to create a [strategy](#) to address the needs of adolescent girls. The strategy evolved from joint analysis during the Humanitarian Needs Overview (HNO), which identified adolescent girls as particularly vulnerable to sexual violence and child marriage, leading to early pregnancy. To develop the strategy, consultations were held with GBV, RH and youth specialists in the Jordan, Turkey and Syria hubs and focus group discussions conducted with 374 girls across 56 sub-districts of Syria. Then, the GBV coordinators and the RH coordinators from the three country hubs gathered in a workshop to discuss the recommendations and decide the priorities for the strategy.

The result was a joint multi-year strategy between health and GBV actors across the humanitarian response for Syria with a detailed action plan to "empower Syrian adolescent girls through the provision of humanitarian assistance to allow them to achieve equal rights and control over their lives, to make the choices that they want and to lead meaningful and happy lives." The tasks and responsibilities for GBV and RH coordinators (among other stakeholders) are clearly identified in the strategy and will be monitored for progress. See the full citation for the strategy in the resources in Chapter 6.



**Special
considerations for
adolescent girls**

Accessible service entry points and specialised outreach materials may need to be designed with specific attention to the needs of adolescent girls to ensure they can access adequate and appropriate sexual and reproductive health services. A key resource for improving inclusion of adolescent girls in the SRH components of the GBV response is the [UNFPA Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings](#).

Coordination with CCCM cluster

Coordination between the two coordination bodies should occur at the strategic as well as the operational or tactical, site level to ensure the guiding principles and humanitarian principles are applied, resulting in GBV risk mitigation and quality, equitable services across different sites and locations. These sites may include formal sites (such as IDP “camps” or Protection of Civilian sites) as well as an informal or spontaneous settlements and collective centres in rural or urban areas.

The GBV sub-cluster and CCCM cluster both benefit from close collaboration particularly at the *site level*, where GBV services are often located and referrals are frequently made. Camp managers are critical partners in monitoring and reporting GBV risks and ensuring access to information and GBV services. It is also essential to work with CCCM when engaging communities in consultations and assessments about GBV.

The GBV sub-cluster and CCCM cluster work together in an increasing number of contexts to improve protection from GBV. Some common areas or activities for joint planning include:

- Ensuring GBV component in CCCM cluster strategies.
- Development of GBV strategies for displacement sites.
- Discussing and agreeing upon information sharing protocols or systems, such as integration of safe and ethical collection of GBV related information as part of the Data Tracking Matrix (DTM), such as proxy data for early warning or risk identification.
- Joint development and monitoring of GBV related components of a CCCM Gender Checklist for sites and coordination activities.
- Joint safety audits for sites to identify GBV risks and find solutions with affected communities. For more information see Chapter 3 on Safety Audits and the Annex for a site observation tool developed in Nigeria in 2018.
- Training on making safe referrals and Psychological First Aid (PFA) for camp managers, community leaders and women and youth camp representatives.
- Joint advocacy and dissemination of IEC materials on GBV.

At the global level, CCCM cluster has been working to integrate GBV prevention and mitigation into its global camp management training package. CCCM cluster has also been actively involved in the development of the Pocket Guide “How to support GBV survivors when there is no GBV actor in the area” (see Annex 7) as it is recognized that camp managers are often the first contact for many displaced persons living in camp and camp-like settings.



Promising practice

The CCCM cluster and GBV sub-cluster began working together to prevent and respond to GBV in South Sudan from 2015. In a multi-year initiative, the two coordination bodies held trainings, a joint session at national level for strategic planning and a workshop bringing camp coordinators and GBV sub-national working group coordinators from the field to discuss areas for collaboration and information-sharing. Supported by the REGA, the two coordination bodies set up cross-sector systems and indicators for information management and sharing; joint safety audits; contingency planning and resource mobilization for further training and system development. In Haiti, the CCCM and GBV sub-clusters worked together to devise a GBV strategy for CCCM. These two contexts used joint strategic planning between the GBV and CCCM sectors to clarify and measure how to improve GBV prevention and response at the site and community level.



See Annex 6: CCCM GBV Strategy in Haiti

2.7 Coordination in settings where there are no clusters

In many settings without clusters, there will be a group of organizations responsible for humanitarian coordination, with one organization or individual providing overall coordination and leadership. Who takes the lead will vary depending on the context. For example:

- In refugee settings, UNHCR is the lead agency and may lead in organizing the response around the refugee coordination model.
- In mixed IDP/refugee settings, there are inter-agency guidelines for determining leadership and coordination structures. These arrangements are determined according to the context.
- In natural disasters, other UN agencies such as OHCHR or UNICEF may take the lead on protection, or a national government may determine another agency or coordination system to support its response.
- In some contexts, a "Protection Cluster" may not be formed, but a GBV working group or other type of coordination group that addresses GBV may exist.

For more detailed discussion, see also section above in 2.5 on establishing a GBV sub-cluster at country level, particularly on coordination in refugee settings where UNHCR leads.

Regardless of the country-level coordination arrangements, the GBV sub-cluster should aim to work in close collaboration with UNHCR and any other international or national agencies that have the specific protection mandate for that context and UNFPA as the global lead agency on GBV in emergencies. Gender theme groups, government actors and the affected population should work together to accomplish the following:

1. Establish inter-organizational, multi-sector GBV working groups at the national, regional and local levels, made up of GBV focal points and any other key multi-sector actors from the community, government, UN, international and local NGOs, donors, etc.
2. The national-level GBV working group should select a coordinating agency(ies), preferably two organizations working in a collaborative arrangement.

3. The national coordinating agency(ies) is/are responsible for ensuring that the actions described in this handbook are carried out at national, regional and local levels.
4. The coordinating agency(ies) is/are further responsible for supporting implementation of key activities described in the IASC GBV Guidelines.



Lesson learned

Experience in “Middle Income Countries” (MIC) in the Asia-Pacific region shows government-led responses that leverage the capacity of national actors and enhance existing disaster risk reduction policies and regulations has a positive impact on the humanitarian response. However, experience also highlights the need to:

- Provide technical support to the government to include “sensitive” sectors (protection, mental health, sexual and reproductive health and GBV) in humanitarian responses.
- Provide technical support to the government and national actors to subscribe to quality frameworks like the Sphere Standards.
- Establish clear triggers for international intervention (funding and technical expertise) in cases where there is no request from host government.
- Advocate for the activation of clusters to expand the application of guidelines, resource allocation and accountability mechanisms.

2.8 Other initiatives related to coordination

Call to Action

The [Call to Action](#) is a global, multi-stakeholder initiative that seeks to transform how GBV is addressed in humanitarian emergencies for better protection outcomes.

The members of the Call to Action are States and donors, international organizations and NGOs engaged in humanitarian response. The global GBV AoR is a member of the Call to Action, as are many of the agencies and organizations involved in GBV response at country level. The operational framework for the Call to Action is its 2016–2020 Road Map, which lays out the outcomes and priority actions required to meet the Call to Action goal. Members make commitments against the Road Map and report annually on their progress. Additional information about the Call to Action, including the list of current partners and the Road Map, can be found on the [Call to Action website](#).

The Call to Action complements and reinforces other existing initiatives by providing a global framework under which they can situate their country-level work. For example, both *the IASC GBV Guidelines* and the *GBV Accountability Framework*²² are commitments undertaken by Call to Action partners to provide guidance to humanitarian actors on the actions needed to ensure GBV risk reduction and response services are prioritized. The Call to Action also advances elements of the Women, Peace and Security (WPS) agenda and is instrumental in achieving a number of Sustainable Development Goals, including Goal 3 on Health and Goal 5 on Gender Equality. This initiative bridges the humanitarian–development–peace nexus and all areas of GBV response to humanitarian crises.

.....
22 The GBV Accountability Framework was developed and implemented by the [Real-Time Accountability Partnership \(RTAP\)](#) as an operational tool to promote system-wide accountability for GBV prevention and response in emergencies.

Relationship of the GBV AoR to the Call to Action

The strong links between the GBV AoR and the Call to Action are articulated in the Call to Action Road Map vision and outcomes. For example, Outcome Two states that “All levels within the humanitarian architecture promote effective and accountable inter-agency/inter-sector GBV leadership and coordination”. Other Road Map Outcomes focus on institutional policies; GBV needs assessments and data analysis; funding; and ensuring specialized GBV prevention and response services are available during every phase of humanitarian crises.

The GBV AoR Strategy (2018–2020), is aligned with the Global Protection Cluster Strategic Framework and the Call to Action Global Road Map, contributing directly to the focus on strengthened coordination, full engagement with local actors, improved quality of response and promotion of gender equality.

In addition, the GBV AoR has made specific commitments to the Call to Action, including on the development of minimum standards for GBV prevention and response, REGA support for improved country level coordination, global advocacy and coordination, and support to country-level GBV sub-clusters to actively engage local partners as co-leads or active participants.

Call to Action at field level

Call to Action Road Maps are being piloted in northeast Nigeria and the Democratic Republic of Congo (DRC). In both countries, Call to Action partners and other stakeholders are developing country-specific road maps that are modelled on the global framework, but adapted to their particular needs and opportunities. The GBV AoR and UNFPA coordinate this work in partnership with the Women's Refugee Commission and the Norwegian Refugee Council. The objective is to provide capacity in support of Road Map implementation, and to capture learning and produce tools enabling other countries to also implement country level road maps.

At a practical level, the GBV sub-clusters can use the Call to Action to advocate to governments and donor states, UN and INGOs, leveraging the Call to Action members' global and country commitments to provide funding, support quality coordination and response, adherence to standards, and GBV risk mitigation by all actors. The Call to Action Road Maps can also be utilized as a practical tool to work on inter-agency humanitarian leadership initiatives, including implementation of HCT protection strategies. In both pilot countries, there is an inter-agency leadership committee, which is linked to the HCT, which includes a donor, a government counterpart, UNFPA, and a national and/or international NGO. For further reference on how the Call to Action relates to advocacy, see Chapter 3.



Promising practice

In 2016, the *Real Time Accountability Project on GBV in Emergencies* conducted baseline assessments of GBV coordination, risk mitigation and response in Iraq, Nigeria, Turkey (cross-border Syria response), Myanmar and South Sudan. The study determined that Coordination was a key enabler for better response, including these findings:

- Donor funding for coordination is essential to ensuring effective GBV programming;
- Specialized global and regional technical support within agencies to support field actors is critical to success; and
- Capacity-building of local responders is key to preparedness and contingency planning.

The assessment led to the creation of a key tool, the GBV Accountability Framework, that pulls into one place actions that fall within the responsibility of donors, Humanitarian Coordinators, Humanitarian Country Teams, cluster leads, GBV coordination leads, and non-governmental organizations. This matrix of actions is drawn from existing IASC and other international validated guidance and may be useful to coordinators. The GBV Accountability Framework was launched and piloted through collective actions by humanitarian actors, intentionally broader than just the GBV sector, in South Sudan and Iraq from 2017 to 2018.

Coordinating with gender thematic groups

GBV coordination bodies in humanitarian emergencies will often find that there are a number of different agency gender advisors, focal points or thematic gender working groups in existence.

In some countries, particularly those with a development focus, there may be a pre-existing gender thematic working group in place (often chaired by UN Women and the Ministry of Women's Affairs in the government). Increasingly there will be Gender in Humanitarian Action (GIHA) Working Groups, often established or supported by inter-agency GenCaps (see Chapter 1) or UN Women aiming to mainstream gender issues across the different sectors of the humanitarian response in collaboration with the Protection Cluster or OCHA.

These can be good spaces to find common ground for partnerships and advocacy. While the gender working groups focus on gender equality and gender-mainstreaming programming is complementary to GBV work, they are not necessarily closely related and it is important to understand the difference in objectives.

To avoid duplication, ensure consistency and maximize resources, it is important for GBV coordination bodies and other gender-related actors to have clear understandings of their different mandates, responsibilities and priorities.

This distinction lies in the targets and focus of the different groups. Gender inequality is a key issue in improving GBV response and preventing GBV. As the coordinating body for GBV prevention and response activities, the GBV sub-cluster is more focused on direct, front-line services and prevention activities, and is primarily composed of GBV specialists. It also directly supports the implementation of the IASC GBV Guidelines. The gender thematic group (if focused on humanitarian action) works with all sectors to ensure that gender considerations are more generally taken into account.

The GBV sub-cluster can support the work of these groups on areas where there are mutual advantages (such as advocating for more women humanitarian workers to be involved in direct service delivery across all sectors of humanitarian response), but the GBV sub-cluster is not responsible for mainstreaming gender across the response.

Similarly, gender focal points and thematic working groups can support the work of the GBV sub-cluster, particularly on promoting implementation of the IASC GBV Guidelines, but they do not lead or have responsibilities for GBV specialist services or activities.

From the beginning of the response, the protection and GBV coordination lead agencies and where possible, their respective coordinators, should seek out the leads of gender thematic working groups to establish relationships and clear working arrangements, preferably written into the respective ToRs.

Ensuring a representative of the GBV sub-cluster attends GIHA, or other similar meetings, and vice versa can facilitate regular information sharing and exchange of ideas and support.



Promising practice

In Turkey in 2018 as part of the Whole of Syria response, the GBV sub-cluster co-leads the Gender Focal Points Network. Gender focal points are selected at cluster level and their role is to ensure gender mainstreaming in their respective sectors. Through the support of the GBV sub-cluster, these focal points were trained on GBV risk mitigation and the responsibility to bring the GBV agenda forward in their clusters has been added to their ToRs. They now support efforts to ensure GBV mainstreaming: for example, they provided presentations of GBV referral options in each of their clusters. This practice avoided duplication between GBV and gender thematic groups and maximized the use of available resources for both cross-sector gender mainstreaming and GBV integration.



Meaningful participation

When working with GBV thematic groups, the GBV sub-cluster can advocate for the identification of barriers to inclusion of local groups in these structures, including WLOs, LGBTI and gender focal persons from disabled persons and older persons groups. Barriers may include insufficient access to the venue for local groups, language barriers and inadequate representation by local women of the local groups. Where there are barriers, particularly to local women's participation in gender thematic groups, the group can integrate strategies for inclusion in their work plan, such as capacity building and advocacy. Analysing how gender and GBV sub-clusters can work together to mutually improve access of local and diverse partners to humanitarian coordination groups will enhance localization and gendered outcomes across the humanitarian response.

UN peacekeeping missions and conflict-related sexual violence initiatives

Peacekeeping coordination partners

There are currently 14 peacekeeping operations and one special political mission – the United Nations Assistance Mission in Afghanistan (UNAMA) as well as the African Union Mission in Somalia (AMISOM), which works with many of the same UN peacekeeping structures related to GBV. Some of the largest peacekeeping or political missions are in locations where humanitarian GBV sub-clusters operate, such as in Darfur, the Democratic Republic of Congo, Haiti, Mali, South Sudan and Afghanistan.

In these locations and in any new areas where peacekeeping missions are established in the future, understanding how to strategically work together with the components of these missions with specific mandates on GBV, including conflict-related sexual violence (CRSV), is a critical task for GBV sub-clusters (For further information on types of GBV including CRSV and the legal framework related to CRSV see Annex 1 and Annex 3).

The [2015 DPKO-DFS Policy on Protection of Civilians in UN Peacekeeping](#) provides the conceptual framework, guiding principles and key considerations for the implementation of protection of civilians (POC) mandates in UN peacekeeping operations. It includes the principle that a gender perspective is to be included in all plans, policies, activities, analysis and reports in relation to the POC mandate. Within this framework, the policy specifies the obligation for peacekeeping missions to address CRSV “comprehensively through the full participation and empowerment of women. All Women, Peace and Security resolutions are to be promoted and implemented to this aim” (para. 28). This policy further requires Department of Peacekeeping (DPKO) personnel to coordinate closely with humanitarian actors, and specifically the components of the Protection Cluster (para.26) (For more information, see the [GPC Diagnostic Tool and Guidance on the Interaction between field Protection Clusters and UN Missions](#)).

To operationalize this policy at the field level, pursuant to their mandate under Security Council Resolution 1888, where present, civilian **women’s protection advisers** are the key actors in a peacekeeping mission who coordinate actions across the mission and with humanitarians to address CRSV. **Gender affairs officers** may collaborate on awareness raising and training to address gender inequality, including other forms of GBV, and play a key role in promoting the implementation of the 1325 series of resolutions on Women, Peace and Security. DPKO **child protection officers** work within the mission and with UNICEF to address the six grave violations against children during armed conflict, which includes some forms of GBV. A GBV sub-cluster is likely to work with any or all of these civilian components of peacekeeping missions where they are present, particularly to ensure access to services and referrals for survivors; prevention and advocacy.



Conflict-related sexual violence refers to rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage and any other form of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is directly or indirectly linked to a conflict. That link may be evident in the profile of the perpetrator, who is often affiliated with a State or non-State armed group, which includes terrorist entities, the profile of the victim, who is frequently an actual or perceived member of a political, ethnic or religious minority group or targeted on the basis of actual or perceived sexual orientation or gender identity, the climate of impunity, which is generally associated with State collapse, cross-border consequences such as displacement or trafficking, and/or violations of a ceasefire agreement. The term also encompasses trafficking in persons when committed in situations of conflict for the purpose of sexual violence or exploitation.

— [Report of the Secretary-General on Conflict-related sexual violence \(S/2018/250\)](#), para 2 (April 2018)

GBV coordinators who are responsible for GBVIMS coordination will also work with these actors on implementation of the Monitoring, Analysis and Reporting Arrangements on Sexual Violence in Conflict (MARA), which is an accountability mechanism to prevent and respond to sexual violence committed by state and non-state parties to conflict. Coordination between peacekeepers/women protection advisers and humanitarian GBV and CP actors is crucial to coordinate advocacy and referral systems and ensure that data collection for the MARA is done in a safe and ethical way.

Similar structures and mechanisms exist for the monitoring and reporting on violations of rights of children in conflict, which includes sexual violence against children. GBV sub-clusters should ensure coordination with the Child Protection AoR, UNICEF and peacekeeping mission Child Protection Officers for advocacy, referral systems and data verification processes for the Monitoring and Reporting Mechanism on Violations of Children's Rights in Conflict (MRM).



**Information
management**

Further guidance on the relationship between the GBVIMS and MARA can be found at the [GBVIMS website](#).

UN Action Against Sexual Violence in Conflict

Another initiative that GBV sub-clusters should be aware of is [UN Action Against Sexual Violence in Conflict](#), although they are not present at the field level. UN Action is a network that brings together 14 UN system entities with the goal of ending sexual violence during and in the aftermath of armed conflict. Endorsed by the Secretary-General's Policy Committee in June 2007, it represents a concerted effort by the UN to amplify advocacy, improve coordination and accountability, and support country efforts to prevent and respond effectively to CRSV. Member entities can apply for funding from the UN Action Multi-Partner Trust Fund (MPTF). Pursuing a sustainable, holistic survivor-centred strategy, the MPTF aims to streamline joint programming on CRSV. More information on how to apply for MPTF funding can be found at [MPTF website](#).

UN Action functions through global representatives at UN Headquarters in New York. UN Action is comprised of a Steering Committee at the Principal Level chaired by the Special Representative of the Secretary-General on Sexual Violence in Conflict, as well as focal points who represent each entity at the working level. GBV sub-clusters can coordinate to directly reach out to relevant organizational UN Action Focal Points for assistance. In addition, the GBV AoR in Geneva coordinates with the UN Action Secretariat.



Online tool

GBV sub-clusters can reach out to **UN Action** for assistance with advocacy and to ensure that all 14 UN Action entities are working in a collaborative and complementary manner. This might also include reaching out to UN Action for assistance in bridging the gap between humanitarian intervention and peacekeeping/security, supporting a mission of the **Office of the SRSB for Sexual Violence in Conflict** or for catalytic funding to ignite appropriate UN entity action to combat CRSV. Find more information and resources at [UN Action website](#).

Team of experts on rule of law/sexual violence in conflict

Pursuant to its mandate set out in Security Council resolution 1888 (2009), the United Nations Team of Experts on Rule of Law/Sexual Violence in Conflict assists national authorities to strengthen the rule of law and address criminal accountability for CRSV. Areas of work include criminal investigation and prosecution, military justice, legislative reform, protection of victims and witnesses, reparations for survivors, and security sector oversight related to CRSV.

The Team of Experts is based at United Nations Headquarters in New York and deploys regularly to the field. The Team has a unique co-lead structure that includes members from several United

Nations entities to enable the United Nations to “deliver as one”. The Team Leader reports to the SRSG for Sexual Violence in Conflict, and the team currently comprises experts from DPKO, OHCHR and UNDP.



Promising practice

For GBV sub-clusters, the work of the Team of Experts is most relevant in places where the humanitarian response requires strengthening of the national justice and security sector responses to GBV in contexts affected by conflict, and specialized and survivor-centred expertise is needed.

For example, in the Central African Republic, the Team of Experts has been working with MINUSCA and UNDP to operationalize a rapid response unit within the police and *gendarmerie* to investigate GBV (known as the UMIRR), with strong referral pathways to humanitarian service providers. In the Democratic Republic of the Congo, the Team of Experts has been supporting the military justice authorities in investigating and prosecuting cases of CRSV. As part of this effort, the Team of Experts has been working with humanitarian organizations to facilitate protective measures as well the provision of medical, psychosocial and other support to survivors.

PART

2

**CORE FUNCTIONS OF
A GBV SUB-CLUSTER**

Checklist for GBV coordinators: Core functions and deliverables

Core function	Roles	Key deliverables
1. Support service delivery	<ul style="list-style-type: none"> • Providing platform for service delivery driven by Humanitarian Response Plan and strategic priorities • Developing mechanisms to eliminate duplication of service delivery 	<ul style="list-style-type: none"> • Service Mapping and 3/4/5Ws reporting matrix (who, what, where, when and to whom) • Standard Operating Procedures and/or referral pathways • Communication materials to facilitate access
2. Inform the Humanitarian Coordinator and Humanitarian Country Team's decision-making	<ul style="list-style-type: none"> • Preparing needs assessments and analysis of gaps to inform priorities • Identifying solutions for gaps, obstacles, duplication and cross-cutting issues • Formulating priorities based on analysis 	<ul style="list-style-type: none"> • GBV secondary data review • GBV in inter-sector assessments • GBV assessments (including safety audits) • Needs/gaps and priority analysis
3. Plan and implement cluster strategies	<ul style="list-style-type: none"> • Develop sector plans, objectives, indicators to support strategic response objectives • Applying and adhering to common standards and guidelines • Clarifying funding needs, priorities and cluster contributions to humanitarian funding proposals 	<ul style="list-style-type: none"> • GBV in Humanitarian Country Team Protection Strategy • GBV in Humanitarian Needs Overview and Humanitarian Response Plan • GBV sub-cluster strategies and work plans • Standards and guidelines activities
4. Monitor and evaluate performance	<ul style="list-style-type: none"> • Monitoring and reporting on activities and needs • Measuring progress against strategies and results • Recommending corrective actions, as needed 	<ul style="list-style-type: none"> • Supporting monitoring and evaluation frameworks for response (including 3/4/5Ws reporting) • Participating in self-evaluations, e.g. self-initiated or Cluster Coordination Performance Monitoring, and implementing recommendations
5. Build national capacity in preparedness and contingency planning	<ul style="list-style-type: none"> • Build national capacity in preparedness and contingency planning 	<ul style="list-style-type: none"> • Training/Capacity Building Matrix • Contingency plan(s)
6. Support robust advocacy	<ul style="list-style-type: none"> • Identifying concerns, and contributing key information and messages to Humanitarian Coordinator and Humanitarian Country Team messaging and action • Undertaking advocacy on behalf of the cluster, cluster members and affected people 	<ul style="list-style-type: none"> • Life-saving messages • Key messages on GBV • Briefing note on crisis • Talking points for Humanitarian Coordinator and Humanitarian Country Team • IASC GBV Guidelines advocacy • Advocacy strategy

CHAPTER 3



GBV coordination functions and roles

3.1 Core functions and roles of a GBV sub-cluster

The purpose of humanitarian coordination is to meet the needs of the affected population by means that are **reliable, effective, inclusive** and **respectful of humanitarian principles**, according to the *IASC Reference Module for Cluster Coordination at Country Level* (2015). Another module, the *IASC Reference Module for the Implementation of the Humanitarian Programme Cycle* (2015), offers further guidance on what is meant by coordination, and how coordination enables humanitarian action.



Effective **coordination** underpins all elements of the Humanitarian Programme Cycle. It serves to identify and meet priority needs, address gaps and reduce duplication in humanitarian response. It ensures that each aspect of the programme cycle is applied as part of a joint effort that uses available resources and capacities.

The next section outlines core functions and roles common to all clusters and sub-clusters in humanitarian emergencies, then explains how these relate to tasks or deliverables specific to GBV sub-clusters operating in countries in crisis.

Global inter-agency minimum standards for GBV prevention and response are being developed by the GBV Area of Responsibility (AoR) and will be endorsed in 2019/2020, which includes partners in the United Nations, non-governmental organizations (NGOs) and the relevant inter-governmental organizations in humanitarian action. Included is a minimum standard on coordination that provides an overview of expectations for the GBV coordination lead agency, the coordination group as a whole and its members. It is important to use these standards as a mechanism to establish agreement and common approaches to GBV interventions when fulfilling tasks and roles.

Minimum standard on GBV coordination

Coordination results in concrete action to protect survivors and other groups at risk and promotes survivors' access to multi-sectoral services and support mechanisms to mitigate and prevent GBV.

— GBV AoR 2019/2020

Functions and roles of a GBV sub-cluster

A GBV sub-cluster will be activated and sustained when it can be demonstrated that the sub-cluster adds value to a humanitarian response. In 2015, the IASC issued the [IASC Reference Module for Cluster Coordination at Country Level](#), explaining the functions and roles a cluster must play to contribute effectively to a response. A GBV sub-cluster must consistently show its ability to perform these functions.

The IASC requires the following **six core functions** from a cluster at country level:

1. To support service delivery by:
 - Providing a platform that ensures service delivery is driven by the Humanitarian Response Plan (HRP) and strategic priorities.
 - Developing mechanisms to eliminate duplication of service delivery.
2. To inform the Humanitarian Coordinator and Humanitarian Country Team's (HC/HCT) strategic decision-making by:
 - Preparing needs assessments and analysis of gaps (across and within clusters, using information management tools as needed) to inform the setting of priorities.
 - Identifying and finding solutions for (emerging) gaps, obstacles, duplication and cross-cutting issues.
 - Formulating priorities on the basis of analysis.
3. To plan and implement cluster strategies by:
 - Developing sector plans, objectives and indicators that directly support realization of strategic objectives of the overall response.
 - Applying and adhering to common standards and guidelines.
 - Clarifying funding requirements, helping to set priorities, and agreeing cluster contributions to the Humanitarian Coordinator's overall humanitarian funding proposals.
4. To monitor and evaluate performance by:
 - Monitoring and reporting on activities and needs.
 - Measuring progress against the cluster strategy and agreed results.
 - Recommending corrective action where necessary.
5. To build national capacity in preparedness and contingency planning.
6. To support robust advocacy by:
 - Identifying concerns, and contributing key information and messages to HC/HCT messaging and action.
 - Undertaking advocacy on behalf of the cluster, cluster members and affected people.

Deliverables for a GBV sub-cluster

Since these core functions and roles are common to all clusters and sub-clusters, it is important to understand how they specifically translate into the work of a GBV sub-cluster. The Humanitarian Coordinator, Humanitarian Country Team, Inter-Cluster Coordination Group, Protection Cluster and partners will expect the GBV sub-cluster to deliver particular products on a timely basis that correspond to each of these functions. The value of a GBV sub-cluster will be judged on its ability to fulfil those expectations.

The checklist at the top of Chapter 3 summarizes the correlation between cluster functions, roles and the deliverables that are most essential to an effective response to GBV in a humanitarian setting. The list of deliverables is not exhaustive. It is based on tasks and products that most closely correspond to the IASC-defined functions and roles of the coordination group, TORs of

GBV coordinators and recent practice. It also correlates to the *Inter-Agency Minimum Standards for Prevention and Response to GBV in Emergencies* (GBV AoR 2019/2020).

The checklist is a reference for GBV sub-clusters to define the most basic work it must contribute to the humanitarian response. Each of these functions will be discussed in more detail in the sections below.

Tickling boxes for each deliverable on the checklist is not enough. The way a GBV sub-cluster performs these functions and delivers these products in an efficient, inclusive and ethical way is discussed in Chapter 4, and can be further explored in the 2019/2020 minimum standards.

Information management as a cross-cutting process

Information management is a cross-cutting process that enables a GBV sub-cluster to perform these functions and results in deliverables. It is an integral, mandatory part of a GBV response from the start of a crisis.

Therefore, the GBV sub-cluster must dedicate time, planning and resources for information management throughout a humanitarian response to perform each of the six core functions. Dedicated information management resources are essential to perform these functions well, but these are not always available in all contexts or throughout the different phases of emergency. See Chapter 4 for guidance on how to manage these responsibilities if dedicated resources are not available.

GBV information management must always adhere to the guiding principles of ethical and safe data collection and reporting, including confidentiality and informed consent. Information about specific GBV incidents and/or information that might identify individual survivors should not be shared outside the context of direct service provision or case management. This practice is in line with the principles outlined through the GBVIMS as well as the Protection Information Management (PIM) process.

This chapter integrates information management guidance and tools into the explanation of the functions, roles and deliverables, as an introduction to **what** must be done. Chapter 4 contains guidance on **how** to get these things done.



Information
management

For an example of information management related to the GBV sub-cluster, see the [dashboard of the Whole of Syria response](#).

3.2 Core function #1: Support service delivery

The primary function of the GBV sub-cluster is to support service delivery to meet the basic needs and rights of the affected population. The GBV sub-cluster is a hub for service providers to determine: what services are needed; where; for whom; and how service delivery should be prioritized to deliver the best services. The GBV sub-cluster also supports service providers by enabling flow of information and communication between its members, humanitarian leadership, different humanitarian sectors and communities.

An effective GBV sub-cluster acts to prevent duplication or critical gaps in basic minimum services. The sub-cluster and its leadership are responsible for ensuring that service delivery is based on

the rights-based approach and addresses needs emerging from the humanitarian crisis. It should not be inefficient because of lack of planning, or driven by the needs of individual organizations to instil a footprint. Duplication and critical gaps endanger the integrity and efficiency of the response.

This responsibility for supporting service delivery is constant, but in the early stages of a crisis, it is the most important role played by the GBV sub-cluster. Through coordination, GBV partners can determine what services are present in which locations, and problem-solve together to fill critical gaps. The following “deliverables” are processes that facilitate provision of life-saving GBV services.

Service mapping and the 3/4/5Ws matrix

One of the highest priorities for any GBV sub-cluster is to know who can deliver what services in which of the crisis locations. Service mapping can take multiple formats. In a sudden onset crisis, service mapping may begin as a simple contact list of service organizations by location, compiled by making phone calls to check presence. It may next develop into a service directory table of focal points developed through field site visits and assessments. The service information will need to become a “3W Matrix” defining who, what and where in spreadsheet format, which can evolve into a more detailed matrix to meet the cluster’s reporting requirements to the Protection Cluster and OCHA. Eventually the service information should be geographically mapped. In all these formats, the service mapping shows the operational presence of GBV prevention and response actors.

Reporting on the 3/4/5Ws for a service mapping should be developed and refined with the continuous collaboration of the GBV sub-cluster members. Some key tips to keep in mind when building a service mapping:

- Who:** In the “Who” section, identifying GBV service providers may be sensitive, particularly in conflict areas. There should be a careful assessment of risks associated with publishing information about organizations providing services, particularly by geographic area. Appropriate safeguards must be in place. It may be possible to provide public formats of the 3Ws that do not reveal names or exact locations of partners, by using icons and larger geographic units.
- What:** The “What” section identifies services organized into categories or sub-categories, preferably using drop-down menu choices for consistency in reporting. The categories will need to be adjusted based on the context. Examples could include: health services (with CMR); GBV case management; PSS (specialized) or PSS (community-based); awareness raising activities; dignity kit distribution; legal services; livelihood services; capacity-building (of service providers); etc.
- Where:** The level of specificity required for the “Where” component depends on the context and the movement of populations. Mapping may begin on a larger administrative level (e.g. state or city level) and become more detailed as access and resources allow (e.g. to neighbourhood or block level). The use of drop-down menus for location is important, so information is consistent enough to be transposed to maps. Locations should be consistent with OCHA terminologies.

Service mapping of the operational presence only requires three of the five Ws, listed above. However, it is useful to include the fourth:

- When:** Complete the “When” column to assist with planning as early as possible in the evolving process of service mapping and monitoring. For example, if a project is

operating currently but will end in a few months, the GBV sub-cluster may need to seek additional funding or ask another partner to step in. Drop-down menus in Excel sheets can offer partners the options of an activity as planned, on-going or completed.

At another stage of more elaborate mapping, add the fifth W:

To whom: The fifth W of a 3/4/5W matrix tracks the delivery of services “to Whom”. This data is used to monitor activities and monitor the number of beneficiaries whom partners have targeted and reached with their activities, disaggregated by sex, age and disability where possible. This information helps to measure progress, and assists in evaluation. It also provides information required for strategic planning and funding reporting requirements. (See more detail on developing the information in the 5W in the section below on strategic planning.)

Here are some suggestions to help GBV sub-clusters implement and analyse **service mapping data**:

- Provide orientation on the purpose and use of service mapping and the 3/4/5W tools for partners. Information Management Officers (IMOs) need to develop a simple step-by-step guidance note on how to fill out the reporting template; the note should include a list of all definitions used in the matrix. In addition, IMOs will need to train partners on these definitions and how to fill out reporting templates, to ensure consistency and a common understanding among all partners. For an example of definitions for the matrix, see [Whole of Syria Operation Guidelines for Filling the GBV 4Ws](#).
- Use data visualization methods to communicate analysis of the data, such as dashboards, charts and graphs.
- Make use of available service mapping data from other sectors (for example, health sector mapping) wherever possible. Information from these mappings should be verified to ensure that services meet GBV quality and ethical standards.
- Verify and update service mapping information. This should be done by coordinators, supported or co-led by GBV IMOs, where available. It should be shared with partners and key stakeholders regularly. At coordination meetings, provide hard copies of the mapping to enable partners to visualize the situation and gaps so they can provide concrete and effective feedback. Partners may have irregular e-mail access or may not feel comfortable using Excel, so relying on them to update and email a complex 3/4/5W Excel spreadsheet is usually not the best method to reach them. Telephone partners for updated information, noting limitations of time, humanitarian access or internet access. Focus on verification of the information in the 3W component first, and then move to verification of the 4W and 5W components of a matrix.

Mapping services and operational presence is important because it is the first step in identifying critical gaps and developing Standard Operating Procedures (SOPs) and referral pathways, as explained in the next section.

Standard Operating Procedures

Standard Operating Procedures provide technical, operational guidance on procedures in crisis-affected countries for the referral and management of GBV services by specialists across the humanitarian response. These agreed procedures cover a number of key areas:

- Ethical and safety considerations and guiding principles related to confidentiality, respecting the wishes of the survivor, mandatory reporting and acting in the best interests of a child
- Reporting and referral systems (may include inter-agency referral form as annex)

- Mechanisms for obtaining survivor consent and permission for information-sharing
- Incident documentation and data analysis
- Monitoring

Make SOPs publicly available, where there are no security concerns about sharing protocols. This can be useful for local and regional locations and at the national level. Translate SOPs into government working languages or local languages because the procedures will be most effective when they are available in the language of the people who will use them.

Facilitate the development of SOPs – this is one of the GBV sub-cluster's most important jobs. The agency or agencies responsible for GBV coordination should initiate the SOP-development process as early as possible in emergency response. Organize a series of consultations with key stakeholders and actors in the setting where the SOPs will be implemented. The GBV sub-cluster should manage their negotiations and revision, and monitor their functioning over time. Inclusiveness, participation and transparency are crucial. Carefully plan and fund dissemination activities for SOPs.

Identify potential partners to lead the SOP-development process at the onset of the emergency. In the early stages of an emergency, it may be challenging to find personnel who can be dedicated to developing the SOPs, or for partners to prioritize the time to participate in the process. Though there can be resource challenges, SOPs need to be developed as fast as the context allows so that basic survivor-care services and essential prevention activities are rapidly put into place.

Establish "preliminary" SOPs for multi-sector response rather than waiting. It may not be possible to develop the entire set of procedures according to the IASC template during the emergency crisis phase, in particular where significant limitations are present, e.g. security, resources, political and cultural sensitivities. Some sections of the template require negotiation and discussion, which may not be feasible in the early stages of an emergency. Moreover, the full complement of actors to launch a multi-sector response may not be in place. In this case, the GBV sub-cluster should establish preliminary SOPs for multi-sector response while, at the same time, implement of the sector-specific recommendations in the *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (IASC 2015)* or the [IASC GBV Guidelines](#) in order to support humanitarian actors.

In preliminary SOPs, cover the most relevant and urgent sections of the SOP template. These should be developed, at minimum, by the health, MHPSS, security and protection actors who will implement the procedures. Consult the community, focusing on the needs of groups at highest risk. Bear in mind that SOPs are guidance for technical specialists and are not public outreach documents or information, education and communication (IEC) materials. Over time, revise the SOPs as more actors enter the setting and more services become available.

Consider asking senior management of the GBV sub-cluster member organizations to endorse the SOPs as an accountability and advocacy mechanism. Sense of ownership and accountability ordinarily evolves during the SOP-development process.

Initiate the SOP-development process at the emergency-preparedness phase, e.g. for an anticipated emergency such as a natural disaster. Once the disaster strikes, revise the SOPs to reflect services that are available on the ground.

Engage in regular updates (i.e. annually) where SOPs already exist, to ensure that the SOPs remain relevant to the crisis context and that the systems linking survivors to services remain functional.



Promising practice

In Jordan in 2014 as part of the Syrian refugee response, the Inter-Agency Emergency Child Protection and GBV SOPs and referral pathways were harmonized through a consultative process that included specialized child protection and GBV actors, government authorities and humanitarian workers. The same collaborative process was adopted for the rollout process and subsequent annual reviews and revisions. The SOPs are available in English and Arabic on [Relief Web](#). This best practice was further developed inside Syria in 2018. The GBV sub-cluster held a joint workshop with general Protection, Child Protection, and Mental Health and Psychosocial Support actors to develop integrated SOPs, and conduct joint launch and dissemination activities.



Online tool

To conduct workshops on developing and establishing SOPs on GBV, see the [GBV SOP Workshop Package](#) for the *Gender-based Violence Standard Operating Procedures Guide* (GBV AoR 2010). Additional information is available on the [GBV AoR website](#). The GBV AoR can also provide examples of recent SOPs to sub-clusters on request.

Referral pathways and protocols

In settings where public discussion about the establishment of GBV services poses security risks, proceed with extreme caution. In these cases, it may be most effective for GBV coordinators and partners to develop an abbreviated referral pathway with accompanying basic protocols for survivors and distribute this only to those who fully understand the GBV guiding principles. When and if the situation improves, comprehensive SOPs may be developed.

For example, the Whole of Syria response developed a list of focal point contacts that anyone could call; these focal points could then refer the survivor directly. Only the focal points had access to the referral pathways.

In sudden onset emergencies, referral pathways may be a precursor to the SOPs. In other settings, simple referral pathways are developed at site level to accompany the SOPs developed for a state or country-level response.

Use easy-to-understand terms explaining what to do and where to go for immediate service delivery. People most likely to refer survivors to services need to understand the referral pathways, which means they must be involved in the process of their development. Like SOPs, update referral pathways regularly. The frequency for review will depend on the stage of the emergency and the stability of the service environment.

Agree on how to share the referral pathways. Among sub-cluster members, identify with whom they will be shared and using which mediums. The aim is to balance protection risks to survivors and service providers with accessibility.



Special considerations for adolescent girls

Take specific measures to ensure that GBV services are tailored to the needs of adolescent girls and that such services are part of the pathway and are accessible. Consider this when designing SOPs, referral pathways and protocols. Specialized outreach materials relevant to the local context may need to be developed providing information targeted to adolescent girls.

Communication materials to support service delivery

Develop simple inter-agency communication products to accompany service mappings, SOPs and referral pathways. Use visual and multi-media aids and local languages to ensure that referrals are made to the right places in a safe and ethical way, and can enhance the provision of services.

Standardize material. This avoids confusion and potential for ethical breaches that can result from multiple formats and varied guidance on referrals within a single humanitarian response. The GBV sub-cluster can prevent this problem by creating or endorsing standard materials to help humanitarian actors in an emergency know how to respond ethically and safely if they receive a report about an incident of GBV. This may mean adapting parts of the SOPs or referral pathways for audiences who are not GBV technical specialists, emphasizing the guiding principles and communicating in multiple languages (see examples below).

Constant Companion

A Constant Companion is a portable tool that provides humanitarian practitioners with practical step-by-step advice on what to do if they are faced with a disclosure of GBV. It may include a decision-making flow chart, Dos and Don'ts of Psychological First Aid, and guidance on how to refer GBV cases.

This example of a Constant Companion was made available to humanitarian workers in English and Bengla.

Gender-Based Violence Referral Card

What can I do?

if someone I meet shares an experience of...

- Domestic Violence
- Rape, or other forms of sexual assault
- Sexual harassment
- Trafficking for the purpose of sexual exploitation
- Forced marriage, early/child marriage
- Threats of violence and harm

- Say calming words, but don't instigate physical touch to comfort them (e.g. don't try to hug them or hold their hand)
- Do not try to solve their problem yourself
- Inform the person that you can refer them to someone who may be able to advise or assist them
- Listen but never judge, and don't record their personal data – it is recorded only by the appropriate referral agency
- Maintain confidentiality and respect their wishes – if someone has experienced physical or sexual violence, encourage them to access health services within 72 hrs
- Always seek the person's consent before referring

CAMP 1E

Who can I call for help? AUGUST 2018

Emergency Services for Adults

Mukti +8801840299307 +8801829261788 Hours: 8:30 – 16:30 Sat-Thu	RTM/IIRC +8801829196540 Hours: 9:00- 15:30 Sun-Thu	Technical Assistance Inc. +8901690-338355 Hours: 8:00 – 16:30, Sat – Thu
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Emergency Services for Children Under 18 Years

Save the Children
+8801730905126
Hours: 8:00 – 16:30, Sat -Thu

In the Event of a Medical Emergency
contact the 24/7 Medicines Sans Frontiers (MSF) International
hotline phone number 01844-050199

Pocket Guide for referrals where there are no GBV actors

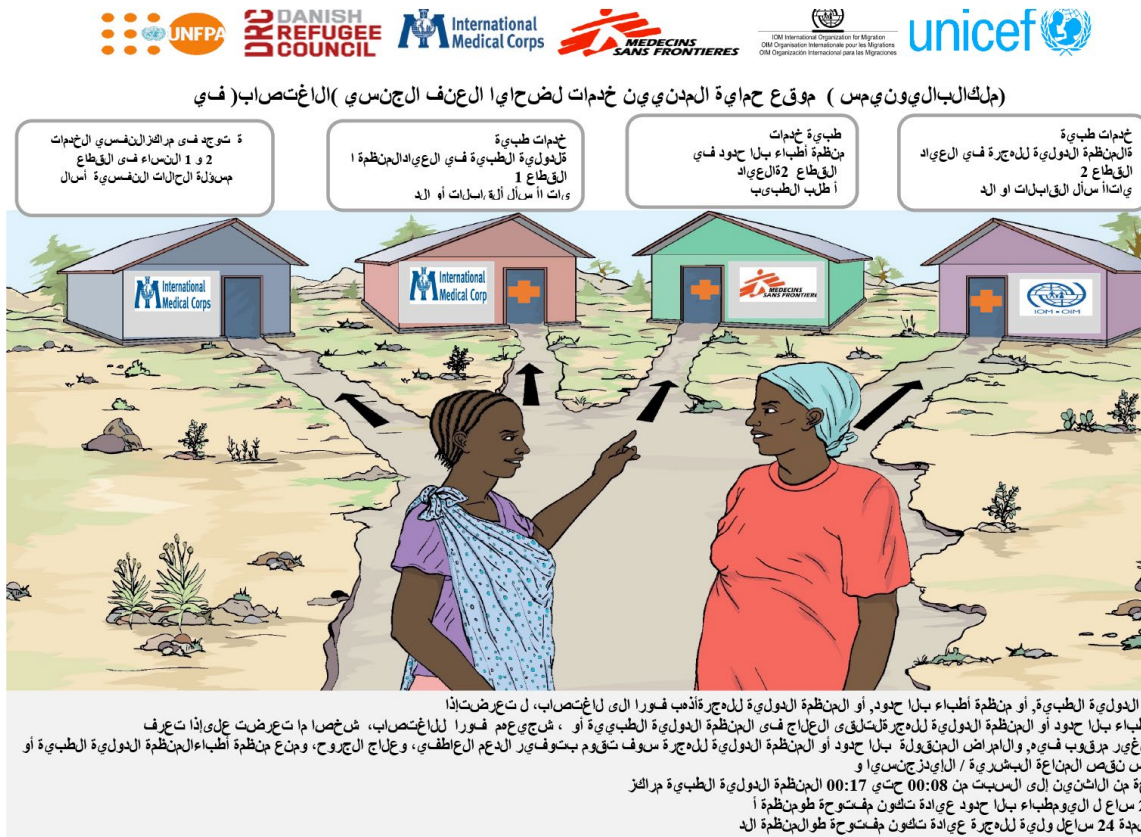
In consultations for this handbook, several current GBV coordinators reported success using the 2018 inter-agency *Pocket Guide for referrals where there are no GBV actors*. The pocket guide is endorsed at the global inter-agency level; links to the IASC GBV Guidelines and can easily be printed or downloaded as an interactive Pocket Guide mobile app. Coordination groups shared the pocket guide with other sectors and reviewed it with them to explain how to use it in their operational environment. See the Annex for key excerpts from the guide.



See Annex 7: Pocket Guide for referral of GBV cases when there are no GBV actors

Visual and multi-media aids

Visual and multi-media aids and the use of the local languages with referral pathways and SOPs enhance the provision of services. Where the technology is accessible, affordable and safe, online links to referral pathways or mapping apps for handheld digital devices may facilitate quick referrals directly from a field location. This example of a referral pathway comes from South Sudan.



Meaningful participation

Consult with a diverse group of local actors when designing and disseminating communication materials to support service delivery. These actors may include affected communities and their leaders, women-led organizations (WLOs), disabled persons' organizations (DPOs), LGBTI and older persons' organizations. Consultations should engage them in a process of analysing and designing effective communication materials. (e.g. pictorial items, radio messages, etc.) Also, identify risks and opportunities for referral pathway dissemination campaigns. Consultations may help determine priority groups or locations for dissemination or determine formats required to communicate with key target groups. Invite local actors to participate in dissemination where feasible and safe.

3.3 Core function #2: Inform strategic decision making


Informing strategic decision-making requires integration of the knowledge of the GBV specialists and context specialists with the evidence and analysis generated by assessments. Using information from assessments to generate collaborative, collective analysis of service-related needs, gaps and priorities will maximize opportunities to influence strategic decision-making.

Information-gathering to inform strategic decision-making takes many forms. Humanitarian actors often use assessments to gather the information for a “needs-based analysis” that leads to priority setting and decision making. A rights-based approach must be used at all times in assessment methods and data collection. Guard against the desire or demands to produce quick, visible quantitative data at the expense of providing nuanced protection analyses that combine quantitative and qualitative data, which are more effective at improving humanitarian response. This approach is in line with the PIM process. (See Chapter 4 on PIM and GBV.)


Assessments

The section below provides an overview of how assessments relate to GBV coordination functions and gives examples of some different types of assessments. It does not provide detailed guidance on how to operationally conduct individual assessments. More information on how to perform assessments is available through the Global Protection Cluster and GBV AoR.

Assessments are “the set of activities necessary to understand a given situation [...that include] the collection, up-dating and analysis of data pertaining to the population of concern (needs, capacities, resources, etc.), as well as the state of infrastructure and general socioeconomic conditions in a given location/area.”¹ Assessment followed by sound analysis helps ensure that project development and implementation, policy work, funding, and advocacy efforts are all rooted in evidence about the identified problems and related needs. A GBV coordinator is likely to encounter a range of assessment scenarios and types that must be synthesised and translated into collective analysis and priorities.

 The **purpose of an assessment** is to more clearly understand the situation and how it affects the lives of the affected population in order to design appropriate and effective interventions across multiple sectors. It is not for collecting prevalence information in order to make the case for GBV interventions.

Donors, cluster members, government representatives and other actors need to understand that collecting data on the specific number of GBV incidents IS NOT a priority in an emergency. The absence of such data should have no bearing on scaling up efforts to mainstream GBV prevention and mitigation across all sectors, or developing multi-sector response services for survivors. As noted in Chapter 1, the most important consideration for all types of GBV data collection for assessments (by GBV partners or other sectors) is this: “How can the information be used to safely promote protection for those at risk?”

 See Annex 8: Broadening the conversation on GBV data in South Sudan

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1 IASC Operational Guidance for Coordinated Assessments in Humanitarian Crises (2012), p. 6.

Roles and responsibilities of cluster coordinators for coordinated assessments

ROLES

- Supports inter-cluster and inter-sector assessments
- Coordinates intra-cluster and intra-sector assessments

RESPONSIBILITIES

- Supports inter-cluster/sector assessments
- Coordinates assessments of cluster/sector members
- Promotes the use of tools for harmonized assessments
- Sets out standards for cluster/sector assessments
- Promotes joint assessments within the cluster/sector
- Shares assessment data within the cluster/sector
- Supports cluster/sector analysis

— From IASC Operational Guidance for Coordinated Assessments in Humanitarian Crises (2012)

Sequence of key coordination deliverables related to assessments

- Secondary data review on GBV
- Integration of GBV concerns in multi-sector, inter-sector or other-sectoral assessments
- Specialized GBV assessments
- Needs/gaps and priority analysis based on critical discussion of information generated in secondary data review and across different types and phases of assessments

Assessment and subsequent analysis does not always follow this ideal, linear process. It is dynamic: stages and different types of assessments and analysis frequently overlap, and analysis of needs and priorities is an evolving process. For example, the political, communications and security environment often dictate what types of assessments are feasible and the extent and quality of assessment. Needs/gaps analysis may initially occur based only on a cursory GBV secondary data review and a multi-sector initial rapid assessment. Later, they can be revised when sectoral and specialized GBV assessments are possible. Secondary data review should occur repeatedly and can take multiple forms as a stand-alone deliverable as well as an integrated part of different types of assessments.

Some principles are constant in any humanitarian situation. Build each assessment on the knowledge generated through previous assessments. Do not initiate a new assessment unless there is review of secondary data and analysis already available, and a considered protection assessment that demonstrates the benefits of the data to be collected are greater than the risks. Avoid duplication or collection of any data that does not have a clear, ethical function for response.

For further information, consult the GBV AoR for resources and a toolkit on information management and assessments.



Information management

How can information management support needs assessment activities?

- Information on humanitarian needs is collected through assessments and their subsequent analysis. Undertaking assessments is primarily the responsibility of clusters/sectors and individual operational organizations. However, clusters/sectors are encouraged to seek the support of an IM specialist (from within the cluster/sector or OCHA) who may support the process in a number of ways:
 - Provide guidance on survey design and implementation including sampling, instrument development/adaptation, data collection, cleaning, storing, transformation, analysis and reporting (to ensure the quality, type and format of data collected meets the user's output needs and advise on relevant existing data).
 - Provide technical advice on data ownership, processing, management and outputs for distribution.
 - Where they do not already exist, clusters/sectors should develop appropriate strategies and tools for data collection, interpretation and verification, with support from the cluster lead.
 - Common, complementary or distributed assessment arrangements should be put in place where possible by OCHA and the cluster/sector leads to avoid over-assessment by multiple agencies.
 - Cluster/sector leads are to coordinate and share data collection efforts with the Information Management Working Group at the country level to ensure harmonization on data standards and avoid duplication of data collection.
- From IASC Operational Guidance on Responsibilities of Sector Cluster Leads and OCHA in Information Management
-

Key assessment approaches and tools

The following assessment approaches and tools are commonly used in humanitarian responses in relation to GBV. They can be used individually in early stages of a crisis or in combination as time, resources and security allow. Non-specialists can conduct some types of assessments, but only GBV specialists trained in assessment should conduct others, as indicated below.

When planning assessments, reference the [IASC Operational Guidance on Coordinated Assessments in Humanitarian Crises \(2012\)](#), which outlines the recommended assessment approaches for different phases of crises. Coordinators should use this guidance to advocate for collecting the right information at the right time and in appropriate formats.

Provide the [WHO ethical and safety recommendations](#) to all GBV coordination members (in local languages if needed), the ICCG and other humanitarian forums to ensure all actors understand the ethical requirements related to collection of data and information related to GBV.



See Annex 9: Summary of recommendations of WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies



Work with a range of different local groups in planning and implementing assessments. Some tips for inclusion in assessments are:

- Identify and include trusted WLOs and women responders in data collection and analysis, whenever feasible.
 - Include building capacity of local organizations for assessments in sub-cluster training plans.
 - Hold dedicated consultations with WLOs and other key local individuals or organizations when developing and validating Humanitarian Needs Overviews (HNO) and response strategies to ensure existing local strategies are strengthened and not undermined.
-

Secondary data review

Secondary data review (SDR) is a process used to identify available data. In the humanitarian sector, SDRs should be done prior to a primary data collection exercise (such as a needs assessment) or to complement primary data collection. Adapted from [ACAPS 2014](#), some of the most common purposes for SDRs are:

- To create an analytical overview of the information landscape prior to, or during an existing crisis. An SDR can often help identify baseline information, such as information about the affected area, affected people, sectoral pre-crisis information, etc.
- To identify information gaps to determine whether primary data collection is necessary.
- To inform design of the primary data collection, i.e. what data will need to be collected, who will be able to provide this information, where data collection will take place, and through which method.
- To create baseline information with which to compare primary data collection results.

SDR combines pre-crisis and in-crisis data, to look at all the information available that informs drivers, needs, the operational environment and risks.

GBV can be difficult to assess or measure directly for reasons of protection and access, particularly in the earliest stages of a crisis. Establishing a solid foundation of secondary data, such as census/health survey data, data collected during previous emergencies, public reports, academic research and media reports, is crucial to understanding the overall GBV situation. Development data related to the context may be helpful in establishing a baseline. Secondary data can be compiled quickly, requires fewer resources than primary data collection (such as interviews, focus groups, etc.), and places less of a burden on affected communities. Secondary data review is a sound assessment method which is as valid as front-line interviews because its basis is often research conducted with more sophisticated methodologies and without the time and access constraints that characterize many humanitarian assessments. Analysing secondary data is also a mandatory, preliminary step to identifying information gaps that need to be addressed through other assessment methods.

Secondary data review should occur at the beginning of a crisis and be updated. GBV sub-clusters should consider conducting a secondary data review on a six-monthly basis, but adjust as needed to the context.



Online tool

The Assessment Capacities Project (ACAPs) provides technical guidance and resources related to humanitarian assessments. Their website includes several reports and resources that provide overviews of secondary data review methods. Access their resources at [ACAPS website](#).

Initial multi-sector rapid needs assessment

One of the first steps in the Humanitarian Programme Cycle (HPC) and a high priority for the GBV sub-cluster is ensuring that GBV-related issues are included in inter-agency rapid assessments that become the basis for initial humanitarian appeals. These are sometimes referred to as initial rapid needs assessment (IRNA) or MIRA (multi-cluster/sector initial rapid assessment).

GBV cannot be overlooked in these initial assessments. GBV coordinators encountering resistance to including GBV-related questions in a rapid needs assessment can refer counterparts to the IASC GBV Guidelines, which emphasize the responsibility of all sectors to address GBV in assessments. The IASC GBV Guidelines provide detailed information and suggestions for indicators by sector. Conversely, there are some standard indicators related to GBV in guidance materials on humanitarian assessments that may be inappropriate to collect in some contexts as part of a MIRA (such as number of sexual violence cases or number of GBV cases per 10,000 people). GBV sub-clusters should be included in the review and creation of any inter-agency rapid needs assessment.

A multi-sector rapid assessment should provide information about risk profiles and accessibility, not collect data about GBV incidents. Risk and accessibility information can be gathered in many locations without GBV specialists and does not necessarily require more personnel or time. It is important to set expectations, so that enumerators understand that the data collected in this rapid and non-specialist format may not reveal GBV occurrence. It can document other information to analyse GBV risks, service needs and response opportunities.

All enumerators should be provided basic training on gender and protection, including GBV. It is also advisable for enumerators to know who the GBV focal point is in their location and have their contact information, so they can refer any GBV-related questions or issues to the focal point immediately. The GBV sub-cluster can make a valuable contribution by providing technical advice to support an initial rapid needs assessment.

When planning initial assessments, it is important to focus on the information that is most needed, and which there is capability to use. Before making recommendations about data to collect, sub-clusters should chart how each piece of information they recommend will be used, by whom, when it will be used and what format the information must take in order to be useful. Qualitative and quantitative data should be considered. It is advisable for female enumerators to interview women heads of households and to facilitate women-only focus group discussions in order to gain trust and assess women's needs.

Points to consider for initial rapid assessment tools and guidance notes:

- Sex, age, gender identity and disability disaggregated data.
- Higher risk or early warning indicators, such as data on numbers and concentrations of female-headed households or unaccompanied children.
- Access to information about availability of humanitarian services, including ration cards, food distributions, shelter, health services (including reproductive health), family reunification, etc.
- Information about women and girls' mobility, e.g. can they safely move inside the area; attend distributions, gather firewood, go to women-friendly spaces, etc.

- Perceptions about safety.
- Capacities for empowerment and support, e.g. what WLOs or DPOs exist, what previous activities or organizations exist with a protection or GBV background, etc.
- Information or guidance about the gender/age of assessment enumerators and respondents, and context that affect interpretation of data (data collected in group or individual settings).
- Informed consent/privacy/confidentiality, e.g. informed consent must be provided by the individual respondents – not only the household or village head. Enumerators do not need to collect private, identifying information during documentation.

When making recommendations about data to collect, there should be consultations with OCHA to understand the potential for and challenges to collecting each type of information at that stage and security level of the emergency. Information about enumerators collecting the information (which affects the data and analysis) and informed consent should be part of assessments at any phase of the emergency.

Humanitarian workers should consider how GBV will be reflected in multi-sector rapid needs assessments during the preparedness and planning phase – not only during the onset of the emergency. Especially in disaster-prone settings and complex emergencies, GBV sub-clusters (and lead agencies) should make sure that risk-informed programming includes developing MIRA/IRNA templates and training on integrating GBV into initial rapid needs assessments. The sub-cluster may develop a roster of people who are trained in GBV and assessments. They can participate in assessments if there is a sudden onset of an emergency.

In some countries, OCHA provides cross-sector trainings on inter-agency assessments. The GBV sub-cluster can participate in two ways. First, the GBV sub-cluster can give a session as part of the training or provide a tip sheet on GBV and assessments for all enumerators. Second, the GBV sub-cluster can appoint its members to attend the training, so there is a pool of GBV specialists who are able to provide technical advice either on a mission, or remotely peer-to-peer to other enumerators. In countries without clusters, GBV actors may work with the government or other relevant authorities to create an inter-sector assessment preparedness programme.



Lesson learned

In 2012 in Nepal, an inter-agency guidance note was updated to accompany the standard MIRA template, providing question-by-question guidance to assessment planners and enumerators, and integrating GBV considerations. It explains what questions to ask, when, where and how to explore GBV-related concerns without posing protection risks. For example, the note explains which questions only female or health-trained enumerators should ask. This MIRA guidance note and roster training became part of a disaster preparedness plan, feeding into assessment processes following the 2015 earthquake. The lesson learned is that the most important information to integrate GBV into an assessment is not always found in the list of questions for a MIRA; it may be in the guidance note, training materials or preparedness plans. A [copy of the guidance note](#), including template questions, is available through the Nepal Resident Coordinator's office online.

Rapid assessments from other clusters

Rapid assessments analyse a situation quickly to determine whether and how clusters/sectors should initiate programmes. The IASC GBV Guidelines provide information for working with other clusters/sectors to integrate GBV concerns into assessments: they identify key questions or “prompts” that can be used when designing assessments to contribute to project planning

within and between sectors and clusters. However, the IASC GBV Guidelines caution that GBV-specific assessments – which include investigating specific GBV incidents, interviewing survivors about their specific experiences, or conducting research on the scope of GBV in the population – should be conducted only in collaboration with GBV specialists and/or a GBV-specialized partner or agency. In all cases, someone knowledgeable and experienced in GBV programming should be part of the assessment team(s) in order to ensure all GBV-related issues are explored in an ethical and safe way.

Advocate for the safe and ethical inclusion of GBV-related questions in assessments from other clusters, including those undertaken to inform the HNO. These assessments are typically the main sources of information for defining the most pressing needs and, subsequently, designing strategies and mobilizing resources to meet those needs. Therefore, it is crucial to include GBV considerations in these assessments as a life-saving priority. For more information, see the [IASC Needs Assessment Overview](#).

GBV sub-clusters can use data from other sector's assessments. For example, if the Food Security and Livelihoods Cluster (FSL) identified GBV-related information in a distribution area, there may be sufficient information to proceed with GBV response activities without immediately collecting more information. Information that is not explicitly related to GBV can also be used, such as information related to site and shelter conditions and layout, household composition, access to resources, etc. The Shelter, WASH, Health, Nutrition, FSL, and Education sectors all collect information that can inform GBV coordination and programmes. Child Protection Assessments may also contain particularly relevant information for ensuring prevention and services for child and adolescent survivors are targeted and effective. Using cross-sector data will help to avoid duplication, improve efficiency and speed up response timeframes.



**Special
considerations for
adolescent girls**

Consult the Child Protection AoR, Education Cluster and other sectors to share assessment data related to the needs of adolescent girls. This is also an opportunity to promote the safe inclusion of adolescent girls in assessments and analysis across the humanitarian response. GBV sub-clusters should join these other sectors to ensure that data is disaggregated by sex and age, and clearly identifies adolescent girls; such data should be collected, analysed and included in strategic planning and funding processes. As part of the Whole of Syria response HNO process, focus group discussions (FGDs) were tailored for consultations with adolescent girls, while separate FGDs were also conducted with adolescent boys.

GBV assessments

While beneficial, rapid assessments do not usually involve in-depth analysis. Therefore, they cannot always provide all the information needed to plan or evaluate comprehensive GBV prevention and response programming. For this reason, GBV-focused assessments may need to be used to supplement these sources. When planning a GBV assessment, there are several guidelines that should be followed.

Guidelines for planning a GBV assessment:

- Analyse the information needs, protection risks, resources and ability to use new GBV information to determine if a GBV-specific assessment is advisable (see the [WHO ethical and safety recommendations](#) on needs versus risks). Assessments should not be conducted just for the sake of assessment, but based on a strong analysis of the benefits the assessment will bring to the GBV response and the affected population.

- Engage different GBV partners when conducting the assessment so that it is “inter-agency”. This approach not only capitalizes on the human and financial resources of several agencies; it also promotes coordination and cooperation of GBV partners at the earliest stages of emergency response. Key partners might include those from the Health Cluster, government representatives (where appropriate), at least one NGO partner (in order to prevent the assessment from being “UN-led”) and the lead coordination agencies of the GBV sub-cluster.
- Be realistic about timing and resources available to collect data. In the early stages of an emergency, the goal is to collect information about the situation and produce a report as quickly as possible – ideally within two weeks of launching the assessment. Only collect data that is needed and can be directly used to improve services.
- Train enumerators (even GBV specialists) on implementation of the ethical and safety standards for collecting information on sexual violence and other forms of GBV during an emergency. This includes scenario-based training to ensure best practices during field-based data collection. Such issues may include separation of data, data storage and security, legal and/or policy requirements for collection or storage of personal data, and security issues related to staff conducting or facilitating assessments. There should be significant advance planning dedicated to this training and/or a “test” that enumerators need to pass to ensure they can implement the guiding principles and relevant data protection practices before collecting data.

Templates that can be used to plan and implement GBV assessments are available in the [GBV Assessment & Situation Analysis Tools \(2012\)](#):

- Safety audit tools
- Legal/policy assessment tool
- Situational analysis tools
- Key informant interview guides
- Focus group discussion guides
- MISP checklist
- Sexual violence assessment form
- Service audit tools

Additional resources on assessments are available in Chapter 6. Quick reference tools for safety audits, key informant interviews and a guidance note on including persons with disabilities and caregivers in GBV assessments are attached as Annexes.

Safety audits

Safety audits, which assess site-related GBV risks, often fall between inter-agency or sector rapid assessments and specialized GBV assessments because of their many variations in type and scale. In the earliest days of a conflict-driven crisis, they can be conducted quickly and effectively by trained GBV or gender specialists by using observation only: this is sometimes a necessary methodology to avoid protection risks to community members and vulnerable persons that can be generated by conspicuous humanitarian workers asking questions in a highly tense security environment. In many other situations, a safety audit involves more detailed questions and longer observational times that can be conducted in a participatory manner with affected communities. For example, safety audits can be conducted through community-based safety mapping exercises or joint safety walks if there are trained personnel and community members and the safety situation allows.



See Annex 15: UNICEF and CARE community mapping exercise.

These types of audits may require months of planning and training, and may be integrated into other programmatic activities, such as community leader training or women's empowerment activities. In some situations a safety audit is best conducted rapidly in collaboration with another sector, such as Camp Coordination and Camp Management (CCCM) or WASH, to identify risks and solutions that cut across different areas of service. When security conditions allow, participatory methods involving multiple agencies and sectors often yield better results.

Safety audits have increasingly become the preferred assessment method because they are quick and require minimal training. However, safety audits should not be viewed as an "easy" or a "one-off" assessment. Rather, safety audits should begin a process where humanitarian workers and communities monitor the results of a safety audit to determine if actions were taken to mitigate the risks identified in the initial audits, and to determine how programming can better respond to specific areas of risk or deeper causes of these risks. Safety audits then become tools of empowerment for communities as well as tools to hold governments and humanitarian workers accountable for the results they produce. Whenever a safety audit is conducted, a framework to monitor its results should accompany it.



Promising practice

In 2016, IOM initiated a system of safety audits in Iraq as a component of its Data Tracking Matrix (DTM) to identify GBV risks in shelters for internally displaced persons (IDPs). The Safety Audit tool evaluates site-level GBV risks associated with physical structure, layout and provision of shelter, as well as collects information about overall risks associated with the site organization and infrastructure, WASH and accessibility of services. The data is collected by direct observation and then validated by key informant interviews. Photos of physical safety risks are taken as part of the audit for evidence and for follow-up with off-site technical experts. Some qualitative and quantitative data from the safety audits is available and visually mapped [online](#).



See Annexes: GVB safety audit tool from IRC, Guidance on Joint Observational Site Audit (CCCM Cluster/IOM); IRC Focus Group Discussion guides, IRC/WRC guidance on persons with disabilities and caregivers in assessments, Service audit template – security sector; and the UNICEF and CARE community mapping exercise.

Ensuring quality and guiding principles across assessments

Adopt endorsement criteria for assessments, in particular if there is a proliferation of duplicative assessments or assessments are being conducted by individual agencies/NGOs without adhering to guiding principles. This process asks GBV (or other sector) partners to share GBV assessment methodologies beforehand for peer review, which can identify if the assessment applies best practices or duplicates other assessments. The GBV coordinator or a technical working group may then provide recommendations in a simple standard format for improving the assessment. When the assessment is completed, partners have an opportunity to share their findings with the GBV sub-cluster, and their findings can be endorsed and their assessment shared widely. Protection

Cluster partners, OCHA and donors should be informed about the endorsement criteria, so they can promote compliance with its best practices among their partners and other sectors.



Information management

Ensure that analysis from assessments is communicated to all partners in order to avoid duplication of information. This process is best led by the IMOs in the GBV coordination team. This coordination is also done to protect the affected population, who may suffer from assessment fatigue due to a proliferation of partners asking the same questions. The IMO can advise partners on information gaps, so partners can target their needs assessment to collection of data that is still missing.

Needs/gaps analysis and prioritization

The real value of assessments lies in the analyses of the information. Information is compiled from assessments within the GBV sector and across other sectors and synthesized in an analysis of how the crisis is affecting those we seek to assist, the underlying vulnerabilities, and needs and gaps. The needs/gaps analysis is an important step in informing the HNO and HRP (covered in the next section), as well as other strategic planning exercises, such as action planning or advocacy planning.

The first step in a needs/gaps analysis is making assessment data available to sub-cluster members. Compile assessment data in an easy, accessible way, such as sharing via Google Drive or Dropbox. Share assessments in meetings and by email for partners who may not have regular access to the Internet. GBV coordinators and IMOs should carefully screen each assessment to ensure the guiding principles and protection of service providers, communities and survivors. Regularly presenting assessment data will also allow partners to integrate analysis continuously into programmes.

A needs/gaps exercise is based on assessment information, but it benefits most from having the multiple viewpoints and backgrounds of different GBV sub-cluster members applied to a joint analysis. Plan this exercise to maximize the participation of the local actors who are members of the GBV sub-cluster. GBV sub-clusters may wish to devote a special meeting, or hold a workshop, for the exercise. The needs/gaps analysis does not have to be complex or lengthy. It can be a simple, facilitated brainstorming session using a white-board that utilizes the assessment data and experiences of partners.



Needs/gaps analysis is best done in a joint setting where different actors with various expertise come together and analyse data to reach a common understanding of needs and gaps in the humanitarian response to GBV, as well as the solutions that may be available to fill them. The information to be analysed should come from diverse sources. In addition to specialized GBV assessments, consider assessments from other relevant clusters and information from local actors.

The exercise will generate more needs and gaps than can be addressed in a single, humanitarian response, and actors will need to **set priorities**. After the gaps are identified, partners will need to find the most effective method for prioritizing the gaps it will aim to fill. Sometimes this may mean identifying solutions for how gaps can be filled through other sector's responses, or through multi-sector responses – not only stand-alone GBV programmes. Criteria for prioritization will vary according to context, but gaps with immediate consequences for saving lives should be prioritized, such as basic access to health services with post-rape treatment. For example,

partners can fill in a matrix together (see sample below), which is then translated into a narrative for strategic planning.

Needs identified in assessments	Resources available to address these needs (services, skills, access)	Resources needed = Gaps	How can we fill those gaps?	Priorities: How urgently do we need to fill each of those gaps? Ask: are lives in danger if this gap is not filled?

Consider participatory methods for gap analysis involving affected communities, either as part of the GBV sector’s analysis, or ensuring GBV is integrated into the multi-sector community consultations coordinated for the HNO. Determine if the security context and time allows for participatory methods. Give consideration to what affected communities express as priorities. Carry out human rights and gender equality analyses of the assessment methodologies and how community-based priorities could affect marginalized groups.

3.4 Core function #3: Planning and implementing cluster strategies and funding appeals

Strategy development

The GBV sub-cluster will produce several key strategic pieces of work each year, including its contributions to the annual HRP. The strategies serve the following purposes:

- Establish common understanding and priorities to guide planning and implementing their individual organizational or sector responses.
- Establish common criteria and indicators for evaluating progress in the response to GBV.
- Establish a common and credible basis for funding appeals.
- Organize workflow in a transparent and predictable way.

Strategies are processes, not merely documents. In the process of formulating strategies, the GBV sub-cluster has the opportunity to build consensus around a common vision and strengthen its support networks. The different types of strategies discussed below: 1) help everyone know where they are going; 2) help everyone know why they are going there; 3) provide a platform to get there together.

GBV in HCT Protection Strategies

The GBV sub-cluster provides technical advice and inputs for the formulation or revision of HCT Protection Strategies in coordination with the Protection Cluster. This is an opportunity for GBV actors to support development of cross-sector humanitarian work and advocacy. Integrating GBV into country-level strategic protection strategies can help build longer-term sustainable impacts

on the GBV response that extend further than programming at the operational and community levels. Issues that require resolutions beyond the reach of day-to-day service delivery, but that affect the availability of GBV services, can be addressed here. Examples of these issues may include ensuring site space for GBV service delivery or improving access to justice services for excluded groups. The HCT Protection Strategy does not solve these individual problems, but it creates the platform to address these types of higher-level issues affecting GBV service delivery in a response. Ensuring GBV is reflected in the HCT Protection Strategy sets the foundations for the rest of the strategic humanitarian planning and funding appeals. (For examples GBV in HCT Protection Strategies, see Centrality of Protection in Chapter 2.)

HNO and HRP Cluster Response Plans

The HRP builds upon the HNO and is the main planning instrument and collective fundraising tool for a humanitarian response. The HNO describes the impact of a humanitarian crisis, provides and explains an estimate of the affected population, analyses their situation and gives an overview of the operational environment. The HRP is usually compiled annually, with a mid-term review, but it may vary according to the context.

The GBV sub-cluster provides inputs to the HNO based on the assessments and needs/gap analysis described above. It does so by participating in the joint inter-sectoral analysis process. The sub-cluster also formulates a Cluster Response Plan for the HRP.

GBV coordinators should negotiate with the Protection Cluster and OCHA to ensure the humanitarian needs analysis of GBV is highly visible throughout the HNO. A stand-alone GBV component in the HNO is advantageous, as is analysis of GBV risks and response needs integrated throughout the cross-sector analysis. A strong and clear analysis of GBV in the HNO casts the mould for a strong and visible GBV component in the subsequent HRP.

Tips for inclusion of GBV in HNOs and HRPs

Humanitarian Needs Overview

- Ensure the GBV needs analysis is **tailored to the context**. Avoid generic descriptions of GBV; explain **who** is affected, **why** and **what** needs are specific to the emergency.
- Create a **clear, descriptive narrative**, using qualitative and quantitative data to explain the situation.
- Highlight the underlying causes of GBV, in addition to the direct drivers (e.g. displacement).
- Advocate for **inclusion of GBV** or gender specific needs in the **key priorities** and **chapeau**.
- Coordinate with other clusters to analyse cross-sector data and **mainstream GBV**.

Humanitarian Response Plan

- Ensure there is a **dedicated GBV sub-sector /cluster response plan** (see below).
- Make sure that GBV is integrated in the protection strategy plan, and appears as a **separate section** or at least in a **separate paragraph**.
- Advocate for the **GBV specific objectives** in protection and strategic objectives.
- Coordinate with other clusters to make sure GBV is **mainstreamed** in their response plans.

For the HRP process, formulating the GBV Cluster Response Plan (CRP) is a collaborative exercise with the coordination group members and the Protection Cluster. Joint formulation of the plan ensures there is a strong GBV component as part of the Protection Cluster Response Plan and GBV response is integrated throughout the HRP, including in other sectors' plans. A consolidated

protection plan with a sound GBV component aims to ensure protection from GBV is extended to all people in an inclusive, impartial and non-discriminatory manner.



Promising practice

In Niger in 2018, the GBV and Child Protection coordinators collaborated to ensure that the needs of child and adolescent survivors were reflected in the HNO and HRP. To accomplish this goal they created priority activities and indicators in the Child Protection Cluster Response Plan related to the Child and Adolescent Survivors Initiative. This included improving information management and assessment processes to better understand the needs of child and adolescent survivors, and to improve health services for child and adolescent survivors of sexual violence. Next, the GBV and Child Protection coordinators jointly met with OCHA and advocated with the ICCG for dedicated space in the HNO and HRP related to child and adolescent survivors. They argued that if their input was confined strictly within the Protection Cluster analysis there would not be enough space to fully articulate the needs of this target group. In collaboration with the Protection Cluster, they followed this advocacy with a meeting with donors to inform them about their response plan and explain why it merits dedicated attention and resources.

A Cluster Response Plan generally includes the following key components:

- Overall number of people in need of assistance – by sex, age and disability, where feasible
- Number of people targeted, by sex, age and disability with explanation of the calculation
- Three objectives for the sector's response (indicators with targets/baselines may be required)
- A limited set of prioritized GBV service activities (often four to eight activities prioritized into two tiers)
- A narrative explanation of the sector's strategy (two to three paragraphs).
- Budget estimates

The GBV CRP may use some of the same criteria for estimating the number of beneficiaries or share common objectives with the Protection Cluster Strategic Response Plan. However, the way the GBV sub-cluster achieves those common objectives and measures its progress will be distinct, as reflected in its CRP documents, indicators and subsequent data collection and monitoring tools. The advantages of this approach are consistency, time-efficiency and a more unified protection response. In other cases, the GBV sub-cluster may choose different calculation methods for beneficiaries, targets or objectives with the advantages that there is a more focused portrait of GBV service delivery, which is easier for GBV programmers to align to and donors to pinpoint. In these cases, the sub-cluster will need to ensure that its response, explanations, monitoring and reporting remain correlated to the other parts of the protection response. This correlation ensures vulnerable groups of beneficiaries are not left behind and partners do not have an undue reporting burden across the different areas of protection.

The GBV sub-cluster's analysis and Cluster Response Plan often appear in the HRP as part of the Protection Cluster strategic response, alongside the other Areas of Responsibility. However, the GBV coordinator can advocate with the Protection Cluster and OCHA for a stand-alone GBV component in the HRP, which is advantageous for funding and accountability.

After the CRP is submitted, the Protection Cluster and its sub-clusters defend their response plan before an inter-agency committee. There may be a separate defence for each sub-cluster (including GBV), or it may be a consolidated defence, with questions directed to the sub-clusters if needed. In either situation, the GBV coordinator needs to be prepared to explain the strategy in more detail than what was required for the written submission.

Be prepared to defend the plan:

- Provide an overview of the geographical reach of the GBV CRP.
- Provide an explanation of the standards of quality to be applied or improved with the plan.
- Explain why certain types of activities or particular groups of beneficiaries are targeted based on the context and global data/best practices.
- Explain why GBV response is life-saving and how life-saving criteria are used.
- Demonstrate the feasibility of the strategy, describing what capabilities already exist to implement it and whether it can be successful even if only partial funding is received.
- Present costing and the “value for money” or potential impact of the strategy.

The CRP will usually be amended based on the outcome of the defence and the budgets allocated among the other humanitarian sectors/clusters.

Following the HRP development, more work will be required to determine or align indicators for each strategic objective. These indicators become the basis for the detailed quantitative and qualitative data collected about implementation of GBV service activities and number of beneficiaries served in the GBV 3/4/5Ws. For indicators it is important to:

- **Select clear GBV HRP indicators**, and do not only use broad, standard Protection indicators.
- **Do NOT use HRP indicators or corresponding 5W indicators to determine GBV prevalence.** Indicators such as “number of rapes reported” or “number of GBV cases reported” do not explain prevalence. Indicators on beneficiary access to service are better, such as “number of beneficiaries who accessed case management services”. (See more discussion on GBVIMS and prevalence data in Chapter 4.)
- **Choose realistic indicators** that all HRP partners can easily report on, including local partners. Consult partners on the indicators prior to finalizing them to test their viability. For example, perception-based indicators on safety or behavioural change may be more appropriate for programming at the agency level rather than at the HRP level. An indicator is not valuable if partners cannot report on it.
- **Choose indicators that show quality not just quantity.** To be able to accurately gauge the impact of the GBV response, indicators need to demonstrate people were reached in a meaningful way. For example, instead of relying only on the “number of people reached with GBV awareness raising” (which may deceptively inflate estimates of the response), consider indicators that show the number of people who demonstrated changes in knowledge or attitudes towards GBV based on post-tests after awareness activities.
- **Include HRP indicators that reflect geographical or targeted population reach**, where possible. An example is “Number of [smallest geographical unit] reached with specialized GBV services”. Do not rely exclusively on indicators that show the number of interventions, services or beneficiaries.
- **Develop definitions and calculation methodologies per indicator** that the Periodic Monitoring Review (PMR) and mid-year revisions can be based on.
- **Evaluate indicators and create guidelines to avoid “double-counting”.** Double counting of the same beneficiary for one activity by multiple partners occurs when, for example, the donor agency and the implementing partner each report on the same number of persons reached – resulting in inaccurate doubling of the numbers.

- **Provide written guidelines and capacity building sessions on how to report indicators.** Do this during or after coordination meetings to support partners. This can be very effective if done as a unified activity with all the protection partners. For an example of written guidelines for indicators see the [GBV 4Ws definitions](#) developed by the Whole of Syria response.
- **Set a standard date and format for reporting on the 5Ws** that is repeated in emails messages, meetings and reminders and is the same for all Protection Cluster partners. Consider, for example, sharing a 5Ws report the first Friday of every month.
- **Make the reporting timelines as infrequent as possible to save time and demonstrate progress.** It may not be necessary to have weekly reporting on indicators after early stages of a crisis, because there may not be significant changes to demonstrate in the data analysis. The reporting timelines could be adjusted to bi-weekly or monthly. This decision should be made with the protection partners and/or OCHA, depending on the coordination structure in the context.

The strategic planning process culminates in the submission of general project proposals by the GBV sub-cluster members. These project proposals are formulated based on the overall HRP, the GBV Strategic Response Plan and “envelope” or budget allocated for GBV service provision in the HRP funding appeal. The GBV sub-cluster, with guidance from OCHA and the Protection Cluster, creates a transparent and well-documented system for competitive, peer review of the project proposals (usually through a Strategic Advisory Group). The best project proposals are selected for recommendation to the HCT for inclusion in the HRP.

Give due consideration to ways to include local civil society groups in the HRP process when formulating criteria for peer review and when selecting project proposals. For example, in South Sudan the Protection Cluster required each sub-cluster to report on efforts made to include local partners in the HRP project proposal process and track the number of their proposals received and approved.

When consolidated funding is received in later stages of the crisis based on the HRP funding appeal, the selected partners will apply again based on the HRP and CRP to receive allocations from these pooled funds.

Not all project proposals or all GBV partners can be included in HRPs, unfortunately. However, the Cluster Response Plan for the HRP is not the only strategic tool developed by the GBV sub-cluster, or the only avenue for resource mobilization. See the next sections to explore alternatives.



Lesson learned

In 2018, the GBV AoR reviewed 16 HNOs published from 2017 to 2018 in order to understand how GBV was integrated into the analysis. The review found that 81 per cent had a paragraph specifically on GBV, but the quality and length of these paragraphs differed greatly. Some HNOs had over two pages specifically focused on GBV needs and analysis. In other documents, the inclusion of GBV consisted of a very small paragraph included under the Protection Cluster’s needs analysis section. (See the review document on the GBV AoR website in the coordination core toolbox.)



Meaningful participation

Devise strategies to increase local organizations participation in HNO and HRP processes whenever possible, including WLOs, DPOs, LGBTI organizations and older person's organization. GBV sub-clusters can do this as part of the Protection Cluster. Strategies may include the following actions:

- Hold dedicated consultations with WLOs and DPOs when developing and validating HNO and response strategies to ensure existing local strategies are strengthened and not undermined.
 - Identify resources and focal persons or organizations to support strong WLOs, and other key local NGOs and community-based organizations, to draft project sheets, proposals and funding applications related to the HRP.
 - When prioritizing international actors' project sheets, promote those that support local organizations, and WLOs in particular.
 - Promote and place value on gender and protection, contextual knowledge and community relationships when making determinations or assessments about the capacity of WLOs, DPOs, LGBTI and other local groups.
-



Special considerations for adolescent girls

Dedicated and longer-term funding is required to address GBV against adolescent girls. GBV coordination should include advocacy on funding for adolescent girl programming in their approach to donors and resource mobilization planning.

Strategic documents for GBV sub-clusters

GBV sub-cluster strategies

The GBV sub-cluster can devise and publish a separate strategy as a supplement to the HRP, which provides more detailed information about how the GBV response aligns with the HRP's strategic objectives and how to achieve them. A "**GBV Strategy**" as these are often called is better able to capture the full range of GBV activities and partners that comprise the response, including government and more local partners. It is able to provide better explanations of the operational context and the reasons behind the priority areas of work. GBV strategies can also be more effective in describing partnerships across the humanitarian–development–peace nexus with development and peacebuilding actors. Further, GBV strategies can be used to plan responses for longer periods of time than an HRP, with some strategies lasting two to five years. Using a GBV strategy to show longer term planning can contribute to transition (i.e. handover from humanitarian to national or development actors) and is also useful for attracting longer-term funding from donors. Examples of GBV strategies can be found on the GBV AoR website from Iraq, Somalia, South Sudan and Yemen.

Action plans

A GBV action plan may be a predecessor to the CRP or a GBV strategy. An action plan is a short document (three to four pages) that outlines the key goals, objectives and partners for the response and provides an overview of the activities and timelines. Examples of action plans for Kenya and Uganda from 2008 can be found in the previous edition of this handbook, *Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings* (GBV AoR 2010).

Whether in the format of a GBV strategy or action plan, the general content of this document is similar. The level of detail is the primary difference between the two. Each should contain a number of elements.

Elements in a GBV strategy or action plan

Background

- Outlines key factors that led to the existing humanitarian crisis, including information about GBV prior to the emergency
- Provides a current GBV situational analysis, summarizing findings from assessments and mapping

Purpose

- Describes the overall purpose of the strategic document

Strategy

- Outlines the models that inform the strategic document and provides a framework for action

Plan

- Describes key objectives, associated activities and indicators for the activities
- Describes the geographical areas where the activities will be undertaken
- Describes target populations for activities
- Identifies responsible implementing partners
- Where relevant, organizes activities in terms of phases of emergency (e.g. initial emergency response, post-emergency response, recovery, etc.)
- Describes methods for coordination of activities

Budget

- In some settings, it may be useful to include a budget for specific activities.

Tips for creating effective strategic plans:

- Make it realistic. Do not include activities that cannot be completed within the designated time frame/environment.
- Make it accurate. Do not include information that has not been verified through assessment/ mapping.
- Make it easy to understand. Do not use overly technical or unfamiliar language.
- Ensure that all stakeholders are represented as partners within the strategic document.
- Keep it as brief as possible.
- Use bullet points and tables in order to make it easy to read and understand.

Work plans

A GBV sub-cluster work plan is an administrative framework created on an annual basis, which is often attached to the GBV strategy or action plan. A work plan can be a simple chart that shows the work that the GBV sub-cluster will do to achieve its strategic objectives and administer its core functions throughout the HPC. It stipulates timelines and lead partners to coordinate and ensure delivery of defined tasks and products. Ideally the work plan is used to ensure that every member organization of the GBV sub-cluster has a defined contribution to make to the response. The GBV

coordinator may wish to consult with other coordinators for recent templates or samples of work plans through the GBV AoR Skype chat forums. (See section below on Monitoring and Evaluation for further ideas about how to monitor the implementation of the work plan.)

GBV strategies, action plans and work plans capture the work that requires resources, but cannot be fully explained or reflected in the HRP. This may include activities that frequently appear as "second tier" in HRP, such as livelihood programming or policy work and some types of prevention, capacity building and advocacy. In fact, the resources required and tasks that comprise GBV coordination are most often planned and explained in these other types of strategic documents and the work plan.

Costing activities in strategies

Providing a budget for GBV prevention, risk mitigation and response across an entire humanitarian response can be one of the most challenging parts of strategic planning. Costing of protection activities (including GBV) raises challenging ethical and conceptual questions. GBV programming costs are related to human resources more than commodities. The costs vary widely, depending on the type of GBV intervention. The time spent with the beneficiary should be based on their needs, rather than formulaic. Serving even one survivor is valuable, which is why "scale" or number of beneficiaries is not intrinsically a measure of success, particularly in humanitarian settings. Further, costs are difficult to calculate accurately across the range of GBV actors, which can vary from international agencies to local, community-based NGOs. When averaged across the spectrum of actors and activities, the costs can appear expensive compared to commodity-based humanitarian responses. From the beginning of costing discussions, it is important to work with the protection actors to create a unified approach and sound argumentation to explain why protection adds value, which goes beyond a simple calculation of cost/beneficiary.

Advantages of response-wide costing tools

- Improve the implementation of minimum quality standards by individual service providers and improve the consistency of standards in different locations of response.
- Provide a more equitable basis for local partners to compete for funding.
- Strengthen the credibility and accountability of GBV funding appeals.

Examples of costing tools developed in country settings

- In Afghanistan a tool for costing violence against women services in development contexts was adapted for the national GBV sub-cluster, allowing partners to use an Excel sheet to calculate response costs.
- In Myanmar, the UNFPA GBV Programme Specialist worked with the Monitoring & Evaluation specialist to create a costing methodology specific to each of the four different humanitarian settings in the country. The costing tool relied upon a standard set of GBV response and prevention activities. The standards were previously agreed upon and used as the basis of the 3/4/5Ws. This process means that the total funding gaps for any given area of humanitarian response can be determined by reference to both the costing tool and the 3/4/5Ws, which highlights the gaps in programming.

To date there is no standardized method for calculating GBV programme costs for the HRP or other GBV strategies specific to humanitarian settings. However, there are resources available for national and development settings that can be adapted (see Chapter 6 in Part Three).

Developing costing methods and tools takes time, research and expertise. Consider bringing in extra resources that can be devoted to the project and allow adequate time to develop tools significantly before the deadlines for budgets for HRP or other strategic documents.

Steps for developing costing when a "Minimum Service Package" method is applied:

1. **Define a Minimum Service Package:** The package should define minimum standards; not only what activities will be conducted. For accountability purposes it should be linked to the services outlined in the GBV sub-cluster 3/4/5Ws. If adapting for an HRP, these are the top tier services.
2. **Data collection:** Research historical cost data from different service providers in different delivery locations and economic indicators for the context. Getting recent, accurate economic data to make costing projections, such as inflation or costs of labour, may be particularly challenging in sudden onset emergencies. Conflict-affected contexts can be even more challenging. Market surveys by the FSL Cluster or peacekeeping mission civilian components may be useful sources of information in these settings.
3. **Estimate the costs:** In addition to operational costs, budgets should include "establishment costs" such as training of staff and providing information about the services for the community. It may also be worthwhile to consider "contingency costs" and "handover" or transition costs, particularly if the security situation may require stand-by methods of service delivery (i.e. supplementing static with mobile services) or if the response is intended to be short-term to fill emergency gaps. Coordination costs, such as staffing for the GBV coordinator and IMO, should also be estimated. Costs for surge staff should also be factored into estimates of operational costs, if there is likely to be an escalation of the emergency. If the costing tool will be used for the HRP, determine what the inter-cluster and Protection Cluster guidance is on inclusion of coordination and staffing costs across sector appeals.

Funding implementation of response plans and strategies

One of the most important responsibilities for a sub-cluster is **soliciting funds** to support the urgent needs identified by coordination partners in the HRP and other strategic documents. It is critical that the GBV coordinator understands how to monitor funding levels, know what sources of funding are available and understand how to access them.

Monitoring of funding includes:

- Maintaining a realistic overview of the funding needs for GBV interventions.
- Comparing these needs with available and committed funds for GBV.
- Identifying and prioritizing the most critical funding gaps.

GBV coordinators can use the information in the Financial Tracking System (FTS) managed by OCHA to support their monitoring of funding. They should request access to the reporting information of their HRP partners from OCHA. Before the start of each new HRP cycle, partners should be reminded to update their information in FTS; this can be a requirement for eligibility for participating in the HRP project cycle the following year. However, the FTS will only give a partial view of the funding situation in crises that are protracted or cyclical.

Other strategies to encourage sharing of funding information among partners include:

- Ensuring the involvement of agencies in the GBV sub-cluster's strategic planning processes so that partners understand and agree on funding priorities.
- Representing the interests of as many GBV partners as possible in the projects submitted.
- Encouraging collaborative projects that bring different actors together to share resources.

Pooled funding processes

OCHA manages two types of pooled funding in emergencies that the GBV sub-cluster can access: country-based pooled funds (CBPFs) and the global Central Emergency Reserve Fund (CERF).

Country-based pooled funds

These funds are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator (ERC). CBPFs allocate funding based on identified humanitarian needs and priorities at the country level in line with the HPC, taking into account other funding sources (including bilateral contributions) in order to avoid duplication. Allocations go to UN agencies, national and international NGOs and Red Cross/Red Crescent organizations.

Central Emergency Response Fund

The CERF is a humanitarian fund established to support rapid response and address critical humanitarian needs in underfunded emergencies, enabling more timely and reliable assistance to those affected by armed conflict and natural disasters. The Emergency Relief Coordinator manages the fund on behalf of the United Nations Secretary-General and is supported by a dedicated CERF secretariat within OCHA. Only UN funds, programmes and specialized agencies are eligible to apply. The CERF provides seed funds to jump-start critical operations and support life-saving programmes not covered by other donors. The CERF emphasizes the importance of ensuring that principles highlighted in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child (CRC) and United Nations Resolution 1325 on Women, Peace and Security are integrated in the implementation of its programmes and projects.

Support from the CERF prioritizes “life-saving” assistance to people in need; that is, “actions that within a short time span remedy, mitigate or avert direct loss of life, physical and psychological harm or threats to a population or major portion thereof and/or protect their dignity.” The life-saving criteria define which GBV-related actions the CERF can fund. The CERF application requests agencies to score each project according to gender and age inclusion and specify if there is a GBV component.



See Annex 17: CERF life-saving criteria and activities related to GBV

Information about how and when to submit proposals for these funds is typically distributed at the national level by OCHA to cluster leads. Where there is a Protection Cluster, the GBV coordinator should work with the Protection Cluster lead to become familiar with funding processes and timelines. Where there is no Protection Cluster or where the cluster approach has not been activated, the GBV coordinator may wish to seek information directly from OCHA.

The GBV coordinator can play a key role in these pooled-funding processes by:

- Advocating for GBV as a high priority for the funding allotted to the Protection Cluster and across the response.
- Setting the GBV Sub-cluster Response Plan and project proposal priorities in consultation with the Protection Cluster and GBV sub-cluster members.
- Facilitating the collection of information about ongoing and proposed GBV projects.
- Providing information to GBV partners about funding requirements and the selection process.

- Ensuring GBV projects submitted to the GBV sub-cluster are channelled through the appropriate clusters (e.g. GBV-related health projects through the Health Cluster; GBV-related education projects through the Education Cluster).
- Collaborating with government partners, the Protection Cluster and other clusters to ensure submissions are made according to the goals of programming and to promote transparency in project selection and submission processes.



See Annex 5: Q&A – How field-based sub-clusters work with the Protection Cluster. This resource provides more guidance on how the GBV sub-cluster can work with the Protection Cluster in the pooled funding processes.

Selecting projects for funding must be carefully managed, with particular attention to transparency and communication. Provide clear guidance and supporting information about pooled funding mechanisms and their criteria. It may be useful to manage project selection through an *ad hoc* working or technical advisory group of members of the GBV sub-cluster. Particular care should be taken to ensure group members are genuinely representative of the diverse interests within the GBV sub-cluster. A group dominated by international agencies, or with inadequate government or community-level representation, may undermine the participatory basis of coordination. Where possible, the advisory group can have representation of other cluster's actors, or at minimum work closely with other clusters in the design and selection of projects relevant to their particular cluster so as to enhance comprehensive action and reduce the likelihood of project replication or overlap across various clusters. Avoid giving the impression that the coordinator controls the funding outcomes.

The GBV coordinator may be hosted by an agency (such as UNFPA) that is a donor. A GBV coordinator should not evaluate projects his/her hosting agency funds if she/he is directly involved in managing or implementing the project. Similarly, if a project is under review by an advisory committee and a member of the committee is either from the applicant organization or its direct donor and project manager, then that person should not evaluate that proposal to avoid conflict of interest. It is important for the GBV coordinator and advisory committee members evaluating projects to remain as neutral as possible in the funding process.

NGO pooled funds

New sources of pooled funds targeting NGOs are emerging. The Start Fund is one example. The Start Fund provides funding for "small to medium-scale" disasters exclusively to NGOs. It also funds some disaster preparedness activities under the category of "crisis anticipation window", which may be particularly useful for countries that undergo seasonal or cyclical natural disasters. It limits the applicant pool to NGOs. A committee of in-country senior NGO leadership evaluates applications. It can be useful to kick start a rapid response in an area less likely to attract large-scale CERF funding. Its "crisis anticipation" funding can also be useful for pre-positioning life-saving GBV commodities, such as dignity kits or post-rape kits. The turnaround time from the call for proposals until the reward decisions are issued is 72 hours. GBV coordinators should help their NGO partners identify if this fund may be a potential source for them in their operational context and have application templates available to facilitate submissions within the 72-hour timeline. (More information about the Start Fund is available at the [Start Network Website](#).)

Other sources of funding

The GBV coordinator should become familiar with other sources of funding and share this information with GBV partners. They should anticipate the evolving GBV-related funding needs as the GBV sub-cluster and GBV coordination partners make the transition from emergency to early recovery, post-emergency and development. Each of these stages may require different donors.

Regular donor liaison is important to understand:

- Donor priorities
- Funding availability and restrictions
- Funded/implementing partners

In addition to regular briefings, there should be a plan to interact with donors around key events, such as after the launch of the HRP or during the 16 Days of Activism Against GBV.

If local organizations are actively providing GBV services, the GBV coordinator may wish to discuss their funding sources and opportunities. Diaspora, private sector and support from the local communities are important for local actors, as these sources of funding are often their only flexible and un-earmarked resources. In these discussions, it is important that the GBV coordinators assess the reporting requirements and types of support received from these less structured arrangements to ensure that humanitarian principles, GBV guiding principles and other GBV response approaches (see Chapter 1) are applied and disseminated to these donors.

Multi-donor trust funds

A multi-donor trust fund (MDTF) is a mechanism through which donors pool their resources with the intention of supporting national humanitarian, recovery, reconstruction and development priorities. It is a useful additional source of funding after the immediate relief stage and helps to reduce the burden of seeking and reporting on funding from multiple sources. The funds are managed through an administrative agent such as UNDP, and the requirements are determined based on the country context and programme or project objectives.

Traditional donors

The GBV sub-cluster provides a useful platform for participants to develop collaborative proposals for their traditional bilateral donors: USAID (BPRM, OFDA), ECHO, DFID, CIDA, SIDA, Irish Aid, NorAid; private foundations such as Novo, Avon and Johnson & Johnson; and UN agencies including UNHCR, UNFPA and UN Women. Many donors encourage collective or consortia bids, particularly bids that demonstrate partnerships with local organizations. GBV partners should use the strategic planning process to build relationships with other GBV agencies in order to pursue additional funding appeals.

UN Trust Fund to End Violence against Women

The [UN Trust Fund to End Violence against Women](#) is the only multilateral grant-making mechanism that supports local, national and regional efforts to end violence against women and girls. Grants have ranged from \$100,000 to 300,000 and support:

- Awareness raising
- Advocacy for adequate budgetary allocation
- Multi-sector partnerships
- Development of sustainable capacities of judiciaries, law enforcement and health-service providers
- Access of survivors to services
- Creation and strengthening of data-collection systems

Internal funding mechanisms of organizations

Some humanitarian organizations set aside internal funds for emergencies to promote specific themes or to encourage new types of programming (such as child marriage or for developing better research on GBV). Organizations may also have internal funds for deployment of emergency surge support or rapid response teams to fill short-term human resource or capacity building gaps in an emergency context. Encourage partners to check with their organizational headquarters for potential sources of funding for GBV programmes.



Meaningful participation

Make local organizations, particularly WLOs, visible during resource mobilization activities. Bring them to donor meetings, name them in reports and highlight their efforts in public or interagency meetings. At the same time, it is important that GBV sub-clusters cultivate and showcase a variety of local partners. Concerns have been raised across different contexts that attention and funding of international partners often becomes overly focused on one or two local actors, who are not able to address all the demands and needs for localized response.

Gender with Age Marker

With the 2019 HPC, the IASC Gender with Age Marker (GAM) replaces the previous IASC Gender Marker applied to appeal projects since 2009. Its use will be similarly required in the Financial Tracking System (FTS), and Member States asked to commit to only funding partners who report to the FTS using the IASC GAM, and subsequently update the marker based on monitoring.

The GAM looks at the extent to which essential programming actions address gender- and age-related differences in humanitarian response. It was developed in response to requests to strengthen the original Gender Marker by including age and, most significantly, by adding a monitoring component. In addition to measuring programme effectiveness, it is a valuable teaching and self-monitoring tool. It allows organizations to learn by doing in developing programmes that respond to all aspects of diversity.

The GAM assesses projects for 12 essential programme elements referred to as Gender Equality Measures, or GEMs. One of these elements is "Protection from Gender-based Violence," reflecting its relevance across different humanitarian sectors of the IASC GBV Guidelines.

It is important for GBV coordinators to understand how the new GAM system works, and to ensure GBV sub-cluster members use the tool when developing projects for funding proposals. It is also important to collaborate with other gender actors to promote the GEMs on Protection from GBV.



Online tool

For more detailed information about the GAM and online self-guided tutorials, see [IASC Gender with Age Marker website](#).

Applying standards and guidelines

Throughout strategic planning and funding processes, the GBV sub-cluster has the responsibility to promote and utilize the core standards and guidelines for humanitarian response to GBV. This includes conducting activities to make its members, humanitarian leadership and other sectors

aware of guidelines that need to be implemented before strategic planning processes begin. It also includes using the core standards and guidelines as a reference for accountability during and after strategic processes are completed. The following guidelines and standards are of particular importance:

- *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery* (IASC 2015) (the [IASC GBV Guidelines](#))
- *Inter-Agency Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies* (GBV AoR 2019/2020)
- *WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies* (WHO 2007)
- *MISP and Clinical Management of Rape (CMR) protocols* (in collaboration with Health Cluster)
- *Interagency Gender-Based Violence Case Management Guidelines*
- *IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action* (2019)
- *IASC Gender Handbook for Humanitarian Action* (in collaboration with Gender groups/Gencaps)

Familiarity with these standards will make the work of GBV sub-cluster participants and humanitarian actors easier and better. Each of these resources has tools that are useful for compiling strategies and competing for funding. These include lists of indicators, objectives that can be adapted for response plans and funding appeals, and explanations of activities and processes to formulate strategies. If guidelines are presented as resources, rather than documents that create additional work or acting as a tool for judgment, coordination bodies are more likely to get buy-in and see application of the standards.

GBV coordinators can promote these standards in a number of ways:

- **Present the IASC GBV Guidelines at the ICWG**, with an interactive component to show how coordinators can use them in the HRP process. Provide free handouts for each cluster (posters and handbooks) and USB thumb drives with the resources for them to distribute to their cluster members.
- **Organize a joint workshop or meeting between the GBV sub-cluster and another cluster** (e.g. WASH or CCCM) to study one relevant section of the guidelines, and develop three joint action points to incorporate in both sector's strategies. Follow this action by each cluster attending and supporting the other in peer review and HRP defence processes.
- **Print the minimum standards and key guidelines for each member of the HCT**, and promote them in a presentation (timed around the 16 Days of Activism Against GBV, HNO kick-off or International Women's Day).
- **Devote a meeting or workshop for GBV sub-cluster members on a particular set of guidelines** (e.g. Minimum Standards, Case Management Guidelines), inviting and sponsoring sub-national coordinators. Share the meeting agenda, PowerPoint presentations and tools with sub-national groups, so they can replicate at their meetings.
- **Translate the WHO ethical and safety recommendations and Dos and Don'ts into local languages** and distribute with Health Cluster actors and communications colleagues.
- **Print (and translate where needed) core guidelines for local partners**, and assign a mentor from the GBV sub-cluster to follow-up by including local partners in discussion.
- **Create a "study group" on a particular set of guidelines** that informally meets to delve deeper into the materials and present recommendations to the GBV sub-cluster on how to localize and implement them.
- **Create online folders or other systems of dissemination**, such as a weekly email roundup.
- **Adapt a module or set of guidelines to a specific context.**

It is important to include time and requests for resources to promote these guidelines in strategic planning and funding appeals. Capacity building on core standards and guidelines (which can

include printing and dissemination) is a valid humanitarian activity, and can be particularly useful in emergency and preparedness stages. There are often resources available at global and regional levels to promote and implement these guidelines. GBV coordinators and their members should reach out to REGAs, the global level GPC and GBV AoR and agency headquarters for support. Some examples of support include: reviewing of strategic documents to ensure inclusion of the appropriate standards; conducting assessments of training needs on particular guidelines; and supporting short-term in-country trainings on particular resources.

3.5 Core function #4: Ensuring monitoring and evaluation

Monitoring refers to systematic data collection on specific indicators, used to measure the progress made against an objective. **Evaluation** refers to assessing ongoing or completed projects, programmes or policies. Evaluation looks at the design, implementation and results and determines whether these are relevant, effective and sustainable.

Monitoring of the Humanitarian Response Plan

Monitoring of the HRP looks at measuring the progress made against the objectives (and its accompanying indicators and targets). This type of monitoring also involves tracking the costs and funding available for implementation of the strategic objectives and activities. OCHA may initiate and support this type of monitoring and can conduct "spot check" visits to GBV projects that are funded through the humanitarian pooled mechanisms.

To measure the progress made against set indicators and targets, 3/4/5Ws monitoring is often used. By regularly collecting data on the response through this and other tools, the sub-cluster can analyse whether people in need are receiving services. (See Section 3.2 on the spreadsheet matrix about who, what, where, when and to whom.)

To effectively support monitoring and evaluation of the humanitarian response, the GBV sub-cluster's leadership needs to regularly check-in with its members to determine how it can improve the process (including 3/4/5Ws reporting). The sub-cluster should make particular efforts to support local partner participation in monitoring and evaluation, which may mean providing opportunities to attend training sessions on the 3/4/5Ws matrix and HRP reporting requirements (sometimes sponsored by OCHA). These efforts may also include advocating for skill-building or funding for equipment to support use of technologies to assist in monitoring and reporting. Where feasible, it is recommended that the GBV coordinator and/or IMO visit partners at their offices, particularly if they regularly miss reporting deadlines. GBV sub-clusters may consider creating a system of onsite check-ins or peer-to-peer mentoring to support partners in their efforts to meet the reporting and accountability demands of the monitoring and evaluation process.

Reports on the outcomes of monitoring and evaluation processes will be shared with the GBV coordinator(s) and Protection Cluster Coordinator(s), who will have opportunities to comment and analyse the results as part of a mid-term review of the HRP. This is useful for identifying problematic areas of response or planning that need revision, supporting project implementation and funding appeals.

Response monitoring and evaluation

The GBV sub-cluster may evaluate its strategic work in humanitarian response in other ways, to look at broader aspects of the response that are not constrained by the HRP annual timeline, indicators and limited set of partners. Such an exercise does not have to be elaborate: it can be as simple as reviewing the work plan table or GBV Sub-Cluster Strategy and its indicators together on

a quarterly basis in a coordination meeting. This review can be followed up with a one-page report and recommendations that partners review and endorse when it is finalized. Another option is a more robust process led by the Strategic Advisory Group (SAG) for the GBV sub-cluster on an annual or mid-term basis, with the GBV Coordination Team (GBV coordinator, IMO, etc.) or lead agency supporting as secretariat. This process is self-initiated by the GBV sub-cluster.

Cluster Coordination Performance Monitoring

Specific monitoring and evaluation mechanisms are used for assessing the “coordination” aspects of a humanitarian response (as opposed to the overall services delivered as part of the humanitarian response). Monitoring and evaluation of the GBV sub-cluster’s performance may be done through Cluster Coordination Performance Monitoring (CCPM), which is a self-assessment. Humanitarian leadership initiates this process.

In the CCPM, the cluster evaluates itself on the six core cluster functions discussed in this chapter (see the checklist at the beginning of Part Two) and the additional criteria of “accountability to affected people”. This exercise may occur simultaneously across all the clusters, or can be initiated by demand for a specific cluster. The process is constructive, leading to identification of a cluster’s strengths, weaknesses and areas for improvement. It is led at the country level but can be supported by global clusters/AoRs. All members of the coordination group have an opportunity to answer a survey on how they participate in the execution of the six core functions and how they utilize the outcomes of the work (the related deliverables for each function).

The CCPM may become part of a larger review of the humanitarian architecture to determine if it is appropriate for its context, and if the current configuration of clusters is required. These reviews are related to changes in the humanitarian context and can assist in cluster transitioning or de-activation.

Extract of a Cluster Coordination Preliminary Performance Response

Supporting service delivery	
1.1 Provide a platform to ensure that service delivery is driven by the agreed strategic priorities	Good
1.2 Develop mechanisms to eliminate duplication of service delivery	Unsatisfactory
Informing strategic decision-making of the HC/HCT for the humanitarian response	
2.1 Needs assessment and gap analysis (across other sectors and within the sector)	Satisfactory
2.2 Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues.	Weak
2.3 Prioritization, grounded in response analysis	Satisfactory

This table, as well as more detailed information about the CCPM process, is available in the *IASC Reference Module for Cluster Coordination at Country Level* (IASC 2015).

The test of the strength of a GBV sub-cluster is its ability to make changes based on the learning from these various monitoring and evaluation processes. Make monitoring and evaluation reports available to the GBV sub-cluster members, and discuss in meetings to identify follow-up actions. Overall, these are processes to improve the quality of coordination and response to beneficiaries.

3.6 Core function #5: Building national capacity in preparedness and contingency planning

Preparedness

In 2015, the IASC defined “preparedness” as any action, measure, or capacity development that is introduced before an emergency to improve the overall effectiveness, efficiency and timeliness of response and recovery. The IASC has also noted that it is a “process that is continuous” so preparedness activities can take place in contexts where an emergency is already active. For example, preparedness activities may be initiated for drought-prone areas that are also armed conflict areas.

Humanitarian Country Teams initiate preparedness activities at the country level, moving through a series of defined steps to prescribe what activities must be implemented prior to the emergency to ensure the ability of the humanitarian community to respond. GBV sub-clusters may be asked to provide technical advice or input in the development of preparedness plans. However, a large part of the GBV coordinator’s work on preparedness is accomplished through capacity building of national and local partners and participating in contingency planning.

Capacity building as a GBV emergency preparedness intervention

Capacity building as an emergency preparedness intervention involves building on the strengths of GBV partners and communities to respond when a disaster strikes, or when there is a new spike in an ongoing crisis. Building capacity is not a top-down effort, in which coordination leaders determine needs and abilities of coordination members. Rather, it is a collaborative process in which the government, the affected population and local and international GBV responders develop coordination and GBV response skills for emergency preparedness. Investing in capacity building as soon as feasible as part of early recovery and preparedness, or even during the crisis in correlation with an expected new phase of the emergency, can magnify the effectiveness and impact of the GBV response over a longer period of time.



“In preparing for and responding to an emergency, international humanitarian actors are expected to cooperate with national authorities and support national capacity wherever it is feasible and appropriate to do so.”

— IASC Reference Model for Cluster Coordination at Country Level (IASC 2015)

Capacity building can be targeted at times, as when providing training (see text box below). However, it also occurs in more subtle ways, such as through modelling leadership and promoting accountability among individuals and agencies.

Capacity building involves:	What you can do:
Equipping people with skills and competencies, which they would not otherwise have	<ul style="list-style-type: none"> • Ensure processes and procedures are explained and understood. • Share information and resources to enable knowledge transfer. • Translate key guidelines.
Realizing existing skills and developing potential	<ul style="list-style-type: none"> • Conduct mapping of partners' capacity to identify skills. • Involve a range of skills and experience in a technical and/or working group to enable cross-learning. • Share responsibilities across coordination partners.
Increasing people's self-confidence	<ul style="list-style-type: none"> • Value individual contributions and respect individual differences. • Use active listening. • Give positive feedback.
Promoting people's ability to take responsibility for identifying and meeting their own, and other people's, needs and rights	<ul style="list-style-type: none"> • Use coaching skills to encourage individual and agencies' responsibility. • Use participatory problem-solving techniques. • Delegate responsibility where appropriate.

Other specific methods for building capacity of GBV partners include:

- Encouraging partners to get involved in sub-cluster sub-groups on topics related to their individual or agency areas of interest (e.g. working with the media, advocacy, data collection, funding, drafting SOPs, etc.). GBV coordinators should try to identify leaders of the groups who can work with members to build their skills on the particular focus issue.
- Distributing targeted "talking points" or "guidance/information notes" to partners about key issues that require elaboration or emphasis.
- Working individually with partners on key issues, including having them "shadow" experts where learning opportunities exist (such as at media interviews, when speaking with donors and/or government officials, while conducting rapid assessments, etc.).

To identify the greatest training needs, it may be useful to distribute a list of potential training topics to partners at the outset of establishing a coordination group. From this list, GBV coordination partners can identify those within the GBV sub-cluster who have the skills to conduct specific training sessions. (See Annex for a list of training topics that can be used as the basis for a survey on training needs.)

Another approach is to review pre-existing contingency plans or lists of minimum preparedness actions (MPAs) or advanced preparedness actions (APAs) that the Humanitarian Country Team has identified as part of its emergency preparedness process. Capacity building plans can align with the MPAs/APAs. For example, "readiness to perform rapid assessments" is a minimum preparedness action, and the GBV sub-cluster then may choose to focus its capacity building efforts on providing training on GBV and assessments. Another common area is building the coordination skills for local government actors and GBV service providers in a disaster-prone area.

Training, while important, should be considered only one step in a longer process of capacity building. Once partners have participated in basic training (or if partners have already had training on various GBV-related topics), it may be useful to arrange training-of-trainers (ToT) so that a broader base of individuals/agencies can develop the skills necessary to lead training programmes.

Training-of-trainers is especially important when developing strategies for building capacity at the “deep field” level. Support coordination partners working in crisis-affected countries to lead training in their particular settings, wherever feasible, in order to avoid all events originating at the national level. Consider how to support travel costs if travel is required for local actors in sub-national locations to access capacity building initiatives. Adapt training curriculum into local languages and accessible formats for community-level training.

Affected communities should not be left out of the process of capacity building for emergency preparedness. When designing training programmes, ask each participating partner to commit to implementing a set of key actions that will share their knowledge with the affected communities. The GBV sub-cluster may also seek out partners or funding to design community-based capacity building projects for emergency preparedness as part of their programmatic interventions.



See Annex 18: GBV training topics menu



Promising practice

In the Philippines in 2015, UNFPA and USAID collaborated on an emergency preparedness capacity building initiative to further develop the skills of actors who responded to Typhoon Haiyan. At the request of the Government's Department of Social Welfare and Development (DSWD), the project trained a Rapid Response Team (RRT) in every region, which could be deployed in disaster-stricken areas within 24 to 48 hours to address GBV in emergencies. At the same time the project trained members of inter-agency protection mechanisms and NGOs and the Women and Children Protection Unit (WCPU) at the Level 2 regional medical centre in a disaster prone area. In total the project trained 723 government and NGO personnel (589 women; 134 men) on the Government's Comprehensive Intervention Against Gender-Based Violence (CIAGV) guidelines and GBV in emergencies. The result was a cohort of national actors who could be utilized in future disaster response.

This 2015 project has recently been expanded into a more intensive programme for government and NGO actors that refreshes skills and trains a new cohort on GBV in emergencies. This training is conducted in collaboration with a university. As part of the curriculum each participant must make an Action Plan to prepare their organizations and others colleagues in their local areas for disaster response. The implementation of the Action Plan must be completed before the participants receive a certificate from the university, which verifies their emergency response credentials.

Contingency planning

Contingency plans describe an initial response strategy and create operational plans that can be implemented at the onset of an emergency. GBV sub-clusters play a significant role at the operational level to ensure that appropriate arrangements are in place for immediate provision of GBV services, and that risk mitigation measures are in place across other sectors of humanitarian response. Contingency planning is also an opportunity for GBV coordination bodies to draft templates or pre-proposals for their response, which could be made part of the humanitarian

Flash Appeal for critical humanitarian needs during the first month of an emergency. In one humanitarian setting there may be more than one type of contingency plan, because a plan is usually devised for each set of risks; for example, there may be separate contingency plans for Earthquake Response, Flooding Response and Conflict Response. Although guidance should come from a contingency plan at the national level, contingency planning will also occur at sub-national levels.

Key issues to consider when conducting contingency planning:

- **Preparatory mapping of GBV response structures and capacities in the disaster prone areas:** This may include mapping of mobile response and static response capabilities.
- **Pre-positioning of life-saving commodities:** Provide dignity kits and post-rape kits with the Health Cluster, and emergency fuel supplies or cooking stoves with Food Security or Shelter/ Non-Food Items (NFI) clusters.
- **Pre-positioning of personnel:** Identify which staff are available and trained in disaster-prone areas, broken down by skills and gender. This may be done through a “roster” or rapid response team mechanism maintained by the cluster or one of its organizational partners. Make “first responder” contingency agreements with organizations, so that everyone knows which organizations will be called to move first to particular response sites.
- **Pre-positioning of IEC materials to promote access to services:** Provide referral cards with life-saving messages and hotline numbers. Or, provide cards with or fill- in- the- blank spaces where humanitarian actors can write- in numbers or names of partners available on site when the emergency occurs.
- **Training of responders in GBV or another sector:** The most critical training needed for the emergency response should be part of contingency planning. For example, the most critical training could be for enumerators for rapid response assessments or training for female nurses in GBV basics. Training should focus on those actors who are most likely to respond in the first 48 hours to two weeks of a crisis. In some cases, coaching or mentoring may be more effective for preparing responders than one-off trainings.
- **Preparing operational guidance/procedures for key areas of GBV prevention or risk mitigation:** The GBV sub-cluster may collaborate with other clusters to create risk mitigation procedures in the immediate stages of a crisis. For example, they may prepare a one-page briefing on actions for field-level actors to implement in the first 72 hours of a crisis for GBV risk mitigation during food distribution or in transit areas for internally displaced persons and refugees.

Like other strategic exercises, contingency planning is usually done in conjunction with the Protection Cluster and other clusters through the Inter-cluster Coordination Group (ICCG). Once the parameters of the country-level contingency planning exercise have been explained to the GBV coordinator(s), the process can be discussed and inputs prepared in a collaborative manner with cluster members. The inputs of national cluster members are crucial, since they most often have the historical memory and local knowledge of what types of actions were successful in getting services on the ground and to beneficiaries during a crisis. In most cases, they are also the first responders, and therefore should play a prioritized role in developing plans for the first actions.



Promising practice

The GBV sub-cluster conducted contingency planning in Burundi in 2015, as part of preparedness for anticipated violence associated with elections. With the support of the Regional Emergency GBV Advisors (REGA), they held a workshop reviewing all the components of preparedness and made a plan. Next, they successfully applied for internal emergency preparedness funds to implement the key components of their plan.

Implementing their contingency plan required pre-positioning of critical supplies, training and recruiting and pre-positioning surge staff before the elections began. Although they received some funding, it was not sufficient to cover all preparedness costs. To fill gaps, they borrowed commodities for pre-positioning from neighbouring countries that had surplus (including tents and dignity kits) with agreements to return them if unused within a particular time frame. They also pre-negotiated contracts with commodity suppliers in Burundi, so that if an emergency occurred procurement arrangements were already in place to produce locally. Similarly, the lead agency (UNFPA) negotiated stand-by agreements with implementing partners, so that service provider arrangements were in place and there would be predictability about who and where GBV services would be put into place. Using regional networks, the GBV sub-cluster received support from the Red Cross in Kenya to train potential front-line service providers and the group Translators without Borders in Tanzania translated standard IEC materials into local languages for free. Contingency planning in Burundi stands out as an example of resourcefulness and active engagement; the effort went beyond the formulation of a simple planning document and made preparedness a reality.



Information management

One of the most important preparedness steps a GBV sub-cluster can take is making a plan for communications between GBV sub-cluster members in the first week of the emergency. In most crisis situations, communications systems will not be operational, including telephone or Internet. Yet, it is the most important time for GBV actors to contact one another to know where services are needed and who can deliver them. Further, security conditions related to the political situation may require limited communications by phone or email during early stages of an emergency to ensure no harm is done to service providers, survivors or witnesses. The GBV sub-cluster will need to have multiple ways to communicate with one another in these circumstances.

As a preparedness step, gather and compile information from GBV partners to find out what communication methods/tools they have ready for emergency in which locations. Which GBV partners/contacts have SAT phones? Which have Internet and phone capacity? Compile multiple contact methods for each partner organization so in an emergency SAT phone communication, WhatsApp or Skype groups can be quickly activated. The communication focal points should also be people who are designated to stay in a country during crisis. Partners can be assigned "buddies" so that in a crisis they know whom to contact first, nearest to their physical location in case coordination will be activated at site level. By the end of the exercise, cluster members should have a method for predictable communications in the early stages of a crisis.

3.7 Core function #6: Supporting advocacy

Advocacy should be a routine part of the sub-cluster's work as one of the six core functions. The section below introduces definitions, processes and examples to facilitate advocacy.

What is advocacy?

There is no single "correct" definition of advocacy or orthodox method. At the global level, the GBV AoR provides a definition for sub-clusters, featured in the box below. At the field level, sub-clusters will need to discuss this definition to create consensus on what advocacy means to them.

Advocacy is "a deliberate process, based on demonstrated evidence, to directly and indirectly influence decision-makers, stakeholders, and relevant audiences to support and implement actions that contribute to health and the fulfillment of human rights, specifically in regard to GBV in humanitarian contexts. Effective advocacy includes a mix of activities that educate, persuade, pressure, mobilize and monitor people and institutions that can make – or block – change.

— *Gender-based Violence in Emergencies Advocacy Handbook* (GBV AoR 2014)

One option to initiate advocacy discussions within the sub-cluster is to create a sub-working group (an advocacy task team). It can develop an advocacy strategy (see Chapter 4 on technical working groups). This group may be responsible for creating tools to identify and build consensus on priority advocacy issues, as well as tracking advocacy efforts. They also may draft advocacy messages or materials for endorsement by the broader coordination body. The group should include local women's groups and representatives so that they are engaged throughout the advocacy planning, design, dissemination and monitoring process. This group can make advocacy on GBV issues meaningful in the local context.

Benefits of coordinated advocacy

- Speaks with "One Voice", as a collection of organizations is more powerful than a single voice.
- Avoids backlash against a single organization or individual.
- Turns rhetorical commitments into policy and programming.
- Provides a platform for local voices, particularly women and girl's voices, to be heard by larger audiences.

Working with local organizations, including WLOs, DPOs and LGBTI organizations, is critical to the impact of advocacy. These groups should not be used only to extract quotes or personal stories. This work should entail meaningful participation throughout the advocacy process.

Minimum advocacy deliverables

This is a list of priority tasks when time and resources are extremely limited in the most acute phases of a crisis. Advocacy should not be limited to these deliverables.

- **Set of common "life-saving" messages:** The messages highlight two to three actions related to GBV response (in everyday language) to facilitate access to services and ensure protection for the affected population within the earliest days of crisis.
- **Talking points or key messages on GBV basics:** The talking points and messages aim to persuade stakeholders to prioritize GBV response and ensure the GBV guiding principles (safety, respect, confidentiality and non-discrimination) are respected by all humanitarians within the earliest days of crisis.

- **A one- to two-page advocacy brief:** The brief presents the key GBV issues in the context to donors and humanitarian leadership, and is updated regularly. (See the GBV AoR Advocacy Handbook for further guidance and template, and an example in Annex 19.) The brief is for use within weeks of the onset of crisis.
- **Talking points, chart or one-pager to promote GBV integration:** These items promote GBV integration in other sectors using the IASC GBV Guidelines as a tool to develop the product. For use as soon as possible.
- **Basic chart or template of an advocacy strategy:** Develop the strategy as soon as the GBV sub-cluster is established and able.
- **Regular, ongoing provision of talking points or key messages:** Provide talking points or key messages to the Protection Cluster, ICCG and HCT on key challenges and “asks” for GBV response. Timing will vary according to stage of crisis and needs, but could range from a weekly to monthly basis. The GBV coordinators should be empowered to produce these notes as needed, working from discussions and issues raised by coordination partners.

Step by step guide for conducting advocacy

The GBV sub-cluster will address an evolving range of advocacy issues and need to produce an evolving range of products during a crisis. For example, the GBV coordinator may have less than 24 hours to provide the Humanitarian Country Team with talking points, or the GBV sub-cluster may have months to plan events for the annual 16 Days of Action Against GBV. Regardless of the issue or mode of advocacy, the process for developing and conducting effective advocacy will be similar. Some of these steps, such as resource mobilization, may start earlier or overlap with other phases. It is important to note these steps are areas that need to be considered throughout the dynamic process of defining, re-defining and achieving the goal and objectives for each area of advocacy.

Steps for Advocacy Activities



- Gather and analyse information and evidence to understand the specific dynamics of GBV in the operational context. Key sources of information may include assessments of the humanitarian context, and analyses of gender, power and women's protection.
- Conduct policy and political context analysis.
- Agree on policy position(s).

At the completion of Step 1, the issue should be focused and clearly explained. There should also be consensus among GBV sub-cluster members on a general, common position.

STEP
2



DEFINE GOAL AND OBJECTIVES

The goal of any advocacy by a GBV sub-cluster is to reduce risk, promote resilience, and support lasting solutions to GBV. This overarching goal may be broken down into more specific objectives, such as increased funding for a particular type of intervention or a change in a law or policy to improve access to services for survivors.

Objectives of advocacy in humanitarian contexts should be short-to-medium term, specific and measurable. Sometimes people use the term “asks” as shorthand for advocacy objectives. Throughout the response, it is important for GBV coordination members identify and agree on their “key asks”.

Once the objectives are defined, simple indicators should be chosen to measure progress towards meeting the advocacy objectives.

Examples of advocacy objectives	Indicator(s)
The national government provides more funding and training opportunities for local social workers providing GBV case management in X disaster-affected area to improve quality and access to services for the affected population.	<ul style="list-style-type: none"> Percentage increase in government funding for local social workers in X disaster area Number of government social workers trained in GBV case management in X disaster area from 2017-2018
Humanitarian Country Team supports negotiations and facilitates access for more international NGO organizations to provide specialized GBV services meeting minimum standards for quality care (e.g. psychosocial support, GBV case management, etc.) in X disaster area.	<ul style="list-style-type: none"> Humanitarian Country Team agreement to facilitate negotiations/access (as reflected in HCT minutes) Number of international NGOs providing specialized GBV services meeting minimum standards for quality care in X disaster area
The national government and humanitarian leadership create policies (e.g. codes of conduct, ministerial directives; strategies) that prohibit and prevent child marriage in disaster-affected areas.	<ul style="list-style-type: none"> Ministry of Disaster Response issue directives prohibiting child marriage by staff and humanitarian responders, outlining consequences (Y/N) Humanitarian Country Team adopts advocacy strategy on Ending Child Marriage (Y/N)

STEP
3



IDENTIFY TARGET GROUP(S)

In this step, partners identify actors they wish to influence with their advocacy. The audience should consist of decision-makers and their influencers (formal or informal) who can bring about change.

Analysis in this step maps which decision-makers or implementers are already supportive, and those who are opposed to the change. Then, it should also consider to what degree each of them has willingness and ability to make change. It is critical that GBV sub-clusters understand and prioritize their audiences, in order to maximize resources.

Some audiences should be routinely considered when mapping and analyzing target audiences:

- Protection Cluster (including all the AoRs)
- Inter-cluster/sector Coordination Working Group
- Humanitarian leadership (HC/HCT, as a whole and individual members)
- National government, with focus on the relevant ministry and their leaders
- GBV service providers (international, national or local)
- Key representatives of the affected population (including local community leaders, religious leaders, women leaders, youth leaders, and leadership of organizations for disabled persons and aged persons)
- Donors

STEP
4



DEVELOP MESSAGE















Drawing on the expertise of the GBV sub-cluster members, or topical experts, messages should be carefully crafted to achieve the objectives. An effective message will be tailored to be expedient, credible and compelling to the target audience. If there is not sufficient expertise within the sub-cluster or resources are not available on the ground, coordination body members may seek advice or support from the GBV AoR's Policy and Advocacy Reference Group (PARG).

Messages should refer to accepted standards and principles, such as IASC, inter-agency and Sphere standards. Avoid jargon, particularly when communicating with non-GBV specialists.

STEP
5

CHOOSE COMMUNICATION STRATEGIES

In this step, partners identify the appropriate communication strategies or channels to deliver the advocacy message to the target audience(s). Different communication strategies may be adopted for various groups. For example, target a high-level visit by a donor delegation with an executive briefing packet. A variety of strategies are available to GBV sub-clusters. Strategies such as those listed here can be adjusted to fit different budgets, audiences and issues:

-  Bilateral meetings with target agencies/organizations
-  Group meetings
-  Seminars, workshops, special briefings
-  Public events around key dates on the special event calendar
-  Informal discussions at social gatherings
-  Legislative/parliamentary hearings
-  Fact sheets, one-pagers
-  Radio or TV interviews
-  Public debates
-  Posters, flyers
-  Contests to design slogans or songs
-  Letters to leaders, legislators, others
-  Press release
-  Presentations to HCT, ICCG or other clusters
-  Email messages, electronic mailing lists
-  Mobile phone messaging
-  Social media
-  Distribution of core guidelines or IEC materials

Not all communication strategies are formal, public or expensive. Sometimes the best strategy is an informal, private, one-on-one conversation over coffee, particularly if the issue or audience is sensitive.

Communication strategies and channels (public and private) must be chosen with a Do No Harm approach to ensure the rights of survivors and the affected population are upheld at all times. (See further information below on engagement with the media.)



Resource mobilization is not only about seeking funding for a particular advocacy event or product; it also includes recruiting allies and pre-existing human resources. It may be useful to conduct some initial resource mapping and mobilization prior to choosing the communication strategy. Create opportunities for partners to commit to funding advocacy efforts at different stages in the advocacy process. Having different strategies or channels for different budgets allows advocacy to continue and to occur in stages, regardless of how much funding is mobilized or when it is received. It also allows for a wider range of partners to contribute. For example, local NGOs may not be able to mobilize significant funding but can contribute in other ways.



Members of GBV coordination bodies should:

- Report on implementation of the advocacy strategy regularly at meetings.
- Reflect advocacy activities in their progress reports.
- Document implementation and share advocacy products as widely as possible so members can utilize them and magnify impact.
- Work together with other sectors, including Health and Child Protection, to develop and share advocacy products, as well as monitor their outcomes.

At the implementation stage (if not earlier), consider the target audience and whether advocacy may need to be adapted or translated into multiple languages. For example, English might be needed to raise advocacy with donors that could be funding future programmes, a national language could be essential for communicating with partners in-country, and a local language might be needed to engage key partners at the community level. Involving local organizations is essential to facilitating effective implementation of advocacy activities.

The sub-cluster should track how guiding principles are implemented during advocacy, particularly if affected communications are mobilized for implementation. The people affected by the problem lead some of the most powerful advocacy – as long as there are no security risks to those speaking out and the rules of informed consent are carefully followed. Consider if, when and how to engage with those impacted by violence and safely work with them to speak out, following all relevant professional and ethical protocols. (See the [GBV AoR Media Guidelines](#) in Annex 19)

If conducting advocacy in hostile environments, thorough risk assessments should be done when developing plans and strategies. Ensure that advocacy will not jeopardize the guiding principles (safety, respect, confidentiality and non-discrimination) that protect survivors and communities; also, protect GBV sub-cluster members and humanitarian agencies from negative repercussions, such as loss of humanitarian access.



Data collection is an ongoing activity throughout the advocacy process. It may include research to determine the position of an audience on an issue. It is important to maintain and share data related to GBV for development and monitoring of advocacy efforts. GBV coordination bodies may need to explain the guiding principles (safety, respect, confidentiality and non-discrimination) and deflect demands for GBV prevalence data or access to confidential survivor testimonies, which is not necessary to conduct successful advocacy.



Monitoring and evaluation should take place throughout the advocacy process. Routinely collect data on the indicators defined for each advocacy objective in Step 2, and analyse the data to identify progress and obstacles. Repeat the advocacy process to improve the outcomes. Evaluations should be developed jointly and shared with the GBV sub-cluster members. For example, part of a coordination meeting may be devoted to gathering feedback from partners on what went well, and what didn't go well, about a particular advocacy strategy or event. Evaluation sessions should result in narratives about what changes resulted from an advocacy effort, supported by evidence of successful advocacy or explanations about why results were not achieved.

It is useful to assign responsibilities for reporting on monitoring and evaluation indicators of the advocacy strategy to members of the GBV sub-cluster (rather than waiting until the evaluation stage). As much as possible, advocacy indicators of success should align with indicators and data collection methods already used by GBV partners (such as the HRP or action plan indicators routinely collected in 3/4/5Ws). Planning for data collection on advocacy in this way will help to avoid data collection fatigue and improve accuracy.



Lesson learned

In 2014, the GBV AoR researched advocacy messaging to devise its strategy and learned that choosing wording already used by target audiences is more effective. For example, when communicating with humanitarian leadership or donors answering these questions as part of the message will provide a familiar structure and language:

- What are the key life-saving GBV interventions for the specific emergency context?
- What are the needs/gaps that these interventions will address?
- Who will be the beneficiaries?
- What will be the results of the proposed interventions?
- What will happen if these GBV interventions are not funded or implemented?
- What are the cost implications?

Opportunities and entry points for advocacy

In a fast-paced humanitarian context, advocacy around key messages can take place on a daily basis. Once GBV sub-cluster members validate an advocacy strategy, every meeting is an opportunity for advocacy. This includes meetings attended by GBV coordinators, meetings attended by focal points the sub-cluster may appoint to attend other sector's meetings or working groups, and meetings that the coordination membership attends with its partners and interlocutors.

Every occasion should be taken to advocate with HC/HCT, the ICCG, local and national government, heads of agencies, Cluster Lead Agencies, protection-mandated UN agencies and senior managers in NGOs, with the aim of building their support and equipping them with key messages so that they can become part of the advocacy process.

Certain "key moments" should be used for advocacy. The GBV sub-cluster can make a calendar of important events that provide advocacy "hooks". (See the [Gender-based Violence in Emergencies Advocacy Handbook](#) for a list of key global days.) A number of key moments will also occur around the development and launch of country-level funding mechanisms, such as the HRP. Visits by high-level delegations are also opportunities for advocacy.

Advocacy in the early days of a crisis

At the onset of the crisis, advocacy is critical to laying the narrative foundations of the GBV response, which will guide interventions as well as resource mobilization. The level of attention on the crisis is likely to be high, and this opportunity should not be lost. However, this is when there are often the fewest resources and people available to mount an effective advocacy campaign.

If the turnaround time for an advocacy piece is very short or if the GBV sub-cluster is not yet established sufficiently to develop an advocacy strategy, GBV coordinators can rely on global sources and messages on best practices and needs in humanitarian contexts. After this phase, supplement these sources with information related to the specific context as it becomes available.

If a GBV sub-cluster is not activated at the onset of the emergency, key GBV messages need to be formulated by the Protection Cluster, the cluster lead agencies and international NGOs.

Resources and support for advocacy

The Policy and Advocacy Reference Group, within the GBV AoR, may be able to provide additional support for advocacy issues or campaigns. Working with the *Call to Action* initiative (see Chapter 2) is another opportunity and venue for advocacy that coordinators should consider.



Online tool

The companion resource for this section is the [Gender-based Violence in Emergencies Advocacy Handbook](#) (GBV AoR, November 2014). It provides more detailed guidance on creating advocacy strategies, and features tools and templates to use when conducting advocacy around issues or events. It also offers materials to facilitate training on advocacy for GBV partners or members of GBV sub-clusters.



Information management

Important data the GBV sub-cluster should maintain for advocacy

- Number and types of organizations responding to GBV (international, national and local)
 - Public, secondary reports with analysis of gender and GBV in the context
 - Public reports on humanitarian assessments (inter-cluster and GBV-specific)
 - GBV service coverage statistics (e.g. number of GBV specialists or women-friendly spaces per 10,000 people; number of disaster-affected areas with services available for clinical management of rape and case management)
 - Inclusion of GBV interventions in HRPs or other types of response plans
 - Funding and costing for GBV response (programming and coordination)
 - Progress on indicators adopted by the GBV sub-cluster and the HCT Protection Strategy on GBV
 - Information about sector responses to GBV (e.g. in other cluster strategies)
-

Engaging with the media

The media can be an ally and a resource for advocacy. Provide journalists with accurate information about GBV during an emergency; this offers an outlet for information that can be used in strategic ways to effect positive change. However, when media reporting on GBV fails to take into account basic ethical and safety principles, it can also put GBV survivors, their families and those who are helping them at risk.

First and foremost, the survivors' best interests should be protected over any other considerations. When working with journalists, it is therefore important to understand the significance of conveying appropriate messages, not only in terms of the ethical and safety issues associated with sharing information, but also because of the high level of exposure media stories can generate.

The GBV AoR developed *media guidelines* in 2013 for reporting on GBV in humanitarian emergencies to ensure survivor rights are protected. GBV coordination bodies can use these as written, or adapt the guidelines to their context or local language to promote responsible journalism from the beginning of a crisis. Experience in multiple contexts has shown that the GBV AoR Media Guidelines need to be frequently re-circulated both inside and outside of the GBV sub-cluster. Include the guidelines in information packets provided to new partners and circulate them widely when there is notification of an event with the media or a high-level visit. (See Annex 19: GBV AoR Media Guidelines.)

GBV coordination bodies need to be prepared for several key media-related issues:

- How do you respond when the media (or a donor) asks to meet with survivors?
- How do you respond when the media and donors ask to visit a clinic or other location where survivors might be receiving support?
- How do you communicate to the media that a survivor (especially a child or adolescent survivor) re-explaining his/her story can cause harm?
- How do you appropriately respond to the media's desire to meet with a child or adolescent survivor?
- How do you offer alternatives to the media if they are interested in meeting with survivors?

There are a variety of ways to engage with the media to convey compelling stories while protecting survivors. The most likely instruments are the press release and the interview.

Press release

A press release is a vehicle for alerting the media to an event, new data or a situation. It is a brief explanation of plans or ideas, meant to attract news coverage. News organizations are usually swamped with them and most are thrown away without being read, which is why agencies and organizations tend to send out press releases only when they have something very significant to say. For a press release to generate coverage, the information has to jump off the page.

Press statement

When someone is interviewed by the press or makes a statement to the media in person, it is known as a press statement. The press pursues getting the statement and is responsible for responding to inquiries after the statement is released.

Press conference

A press conference is a media event in which newsmakers (i.e. partners in the GBV sub-cluster) invite journalists to hear them speak. Often the press is also given an opportunity to ask questions.

Interviews

When reporters from the media ask a person questions on a certain topic – either for radio, television, newspapers or other print and broadcast media – it is referred to as an interview. If members of the GBV sub-cluster decide to give interviews on behalf of coordination partners, it is important to remember that not everyone will be good at interviews. It may be helpful to identify specific spokespeople within the coordination group. The spokesperson in an interview must prepare talking points in advance and know what to do if the interview starts to go in an unproductive or unethical direction. (See Annex 21: Handling controversy.)

Addressing unethical journalism on GBV

The GBV sub-cluster should track media coverage of GBV issues, not only to share with members of the sub-cluster (and, where appropriate, the wider community), but also to determine whether GBV issues are being covered appropriately. If journalists are not adhering to guiding principles when reporting, members of the GBV sub-cluster may decide to conduct media training or share guidelines with media. For example, journalists might be provided with the [GBV AoR Media Guidelines](#).

When unethical media coverage does occur, these incidents should be documented and the humanitarian leadership should be immediately informed. In some cases, GBV sub-clusters may wish to recommend higher level, follow-up or strategic actions, such as adoption of an HCT advocacy message or policy on ethical media coverage.



Informed consent is voluntarily and freely given based upon a clear appreciation and understanding of the facts, implications and future consequences of an action. In order to give informed consent, the individual concerned must have all relevant facts at the time consent is given and be able to evaluate and understand the consequences of an action. They also must be aware of and have the power to exercise their right to refuse to engage in an action and/or to not be coerced (i.e. being persuaded based on force or threats). Children are generally considered unable to provide informed consent because they do not have the ability and/or experience to anticipate the implications of an action, and they may not understand or be empowered to exercise their right to refuse. There are also instances where consent might not be possible due to cognitive impairments and/or physical, sensory or developmental disabilities. (IASC GBV Guidelines, p. 5)



Promising practice

UNFPA worked with international and local journalists in Syria to develop a [handbook](#) in English and Arabic for journalists that provides nine ethical principles and examples of responsible reporting on GBV. The handbook has useful information and examples that can be used for other contexts.



See Annex 19: GBV AoR media guidelines, Annex 20: Rohingya crisis GBV briefing, and Annex 21: Handling controversy

CHAPTER 4



Implementing a GBV sub-cluster

4.1 Launching an emergency coordination group

Key steps to launch an emergency coordination group

How an emergency GBV sub-cluster is launched will depend on a variety of factors determined by the local environment. The process requires creativity and adaptability. In some settings, there will be an existing coordination group, such as a gender theme group that can incorporate emergency GBV coordination activities. However, evidence suggests that a coordination group specific to GBV (but closely linked to broader emergency coordination efforts) greatly enhances strategic capacity, information sharing and management, and accountability among GBV partners. A dedicated humanitarian GBV sub-cluster increases the likelihood that all clusters will be able to realize their mutual goal of ensuring ethical, safe and comprehensive GBV programming in an emergency.

The following timeline illustrates important initial steps for launching a coordination group to perform the key functions described in Chapter 3. It provides an overview of the initial weeks of an emergency and assumes that a GBV sub-cluster is developed and meets regularly (at least once a week until the emergency stabilizes).

UNFPA is the provider of last resort in the global cluster system and has the responsibility in cluster contexts to act as the “first responder”. This means UNFPA will lead the exploration of the emergency coordination options and gather GBV partners in order to build consensus on the structure and purpose of the coordination group. UNFPA will seek out existing resources and build upon them. As is described in Chapter 2, the cluster approach is meant to support national and local capacity, not replace it.

In the framework described in the timeline below it assumes a national coordination group precedes the development of local coordination groups. In some settings – such as where an emergency is concentrated in a very specific geographic area within a country or where local mechanisms are pre-existing and functioning – it may be more effective to focus on local coordination groups first. Even where this is the case, many of the following steps will remain the same.

Timeline for initiation of GBV sub-cluster functions

Estimated time frame	Key objectives	Key actions
Week 1 of emergency	<ol style="list-style-type: none"> 1. Ensure those responsible for implementing and/or participating in GBV coordination understand the importance of prioritizing the needs and rights of those vulnerable to GBV. 2. Determine the type of GBV sub-cluster that will be established at the national level (e.g. a separate GBV AoR under the Protection Cluster; an emergency sub-group within an existing coordination body, etc.). 	<ul style="list-style-type: none"> • UNFPA designates staff to explore GBV coordination possibilities. • UNFPA staff meets with UNHCR and the HC/RC to determine whether a Protection Cluster will be put in place and to discuss/advocate with UNHCR and the HC/RC about the feasibility of developing a GBV-specific coordination group. • Designated UNFPA staff assesses existing national coordination groups to determine feasibility of linking with them. • Designated UNFPA staff identifies emergency funds to support initial needs related to both coordination personnel and functions. • Designated UNFPA staff calls an emergency meeting of key UN, NGO and (where safe and feasible) government representatives to discuss strategies for establishing a national GBV sub-cluster and potential coordination leadership structures. At this meeting, priority steps/processes/actions should be discussed. These include initial sharing of GBV-related information with regard to types of GBV being reported, initial service-provider mapping, glaring gaps in services, advocacy targets and key messages, existence of local coordination groups, etc. • GBV coordinator(s) is identified (interim, if permanent is not feasible at this time) to organize the initial GBV coordination meeting. • Compile provisional service provider information needed to make immediate referrals to get emergency services to affected population.
Week 2 to 3 of emergency	<ol style="list-style-type: none"> 1. Conduct initial national coordination meeting to agree upon organizational leadership, chair or co-chair(s), secretariat responsibilities, start-up activities, etc. (Note: Key actions identified here are most relevant in settings where no pre-existing gender/GBV sub-cluster exists, and should be adapted accordingly in settings where the emergency GBV sub-cluster is linking to pre-existing coordination structures.) 2. Put structures in place as quickly as possible to ensure the safety and well-being of people of concern. 	<ul style="list-style-type: none"> • Identify potential partners for participation in the initial national meeting (cluster/sector leads, GBV programming agencies/ organizations, government representatives, gender focal points, etc.). Ensure local organizations are included. • Identify accessible venue. • Invitations to the initial meeting and a proposed agenda are distributed by UNFPA and/or jointly with the Protection Cluster Coordinator. Invitations for the high level authorities require coordination with the HC/RC and individuals of equivalent authority (e.g. Minister responsible for gender issues etc.). • Define immediate inter-agency procedures to ensure referrals and safe access to GBV services.

<p>Week 3 to 5 of emergency</p>	<ol style="list-style-type: none"> 1. Coordination partners agree upon Terms of Reference for the coordination mechanism. 2. Initiate multi-sector and/or inter-agency rapid assessment. 3. Initiate information management. 4. Identify Focal Points for other clusters/sectors. 	<ul style="list-style-type: none"> • UNFPA and where possible, the co-lead, develop a Memorandum of Understanding regarding their respective key responsibilities/inputs of coordination process. • Create standard coordination group contact list and meeting schedule, using electronic and printable versions. • The lead agency(ies) develops a Terms of Reference for the coordination group and distributes it to all coordination partners for review/finalization. • Determine which types of assessment(s) are most urgent and relevant to the setting and identify partners to work together to plan and participate, including in multi-sector or inter-agency rapid assessments. Have these partners begin to review standard tools and identify how they should be adapted for the context. • Secondary data review assessments are completed on existing GBV information/data. • Coordinate with OCHA/inter-cluster coordination mechanism for initiating 3Ws. Basic tools for service mapping and other information management processes are developed and distributed to GBV partners for completion. • Secure methods for sharing information among cluster members (via the Internet, WhatsApp, SMS, hard copy, etc.) are established. • Volunteer focal points are identified and tasked with attending other cluster/sector coordination meetings, in order to facilitate inter-sector coordination and offer preliminary sector guidance as per IASC GBV Guidelines and the IASC Gender Handbook.
<p>Week 5 to 6 of emergency</p>	<ol style="list-style-type: none"> 1. Complete preliminary Sector/Cluster Response Plan for HRP and initiate other strategic planning and funding mobilization processes as needed (e.g. Action Plan, Work Plan etc). 2. Identify and activate local coordination groups (if this has not yet been done). 3. Initiate referral pathways or SOPs at the field level. 4. Activate sub-groups in the coordination group to address emerging responsibilities. 5. Promote key standards and guidelines to ensure consistency and quality control measures for the response. 	<ul style="list-style-type: none"> • A preliminary strategic framework based on assessments and basic needs/gap analysis is distributed to GBV coordination partners for review and finalization. • If not yet determined, local coordination efforts are initiated, and procedures to ensure linkages between national and sub-national coordination groups are defined. • Initiate development of referral pathways or SOPs with identified coordination partners at the field level. • Outreach for mobilization of resources initiated. • Define capacity-building needs of GBV partners on key guidelines and standards and initiate planning to promote and implement these standards, where possible. • Sub-groups begin working semi-autonomously on areas of importance to the coordination body.

In the initial stages of an emergency, GBV coordinator(s) may be appointed through short-term surge support. This support is temporary and usually focuses on strengthening or establishing the GBV sub-cluster. Over the longer term, the in-country lead GBV coordination agency and the co-lead agency (where applicable) will hire GBV coordinator(s), generally at the international level, but occasionally at the level of senior national staff. (See Annex 22 for GBV coordinator ToR and GBV co-coordinator ToR.)

After the first month

Many of the actions listed above will not be completed in the first month – nor should they, as most are ongoing. They must be initiated. Moving them forward will be the major focus of the coordination group, along with the other activities that are part of the required Core Functions of the GBV sub-cluster (described in Chapter 3). Tips on building and maintaining the momentum of the coordination group are provided in Chapter 5 on practical coordination skills.

The [IASC Reference Module for Cluster Coordination at Country Level](#) notes that “[...] Good practice suggests that a strategy for transition to national structures is developed by the cluster soon after its activation, including overall and cluster-specific plans to ensure the transfer of cluster capacity to national counterparts and development partners” (p.7). Eventually the coordination group for GBV in the emergency phase will transition to post-emergency and recovery. As early as possible, coordination leads and partners should determine the means to sustain coordination after the emergency phase and transition to other actors.

4.2 Encouraging inclusive membership

Benefits of inclusive membership

Participation, transparency, equality – these are some of the principles of partnership that are the cornerstone of humanitarian intervention (see Chapter 2). They are also key to promoting community-based methods for addressing GBV (see Chapter 1). In addition, addressing GBV requires a broad inter-sector approach (see Chapter 1). Successful GBV coordination therefore depends on a wide variety of actors – from policymakers to advocates to programmers to affected populations – working as partners to achieve safe, ethical and comprehensive GBV programming.

If a GBV sub-cluster is dominated by one particular focus area or one particular approach, it will be limited in its ability to achieve its goals. For example, an overemphasis by legal/justice and/or human rights partners on prosecution of GBV cases can undermine the goals of a survivor-centred approach, in which survivors have access to a full spectrum of services and have the right to determine their own course of action in addressing a GBV incident.

Broad participation of multi-sector partners has many benefits:

- Enables transfer of knowledge and problem solving
- Provides greater legitimacy through wider engagement and commitment of partners
- Ensures coherence of standards and values
- Increases leverage with key stakeholders
- Enables strategic multi-sector prevention and response planning
- Improves advocacy efforts
- Increases predictability and accountability in prevention and response programming



Promising practice

In Liberia, 50 organizations attended the GBV Task Force. Some organizations attended meetings solely in hope of accessing funding. The large group was becoming difficult to coordinate, resulting in long and inefficient meetings. A decision was made by the GBV coordinators to ask members to come prepared with their implementation/work plans and to coordinate around pre-existing activities instead of talking about possible future activities. By limiting the task force to members with concrete work plans, it became smaller and more action-oriented.

Membership of a GBV sub-cluster

Evidence suggests that engaging too many partners can have a limiting effect on the coordination group, because it becomes too big and not specialized enough to be effective. It is therefore important for GBV coordinators to monitor membership. They should address gaps in membership as necessary and ensure that individuals with decision-making capacity are present at the coordination meetings and that action points identified in the coordination meeting minutes are effectively addressed by designated agencies. Inclusive membership does not mean indiscriminate membership – participation of a variety of partners should facilitate, rather than detract from, the goals of the coordination group.

Ideas to manage membership:

- Articulate membership criteria and responsibilities in ToRs or other key documents.
- Create a membership application system that assists organizations to self-evaluate their motivations, capacities and responsibilities for joining the group.
- Include a peer review system to evaluate and identify areas where an organization may be able to lead or may need support for participation.
- Actively monitor attendance and shift organizations to “inactive” status if they have not attended regularly after a certain time.

The coordination group should mobilize participation by UN, NGO, Red Cross/Red Crescent, and (as appropriate) donors and government actors. Following the principles of a community-based approach and the GBV AoR's commitment to localization, coordinators should seek to include local organizations and affected populations as active participants in the coordination group, with particular attention to WLOs. Where feasible and where it doesn't pose protection risks, there should be proactive efforts made to include national line ministries, and where possible female and male staff from those ministries. It is also important that representatives of other clusters attend GBV coordination meetings in order to contribute to strategic planning and overall coordination of GBV activities across the clusters. Representatives of gender theme groups, gender and sexual violence focal points from settings where there are peacekeeping operations, and other relevant international, national and local actors should be mobilized to share their expertise within a GBV sub-cluster. Due consideration should be given on how to coordinate with development and peace-building actors, and where appropriate include representatives who work on GBV in these spheres.



Special considerations for adolescent girls

GBV sub-clusters should target organizations that work on GBV programming with adolescent girls for inclusion in the coordination group. The group can work with these organizations to identify ways to involve adolescents directly in consultation and coordination, where feasible.



Promising practice

In Ukraine since 2016, the national GBV sub-cluster has been working with local councils to establish and co-lead sub-national GBV sub-clusters. This initiative grew out of a joint, mobile, psychosocial support project in Kharkiv to extend services to conflict-affected populations dispersed in local villages and urban areas. Based on successes in improving services together, the Local Council of Kharkiv became co-lead of the GBV sub-cluster and created the Coordination Council, which plays an active role in advocacy, organizing services, assessing needs and mobilizing funding for multi-sector GBV services.

This model of co-leadership between humanitarian actors and the local council has been replicated in other geographic areas of the Ukraine – near the front-lines as well as in more distant urban, development settings where ex-combatants and other conflict-affected populations have moved and experienced the post-conflict impacts of GBV. In some locations, handover of services such as safe shelters is complete with the local council coordinating, funding and managing services on their own. These localized coordination groups have become models for building transition and sustainability into a humanitarian response. Furthermore, by co-leading with local councils the GBV actors gained a valuable ally for advocacy, which has magnified awareness and spurred action on GBV at the national policy level.

Building inclusive membership

The GBV coordinator must understand the benefits of participation to build inclusive and localized membership. A GBV coordinator also must advocate for participation of particular agencies/ groups, both to partners already participating in the GBV sub-cluster (to promote inclusiveness), as well as to those targeted for participation (to motivate them). The GBV coordinator may need to pursue particular agencies, organizations or individuals, especially in the early stages of building a sub-cluster. At the same time, problems associated with including specific groups should be assessed and averted. Analysis of possible members should be done in consultation with key actors, both bilaterally and as groups to consider benefits and risks and agree on membership criteria.

Target participants	Benefits of participation for the sub-cluster	Benefits of participation for the targeted groups	Issues to troubleshoot
<ul style="list-style-type: none"> • Representatives of other sectors • Gender focal points and gender theme group leads • MHPSS focal points • Mission representatives (where there are peacekeeping operations) 	<ul style="list-style-type: none"> • Ensures that the strategies and action plans of the GBV sub-cluster are in line with those of other clusters/ sectors and other relevant coordination bodies. • Facilitates communication about GBV problems, gaps in programming and methods to address these gaps. 	<ul style="list-style-type: none"> • Strengthens accountability with regard to GBV issues. • Provides opportunities for capacity building and resource-sharing. 	<ul style="list-style-type: none"> • May not understand GBV as a critical issue to their sector/ cluster/group. • May feel GBV is irrelevant, meetings are a waste of precious time.

Target participants	Benefits of participation for the sub-cluster	Benefits of participation for the targeted groups	Issues to troubleshoot
<ul style="list-style-type: none"> Affected population 	<ul style="list-style-type: none"> Increases service coverage and opportunities for better prevention/ protection. Limits a top-down approach to humanitarian aid and supports guiding principles of GBV programming. 	<ul style="list-style-type: none"> Ensures consideration of multiple needs and rights. Provides a forum for sharing their inputs. Can be a means for people of concern to hold humanitarian actors accountable for delivering on promises, protecting needs and rights. 	<ul style="list-style-type: none"> In settings where the government is hostile, may pose security risk to involve people of concern. May require additional efforts in logistics (venue access), facilitation of meetings (e.g. translation) and in dissemination of information (e.g. hard copy instead of electronic). May be emotionally challenging for those exposed to violence to attend GBV meetings.
<ul style="list-style-type: none"> Civil society (including local NGOs, women's organizations, community-based organizations, etc.) 	<ul style="list-style-type: none"> Have a comparative advantage in early response and operational planning due to their links with local communities and authorities. Can have wider reach and value for money. More sustainable as they will remain when other relief actors leave. 	<ul style="list-style-type: none"> Increases understanding of the humanitarian system. Ensures they have a voice in what is happening and enables them to share the inputs of people of concern. Enables networking with partners and donors in order to build programmes and access funds. Provide access to technical support for building capacity. Provides a safe forum for accessing the government. 	<ul style="list-style-type: none"> Managing the proliferation of new NGOs when funds become available for GBV. Managing perception that participation in GBV sub-cluster will lead to funding. Security risks for local actors in settings where government is hostile and NGOs face threats/ sanctions. Logistic and financial barriers may prevent regular attendance.

Target participants	Benefits of participation for the sub-cluster	Benefits of participation for the targeted groups	Issues to troubleshoot
International NGOs	<ul style="list-style-type: none"> • Most often the primary implementers of GBV programmes and the major actors in the field of humanitarian response. • Have resources and expertise that differs from – and often exceeds – that of UN agencies. • Reduces threat of overlap and competition for resources. 	<ul style="list-style-type: none"> • Access to technical support and opportunities for problem-sharing/ problem-solving. • Networking opportunities with donors. • Ensures they have a voice in what is happening and enables them to share the inputs of people of concern. • Provides a safe forum for interacting with the government. 	<ul style="list-style-type: none"> • Often not adequately engaged in coordination (perception of top-down approach and NGO participation as tokenism). • No clear humanitarian structure for oversight and accountability of INGOs.
Government	<ul style="list-style-type: none"> • Primary role in the initiation, organization, coordination and implementation of humanitarian assistance. • Ultimately responsible and accountable for protecting and caring for the affected population both during and beyond the crisis period. • Increases likelihood of accountability and sustainability of coordination group. 	<ul style="list-style-type: none"> • Increases understanding of the humanitarian system. • Ensures that they have a voice in what is happening and enables them to share the inputs of their ministries and people of concern. • Provides a space for accountability when things go wrong and a forum for taking credit when things go right. • Enables networking with partners and donors. • Access to technical support to build capacity, may leave them with critical assets to coordinate post-crisis. 	<ul style="list-style-type: none"> • May be implicitly or explicitly engaged in perpetration of GBV. • May be in a position to significantly restrict access of frontline organizations to the affected population. • Ministry of Gender rarely empowered and/or given adequate funding to address GBV (sidelined issue). • Other ministries that should be involved may not consider GBV to be a problem, or may dismiss it as a “women’s issue”.

Target participants	Benefits of participation for the sub-cluster	Benefits of participation for the targeted groups	Issues to troubleshoot
Donors	<ul style="list-style-type: none"> Gain a better understanding of key issues related to GBV programming. Can be advocates within their agencies for allocating funding. 	<ul style="list-style-type: none"> Ensures appropriate programmatic responses. Helps them prioritize their funding. Reduces confusion about proposals and potential for overlap. Allows their ideas/priorities to be heard and incorporated. Increases likelihood that their strategies are in line with the government's viewpoints. 	<ul style="list-style-type: none"> May attempt to influence strategic frameworks/coordination goals based on their agencies' priorities. Can limit open dialogue among participants afraid of alienating donors. May participate with observer status to mitigate some of these factors.

Strategic Advisory Groups

The balance between consultation and leadership should be considered. According to the IASC Reference Module for Cluster Coordination at Country Level (IASC 2015), "If a cluster is to fulfil its core functions, it is important to balance the need for consultation and leadership in an emergency. Key decisions need to have legitimacy and to be taken by a manageable number of partners." One way to strike this balance is to create a Strategic Advisory Group (SAG) from the GBV sub-cluster membership, which is authorized as a smaller, more manageable consultation body. It can develop technical and strategic work and participate actively in technical decision-making.

The SAG is chaired and convened by the GBV coordinator(s). It should represent the overall cluster membership, including UN agencies, international and national NGOs and government (where feasible and in line with humanitarian and protection principles) and have demonstrated experience and expertise in GBV interventions. Membership is usually defined in terms of organizational representation rather than individuals, but the member attending the SAG should be the same person from the organization who regularly attends the GBV coordination meetings. The number of members must be very limited and should ensure technical expertise among the representatives to allow for efficient and accountable decision-making. SAG membership is voluntary, and there is no payment or funding dedicated for its members or functions. The SAG's key role is to facilitate and ensure regular, two-way flow of information with the broader cluster membership. Relationships between members of a SAG often have their own power dynamics and extra effort may be required to support members – particularly local actors – to prepare for and contribute to SAG discussions and decisions.

To create a SAG, the GBV coordinator(s) will need to draft ToRs with specific requirements:

- Criteria of membership
- Methods of ensuring representativeness (i.e. number of designated seats for UN, government, international NGOs, national NGOs, etc. and if there are any gender or other quotas such as "members must comprise at least 50 per cent women", etc.)
- Method of selection (i.e. election, application, etc.)
- Time period of service
- Responsibilities and expected contributions
- Arrangements for designation of alternates or replacement/removal if SAG member is no longer active or appropriate

The IASC has provided guidance on criteria for SAG members:

- Operational relevance in the emergency
- Technical expertise
- Demonstrated capacity to contribute strategically and to provide practical support
- Commitment to contribute consistently

SAG members often contribute to key areas of work:

- Evaluating project proposals for HRP and pooled funding allocations
- Developing processes for and reviewing / endorsing draft strategic documents
- Developing a work plan
- Setting common standards for service
- Supporting monitoring and evaluation processes of coordination



See Annex 23: Sample ToR from Strategic Advisory Group

4.3 Developing the Terms of Reference

Terms of Reference (ToR) describe the purpose and structure of the sub-cluster, providing a documented basis from which to carry out coordination activities. One of the first activities of the sub-cluster (completed within the first two to three weeks of meetings) is to create a ToR, in order to ensure a common understanding about coordination leadership, membership and the nature, scope and objectives of coordination activities. ToRs should be created for all coordination groups, from the national level to the local level. In refugee contexts, the GBV sub-clusters might report to the Protection Working Group or sector, usually led by UNHCR. In settings where there are multiple coordination groups, every effort should be made to ensure that all ToRs are consistent in their background information, definitions of GBV and guiding principles. In settings where the emergency GBV sub-cluster is incorporated into a pre-existing coordination structure, it is still important to develop a ToR for the emergency coordination body.

In the earliest phases of forming a coordination group, the GBV coordinator may need to take a more active role in ensuring start-up activities are completed. With this in mind, the GBV coordinator and/or chair/co-chair of the coordination group may wish to draft the first outline of the ToR, rather than drafting the preliminary document based on consensus. After the initial draft has been completed, coordination members can participate in the revision process.

The revision process is often a very useful opportunity to clarify some of the fundamentals of GBV prevention and response in emergencies, such as what GBV actually entails, the importance of engaging multi-sector actors and the functions of a coordination group (see Chapters 1 and 3). For this reason, it is recommended that feedback on the ToR is given at a coordination meeting, rather than via email or telephone, and that discussions on the content of the ToR continue until consensus is achieved. (See Chapter 5 for tips on building consensus.)

After agreement has been reached about the ToR, organizations may wish to sign it by listing their names directly on the document. If this is not possible or recommended due to security reasons, organizations should give their verbal agreement about the content of the ToR, which should be documented in coordination meeting minutes so that there is a record of consensus about the ToR that can be referenced in the event conflicts about the nature/purpose of the coordination group arise.



Lesson learned

In its global review of GBV sub-clusters conducted in 2008, the GBV AoR highlighted two key findings regarding sub-cluster ToRs. First, ToRs were not often widely shared, so that many GBV actors were not clear on the role of the coordination group. Second, the relationship between the GBV sub-cluster and the Protection Cluster was not well defined, which led to confusion about how GBV coordination linked with protection activities and structures.

Recent practice in crisis-affected countries has shown this problem persists, particularly in the area of information management. Information Management Officers (IMOs) often face challenges in receiving timely information specific to GBV because partners confuse what and how information should be shared with the Protection Cluster, the GBV sub-cluster and their donors (often UNHCR or UNICEF, who are leading the Protection or Child Protection).

It may help to avoid problems by developing ToRs for the GBV sub-cluster with the active participation of the Protection Cluster and Child Protection AoR, and ensuring ToRs commit to providing coordination group members with clear guidance on reporting lines. See Chapter 2 and the Annex for more information about the link between the GBV sub-cluster and the Protection Cluster.



Special considerations for adolescent girls

When developing the ToR and the targets and criteria for GBV sub-cluster membership, consider how these criteria can be made more inclusive to increase the participation of local groups, especially WLOs, DPOs and others that are likely to be involved as first responders to GBV in emergency contexts. Criteria for participation may need to be different for these groups (such as years required in GBV response, language requirements, scope of operations, etc.).

Key elements of a GBV sub-cluster ToR

In general, limit the ToR to a maximum of two or three pages so that it can be read quickly and easily. Once completed, it can be used as an information-sharing document with new coordination members as well as with the broader community. The ToR should not contain long lists of activities that are better left to a strategy document/work plan (see Chapter 3).

Key components of a TOR:

1. **Background:** Provide a brief introduction explaining why the coordination group has been introduced.
2. **Definition of GBV:** Refer to how GBV is defined and the key types of GBV the coordination group is addressing.
3. **Overall purpose:** Briefly state the primary goal(s) and objectives of the coordination group.
4. **Membership:** Describe the target members of the coordination group and an explanation of whether the membership is open or selective. It may also be useful in this section to briefly outline the expected responsibilities of membership (participation, accountability, etc.).

5. **Leadership:** Describe the leadership structure, identify lead agency and co-chairs of the coordination group and briefly describe the different responsibilities of all parties. This section may also include a description of the secretariat function/responsibilities.
6. **Meetings:** Provide information about the time, place and frequency of meetings.
7. **Principles/Standards:** Describe some of the guiding principles related to GBV programming and GBV coordination to which partners in the coordination group are expected to adhere (see Chapter 1 on guiding principles). This may also elaborate the key global quality standards that the coordination group members will adopt to ensure the guiding principles are upheld (i.e. inter-agency Minimum Standards, WHO ethical and safety recommendations, inter-agency case management guidelines etc.)
8. **Reporting:** Describe to whom/what the GBV sub-cluster reports. In a cluster system where there is a Protection Cluster, explain reporting at the national level and how it links to the Protection Cluster lead and explain how reporting at the sub-national level links to the national GBV sub-cluster.
9. **Key functions/responsibilities:** Briefly describe some of the primary activities of the coordination group, such as those identified in Chapter 3 of this handbook.

Remember, each topic above should be addressed as concisely as possible in order to keep the document brief and easily readable.



See Annex 22: Sample ToRs for GBV national coordination group

ToRs for field-level coordination groups

The general content of ToRs for national- and field-level coordination groups is likely to be very similar; the primary difference will be in functions/responsibilities. At the national level, activities may be more broad-based and focus on policy, advocacy, oversight of information-gathering, fundraising, etc., whereas at the local level activities may be more related to ensuring effective programming and monitoring. At the local level it is important to clarify with coordination partners that the ToR for the coordination group is distinct from SOPs. (See Chapter 3 on SOPs.)

4.4 Technical working groups

Technical working groups, sometimes also referred to as task teams, are essentially working groups or thematic groups of individuals within the sub-cluster that are assigned specific tasks – many of which are related to the functions of a GBV sub-cluster that are described in Chapter 3 of this handbook. Technical working groups are a useful way of delegating responsibility to a relatively small corps of volunteers (anywhere from four to ten people) in order to increase efficiency of the coordination group by avoiding the time-consuming process of managing all activities in a large quorum.

Sub-groups are useful because they:

- Delegate responsibility to a relatively small group to increase efficiency.
- Promote ownership and accountability of those participating in the coordination group.
- Provide an opportunity to capitalize on the specific capacities/expertise of partners.
- Facilitate capacity building when those with less experience are encouraged to join a sub-group led by those with greater experience.
- Avoid top-down leadership in which the GBV coordinator(s) makes the majority of decisions.
- Build cohesion among members working together for a common goal in small groups.
- Increase momentum of the coordination group by allowing it to work simultaneously on a number of different objectives.

A group sometimes takes time to solidify in its efforts to work interdependently towards common goals and objectives, as described in Chapter 5 in the section on collaborative leadership. For this reason, the GBV coordinator may initially assume a more directive style. However, s/he should transition to a more delegative style as soon as there is an indication of growing cohesiveness and commitment of coordination partners. While the standard of participation should be promoted from the outset of establishing a sub-cluster, it may not be in the best interests of the group to introduce coordination sub-groups immediately, before the coordination members have had an opportunity to build trust.

After the group has worked successfully together to finalize a ToR, the GBV coordinator can begin to solicit group interest in developing sub-groups for particular activities. If initial participation is slow, the GBV coordinator may set an example by volunteering to lead one or two of the first sub-groups. As the coordination group continues to solidify, all efforts should be made to encourage partners with relevant expertise to take on leadership roles of sub-groups, and less active partners should also be encouraged to act as participants in the sub-groups.

Technical working groups conduct their work outside of coordination meetings and are therefore responsible for organizing the time and frequency of their own meetings. To ensure accountability, each technical working group should have a timeline for activities/outputs and should report on their progress during coordination meetings. If the group is responsible for creating a product (such as a poster about GBV), there should be an opportunity for review by the full sub-cluster. The technical working group should work with the buy-in of the full membership.

If a technical working group stalls on their particular activity, it may be useful for the GBV coordinator to step in and troubleshoot any emerging problems, such as the lack of technical or financial resources, or conflict/disagreement amongst group members (see Chapter 5 on conflict resolution). The GBV coordinator should empower the group by highlighting successes at coordination meetings.

To move forward on localization, GBV sub-clusters may consider creating a technical working group focused on this issue. The group would include and preferably be chaired by a local organization. This group could identify and monitor a set of priority practical steps on an annual basis to get local partners involved in coordination and different working areas of the GBV response (i.e. what needs to happen in terms of skills building, language, consultations and to support co-leadership, etc.). The group may also monitor or determine ways to evaluate the implementation of the Principles of Partnership within the GBV sub-cluster.



Promising practice

During the Rohingya refugee crisis in 2017, the Cox's Bazar GBV sub-sector identified the development of referral pathways as a priority in the midst of rapid scale up of GBV service provision. The GBV sub-sector convened a technical working group from the core GBV sub-sector membership to establish guidelines, procedures and resources for the inclusion of service providers demonstrating minimum standards for service provision in camp-based referral networks. The group comprised UN agencies, international and national NGO representatives and met every other week for several months.

Minimum Standards checklists and procedures were developed to support peer-review exercises to strengthen the quality of care within GBV referral networks. Following a collaborative service mapping and peer review exercise, the GBV sub-sector developed unique referral mechanisms for 22 camp locations in which life-saving health and case management services were co-located, including services accessible to the refugee and the host community.

The GBV Sub-sector coordination team, including support from the IMO, developed electronic and print resources appropriate for service providers explaining the GBV Referral Pathway focal points and guidance on safe referral practices in two languages. A pocket reference card based on the GBV referral pathways was also developed for frontline workers across sectors. These products were endorsed by the GBV sub-sector members, and launched at a formal event targeting other sector actors. These referral pathways are notable for the collaborative and efficient way in which they were developed with high technical standards of quality because of the varied expertise the GBV sub-sector members contributed through the technical working group.

The technical working group was formalized as the GBV Case Management Task Force in 2018 and co-chaired by the International Rescue Committee. Peer-review and update of the GBV referral pathways is undertaken every two months.

4.5 Implementing integration of GBV interventions into other sectors

Defining GBV integration

Integration of GBV risk mitigation actions in humanitarian response is sometimes also referred to as **GBV mainstreaming**. It is the process of ensuring that humanitarian interventions across all clusters/sectors: (1) do not cause or increase the likelihood of GBV; (2) proactively seek to identify and take action to mitigate GBV risks in the environment and in programme design and implementation; and (3) proactively facilitate and monitor vulnerable groups' safe access to services. GBV integration is distinct from, but complementary to, GBV specialized programming, which includes response services for GBV survivors and longer-term prevention interventions.

For GBV integration to be effective within a given cluster, the process must be owned and driven by the cluster itself. GBV integration should never be the sole responsibility of GBV actors, but rather the responsibility of *everyone*. GBV coordinators support inter-agency action and accountability to mitigate the risks of GBV, while encouraging non-GBV clusters to lead GBV integration initiatives

within their areas of sectoral expertise. Ultimately, addressing GBV is indispensable to fulfilling all clusters' objective of promoting the safety, dignity and well-being of crisis-affected persons and doing no harm.

The role of GBV actors in GBV integration

Supporting GBV integration is part of the GBV sub-cluster's work across the core coordination functions. **See Chapter 3 for more information on each core coordination function.**

GBV actors play a lead role in:

- Provision of accurate and accessible information on available GBV services and referral processes to all sectors, including capacity-building on how to receive a disclosure and safely refer survivors (first function)
- Facilitation and support to non-GBV sectors/clusters to assess and analyse GBV risks in the environment utilizing data and information from a diversity of sectors and sources in line with ethical and safe data practices (second function)
- Facilitation of advocacy and information sharing to relevant partners with practical, tangible ideas to mitigate GBV risks in their sectors (sixth function)

GBV actors play a support role in:

- Provision of technical support on GBV integration in humanitarian decision-making and strategic planning processes (e.g. HNO, HRP, JRP or similar) such as needs analysis, indicators, activities or other components for non-GBV sectors/clusters (third function)
- Provision of technical guidance to other sectors on how to facilitate consultations with communities, particularly with women and girls, and best practices, adaptations and contextualization considerations to mitigate GBV across the humanitarian response (see the second and third functions related to consultations for assessment and applying standards and guidance)
- Facilitation of capacity-building opportunities and requests, particularly related to preparedness of humanitarian sectors to fulfil their GBV integration responsibilities (fifth function)



Promising practice

In the aftermath of the Ecuador earthquake in 2016, the GBV sub-cluster and the CCCM Sector conducted assessments together and identified the need to advocate to Camp Management authorities for women-friendly spaces in camps for women and girls. CCCM undertook the construction of the spaces while the GBV sub-cluster undertook the coordination of the partners that would operate them. A similar practice was then replicated in Cox's Bazar in 2017.

Entry points for GBV integration

Successful engagement on GBV integration issues with non-GBV clusters/sectors requires an understanding of other sectors' priorities and outcomes in order to identify entry points for GBV integration. It can be helpful to explain to colleagues in other sectors how GBV integration can increase programme safety and quality, which is likely to lead to better outcomes in their sectors. To date, various clusters and agencies have shown strong leadership in addressing GBV risks. Utilizing existing leadership and cluster resources is a critical first step. Examples include:

- [Global WASH Cluster 5 Minimum commitments](#) for the safety and dignity of affected people (released before the GBV Guidelines)

- [Global Shelter Cluster GBV and Site Planning in Emergencies](#); [GBV and Distributions: NFIs, Shelter Materials and Cash](#); and [Good Shelter Programming: Tools to Reduce the Risk of GBV](#)
- [World Food Programme's Gender-Based Violence Manual](#), Emergencies and Transition Unit
- [IOM's Institutional Framework for Addressing GBV in Crises](#) (outlining that at a minimum all IOM sectoral operations should mitigate risks of GBV)

Guidance on GBV integration

Core global guidance for GBV integration in emergencies includes the *IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, referred to as the [IASC GBV Guidelines](#) (see Chapter 1), as well as [The Gender Handbook for Humanitarian Action](#) (IASC 2017).

The IASC GBV Guidelines were designed specifically for use by non-GBV specialists. They include practical, sector-specific recommendations for GBV risk mitigation across all phases of the humanitarian programme cycle. The guidelines are composed of thematic area guides that provide sector-specific essential actions checklists and sector-specific recommendations for GBV risk mitigation strategies. The essential actions checklist can be a useful introduction to the guidelines for cluster actors.

Specific to GBV coordination, there is a three-page checklist (pp.25-27) on what the GBV sub-cluster can do to support GBV integration across all sectors of humanitarian action. The chart summarizes different areas of work that the coordination group will engage in, with their cluster/sector coordinator counterparts, to accomplish integration:

- Programming
- Policies
- Communication and information sharing
- Coordination with other humanitarian sectors
- Monitoring and evaluation

The “essential actions” matrix provides a detailed list of actions for each work area.

Actions that promote GBV integration do not have to be taken all at once, and they are not the responsibility of one person. They do not have to be taken with every cluster/sector simultaneously; rather, supporting other clusters with GBV integration is one of many areas of work for the GBV sub-cluster. Members are encouraged to facilitate investment and ownership by non-GBV actors on GBV integration initiatives and to be strategic about where and how to place their collective time and effort.

Focus efforts on specific GBV risks, as identified in cross-cluster assessments, which are particularly timely or urgent for affected communities. As a starting point, choose one issue that evokes strong levels of commitment across the different coordination groups, particularly among other cluster coordinators. A GBV integration approach can be used to problem-solve with a specific cluster or clusters: how can you minimize the risk of GBV while also increasing the quality of programming as per a sector's benchmarks and standards? For example, try problem-solving on issues of menstrual hygiene management beginning with WASH and Health, then expand these efforts to include Education and NFI. GBV sub-cluster members can help to tackle issues related to fuel and cook stoves that are linked to GBV and Food Security and Livelihoods, or use safety audits to address community safety issues with CCCM. Shelter and CCCM actors are key to ensuring that site-planning interventions mitigate GBV risks and that there is proper space for women- and girl-friendly spaces from the outset. Once success is achieved on a particular issue, GBV integration considerations are likely to gain momentum with other sectors.

To fulfil its role to support GBV integration, the GBV sub-cluster must delegate work among its members who have relevant expertise, and engage a variety of GBV and non-GBV actors to volunteer time across different sectors. GBV integration cannot be effective if it remains a task only for the GBV coordinator(s). A focal point system may help accomplish GBV integration, as discussed below.



Print-ready versions of the IASC GBV Guidelines and posters, training tools and the [Essential Actions Checklist](#) (pp. 18-27) for GBV integration are available at IASC GBV Guidelines website.

Facilitating cross-cluster collaboration

In an emergency context, cluster actors may be somewhat reluctant to take on GBV issues because they are already overwhelmed with other challenges associated with their sector. Constant communication and monitoring of sector activities are important components of GBV integration activities. The challenge is figuring out how to create the means for this collaboration.

How the GBV sub-cluster can facilitate collaboration with other sectors:

- Develop resources (and keep them up to date) about where survivors and those at risk of GBV can access safe, confidential and appropriate systems of care. Proactively and regularly share this information with other clusters/sectors so they can refer any survivors or persons at risk of GBV to the appropriate channels of support/response.
- Make periodic presentations to cluster leads at the inter-cluster/sector coordination meetings (ICWG/ICCG).
- Support cluster leads to identify someone with sufficient authority and commitment within their coordination group to represent their cluster/sector at GBV coordination meetings.
- Hold orientation/trainings with key humanitarian decision makers (e.g. HC/RC, HCT and ICCG members, OCHA Head of Office, key government partners, cluster coordinators, donors, etc.).
- Identify, work with and support champions at different levels of the humanitarian response in-country to promote uptake of the recommendations in the IASC GBV Guidelines.
- Identify GBV coordination members to regularly attend various cluster meetings to represent GBV concerns as appropriate and report back on emerging issues at the GBV coordination meetings.
- Ensure GBV specialists from the GBV sub-cluster partners (and where relevant, other GBV surge capacity) are available to support the Humanitarian Coordinator, OCHA and clusters to develop and contextualize tools with GBV components.
- Conduct joint planning and implementation of safety audits or other types of assessments with key sectors, such as WASH or CCCM.
- Use designated GBV integration focal points from the GBV sub-cluster. Introduce them during their initial attendance at another cluster/sector meeting. Make reports by focal points back to the GBV sub-cluster a standing agenda item.

Focal points for GBV integration

If a GBV sub-cluster chooses to use a focal point system, it is usually most effective if at least one of the focal points is also a member of the agency that leads or co-leads their designated cluster. This system often facilitates informal communication and makes information exchange easier between the GBV sub-cluster and the target sector. It can also help with maximization of resources and advocacy, since the focal point is well-placed to conduct internal advocacy with the target cluster's lead agency for prioritization of integration of GBV. Where feasible, identify at least

two focal points for each sector the GBV sub-cluster wants to target. To increase sustainability, identify focal point agencies/organizations that have experience in GBV integration or a strong approach to mainstreaming protection.

In all cluster coordination meetings, the GBV focal points should:

- Raise relevant GBV-related issues as per cluster/sector discussions and priorities.
- Direct clusters to relevant elements of IASC GBV Guidelines and cluster-specific resources from Global Clusters, lead agencies or in-country.
- Advocate keeping the issue of GBV on the agenda of all participating agencies, including by ensuring all agencies have access to relevant guidelines, tools and training opportunities.
- Ensure cluster/sector actors have up-to-date information about where and how to offer referrals to survivors and those at risk of GBV.

It can be intimidating for focal points to speak up in meetings with partners who may not be enthusiastic about their presence or about addressing the issue of GBV. Brief focal points on their responsibilities, as well as on strategic communication, so that they know their key messages and are able to deliver them succinctly and effectively. Focal points should also seek out cluster/sector coordination leads to obtain their support in making presentations, as well as making GBV a standing agenda item for the cluster.

Being an effective focal point requires significant time, skills and energy. The GBV sub-cluster should invest time and resources to provide training, mentoring or other forms of support for focal points and continually acknowledge the significant contributions they make to the GBV response.



Meaningful
participation

Ideally, focal points from non-GBV clusters are nominated/appointed by their cluster to promote ownership on GBV integration. Agreement and decisions within the cluster allows the cluster to decide how to implement GBV integration in relation to the cluster's core responsibilities.

Focal point systems can be further strengthened through pairing of at least one international and one national focal point for each target sector. This allows sharing of responsibilities and maximizes the different types of knowledge and experience each counterpart has. It also builds in sustainability to the mainstreaming efforts, if the national organization is likely to have a long-term presence in the area of response. This system can also be used as a form of mentoring, if there is one focal point with significant experience matched with another partner who is learning about GBV mainstreaming.



Promising practice

In Somalia in 2018, the GBV sub-cluster supported by UNFPA successfully facilitated GBV mainstreaming training workshops with 90 field coordinators from the CCCM, Education and Nutrition clusters in several locations. The primary aim was to improve the skills of field coordinators, so they would have more capacity to plan, implement, monitor and report cluster activities using each sector's GBV-related indicators, as recommended in the IASC GBV Guidelines. In addition, the coordinators learned how to safely refer survivors, through sessions that explained the survivor-centred approach, referral pathways and hotlines in their geographic areas.

The training workshops were planned jointly between the GBV sub-cluster and target clusters and funded by the clusters that received the training. The training resulted in joint action plans for GBV integration in target clusters and improved communication between GBV and non-GBV actors. More clusters are requesting support for this activity.



Online tool

For more information, consult the forthcoming guidance note on the roles and responsibilities of GBV specialists for integration of GBV risk mitigation actions across humanitarian sectors. Check the GBV AoR and IASC GBV Guidelines websites for updates.

4.6 Implementing information management

Defining GBV information management

GBV information management refers to the principled, systematized and collaborative processes of collecting, processing, analysing, storing, sharing and use of data and information safely and ethically to enable evidence-based and quality GBV coordination and response.

The provision and analysis of key information on GBV in humanitarian settings is essential to improving GBV interventions and coordination. It informs programming and response based on evidence and to allow for a shared analysis of needs, gaps and priorities for response. Information can be used at the intra -cluster level (between GBV sub-cluster partners) and inter-cluster level (between GBV and other clusters). GBV information management has several objectives:

- Enhance GBV coordination
- Ensure information on GBV is accurate and timely
- Establish baseline data relevant to the response and measure progress against it
- Develop tailored information management products to analyse how to improve response
- Allow for evidence-based appeals for funding, including advocacy
- Strengthen integration of GBV into other cluster
- Facilitate monitoring and evaluation activities

Information management responsibilities

Responsibilities of the GBV sub-cluster

As discussed in Chapter 3, information management (IM) is one of the key processes that enable the GBV sub-cluster to fulfil its functions. It has a direct impact on the quality and efficiency of GBV coordination and response. OCHA's *Operational Guidance on Responsibilities of Cluster/Sector Leads & OCHA in Information Management* defines the responsibilities of the GBV coordination lead agency:

- Provide human and financial resources for IM
- Share IM resources and capacities within and across clusters
- Contribute to inter-cluster IM coordination led by OCHA
- Ensure adherence to global – and take into account national – IM norms, policies and standards
- Work with OCHA to establish the systems and processes needed for effective information sharing with cluster partners
- Generate up-to-date cluster specific information
- Establish a data confidentiality and privacy policy within their cluster
- Ensure all information is age- and sex-disaggregated

GBV sub-cluster partners at country level have specific information management responsibilities:

- Government: Ensure that IM carried out in support of the humanitarian response is based on existing, national datasets and developing IM systems in a sustainable manner. This may include capacity building for handover or integration of national GBV IMO into the GBV coordination structure, in contexts where this does not pose protection risks.
- Humanitarian actors: Exchange information relevant to situational understanding and the response. Humanitarian actors who participate in the Cluster as observers should be encouraged to share information with the wider humanitarian community.
- Cluster partners: Adhere to commonly agreed definitions and indicators for sectoral needs and activities, as well as the use of common baseline or reference data, which are disaggregated by age and sex and consider diversity issues.

OCHA's Operational Guidance also makes reference to localization and capacity building. This is particularly relevant in ongoing discussions on the localization agenda, and the commitments in the Grand Bargain to make principled humanitarian action as local as possible. To facilitate localization of IM the GBV sub-cluster can:

- Ensure that information management activities support national information systems, standards, build local capacities and maintain appropriate links with relevant government, state and local authorities.
- Together with cluster leads and OCHA seek to strengthen, not replace or diminish, national efforts including those of institutions not part of the cluster or government.

Responsibilities of Information Management Officers

The cluster lead agency(ies) should seek resources to include an IMOs as part of the GBV sub-cluster leadership team. Ideally GBV IM specialists have an understanding of GBV, including drivers, risks and vulnerabilities in humanitarian crises as well as data and information management skills. IM specialists have a number of responsibilities:

- Organizing and maintaining safe and accessible systems for exchange of information about GBV standards/guidelines, assessments, resource mobilization processes and coordination
- Organizing and maintaining accessible information systems that facilitate safe communication between GBV coordination members and other sectors
- Understanding and coordinating with other sector IMOs to maintain high standards of information management in line with humanitarian principles and guidelines
- Using information management systems and technology to support development and maintain the key deliverables for the GBV sub-cluster to fulfil its core functions (e.g. service mapping and developing and implementing 3/4/5Ws; assessments; information for monitoring and evaluation and advocacy)
- Identifying, seeking out and analysing different types and combinations of data sources (quantitative and qualitative) to improve understanding of the service delivery environment;
- Applying GBV guiding principles (safety, non-discrimination, confidentiality and informed consent) at all times as keystones of safe and ethical data management, including not seeking or disclosing unauthorized information that may be misperceived as prevalence of GBV
- Developing and disseminating regular information management products (sit-reps, dashboards, service mappings etc.)
- Ensuring quality of information submitted by partners meets requirements for effective analysis, which may include regular capacity building for partners (training, one-to-one support, learning sessions during GBV sub-cluster meetings, refresher sessions, etc.)

These responsibilities are relevant throughout the Humanitarian Programme Cycle and across all of the GBV sub-cluster core functions. The IMO provides critical support to the GBV sub-cluster to map, analyse, strategize and evaluate the response, and train partners to be able to participate effectively in the information exchange and analysis that underpin these processes.

The demand for skilled IM specialists in the humanitarian sector has increased in the past decade. While many traditional IM activities and tools are becoming the norm for most humanitarian workers, the information management field is becoming increasingly complex with several functions requiring specific competencies. An understanding of the competencies required of this specialist for the particular context will support the identification and recruitment of an IM specialist. An IMO can have different specialized profiles such as analyst, administrator, data manager, mapper, visualizer, reporter or web manager. When recruiting an IM specialist, it is important to specify the skills and tasks required in order to better match the skills of an IMO with the needs in the operation.

The GBV IMO should be a visible part of the GBV sub-cluster, providing technical advice and acting as a resource to facilitate the group's work. S/he should have regular opportunities to lead sessions in GBV coordination meetings that focus on presenting and understanding key information management products and analysing ways to improve the group's information management systems. All GBV members should also be able to access the IMO to seek advice on how to meet their information management responsibilities, such as reporting on 3/4/5Ws.

Working with the Protection Cluster and other clusters on Information Management

Information management is inherently a system of exchange, and cannot be conducted effectively in isolation. Any information management systems or tasks the GBV sub-cluster undertakes must be carefully planned and aligned with other information management systems that are part of the humanitarian response. Coordinate with the Protection Cluster as a whole as well as with OCHA's information management structures. In contexts where the emergency coordination is led by the government, coordinate with their pre-existing information management systems.

Just as the GBV coordinators meet weekly with the Protection Cluster and attend regular inter-cluster/sector meetings, GBV IMOs should also attend those meetings. Alternatively, they may have similar separate meetings to exchange technical information and coordinate with IMOs working with the Protection Cluster, AoRs and other clusters.



Protection Information Management

Information management for GBV coordination bodies is closely linked to [Protection Information Management \(PIM\)](#). PIM is defined as the “principled, systematized, and collaborative processes to collect, process, analyse, store, share, and use data and information to enable evidence-informed action for quality protection outcomes.”

The PIM process outlines the **principles** and **process** for information management for protection actors. The PIM has online resources available that facilitate setting up information management. The **matrix** for example, outlines what types of protection data exists, and through what type of assessment it is best gathered.

The PIM Initiative is a collaborative project, bringing together UN, NGO, and other protection and IM partners working to respond to protection needs in situations of displacement.

— From the PIM Initiative website.

The GBV IMO should also have the opportunity to take part in or initiate inter-cluster information management projects that will facilitate integration of GBV interventions in other clusters. For example, the GBV IMO and Health Cluster IMO may undertake a joint mapping of facilities with female staff trained in Clinical Management of Rape (CMR), or the GBV IMO and CCCM IMO may work together to create maps reflecting findings of GBV safety audit assessments for a particular site.

Examples of joint projects and products: Joint Mapping developed by Health Sector and GBV sub-sector – Rohingya Refugee Crisis (2018)



Information management system strategy and implementation

Ideally, every GBV sub-cluster should have an information management strategy, drafted collaboratively and maintained by the information management specialist with the lead agency. The GBV information management strategy defines the purposes, outputs, time frames and responsibilities for all information systems employed to support GBV coordination.

An information management strategy helps the GBV sub-cluster to:

- Define a clear conceptual and ethical framework for information management to implement and promote core principles, standards, and legal/policy requirements.
- Provide an overview of how different GBV information systems and other data collection mechanisms relate to one another.
- Help identify whether there are information gaps or redundancies between systems.
- Define roles and responsibilities of the GBV sub-cluster partners in relation to information provision.
- Give clarity on reporting frequencies and data ownership.
- Make information management product delivery more predictable and more reliable.
- Support budgeting for information management costs.

Since time is very limited in the early stages of an emergency, the GBV sub-cluster may consider devoting part of a coordination meeting for a session to develop a one-page strategy with bullet points to define these areas. The GBV IMO should prepare this one-pager and then use it as a guideline to develop it into a more sophisticated and comprehensive as time and resources allow.

Settings without an Information Management Officer

Finding the resources to hire and keep a skilled IMO for a new GBV sub-cluster takes time, which means in many situations the GBV sub-cluster functions for periods of time without one. The responsibilities for information management remain even when there is no IMO.

Some steps can be taken to address this gap in the short-term:

- Simplify and delegate information management tasks: Focus on the information that is absolutely necessary to fulfil the basic functions of coordination (see Chapter 3 for more discussion). The format and complexity of systems and products can be improved later, when there are more resources. For early stages of the emergency, paper forms, simple Word charts and basic Excel tables are acceptable and often the most efficient and accessible formats to collect and manage information. Coordination groups should not expect to start with a multi-tab, colour-coded, online Excel tool to collect information about services or to perform assessments. Most coordinators and many partners in the coordination group will have the capacity to generate simple information documents on their own, with minimal support or resources required. The coordinator(s) should seek support from partners and delegate wherever possible to complete these tasks. Core substance is more important than sophistication of technology.
- Recruit resources and support within the Protection Cluster: Within the Protection Cluster framework many of the IMO skill sets, ethical and safety frameworks and responsibilities are similar. If there is a temporary gap, negotiate for sharing some time and resources with another AoR or staff from the other lead agencies. Conversely, when an IMO is on board for the GBV sub-cluster, the sub-cluster will need to return the favour and share the IMO with Protection Cluster colleagues if they have a temporary gap.

- Recruit skill-sets and resources to perform IMO tasks from GBV partner organizations and OCHA: Among the OCHA team and GBV partners will be staff with IMO skill sets. While it may not be reasonable to borrow those staff full time, sub-cluster coordinators or leadership can define an IMO task that needs to be completed and find personnel to help on that specific task for a limited period of time. The task and the IM skills required for it should be well defined, so that the skills and amount of time required are accurately represented. For example, when service mapping with spatial and geographic components is urgently needed, find out if one partner has a staff member who can support the mapping function. Another organization may have staff very experienced in using technology to gather information in assessments for implementation of projects: find out if they can loan some of their time to assist with a data collection task for an inter-agency GBV assessment.
- Explore regional and global level support options: Contact the GBV AoR, REGAs or any of the key agency Rapid Response rosters and determine if staff are able to assist with some of the most urgent components of the information management process. Again, this requires focusing on very specific skills to accomplish a short-term task.
- Engage with donors/resource mobilization: As part of resource mobilization efforts, prioritize the recruitment of funding to support the information management tasks for the GBV sub-cluster. Be prepared to explain what the differences are in service delivery with and without the support of an IMO. This may mean compiling a list or chart of information gaps about GBV and identifying the corresponding tasks/functions a GBV IMO could contribute.

Leveraging Information Management products to improve visibility and analysis

Globally, there is demand for data visualization products that quickly and easily show the results of a humanitarian response. The GBV coordinator will be faced with frequent requests from partners, other sectors and the HC/HCT for information about the response that is in a concise, non-technical and objective format. Likewise, the GBV coordinator will be looking for products to give to donors, delegations and members of the media in meetings that promote the work of the GBV sub-cluster members and support resource mobilization.

The GBV sub-cluster should choose several data visualization products to develop with the IMO to demonstrate the outcomes of its collective work. These are not visuals of an individual agency's accomplishments, but rather of the GBV sub-cluster's collective work. The products should demonstrate the collective humanitarian response; patterns or trends facilitating or blocking services; or systemic accomplishments or gaps. They can be stand-alone handouts or visualizations that feed into Protection Cluster products or products of the HRP or HNO. Ideally, development of these products is part of or linked to the GBV sub-cluster advocacy strategy and key messages (see Chapter 3).

The GBV sub-cluster can develop a variety of IM products:

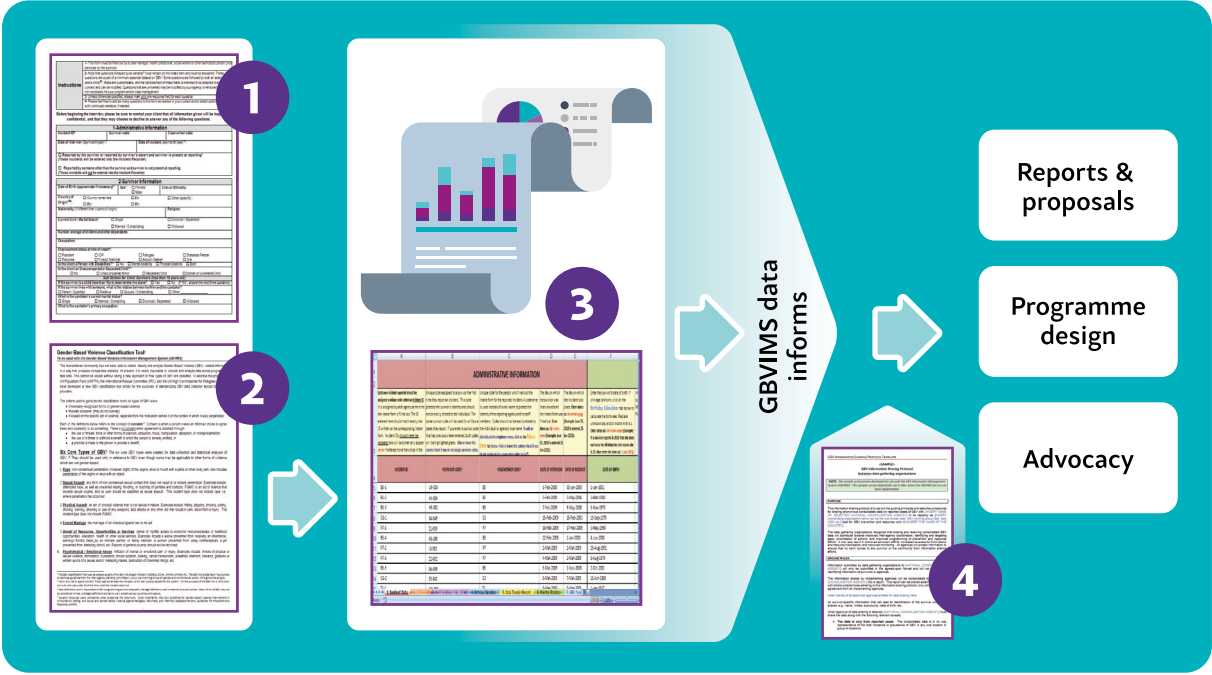
- Inter-agency mapping of distribution of dignity kits
- Inter-agency GBV training/capacity building accomplishments
- Inter-agency service mappings (showing where service delivery points are, or are not)
- Mapping of coordination for a response (showing geographic distribution of locations with a national, state or local GBV sub-cluster)
- Mapping of who is involved in coordination or HRP partners (broken down by UN, international NGOs, national NGOs and local civil society organizations (CSOs))
- Severity mappings of service needs based on mapping of geographic areas where there are concentrations of GBV services per population numbers

4.7 Information management and the GBVIMS

The classic Gender-Based Violence Information Management System (GBVIMS) enables humanitarian actors to safely collect, store and analyse data on GBV incidents reported to service providers, and facilitates the safe and ethical sharing of this data with other local actors. The system was created to harmonize GBV data collected during service delivery in humanitarian settings. It supports evidence-based GBV programming, advocacy and resource mobilization.

Elements of the GBVIMS

- 1 **Standard intake and consent form** (psychosocial and medical) designed to ensure that GBV actors are collecting a common set of data points within the context of service provision, and survivors consent to any information shared
- 2 **Standard definitions** for six types of GBV for data collection purposes
- 3 **Excel "Incident Recorder" database** designed to facilitate data entry, compilation, analysis and reporting
- 4 **Information-sharing protocol template** that outlines guiding principles on the safe and ethical sharing of GBV data and best practices for developing an inter-agency information-sharing protocol



Coordination roles and responsibilities for GBVIMS

- Identify needs for and establish harmonized, safe and ethical incident data management systems and case management systems to be used by appropriate GBV sub-cluster service provider members.
- Identify bad practices in GBV data management in the humanitarian context for corrective action.

- Identify and understand what pre-existing GBV service data collection systems exist within different agencies and within the national government institutions. Some countries may already have standardized GBV service provision data collection mechanisms, which may need to be adapted for or integrated into the humanitarian response.
- Mobilize funding and ensure that resources are available to sustain the establishment of a safe and ethical information management system (training, dedicated coordination, etc.).
- Ensure linkages between the GBV sub-cluster and the GBVIMS Working Group and that GBVIMS data are used to inform programming and advocacy within the GBV sub-cluster.
- Support analysis at the inter-agency level with other sources of information that have been shared with the GBV sub-cluster.
- Ensure respect for the information sharing protocol in terms of data sharing. Support data-gathering organizations (service providers collecting the data which are part of the ISP) to mitigate and address pressures from donors or other organizations requesting data directly from them.
- Ensure the data-gathering organizations are actively involved in coordination, and their opinions and concerns are reflected in discussions.

Safety and ethics standards

The data generated through the GBVIMS comes from the women, girls and other at-risk groups who are affected by a humanitarian crisis, experience gender-based violence and seek help despite the risks involved. The tools and processes of the GBVIMS are based on the [WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies](#) and other best practices.

The GBVIMS promotes and protects safety and ethics at every step:

- Ensure services are available to GBV survivors if data is to be gathered from them.
- Make survivor/incident data non-identifiable (no names, contact info, or other identifiers).
- Restrict sharing of survivor/incident data with the informed consent of the client.
- Share client information only within the context of a referral and with the informed consent of the survivor.
- Protect client data at all times and only sharing with those who are authorized.
- Establish an agreement with service providers and other local actors to determine how data will be shared, protected and used (for what purpose) – before data is shared.
- Train key staff on GBVIMS tools to ensure safe and ethical GBVIMS data management.

Translating GBVIMS data into programmatic action

In countries where the GBVIMS is implemented, service-based data generated can be used to inform programming, including design and monitoring. GBVIMS data helps shape programmes by informing staff about acts of violence, survivor and perpetrator profiles, and gaps in service provision. This helps service providers and coordinating agencies adapt prevention programming and response activities. The GBVIMS data also bolsters advocacy efforts (i.e. policy development and fundraising) and facilitates donor reporting.

Programmes can utilize GBVIMS data by looking at trends and trying to understand them in the broader context in which the violence has been reported. The data collected and stored in the GBVIMS is labelled “service-based” because it is collected at the point of and in connection with the provision of services for GBV survivors.

From this foundation, GBV responders are able to develop specific advocacy messages, design prevention programmes and inter-agency action plans, and tailor interventions to specific settings and survivors’ needs. The GBVIMS global presence has been bolstered by the rollout of a robust

learning strategy targeting an array of actors, including a podcast series, webinars and video shorts.

Primero/GBVIMS+

The Primero/GBVIMS+ adds a case management function to the classic GBVIMS tools. The GBVIMS Global Initiative has harnessed new technologies with the ability to operate in low-resource, fragile settings, to provide an online and offline case management software platform. Primero/GBVIMS+ is an open source software platform, which allows GBV actors to safely, and ethically promote quality case management (and incident monitoring) through an inter-agency approach. The Primero/GBVIMS+ platform provides cutting-edge case management solutions for field-based humanitarian responses. Primero adds the following information management advancements:

Advancements of the Primero/GBVIMS+



- Data can be entered into the system using **mobile devices, allowing for a paperless system.**
- Data can be collected in places where there is **no Internet connection.**
- The platform is available in **several languages** (English, French, Arabic, Spanish). It can soon be used by staff speaking different languages in the same organization.
- **Monitoring and evaluation** of case management programme performance can be fed by data from the case management system.
- Staff can document their **case management process** and carry out referrals through the system, instead of carrying paper to other service providers.
- Caseworkers can **refer child survivor cases** to Child Protection actors through the system.
- Case management supervisors can monitor case managers through a streamlined electronic system.
- It provides for greater **confidentiality** since **access to data is based on roles within the organization.** The caseworker, supervisor, programme manager, etc. each has a different access level.

Because software developers support Primero/GBVIMS+, it is constantly growing and evolving, and all users benefit from investment in its development. For example, the addition of key performance indicators for case management will enable staff to produce automated indicators on the quality of their case management, making it easier for managers to collect data on programming and staff care to feed decision making and programmatic change.

Structure of GBVIMS

The GBVIMS initiative (including both Information Management and Case Management areas of intervention) is governed by an inter-agency Steering Committee comprising UNFPA, UNHCR, UNICEF and International Medical Corps (IMC) and International Rescue Committee (IRC). The operational arm includes GBV information management and case management technical specialists from each member organization. At global level, the GBVIMS initiative sets standards in survivor-centred IM and case management, develops resources and builds capacity. At country level, the Steering Committee provides remote and in-country support to GBVIMS and Primero/GBVIMS+ rollouts through both agency and inter-agency modalities. This support includes targeted trainings and trainings of trainers on the classic GBVIMS as well as Primero/GBVIMS+, Data Analysis, GBVIMS-MARA intersections, and GBV case management.

GBVIMS at country level

GBVIMS may be a good option for a context if no GBVIMS or other safe and ethical incident information management or case management system exists.

The full GBVIMS (all tools) may be used through a number of modalities:

- Inter-Agency Rollouts: Rollouts may be deployed and coordinated by any GBVIMS Steering Committee member. In refugee settings, the GBVIMS rollout may be led and hosted by UNHCR for implementing and operational partners. In cluster-activated countries or other internal displacement settings, the GBVIMS may be led and hosted by UNFPA or any other GBVIMS Steering Committee member, according to capacity. Co-leadership between Steering Committee members in hybrid contexts, such as mixed displacement and refugee contexts, can be considered.
- Rollout to UN implementing partners: UNFPA, UNICEF and UNHCR may roll out the GBVIMS to implementing partners.
- Direct service provision: IMC and IRC may use all tools internally as direct service providers, in their capacity as members of the GBVIMS Steering Committee, and as specialists in the GBVIMS.
- Capacity development: Identify capacity building needs on case management.

Deployment of GBVIMS and Primero/GBVIMS+ deployment follows a process, as described in the next section.

Implementing the GBVIMS

The GBVIMS has been implemented in over 25 countries in Africa, Asia, Europe, South America and the Middle East. The GBVIMS rollout process includes a number of steps that are standardized across organizations and contexts, and additional steps that require on-the-ground analysis and adaptation by inter-agency coordinators and individual organizations. Primero/GBVIMS+ has been deployed in four countries as of September 2018. In the immediate onset of a crisis, the GBVIMS can be deployed in a simplified, emergency-appropriate format in preparation for a more comprehensive rollout.

Once deployed in an inter-agency format, the GBVIMS and Primero/GBVIMS+ are usually dependent on the availability of a full-time Inter-Agency Coordinator (IAC). The GBVIMS IAC is hosted by the coordinating agency of the GBVIMS. In the absence of an IAC, the GBVIMS sub-cluster's IMO may play this role in the interim, though a national position is recommended for sustainability.

GBVIMS user organizations, along with the coordinating agency/agencies and other organizations contributing to the rollout, will form a GBVIMS Task Force with associated Terms of Reference and action plan. Coordinators of the GBV sub-cluster should ensure coherence of the action plan

with the GBV Sub-cluster Strategy and other strategic documents, and should contribute to its development. The Information Sharing Protocol will regulate information sharing from the GBVIMS users to the GBV sub-cluster, including in cases where the GBVIMS Coordinator or GBV sub-cluster IMO reports to the GBV coordinator.

Funding for GBVIMS and Primero/GBVIMS+ must be mobilized at country level. The recommendation is to quickly identify related needs and integrate them into funding appeals from the onset of a crisis, which includes identifying pre-existing, national data collection systems on GBV. Approximate costs for initial GBVIMS deployment should take into consideration the following activities, though this will differ between contexts.

Case management capacity building

- Training venue
- Procurement of training material
- Participants accommodation and Daily Subsistence Allowance (DSA)
- Deployment of two members of the global team
- Funding for step-down trainings

GBVIMS Rollout

- GBVIMS context assessment
- Training venue
- Procurement of training material
- Participants accommodation and DSA
- Deployment of two members of the global team
- Funding for full-time inter-agency GBVIMS Coordinator

Primero/GBVIMS+ Rollout

- Training venue
- Procurement of training material
- Participants accommodation and DSA
- Deployment of two members of the global team
- Funding for the support contract with software company and Cloud hosting
- Funding for full-time inter-agency GBVIMS Coordinator (if not already recruited for ongoing rollout of GBVIMS)

For more information, contact the GBVIMS Global Team at (gbvims@gmail.com).

The GBVIMS is not designed for the purposes of academic research, human rights monitoring, or programme monitoring and evaluation. This is because a) GBVIMS intake forms are not structured in a manner appropriate to research; b) the GBVIMS is used only by service providers; and c) the GBVIMS does not generate data on the quality of services provided, nor the number of cases supported, which may be common programme results indicators.

The GBVIMS global initiative collaborates with actors contributing to the collection of data on conflict-related sexual violence under UNSCR 1960's Monitoring, Analysis and Reporting and Arrangements (MARA). Data sharing from the GBVIMS to the MARA can take place on fulfilment of specific criteria, and on the basis of a special Addendum to the usual Information Sharing Protocol. In the absence of such an Addendum, the GBVIMS is not configured to appropriately contribute data to the MARA. For more information, see the [Provisional Guidance Note on Intersections between GBVIMS and MARA](#).

4.8 Linking national and sub-national coordination groups

Linking national and field-level sub-clusters is a top priority for all actors working on GBV, as these coordination groups often have different but mutually reinforcing responsibilities: the national sub-cluster may work on the “bigger picture” (e.g. national-level advocacy, data collection and management, working with media, assisting other clusters/sectors at the national level, etc.). The field sub-cluster may work more on the level of operational guidance and oversight of programme implementation. When the national level and field level do not coordinate, their respective responsibilities are compromised. For example, the national coordination mechanism cannot adequately meet its advocacy responsibilities unless it understands what is happening at the field level. Those working at the field level, in turn, cannot meet their responsibilities for providing operational guidance unless they are speaking with the same voice as the national coordination group about guiding principles, best-practice models, etc. Linking coordination to the local level of services is also an important component of fulfilling the commitments made towards localization as part of the [Grand Bargain](#) made between the biggest donors and humanitarian aid organizations.

Getting started

Most often, GBV coordination in an emergency will be initiated at the national level. One of the responsibilities of the national GBV sub-cluster is catalyzing and supporting sub-national structures for GBV coordination. As with national sub-clusters, it is always preferable at the sub-national level to build on pre-existing coordination structures and local capacities, wherever possible. Sub-national structures should be identified and/or developed as quickly as possible after the establishment of the national coordination group – ideally within the first month of emergency response (if not part of emergency preparedness). It is important to note, however, that it may not be advisable to attempt to formalize field-based emergency coordination groups until after the national coordination group has determined its leadership and drafted a ToR, in so far as having an established mechanism at the national level provides a basic frame of reference for the development of structures at the field level. On the other hand, if sub-national structures are pre-existing, it will be important to engage them from the outset of any national coordination efforts.

Identifying membership

Sub-national structures should be comprised of the key actors (health, MHPSS, security/protection) at the local levels, as well as members of the affected population, local women's groups and GBV actors and gender experts, etc. One of the activities while conducting a rapid assessment of GBV issues and programmes in the affected geographic areas should involve identifying coordination groups and/or coordination partners at the field level that can be mobilized to undertake emergency GBV coordination. Where working with the government poses no security risks, it will be important to determine how to build on government structures to promote sub-national GBV coordination. In some settings, the Protection Cluster may field protection actors to work locally. These actors may be particularly well-suited to promote the initial implementation of local GBV sub-clusters where no other options are pre-existing, and this possibility should be explored with the Protection Cluster at the national level in settings where the clusters have been activated.

Identifying leadership

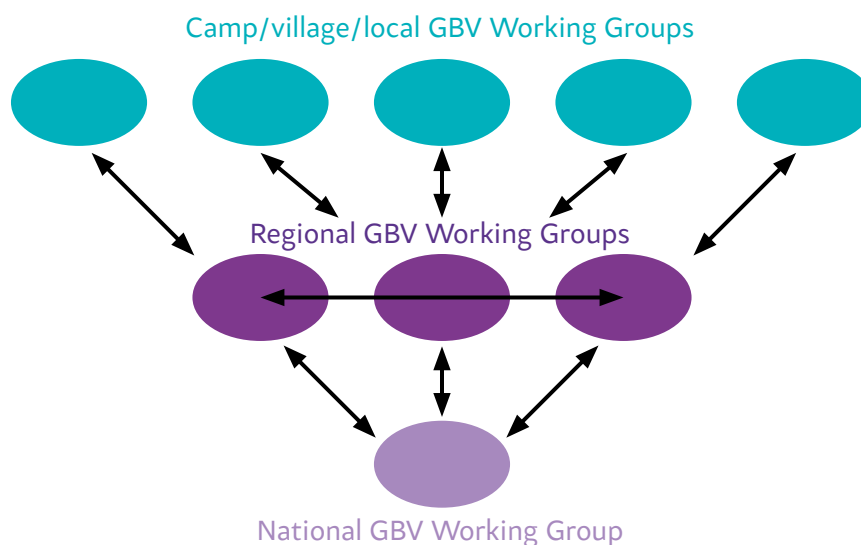
The national GBV coordinating agency(ies) might not be the same organization(s) as the regional and local GBV coordinating agencies. It is not necessary, and sometimes not appropriate, for the same agency to be in the coordinating role at all levels. In some settings, it has proven effective to have different organizations in the coordinating roles at different geographic levels, and in all cases it is important to build on and support local structures as is feasible. The field-level sub-cluster should determine its leadership at the first meeting, in the same participatory manner as is done at the national level. In order to support the sustainability of field-based coordination groups, it may be preferable to identify local rather than international partners as leads and ensure they have sufficient technical and financial support to meet their responsibilities.

Sharing information

Information should be shared at least monthly (and even more often in the early stages of an emergency) among and between the national coordination group and the field-based coordination groups through dissemination of meeting minutes and a reporting/information-sharing mechanism. It is helpful for the national GBV coordinator to work with the field-based coordinators to create a **template** and **schedule** for reporting, so that the reports are regular and each sub-cluster responds to the information received from the other. For example, a section of each national meeting can be devoted to "Updates from the field" summarizing trends or problems emerging from different areas of response, so that the national level coordination group can raise them systemically. Similarly, the national level mechanism should provide updates to the field that they can share with their partners in meetings to feed into national strategic processes. Other strategies for communication, information-sharing, problem-solving and mutual support should be identified in the ToRs of the respective coordination groups and periodically updated as best practices and lessons learned emerge. The national GBV coordinator(s) should also regularly check in regularly with the field coordinators to discuss any emerging problems, and be prepared to conduct field visits for support as necessary.

Developing communication channels

The following diagram illustrates how the local, regional and national sub-clusters may relate to one another (arrows indicate communications flow):



As shown in the diagram, local sub-clusters work through regional communication mechanisms to share information with the national coordination groups, and vice versa. This structure is probably most appropriate in settings where the emergency extends over a large geographic area and/or where communication is improved by the introduction of regional coordination groups due to the challenges of national coordination partners regularly communicating with local partners (such as where the Internet is not available at the local level).

Another important element of this diagram is that regional working groups, where they exist, should foster cross-communication. This may also happen at the local level; however, when communication is limited over a wide geographic area, cross-communication at this level may prove more challenging. To every extent possible, the regional and national sub-clusters should attempt to facilitate information- and resource-sharing across all groups at the local level.

In some settings, such as where there are both IDPs and refugees, sub-national sub-clusters might form separately according to the populations they are serving. In these instances, it is important that the national sub-cluster support and maintain strategies for information- and resource-sharing as is appropriate to the goals and action plans of the different coordination groups.



Promising practice

In Nigeria in 2018, the GBV coordination structure was vertical, with the link between the national gender machinery in the capital of Abuja and the states and local governorate levels. There was a horizontal relationship between the coordination groups across the states. The GBV sub-clusters in the most affected states Adamawa, Borno and Yobe were led by the respective ministries of Gender with the technical support of the regional GBV sub-cluster located in Maiduguri Borno and roving GBV specialists.



See Annex 24: ToR for sub-national GBV Sub-Sector (Rakhine, Myanmar)



Promising practice

In the context of the conflict involving Boko Haram in far north Cameroon from 2016–2017, the REGA led several joint rapid assessment missions with national authorities, the Gender Ministry, UNFPA and UNHCR in remote areas. Then the REGA helped the partners put in place a GBV sub-cluster in Kousseri (Logone et Chari), which reinforced the linkages between the national level and the decentralized GBV sub-cluster in the regions of Diamare, Mayo Sava and Mayo Tsanaga.

4.9 Ensuring sustainability of GBV coordination

Sustainability

One of the most critical issues for a GBV sub-cluster to consider, especially after the initial emergency response has waned, is how to ensure that coordination continues after the cluster systems (or other humanitarian structures) have terminated. This process should involve identifying opportunities and strategies to cultivate localization of GBV coordination.



Lesson learned

The GBV AoR's 2008 global review of coordination observed that in some settings where there were no GBV coordination activities in place before the humanitarian crisis, the crisis itself provided a window of opportunity to introduce coordination and to scale-up GBV programming – first linked to the emergency and then to other non-emergency GBV issues. In these cases, the emergency demonstrated the need for and value of having a GBV-specific coordination structure and also resulted in the development of resources – training materials, mapping tools, etc. that could be mainstreamed into sustained GBV prevention and response efforts.

Reasons to sustain GBV sub-clusters after an emergency

Any real efforts to eliminate GBV require long-term strategies aimed at broad-based social change targeting gender discrimination and gender inequality. GBV is a problem that does not end when the emergency phase ends; in some instances, shifting from the emergency to recovery and development phases can herald increased rates of certain types of GBV, especially when emergency-related programming for the most vulnerable is discontinued. In settings where women and girls have lost basic protective mechanisms as a result of the emergency (such as family, livelihoods, etc.), their vulnerability is likely to increase when they can no longer access the benefits of humanitarian aid and must struggle to reintegrate into their communities.

In order to meet their ongoing needs, as well as to address the larger social issues that contribute to GBV, anti-violence work should continue in all settings: there is no country or region in the world where it is not important to combat GBV. As this handbook highlights, that work must be well-coordinated. Developing programmes, improving systems, changing policies, conducting advocacy, etc., are all endeavours that require the input of dedicated GBV specialists working according to the same principles and with the same understanding of the key strategic approaches to addressing GBV.

It is a process that contributes to the empowerment of local communities and organizations.

Strategies for sustaining GBV coordination

Ideally, a GBV sub-cluster will be in place even before an emergency strikes. In this instance, it is best to merge the emergency sub-cluster back into pre-existing coordination structures (see Chapter 2 for options for linking emergency coordination to pre-existing GBV coordination structures) that focus on recovery and development work. This process should be relatively straightforward, and anticipated from the onset of the emergency; hopefully, it will contribute to an improvement in coordination efforts based on best practices and lessons learned during the emergency phase.

Where GBV coordination is introduced during the emergency (i.e. there are no pre-existing mechanisms), it is important that the lead coordination agencies anticipate some of the challenges that may arise when transitioning the coordination body to a permanent structure, as described below. Strategies for addressing these challenges should be developed as soon as possible during the emergency phase.

Capacity

Ideally, a permanent GBV sub-cluster should be government-led in order to ensure that GBV is mainstreamed into national structures. While some parts of government may lack the capacity or political will, there may be individual ministries, semi-independent statutory bodies or individuals that are both able and committed to contributing to safe and effective coordination. Where

government leadership presents political or security problems, other local agencies should be identified. With either option, it is often the case that local actors will not have the experience to coordinate programming for GBV.

Strategies should be developed for building capacity of relevant actors during the emergency (e.g. by having a government representative or local NGO co-chair the coordination group and, if possible, shadow the GBV coordinator in order to learn as much as possible about how to lead coordination post-emergency). A time frame should be developed for handing over responsibility of the sub-cluster from humanitarian actors to development actors as part of the post-emergency GBV Strategy (see Chapter 2 for more detail on options for localized co-leadership and Chapter 3 on GBV strategies). Remember that government can be diverse in its ability to participate in coordination

Funding

Securing financial resources for post-emergency coordination efforts is essential for facilitating the transition of the coordination group to a permanent structure. Since this funding cannot be accessed through emergency streams (such as the HRP), the sub-cluster will have to seek out recovery and development donors in order to design a funding strategy. The lead agency has a responsibility to inform donors about the need for ongoing funding. This is an area where it is extremely important to create relationships and work jointly with development and peace-building actors across the development-humanitarian-peace nexus.

Advocacy

The pressure to discontinue humanitarian-led coordination groups will intensify as the crisis shifts into recovery. At this stage, the GBV coordinator and other partners within the GBV sub-cluster should be prepared to articulate the need to sustain coordination efforts and should have a plan ready for presentation to the UN Country Team, IASC, government and other actors, about including GBV in recovery efforts. This kind of advocacy may be done most effectively through a coordination sub-group that is specifically tasked with developing an advocacy platform related to transitioning the coordination group from the emergency phase to recovery/development. (See Chapter 3 core function six on advocacy and Chapter 4 above on coordination sub-groups.)

Technical resources/tools

Many of the tools that are developed during an emergency can and should be used for post-emergency work. These might include training curricula, assessment tools, data collection systems, SOPs, etc. However, they will likely need to be adapted to accommodate the transition from humanitarian actors to development actors, and also to address any shifts in priorities regarding types of GBV that are being addressed. Strategizing during the emergency phase about how to adapt existing resources and develop new tools will facilitate the eventual transition to recovery and development.



See Annex 25: Planning matrix for sustainability and transition of GBV sub-cluster (Ukraine)

PART

3

**RESOURCES
TO ENHANCE
COORDINATION
SKILLS**

CHAPTER 5



Interpersonal and managerial skills

5.1 Fostering collaborative leadership

Individuals and organizations use collaborative leadership to:

- Share resources
- Share common goals
- Share risks, rewards and responsibilities for common benefit
- Exchange information
- Exchange activities
- Search for creative solutions to challenges
- Constructively explore differences



"Leadership is earned, it is not about declaring yourself or your agency in charge due to some global mandate. It is about listening and learning and observing and supporting. It is about treating others with as much respect as you'd wish them to treat you. Leadership in the context of GBV coordination means offering technical input and information and supporting group-generated action."

— From *Coordination of Multi-Sectoral Response to Gender-Based Violence in Humanitarian Settings: Facilitator Manual* (UNFPA and Ghent University 2011)

The multi-sector nature of GBV programming calls for GBV coordination that engages a wide variety of actors with different agendas and priorities. All of these actors must be committed to working with others to ensure that the GBV response as a whole is greater than the sum of its parts.

GBV coordinators must work to create an enabling environment for participation, problem solving and decision-making, so that participants share responsibility and feel ownership of collective outcomes. This often requires a shift from more typical (and sometimes easier) authoritative leadership methods to more collaborative leadership methods:

From...	To...
<ul style="list-style-type: none"> • Leading based on authority • Unilateral decision-making • Command and control • Implementing partners • Focus on agency interest • Being at the forefront 	<ul style="list-style-type: none"> • Leading based on trust, relationships, services • Shared decision-making and consensus management • Facilitating, networking and enabling • Equal partners • Focus on broader sector and emergency as a whole • Facilitating and networking "behind-the-scenes"

Guidelines for effective collaborative leadership

1. Cultivate a shared vision and identity. For example, ensure members agree on the Terms of Reference (ToR) for the GBV sub-cluster in the earliest stages of the coordination process.
2. Involve the right mix of stakeholders and decision makers. See Chapter Four for recommendations on building membership of the sub-cluster.
3. Sustain the momentum and focus on collaboration. Support this with a reliable and regular flow of accurate information to all coordination partners and periodic review of progress on coordination strategies and work plans.
4. Engage the perspectives and address the needs of each stakeholder in the group. Be sure to sensitively (i.e. non-aggressively) draw out those whose contributions are critical but who may be overshadowed by stronger voices.
5. Ensure that both the process and products of the collaboration serve each participant agency's self-interests to the greatest extent possible.
6. Recognize that participants value collaboration when they see some benefit for themselves!
7. Don't waste time. Meetings must be efficient and productive; management must be lean and focused. (See below for more information about managing meetings.)
8. Develop clear roles and responsibilities for participants in GBV coordination. Developing sub-groups within the sub-cluster, as described in Chapter Four, can facilitate this process.
9. Secure commitments from all participating entities that the same individuals representing those entities will consistently come to meetings. One way to reinforce this commitment is to make sure that action points from every meeting contain the names of responsible individuals, not just the names of organizations.
10. Understand that all collaboration is personal and relies on communication. If you are facilitating coordination, take time before coordination meetings, during breaks and after meetings to informally chat with partners.

Styles of collaborative leadership

Different situations require different leadership styles. A collaborative leader assesses the situation and chooses an appropriate leadership style.

Directive	
When those facilitating coordination are directive, they initiate action, structure activities, motivate others and give feedback to participants. Being directive, however, does not mean being threatening or demanding.	A directive style can be appropriate in the initial stages of establishing the group, when guidance is needed on how it will work, and when frameworks, processes and timescales are being set. It is also useful when time is short. This style must be used cautiously and judiciously so that partners do not become accustomed to (or frustrated with) following directions. Even a directive style should incorporate key aspects of collaborative leadership.
Participative	
The participative coordinator gets results by leading discussions, asking questions to involve others, encouraging others to volunteer for responsibilities, confirming commitments and asking for a vote to get a consensus decision or a majority decision.	A participative style in GBV coordination is important in building trust, engaging participants and establishing initial principles, plans and modes of operation. Coordinators should try whenever possible to apply this style, while recognizing that it is time-consuming, and that not every decision must be democratic. Participants will likely respond positively to the efficiency of a more directive style as long as they understand that participation is the norm and there are no pre-existing or underlying conflicts within the coordination group that have not been addressed.
Delegative	
The delegative style lets the group make decisions and encourages others to use their expertise, while still maintaining responsibility for the overall outcomes.	A delegative style is the basis for setting up sub-groups within the sub-cluster, which in turn encourages participants to use their specialist knowledge and experience. The delegative style reinforces mutual responsibility. As the sub-cluster matures and takes on more activities, it will be increasingly important to engage this style of leadership.

Developmental phases of a group

A group's ability to perform increases over time as it goes through progressive developmental stages. In an emergency, those stages are likely to change rapidly and overlap. In order to maximize performance of the GBV sub-cluster, it is important to recognize and manage the developmental phases of a group.¹

	New group	→	→	Effective group
	Stage I	Stage II	Stage III	Stage IV
Relationship	Dependency (Forming)	Conflict (Storming)	Cohesion (Norming)	Inter-dependence (Performing)
Behaviour	Group looks to leader for support	Challenges to leadership, power and authority	Common goals are solidified	A real team; relationships working well
Task	Orientation	Organization	Data Flow	Problem-solving
Behaviour	What are we here to do? What are our goals?	Establishing rules, procedures, structures, roles, etc.	Information and ideas begin to be received and shared	Effective team, high performance of appropriate tasks
GBV Coordinator's actions	Establish roles, responsibilities and purpose of the coordination group; encourage getting to know each other	Clarify roles, responsibilities, procedures, systems; explain limits; facilitate conflict resolution	Facilitate discussions, use participative leadership, coach others	Use a delegative style of leadership, monitor progress, provide feedback

5.2 Effective communication

Many of the positive outcomes of GBV coordination can be linked to the communication skills of coordination leaders – whether in leading meetings, conducting advocacy or meeting with stakeholders. It is therefore critical that coordinators are aware of their strengths and weaknesses related to communication. In the race against time during emergencies, coordinators often overlook communication skills. Use of the recommendations below will enhance communication.

Essential personal communication skills

1. Ask questions that draw out ideas, as well as information:
 - Ask positive, open-ended questions to involve others in solving problems.
 - Avoid phrasing questions in ways that imply there are no other options.
 - When leading meetings, speak a little louder and more slowly than normal.

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 1 Adapted from Child Protection in Emergencies Coordination Handbook (2010) and WASH Cluster Coordinators Handbook (original reference to: Blakeman, R.R. and J.S. Mouton, *The Managerial Grid* (Houston: Gulf Publishing Co. 1964); Tuckman, B.W. "Developmental Sequence in Small Groups," *Psychological Bulletin* 1965).

2. Demonstrate active listening and positive understanding:
 - Paraphrase a speaker's statement back to him or her, to ensure it has been heard and understood accurately. Repetition helps other listeners focus on the statement as well. Ask, "So, just to be clear, are you saying...?"
 - Show active and attentive listening by responding to what is being said, without interrupting.
 - Do not answer on someone else's behalf or finish what is being said. Do not show impatience.
 - Understand different connotations of locally expressed words and phrases; ask for clarification if a term is not clear, or could have different meanings.

3. Use body language sensitively and effectively:
 - Maintain eye contact.
 - Avoid defiant or defensive postures, e.g. arms tightly folded, or turning away from the speaker.
 - In meetings, do not always assume a position at the head of the table—unless it is appropriate to demonstrate a conscious intent to be more directive than participatory.
 - Listen actively, and ensure that information flows both ways during one-to-one and group meetings.

4. Build trust by being approachable and receptive:
 - If there is no trust, participants will hold back from sharing critical information or "bad news". Problems may reach a crisis point before they are revealed.
 - Get out in the community and visit other organizations. Be sure to listen more than talk.
 - Continually ask others for ideas on all aspects of GBV programming. Feedback is valuable, and stakeholders are motivated by an inclusive approach.
 - Do not make promises you cannot keep.

5. Be prepared to take criticism and to hear unpleasant and negative comments:
 - Focus on the validity of what is being said. Defer any emotional response until the facts, and the perspectives of others, have been heard and understood.
 - Do not make excuses that will not withstand close scrutiny.
 - Accept personal responsibility for mistakes, and take steps to rectify them. Include those affected in developing resolutions to fix a mistake.

6. Use social events to break down barriers among GBV partners:

Even in an emergency it is important to take time out. If feasible, arrange social events for GBV partners periodically, according to the cultural norms of the community. This is good for building working relationships.

7. Use communication technology appropriately:
 - Limit communication strands or conversations to one modality as much as possible. Avoid starting the conversation on email, switching to Skype to follow up and then sending an SMS. It does not help the person receiving the message respond if they have to switch back and forth between modalities, and decide which way to respond.
 - Use email in order to: a) document communication, e.g. when making formal requests, providing feedback, communicating deadlines or sharing guidance; b) inform other people about the communication; and c) when there is something that needs a lengthier explanation.
 - SMS is useful for very short, quick interactions to get a specific task done, or when it is likely the receiver may not have access to internet. It is also a useful system for sending friendly reminders for meetings regarding time and location, etc. It is not appropriate for long conversations.

- Skype/WhatsApp groups are often more secure modes of communication if there are security or privacy concerns. They also allow for longer conversations and (virtual) face-to-face communication. Partners may prefer it if there is easy, mobile internet access.
- Do not assume all partners have internet or phone access. Ask participants' for their preferred mode of communication.

GBV coordinators should apply these basic communication skills in all their efforts to work with partners. GBV partners can also use these strategic communication skills in order to promote the goals and objectives related to ethical, safe and comprehensive GBV prevention and response programming.



Meaningful participation

Consult local groups on the best communication methods to use in the present context. For example, GBV coordinators should discuss the best modalities (e.g. phone, email, WhatsApp, etc.) to communicate with women-led organizations. Disabled person's organizations can help design communication strategies/formats that can be used for different types of disabilities, including sending audible SMS messages or facilitating key messages in Braille.

Strategic communication

It may be useful for GBV coordination partners to review and discuss the basics of strategic communication. Strategic communication is any planned communication activity that seeks to achieve one of the following communication goals: inform, persuade, motivate and move to action.

A key element of strategic communication is seeing an issue from the perspective of the audience. It is important to get to know key stakeholders and identify "GBV allies". GBV partners must also think about what will motivate their target audiences to meet their GBV-related responsibilities, and be prepared with persuasive messages.

Persuasive techniques:

- Use facts, figures and real-life human examples often.
- Appeal to the audience at a personal level as well as an intellectual level.
- Listen to others' viewpoints.

Goal, audience, structure and language

When communicating with individuals or with groups, remember:

Goal: Be clear about the goal of your communication.

- Break down the message into a series of key points.

Audience: Know your audience.

- Is the audience already interested in the message? Are they already well informed? Are they likely to be receptive or hostile to the information being communicated?
- Consider the timing of the message. People in an unfolding emergency are unlikely to take in much information unless the message is directly relevant to the task they are immediately engaged in.

Structure: Structure your message carefully.

- Explain the purpose of the communication.
- Present ideas in order of importance.
- End a presentation by summarizing and reviewing all the important points.

Language: Use language your audience understands.

- Use simple, direct words and short sentences.
- When using interpreters, use short phrases and pause for translation.
- Avoid vagueness, open-ended timeframes and passive voice. For example, “Mike will check the supplies tomorrow” is clearer than “The supplies will be checked”.
- Be sparing in use of jargon and technical terms. Specialist vocabulary and United Nations acronyms can be difficult for non-specialists and non-UN personnel.



Online tool

Disaster Ready is a website that provides free, online training on a range of topics for humanitarian workers and volunteers. It includes short videos, tip sheets and discussions for “micro-learning” that can take between 5-10 minutes. Once registered, they send email reminders with micro-learning topics, including “Inter-personal Communications: Effective Listening”, “Communicating Across Cultures” and an “Effective Writing” series. Materials are available in multiple languages. Resources are available on their website (disasterready.org).

5.3 Managing meetings

During an emergency, humanitarian actors often complain about participating in an excessive number of meetings. Make it a priority to ensure that people participating in GBV coordination meetings appreciate the importance of attending, feel they are contributing substantively to solutions, and understand that they are integral to the meeting’s success.

Checklist for planning GBV coordination meetings

Where

- Identify a venue for the meeting that is accessible to all participants – not just those working for the United Nations.
- Establish consensus about the acceptability of the venue early on; avoid changing venues whenever possible.
- Ensure the venue has the necessary space, equipment, ventilation, catering, etc., and is free from interruptions.
- Make sure the venue is set up in advance of the meeting with all necessary supplies, including flipcharts and markers, LCD projector, etc.

When

- Identify a regular day/time for the meeting that maximizes participation – and stick to it!
- Plan to hold meetings at least once a week in the early stages of the emergency. Consider changing to once every two weeks when the situation has stabilized, and once a month when the situation is shifting to recovery.
- When there are GBV meetings at sub-national levels, avoid schedule conflicts with the national-level coordination meetings. Coordinate national and sub-national meeting times to enable information sharing and timely action on points discussed at each level.

Who

- If the internet is widely available, create an email list of all prospective participants to alert them each week about the meetings and to provide them with an agenda. Identify other methods (e.g. telephone, SMS, hand-written reminders) for alerting partners about meeting times and the agenda if the internet is not available. Distribute a sign-up list at each meeting to regularly update email and other contact information.

What

- Allow time for meeting preparation so that all necessary resources are available.
- Prepare a strategy for leading the meeting, and identify agenda items.
- Circulate the proposed agenda and other items for review at least three days in advance so everyone can be prepared. Invite participants to add items to the proposed agenda.
- Ask presenters to provide electronic versions of their PowerPoint slide presentations or handouts before the meeting when possible so they can be downloaded for projection or printed in advance, to avoid time delays during the meeting.

How

- Allocate sufficient time for the meeting so that the agenda is not rushed, but never allow meetings to exceed two hours.
- Set a fixed time for the meeting to begin and end.
- Allocate and manage time appropriately for each item under discussion.
- Provide translation for participants as necessary.
- Identify a secretary to take meeting minutes. Rotate this task so one volunteer or staff is not always faced with this time-consuming role.
- Provide tea, coffee and biscuits for participants during the meeting. If time permits, allow for a coffee break during the meeting to facilitate networking.
- Take decisions during the meeting in order to promote an action-oriented approach. Make sure that decisions are within the authority of those present; accurately record decisions and action points in the meeting minutes; communicate decisions to others who need to know but were not present at the meeting.
- Allow time in each meeting to evaluate goals and review key action points.
- Circulate the minutes no more than three days after the meeting, highlighting action points.

Alternatives to meetings

Do not call a meeting if there is a better way to exchange information. Meetings make demands on people's time and attention. Use time wisely and consider alternatives. Identify the purpose of the meeting and what needs to be accomplished. If the only purpose is to exchange information that can be given or received in other ways, a meeting may not be necessary. Wherever possible, utilize alternatives.

Purpose

- Problem-solving
- Decision-making
- Giving or receiving information that cannot be exchanged effectively in other ways

Considerations

- Is the information easily presented and understood without interaction?
- Who needs to participate in the decision or discussion?
- Who needs to be committed to the outcome?

Alternatives



Written memos/reports



Teleconferencing



Email messages



One-to-one exchange



Phone calls



Online options (e.g. Google groups, Dropbox, websites)



Instant messaging



Video (live or recorded)

Characteristics of an effective meeting facilitator

Facilitating a GBV coordination meeting is likely to be one of the biggest challenges facing a GBV coordinator. Successful facilitators balance the need to be impartial, independent and a good listener while substantively achieving the tasks associated with GBV coordination. The GBV coordinator's role is to facilitate meetings in such a way that the collective wisdom of the attendees is tapped, while keeping discussions in line with the meeting's agenda. It is important to create an environment where participants understand and meet their responsibilities and engage constructively. The suggestions below are meant to complement those on effective communication above.

Facilitate

- Begin the meeting with introductions, icebreakers, etc.
- Make suggestions on how the meeting can move forward.
- Encourage ideas from others.
- Look for connections between participants' ideas.
- Limit expression of personal opinions and ideas, to remain neutral.

Encourage positive reaction

- Check the level of support and agreement for others' ideas.
- Encourage reasoned disagreement to ensure constructive debates.
- Stay positive and focused on the purpose of the meeting.

Clarify

- Ask open-ended questions.
- Restate an idea or thought when it needs to be clarified.
- Ensure others have understood.
- Limit overly-detailed explanations from others; keep discussion focused.

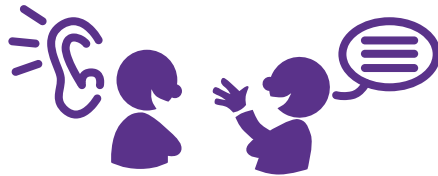
Summarize

- Condense key points in the discussion, agreements, action points, etc.
- Arrange for a volunteer to record salient points as they arise on a flipchart or other visual. This helps the group stay focused, avoids repetition and helps build consensus.

Manage participation

- Create opportunities for everyone to participate, ensuring that participants feel heard and valued.
- Ask for information and opinions, especially from smaller NGOs and donors.
- Prevent exclusive side conversations.
- Avoid allowing strong characters to dominate, e.g. by moving from one speaker or topic to another.
- Discourage unhelpful comments and digressions. Be firm, but sensitive, in asking those present to keep to the purpose of the meeting.

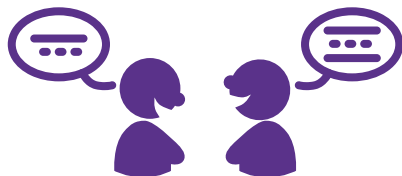
Use verbal and nonverbal signals



Listen actively.



Combine body language and speech to communicate, e.g. use eye contact to encourage (or politely discourage) behaviours.



Allow time and space for reflection by pausing between comments.



Respect cultural differences and promote inclusive, non-discriminatory interactions.

5.4 Consensus building

Consensus is one form of decision-making that can be used in many aspects of GBV coordination, particularly when trying to move an issue forward. It means “overwhelming agreement” or the “maximum agreement among people while drawing on as much of everyone’s ideas as possible”.² Consensus building is a process for encouraging participation and ownership. It can lead groups to create innovative solutions to complex problems.

Consensus building is not appropriate for all aspects of GBV coordination. It is time-consuming, requires equal input and commitment and can lead to conflict if no consensus is reached. The ability to determine when to build consensus around an issue or decision is a key skill.



The indicator that consensus has been reached is that everyone agrees they can live with the final proposal/outcome after every effort has been made to meet various interests.

Knowing when to use consensus building

Use consensus building when:

- Participants have perspectives and information valuable to the decision-making, prioritization and planning process.
- Buy-in is necessary for commitment, ownership of decisions and follow-through.
- The way forward is in doubt or solutions are ambiguous.
- Solutions require interdependent actions by stakeholders.
- Power, information and implementation are fragmented among many stakeholders.
- Stakeholders hold conflicting views yet unity on major decisions is required to uphold standards and accountability.
- Good relationships among stakeholders are needed in the future.
- The group is relatively small (up to 20) and has mutual understanding.

Avoid consensus building when:

- The problem is not complex, or the solutions are highly technical, clearly obvious or options are severely limited.
- Interagency standards and objectives are likely to be compromised by consensus.
- Another decision-making process is more efficient and effective.
- Stakeholders are highly politicized or views are highly polarized.
- Decision makers are not at the table.
- There is insufficient information.
- There is insufficient time for a full exploration of all views and for consensus to be reached.

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2 Massachusetts Institute of Technology, *A Short Guide to Consensus Building*.

Consensus building process

For GBV coordination, consensus building is especially important when addressing challenging issues in meetings and when undertaking activities that require the support of all actors, such as developing Sector/Cluster Response Plans (S/CRPs) or facilitating standard operating procedures (SOPs). The steps below summarize how to lead a process of consensus building.



- Agree on objectives for the task/project, expectations and rules.
- Define the problem or decision to be reached by consensus.
- Brainstorm possible solutions.
- Narrow-down the list of ideas/solutions and discuss pros and cons.
- Adjust, compromise and fine-tune the agreed upon idea/solution so all group members can accept the result.

Testing for agreement

Notice when the group is nearing agreement and can move to a firm decision. Groups can waste a lot of time talking around ideas that they largely agree on. It is worth presenting the group with the ideas you are hearing and asking for some sign of agreement or disagreement. Some disagreement may still allow the group to move forward. For example: Non-support: "I don't see the need for this but I'll go along with it". Standing aside: "I personally can't do this, but I won't stop others from doing it".

Make your decision. If a consensus is not reached, review and/or repeat steps one through six (see below for tips on dealing with an impasse).

Breaking an impasse

- Remind all actors of the humanitarian consequences of failing to reach an agreement, and how an agreement will benefit GBV survivors (reference obligations as duty-bearers).
- Confer and invite suggestions. Use probing questions.
- Retrace progress and summarize areas of agreement and disagreement.
- Find out where people stand and how strongly they feel.
- Gather further information to facilitate decision-making.
- Build consensus in mixed small groups, and then meet with all actors together.
- Set a time limit for establishing consensus, then suggest that the issue goes to a majority vote.
- Meet individually with primary disputants and ask them, "What could be changed so that you could support it?"
- In the most difficult situations, bring disputing parties together at a separate time in order to facilitate conflict resolution and problem solving.
- Once the decision has been made, act upon the decision.
- Follow up and monitor the implementation of the agreement.

Tips for leading consensus building

- Use active listening (see above) and questioning skills.
- Try to understand other points of view.
- Communicate openly.
- Remember and review common goals.
- Focus on and explore underlying interests.
- Identify and grow the "zones of agreement", which are the areas and priorities on which the group agrees.
- Trust the process. Believe that you can reach agreement and infuse this belief in the group.
- Remain calm and respectful.

5.5 Negotiation in GBV coordination

A GBV coordinator may have to negotiate directly with another person, agency or group (e.g. on behalf of the GBV sub-cluster at an inter-cluster/sector meeting) or facilitate negotiations between two conflicting parties. Within the GBV sub-cluster, the coordinator may need to negotiate issues such as the strategic focus, division of responsibilities or simply the scheduling of meetings.

Negotiation, in its simplest form, involves a discussion between two or more people or agencies who are trying to work out a solution to their dispute. Negotiations may be entered into when:

- Two individuals or groups have conflicting interests.
- There is joint interest in achieving a settlement.
- More than one potential outcome is possible.
- Both parties are prepared to make concessions.

Guidelines for entering negotiations

Negotiation is a complex process but one worth mastering. Whatever the level of negotiation, the following guidelines are useful.

Prepare options beforehand

Before entering into a negotiation, prepare answers to these questions:

- What is the real goal or objective?
- What is the minimum acceptable to meet that goal or objective?
- What are all the issues that could be negotiated over (e.g. time, money, quantity, quality)?

Consider what the other side or sides might want to achieve. Think about what might be offered to meet the other side's objectives. Anticipate resistance or objections and be prepared with alternative approaches or solutions.

Draw out the other's perspective

Use questions and dialogue to explore the other person's concerns and needs. Suggested inquiries include:

- What do you need on this point?
- What are your concerns about these suggestions?
- Use active listening, gauging what issues are most important to them and which they are most likely to move on.

State needs and goals

State what you need, and why you need it. Often disagreement exists regarding the method for solving an issue, but not about the goal. Prepare to make some concessions, but start by stating ideal goals and outcomes.

Do not argue

Negotiating is about finding solutions. Do not waste time arguing. Identify and verbalize disagreements in a gentle but assertive way, and offer an alternative. Do not demean the other person or the interests they represent, and do not enter into a power struggle.

Consider timing

There are good and bad times to negotiate. Bad times include those situations where there is:

- A high degree of anger on either side
- Preoccupation with something else
- A high level of stress
- Fatigue on one side or the other

Avoid negative circumstances as much as possible. If negative reactions arise during negotiations, consider a time-out/rest period or rescheduling to a better time.

5.6 Conflict resolution

Common sources of conflict

Conflict is a pervasive and inevitable part of any group. If handled well, it can lead to growth and development of the GBV sub-cluster as well as for individual partners.

Sources of conflict

- Strategies (lack of clarity, no common vision)
- Systems (methods of communicating)
- Structures (division of responsibilities, physical barriers)
- Differing values (priorities, philosophies)
- Individuals (personalities, styles of working)

Positive outcomes of conflict resolution

- Awareness of problems and encouragement to change.
- Better decisions and more creativity.
- Heightened interest and energy of the group.
- Increased cohesiveness and clearing the air.

If conflicts tend to be avoided or resolved prematurely, or discussion of differences is stifled, serious difficulties will arise. Relationships among GBV coordination partners will suffer, as will the productivity of the sub-cluster. If a group cannot manage the stress of a conflict among its members, it is unlikely to last very long.

Key skills for resolving conflicts

Conflicts – and the negotiations around them – can often lead to more effective and sustainable solutions because they draw in a much wider range of views and possible solutions. Conflicts are not to be avoided! The following skills can assist in handling conflicts constructively:

- Recognize symptoms.
- Overt symptoms include: anger, disengagement, silence, body language, formation of cliques and arguments.
- Hidden symptoms include: low energy, non-attendance, arriving late/leaving early, mistakes, not socializing.
- Tackle it early: left alone, conflict grows and spreads.
- Identify the source of the conflict.
- Focus on the core issue or problem: avoid “old scores” or “getting personal”.
- Consider each point of view. Use active listening.

- Invite suggestions on the way forward: focus on solutions and building consensus.
- Check the agreement of all stakeholders and confirm that everyone accepts the resolution.

Overcoming an impasse

An impasse occurs when key stakeholders are unable to perceive effective solutions to disputes or differences. People feel stuck, frustrated, angry and disillusioned. They might dig in their heels, adopting extreme or rigid positions, or withdraw from participating in GBV coordination. Either way, an impasse represents a turning point in efforts to negotiate a solution to the conflict, and it is usually a forerunner to actually resolving a conflict. Strategies for managing an impasse are similar to those listed above as well as those related to consensus building, but may require more time and patience.³ Strategies for managing an impasse include:

- Identifying underlying concerns
- Respecting a variety of needs
- Exploring alternatives to a negotiated agreement
- Trying active-listening variations
- Respecting silence
- Talking about feelings
- Caucusing or gathering together in small groups

5.7 Accountability

Overlapping layers of accountability exist within a coordination mechanism, which apply to GBV coordinators, lead agencies and GBV sub-cluster members. These include accountabilities to:

- Affected populations (AAP)
- Affected women and girls
- Humanitarian country team
- Protection cluster
- Sub-cluster lead agency or agencies
- Individual members of the sub-cluster
- Organizational members of the sub-cluster
- Leadership of the sub-cluster

Accountability should be dynamic, which requires active involvement, communication and exchange of commitments between the different parties.

Accountability of GBV partners to the GBV coordinator

The cluster approach itself does not require humanitarian actors to be held accountable to GBV sub-cluster leads. Individuals are accountable to the organizations for which they work. Likewise, it does not demand accountability of non-UN actors to UN agencies. Individual humanitarian organizations can only be held accountable to GBV sub-cluster leads in cases where they have made specific commitments to this effect. The same is true of GBV coordination partners in settings where the cluster system is not in place.

The Core Humanitarian Standard on Quality and Accountability requires accountability to affected populations (see toolkit and discussion below). GBV sub-clusters play a role in promoting the ethics and standards of accountability, which helps to set expectations for partner accountability.

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 3 Webne-Behrman, Harry. The practice of facilitation: managing group process and solving problems. UK: Praeger Publishers (1998), pp. 35-36.

To ensure proper functioning of the sub-cluster, participants must perform to their best ability within the agreed parameters of the coordination process. This means understanding and acting on responsibilities laid out in key operational guidance documents, such as the GBV coordination Terms of Reference (see sample in Annex) and strategic documents, including HRP commitments, the GBV Strategy/Action Plan and Work Plan, etc. A mechanism for monitoring partners' success in meeting their responsibilities is also necessary.

Promoting accountability

The GBV coordinator should promote core humanitarian accountability principles and frameworks with members, the cluster lead agency and other sectors. This may include devoting time in meetings to discuss, adapt and evaluate accountability to affected-population mechanisms. It could also include developing accountability key messages as part of the sub-cluster ToRs and other products and deliverables.



Accountability to affected populations means: "Women, men, girls and boys receiving humanitarian assistance are the primary stakeholders of any humanitarian response and have a basic right to participate in the decisions that affect their lives, receive the information they need to make informed decisions and to complain if they feel the help they receive is not adequate or has unwelcomed consequences."

— from CHS Alliance, "FAQs on Accountability to Affected Populations"

Promoting accountability includes consideration of how the GBV sub-cluster is accountable to affected populations in the following areas:

- Leadership/governance
- Transparency/information sharing
- Feedback and complaints
- Participation
- Design, monitoring and evaluation

Responsibilities of the GBV coordinator and co-lead(s) should be clearly outlined in the ToR of the sub-cluster as well as in their job descriptions (see Annex for sample). Every effort should be made to ensure that these responsibilities are met. The best way to encourage accountability is to lead by example.

Additionally, the GBV coordinator is responsible for ensuring the following:

- The GBV coordination action plan designates agencies, individuals or small groups for specific tasks.
- Meetings are efficient and action-oriented.
- Action points are included in meeting minutes.
- There is a process through which agencies, individuals and small group commitments (as recorded in the minutes) are routinely reviewed.
- Attending participants have the authority to make decisions on behalf of their designated organizations.
- The GBV coordinator continuously acknowledges and applauds the work of partner organizations that are meeting their responsibilities.



Online tool

The GBV sub-cluster should strive to promote and implement the **Core Humanitarian Standard on Quality and Accountability (CHS)**. CHS describes the essential elements of principled, accountable and high-quality humanitarian action, placing accountability to affected communities at the centre of any sector's humanitarian response. Humanitarian organizations and the GBV sub-cluster may use it as a voluntary code to align their internal procedures. It is translated into the five official UN languages and many local languages where there is an active humanitarian response. Resources are available on their website (corehumanitarianstandard.org).

5.8 Promoting staff care and resilience

There is increased recognition that humanitarian organizations have a moral and legal duty of care to ensure that the risks of humanitarian work to staff are identified and appropriately addressed in systemic ways. Staff care is essential because successful humanitarian operations require the effective contributions of all staff and volunteers.

Staff care is primarily a responsibility of the agencies that comprise the GBV sub-cluster. It should be an integral and systematic part of each agency's work, including GBV programme management. However, members of the sub-cluster can also take steps to support each other and build a community of care and resilience, which will result in better coordination and response.

This section provides: 1) an introduction to contributing factors and signs of trauma and stress that may affect members of the GBV sub-cluster individually and as a whole; 2) guidance on how effective management of the GBV sub-cluster can promote the duty of care and build resilience; and 3) tips on things the GBV coordinator and group members can do at a personal level to create positive environments and coping mechanisms to sustain their work. More resources can be found in Chapter 6, and specialized support can be requested through the members' agencies or the GBV Area of Responsibility (AoR).

Risks to address with staff care for GBV specialists in humanitarian settings

- Security and living conditions are often dangerous and difficult, contributing to stress.
- Working hours and conditions are intense, cross-cultural and unpredictable, which can lead to stress and fatigue.
- Listening to explicit accounts of violence can expose staff to vicarious trauma.
- Witnessing and documenting the impact of violence on clients can expose staff to vicarious trauma.
- Threats of violence or traumatic events can expose staff to direct trauma.
- Lack of adequate services to meet the needs of clients can create professional obstacles and stress.

Preventing, identifying and responding to stress and trauma for individuals

Each agency should have institutionalized means for staff care, which includes preventing and managing negative effects of stress and trauma that can affect their staff at any time, from selection, induction to assignment, and afterwards. Within a GBV sub-cluster at the field level, not all agencies that respond to GBV will have implemented these duty of care commitments, or have specialists who focus on these issues. National and local organizations may face particular challenges to instituting a system of care.

Therefore, it is important for the GBV sub-cluster to introduce this topic and share practical information that can promote resilience among GBV responders at the field level. The tips below focus on the individual in the field, because GBV coordinators do not manage organizational GBV staff or programmes. Members of the sub-cluster should be encouraged to take this information back to their agencies and seek more guidance to implement positive, systemic approaches to care for their staff.

It is also important to acknowledge that humanitarian settings are multi-cultural and complex. There will be diversity in the expressions and reactions to stress, as well as diversity in the approaches to staff care and resilience. GBV sub-cluster members may wish to seek external professional support through their organizations to address this complexity through deeper contextual and inter-personal analysis and tailored responses.

Tips for prevention

- Learn about the services for stress management or psychosocial support your organization offers and know how to access them. If possible, do this before assignment. Contact numbers, procedures, etc. should be clear so that all staff members are empowered to seek support at all times.
- Some organizations may not have any resources available. In the short term, find out if there are government (public), inter-agency or UN mission services that can be accessed. In the longer term, find out how your organization can build a system of care for its staff.
- Take the relevant safety training courses for the environment where you will be deploying. These courses provide training and practice to prepare you for the safety risks and stressors you are likely to encounter in high-risk environments. Be prepared to take refresher or safety courses if your place of deployment changes or a field mission takes you to a new security environment.
- Ensure your vaccines, medical clearance and health checks are up-to-date. Health facilities and services may not always be accessible. Prioritize healthcare at all times and seize opportunities for preventative care whenever services are available.
- Stay informed at all times about the humanitarian and security context you will be supporting – for your duty station and for field missions.
- Manage professional and personal commitments before assignment so that you are not preoccupied with pending issues while in the field, such as tying up outstanding financial, legal and housing matters.
- Ensure you have appropriate and functional communication equipment at all times.
- Learn about and establish personal self-care practices such as rest, exercise, nutrition, social and spiritual engagement (see below for more information on self-care).

Identification

The list of the **signs of cumulative stress** from the manual *Managing Stress in Humanitarian Emergencies* (UNHCR 2001) may help identify unhealthy levels of cumulative stress among individuals.

The list of the **signs of vicarious trauma** may raise awareness of a reaction that can occur as part of specialised GBV work. When GBV specialists are exposed to vicarious or secondary trauma by their engagement with clients who experience violence, it can have similar and significant effects. Vicarious traumatization has been described as “a transformation in the therapist’s (or other trauma worker’s) inner experience resulting from empathic engagement with the client’s trauma material.”⁴

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4 Sexual Violence Research Initiative (SVRI), “Guidelines for the prevention and management of vicarious trauma among researchers of sexual and intimate partner violence,” 2015, p. 3 (citing Pearlman and Saakvitne 1995).

The GBV coordinator can dedicate sessions in meetings to discuss the topic of cumulative stress and vicarious trauma, which will help GBV sub-cluster members and their agencies identify if and when GBV specialists within their community are experiencing these effects.

Signs of cumulative stress	Signs of vicarious trauma
<p>Physical reactions</p> <ul style="list-style-type: none"> • extended fatigue • physical complaints, headaches • sleep disturbance • appetite changes <p>Emotional reactions</p> <ul style="list-style-type: none"> • anxiety • feeling alienated from others • desire to be alone • negativism/cynicism • suspiciousness/paranoia • depression/chronic sadness • feeling pressured/ overwhelmed • diminished pleasure • loss of sense of humour <p>Cognitive reactions</p> <ul style="list-style-type: none"> • tired of thinking • obsessive thinking • difficulty concentrating • increased distraction/inattention • problems with decisions/priorities • feeling indispensable/obsessions • diminished tolerance for ambiguity • constricted thought • rigid, inflexible thinking <p>Behavioural reactions</p> <ul style="list-style-type: none"> • irritability • anger displacement, blaming others • reluctance to start or finish projects • social withdrawal • absenteeism • unwillingness to take leave • substance abuse, self-medication • high alcohol consumption • disregard for security, risky behaviour <p>Spiritual/philosophical reactions</p> <ul style="list-style-type: none"> • doubt of value system/religious beliefs • questioning major life areas (profession, employment, lifestyle) • feeling threatened and victimized • disillusionment • self-preoccupation 	<ul style="list-style-type: none"> • Post-traumatic stress disorder (PTSD) symptoms (nightmares, intrusive images and thoughts, emotional numbing) • Depression (hopelessness, depressed mood, despair) • Alterations in views identity, society and the larger world • Loss of a sense of personal safety and control • Feelings of fear, anger, and being overwhelmed • Feelings of guilt and/or diminished confidence in capacities and frustration with the limits of what one can do to improve a situation • Increased sensitivity to violence • Altered sensory experiences, such as symptoms of dissociation • Loss of ability to trust other individuals and institutions • Inability to empathize with other; • Social withdrawal • Disconnection from loved ones • Inability to be emotionally and/or sexually intimate with others • Lack of time or energy for oneself • Changes in spirituality and belief systems • Cynicism • Loss of self-esteem and sense of independence • Minimizing the experience of vicarious trauma compared with the problems of respondents

Response

If you notice these signs of cumulative stress or trauma in a colleague or yourself, take action. Organizations should provide assistance for individuals to seek support, so no one is alone in this process. However, the absence of well-defined organizational systems should not prevent action. Personal and community networks of support will be critical, and it should be reported that the appropriate systems are not in place.

If left unaddressed, the effects of cumulative stress or vicarious trauma may result in burnout, rendering an individual unable to function in a positive way in their humanitarian work environment and in other aspects of their life. It is important to acknowledge and take the time to address these signs as soon as they are noticed.



Ways to seek support if you notice signs of stress or trauma

1. Reach out to someone you trust.
2. Talk to someone who can provide non-judgmental and supportive space.
3. Explore your emotions, feelings and needs.
4. Seek out professional care or treatment.

Staff care practices for the GBV Coordination Group

Motivation is a strong protective factor, and loss of motivation is a big risk factor for stress and trauma; this can occur through negative power relations in teams or groups, with field-partners or through exposure to suffering and never-ending demands. The work of the GBV sub-cluster creates an opportunity to build a sense of collective meaning and motivation. The sub-cluster can facilitate learning, connection and belonging among GBV specialists, which contributes to resilience and better humanitarian outcomes for the affected population.

Signs of burnout in the GBV Coordination Group

Burnout can occur at the organizational or group level when high levels of stress are experienced in negative ways among multiple people within a group. UNHCR's manual explains some key symptoms of "burn-out" at a group level.

Signs of **burn-out** include:

- High job turnover
- Clique formation
- Frequent conflicts
- Reduced work output
- Increased sick leave
- Scape-goating (blaming one individual for every problem)
- Lack of initiative

Supportive coordination practices

Establish routines for the sub-cluster: Keep meeting and communications in standard formats with consistent venues and timetables (for example, meet every third Monday at the XYZ conference room at 10 a.m.). Choose a venue that is accessible for most participants.

Create a supportive environment for coordination meetings: The coordination group may act as a peer support network by being a place where people who do similar work can exchange information and experiences. Meetings need to stay on-topic and accomplish technical tasks, but creating informal times outside of meetings for unguided, one-to-one exchanges between members is also important to help de-escalate stress. In many settings, incorporating local cultural practices into agendas can help create a supportive environment, such as planning a tea break before or after meetings. Icebreakers or group events during a workshop are other ways. Choosing a venue where GBV colleagues can linger to talk will help build peer support networks.

Manage timelines: Provide group members advance notice about deadlines for project proposals, comments or meeting inputs. Avoid deadline fatigue! Try to space out the number of requests that require time-intensive responses from members. Regular reminders, review of work plans or action points in the coordination meetings can help manage expectations and prepare for periods of intense workload.

Predictable leadership: As much as possible, maintain consistency in the leadership and membership of the coordination group. This means maintaining a commitment for either the lead or co-lead (preferably both) to be present at every meeting. Leave schedules should be coordinated and communicated to members, so the group always knows who to contact and understands that responsibilities for coordination are covered at all times. If there will be a change in leadership, explain the process in advance to members, and devote time to make the transition a smooth one. Leaving a thorough and transparent handover is a responsibility for coordination leadership and can help minimize stress.

Share work among group members: Coordinators should not over-rely on themselves or several group members to do all the work of a sub-cluster. These practices place too much stress on individuals, and they also may decrease opportunities to engage members who can find support and inspiration through working on new tasks with others. Find ways to delegate and share the coordination work among multiple members, and rotate groupings of members so that cliques are less likely to form or dominate.

Be respectful of people's holidays and rest hours: Set rules about hours to contact people for coordination work and do not overload people with tasks over weekends or holidays. Sometimes working long hours or on a weekend is inevitable to respond to the emergency needs of an affected population. Make those times an exception, not a routine way of working. Promote healthy working hours and time for rest, building those periods into the coordination group work plans and into personal habits.

Build stress management topics into coordination meetings and capacity building: For example, use one of the GBV coordination meetings to ask each GBV actor what their organization has in place for staff care and report back to the coordination group. The GBV coordinator(s) can compile this information and share it to provide some examples of what can be done. By mapping available resources, staff may discover that counselling is available through remote support or their HQ. This exercise helps to empower members and their organizations to take responsibility for staff and self-care. Consider incorporating stress management practices like a mindfulness exercise (see below for an example). Ask participants to take turns choosing and leading these exercises.

Critical events

Ensuring the persistent operation and core functions of the GBV sub-cluster following a critical incident is linked to staff care and group resilience.

Critical events are sudden, violent occurrences that threaten or claim life. They may be large or small scale, but are thought of as being beyond the range of “normal” human experience, even in the context of humanitarian emergency work, because of their power to shock and traumatize staff involved. Examples are deaths of colleagues in the line of work, deaths among those being assisted, especially children, personal encounters with violence such as being kidnapped or held hostage and witnessing any event described as an “atrocity”.

–From *Managing Stress in Humanitarian Emergencies* (UNHCR 2001)

If there is a critical event, the role of the GBV coordinator is to manage the communication and operation of the GBV sub-cluster in a sensitive and secure manner, which promotes care and resilience, while maintaining safety. Effectively managing the work of the sub-cluster in a supportive manner during these periods includes these key steps:

Be visible to the GBV sub-cluster: In times of crisis, the visible presence of a leader can provide a source of stability and support for group members and colleagues. This may mean calling a GBV coordination meeting, or sending an extra message of encouragement to the group following a critical event (as long as safety and security conditions permit). It may be tempting to cancel the meeting or avoid communicating because it is a busy time. However, showing availability and commitment to the group will help them return to work together faster and with greater certainty of the coordination group's value. Seek the advice of the security team when planning meetings or communication following critical events.

Maintain open communication: Flow of information becomes even more important during crises. As much as possible, continue to provide routine information relevant to the GBV sub-cluster's work. If there has been a loss of communication or evacuation, prioritize re-establishment of phone/Skype or email networks and revising contacts. Re-establishing contact can be done remotely or by a remaining lead agency staff, even if the GBV coordinator is evacuated. If the critical incident directly involves GBV, provide balanced, accurate and safe information in line with the guiding principles and policies set by the Humanitarian Country Team. People are able to better manage their reactions if they are confident that they have received factual information. Creating a plan for communications during crisis before an emergency occurs can be part of contingency planning and emergency preparedness activities (see Chapter Three).

Acknowledgement of loss: Provide an opportunity for members to express grief and show support for one another. For example, the GBV coordinator may lead a “moment of silence” in a coordination meeting or facilitate a group letter of condolence or solidarity to staff members of an organization who were particularly affected. The GBV coordinator may wish to seek advice from a mental health specialist who understands the local context when planning these activities.

Provide resources: Be prepared to share resources on stress management, trauma and resilience with coordination group members to promote positive coping practices (see resources below and in Chapter 6). Send clear messages and advocate at leadership levels for prioritization of mental health and psychological well-being for GBV response personnel, in addition to continuing the daily work of delivering services. See the Annex for an example developed by UNFPA with the GBV sub-cluster and the Mental Health and Psycho-Social Support Working Group in Myanmar.

Promote longer-term good workplace practices: Trauma is a known occupational hazard for humanitarian practitioners generally and professions involved in GBV sector response specifically (i.e. counsellors, social workers, legal sector workers etc.). Therefore, GBV lead and member organizations should be aware of their ethical responsibilities to provide systems and resources to prevent and respond to secondary and vicarious trauma. GBV sub-clusters can emphasize the need for all member organizations to put systems in place to support staff, in order to mitigate the effects of trauma that result from daily work as well as from critical incidents.

Consider consulting UNDSS: The United Nations Department of Safety and Security (UNDSS) is responsible for coordinating UN system-wide management of stress and critical incident stress (MSCIS), including crises, death of staff members under malicious circumstances, hostage incidents, evacuations and similar circumstances. The GBV coordinator, in coordination with the lead agency and protection cluster, may wish to consult UNDSS for support and advice, where they are present.

Good workplace practices

GBV coordinators are often responsible for managing staff as part of a coordination team. It is important to have the skills to promote and establish practices that mitigate trauma in the workplace of the GBV coordination team. Coordinators can share these practices with the GBV sub-cluster members to encourage them to examine their workplaces to find ways to support their teams.

Good workplace practices to mitigate trauma

- Promote and implement workplace staff and self-care programmes (e.g. yoga groups, meditation spaces and team sports) that create an environment of well-being, team-building and trust.
- Train supervisors on trauma and require they take measures to prevent, monitor and support staff to address it. For example, try caseload management techniques, varying the types of cases and tasks assigned, and regular check-in discussions with staff.
- Make self-assessment tools available to all staff and explain what resources are available to support them.
- Ensure that workplace planning allows staff to take planned vacations. Encourage staff to use their leave entitlements regularly.
- Assess whether organizational structures and procedures are a significant source of stress and take steps to simplify and improve them, where possible.
- Encourage creative expression and spaces in the workplace such as decoration of workspaces, sharing of experiences or quotes on staff message boards, or creating social and recreation spaces with reading materials or a “staff café”.



Meaningful participation

It is important for GBV coordinators and sub-cluster members to recognize that national staff of international organizations and local organizations are more likely to be exposed directly to traumatic incidents and secondary/vicarious forms of trauma. They also face particular stressors, such as inadequate evacuation plans for themselves and their families, job insecurity, and different treatment from international or seconded staff. National staff and local organizations must be involved in the promotion and design of practices to address stress and build resilience within their work places as well as within the GBV sub-cluster.



See Annex 26: Staff care in emergencies

Self-care

Promoting staff care is a component of skilful coordination leadership; however, it is critical that people involved in coordination leadership prioritize their self-care first – not last. Self-care requires discipline and self-knowledge that help create routines to manage stress during a humanitarian assignment. A routine of self-care includes:

- Regular exercise
- Nutrition
- Sleep
- Relaxation
- Social interaction/personal life
- Spirituality/cultivating meaning and purpose

Monitoring personal stress levels and knowing when and how to take breaks to re-energize and maintain physical and emotional balance through these routines is important.

In humanitarian emergencies there are many challenges to maintain these routines. For example, security requirements may impose restrictions on mobility or travel outside of a residence where few exercise options are available. Few sources of nutritious food may be available. Humanitarian workers often need to pre-plan for these situations, bringing their own “emergency” supplies of items that enable them to cope in stressful environments, like chocolate or a yoga mat. Pre-deployment planning and rest and recuperation planning should include consideration of what items or practices are required for daily self-care.

Self-relaxation practices

Before and during deployment, explore healing and relaxation practices that can be used in confined spaces or in low resource environments.

Self-relaxation practices that can be used in confined spaces

1. Breathing exercises
2. Visualization or mindfulness exercises
3. Basic stretches or yoga – shoulder, neck and body rolls, inversions
4. Reflexology – massaging areas of feet or hands
5. Aromatherapy – inhaling scents or burning oils such as lavender for relaxation or lemon for revitalization
6. Journaling, to reflect on feelings and experiences
7. Drawing or colouring
8. Listening to or making music

Even with the best planning, humanitarians often have to improvise in field environments. Here are some simple questions to help identify positive ways to manage self-care in any environment from “Preventing Burnout” by Dr. Laurie Pearlman, Headington Institute (2013).

Reflection questions

- What are three things for which I’m grateful that happened or of which I was especially aware in the past 24 hours? Include at least one that involves other people.
- What could I do today to be more physically active than yesterday?
- What healthy food choices could I make today?
- How can I get more sleep tonight than last night?
- Are there skills I need to develop that would help me be more effective in my job? How can I increase my confidence in the way I do my job?
- Is there someone I could connect with today, even briefly, someone to talk (or write) to who understands and cares about me?
- Is there any positive aspect to a tough situation I’m in right now? Anything I can learn about myself or others that might help me next time around?
- How does the work I’m doing this week relate to my agency’s mission? Can I think of any benefit, however small, my work has produced in the past week?
- Where might I look for spiritual renewal, for meaning and hope today?



Online tool

The [Headington Institute](http://headington-institute.org) has a collection of online resources to learn about and manage stress that are specialized for humanitarian workers and emergency responders. These include videos, handouts that can be used for staff or coordination meetings, and **self-assessments** to identify burnout or other forms of stress or trauma. The site provides free, online opportunities to develop resilience, avoid burnout and learn how to seek support. The Headington Institute can also partner with organizations to provide in-person trainings and develop referral systems for humanitarian staff to access personalized assessments and support. Resources are available on their website (headington-institute.org).

Visualization techniques

The following sequence can be used individually or with GBV sub-cluster members to promote relaxation and self-awareness. Visualization exercises use a guided or series of instructions to create a detailed image of an attractive and peaceful environment – an image that can be recalled with practice to quickly trigger physical and mental relaxation.

Visualization exercise

Find a private calm space and make yourself comfortable.

- Take slow and deep breaths to centre your attention and calm yourself.
- Close your eyes.
- Imagine yourself in a beautiful location, where everything is ideal. Some people visualize a beach, a mountain, a forest, or a being in a favourite room sitting on a favourite chair.
- Imagine yourself becoming calm and relaxed. Or, imagine yourself smiling, feeling happy and having a good time. Imagine whatever gives you a positive, centred feeling.
- Focus on the different sensations in the place you have imagined. Make it more vivid in your mind. For instance, if you are imagining the beach, spend some time imagining the warmth of the sun on your skin, the smell of the ocean, seaweed and salt spray, and the sound of the waves, wind and seagulls. The more you use your senses, the more vivid the image will become.
- Remain within your scene. Tour its sights, sounds, smells, textures and sensations for several minutes or until you feel relaxed.
- While relaxed, assure yourself that you can return to this place whenever you want or need to relax.
- Open your eyes again. Take a deep breath and rejoin the world where you are now.

— Adapted from [Visualization and Guided Imagery Techniques for Stress Reduction \(MentalHelp.net\)](#)



Promising practice

In 2018 in South Sudan, the International Organization for Migration (IOM) began a trauma-sensitive, mindfulness-based stress reduction (MBSR) programme for 37 staff working on GBV as part of a programme to enhance GBV sensitivity and integration into WASH programming. The programme was carried out in two locations (Juba and Kapoeta) and was then expanded to engage local partners.

This MBSR approach was premised on the concept that self-transformation is foundational to the societal transformation required to address GBV. The programme first created a compassionate and non-judgemental environment for GBV staff to learn and practice self-care strategies to incorporate into their daily lives. Then, it built on this approach to facilitate a process of self-inquiry by staff members, who began to interrogate deeply embedded cultural assumptions and practices related to GBV. This process led to individuals taking action in their personal life against harmful practices they identified. With this enhanced ability to invest in self-care and engage with the issue of GBV on a personal level, staff members were better able to advocate for survivors and for GBV risk mitigation activities with communities.

Another outcome was increased trust and team building. As staff devoted time and developed skills to enhance their personal well-being, they also became more engaged and skilled at creating positive team environments.

CHAPTER 6



Core references and additional resources by topic

For full citation information, please follow the hyperlinks to the sources.

CORE REFERENCES

The following resources should be considered required reading for any GBV coordinator. These contain key guidelines, policies or references that underpin the humanitarian response and technical aspects of GBV in emergencies.

First priority to read

[GBV AoR 2018–2020 Strategy \(GBV AoR 2018\)](#)

[Policy on Protection in Humanitarian Action \(IASC 2016\)](#)

[Reference Module on Cluster Coordination at the Country Level \(IASC, revised 2015\)](#)

[Core Competencies for GBV Program Managers and Coordinators in Humanitarian Settings \(GBV AoR 2014\)](#)

[Inter-agency Minimum Standards for GBV Coordination and Programming in Humanitarian Settings \(GBV AoR, forthcoming 2019\)](#)

Required reading: Core guidelines, policies and standards

[Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery \(IASC 2015\)](#)

[Managing Gender-Based Violence Programmes in Emergencies \(UNFPA Online Course 2017\)](#)

[Interagency Gender Based Violence Case Management Guidelines and Training Package \(GBV AoR 2017\)](#)

[WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies \(WHO 2007\)](#)

[Guidelines on Mental Health and Psychosocial Support in Emergency Settings \(IASC 2007\)](#)

[Guidelines for Inclusion of Persons with Disabilities in Humanitarian Action \(IASC, forthcoming\)](#)

Core Humanitarian Standard on Quality and Accountability (CHS Alliance, Group URD and the Sphere Project 2014)

Women, Girls, Boys and Men: Different Needs – Equal Opportunities (IASC Gender Handbook in Humanitarian Action 2006)

Minimum Standards for Prevention and Response to Gender-based Violence in Emergencies (UNFPA 2015)

Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations: A Distance Learning Module (Women's Refugee Commission 2011)

Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons (WHO/UNHCR Revised edition 2004)

Key websites

Gender-Based Violence Area of Responsibility (GBV AoR)

The Global Protection Cluster

Inter-Agency Standing Committee (IASC)

IASC GBV Guidelines

ADDITIONAL RESOURCES BY TOPIC

Advocacy, media and communications

Gender-based Violence in Emergencies Advocacy Handbook (GBV AoR/GPC 2014)

Network Message Library (Communicating with Disaster Affected Communities (CDAC) Network)

Dart Center for Journalism and Trauma (Columbia University)

Adolescents

Whole of Syria Adolescent Girl Strategy (UNFPA, GBV AoR, Health Cluster 2017)

Changing discriminatory norms affecting adolescent girls through communications activities: Insights for policy and practice from an evidence review (Marcus, R., Overseas Development Institute 2014)

Gender justice and social norms - processes of change for adolescent girls: Towards a conceptual framework (Marcus, R., with Harper, C., Overseas Development Institute 2014)

The Adolescent Kit: Guides and Tools for Facilitators (UNICEF 2014)

I'm Here: Adolescent Girls in Emergencies: Approach and tools for improved response (Women's Refugee Commission 2014)

Responding to children and adolescents who have been sexually abused: WHO clinical guidelines (WHO 2017)

Adolescent Girls' Programming Toolkits (Population Council 2015)

Desk Review of Programming Guidelines for Adolescents & Youth in Emergencies: Education, Health, Livelihoods & Durable Solutions (INEE, MYAN, NRC, RET International 2017)

Assessments

IASC Operational Guidance on Coordinated Assessments in Humanitarian Crises (IASC 2012)

Multi-Sector Initial Rapid Assessment Guidance (IASC 2015)

GBV Assessment & Situation Analysis Tools (GBV AoR 2012)

Secondary Data Review: Sudden Onset Natural Disasters (Assessment Capacities Project (ACAPS) 2014)

Capacity building

Humanitarian Capacity Building: Gender-based Violence in Emergencies (Save the Children, Video)

Humanitarian capacity-building and collaboration: lessons from the Emergency Capacity Building Project (Baker, J., Humanitarian Practice Network 2014)

Partnership Approach Guidance and Tools: For developing and sustaining partnerships in conflict-affected settings (Molony et al., American Refugee Committee (ARC) 2009)

Cash interventions and GBV

Setting the Stage: What we know (and don't know) about the effects of cash-based interventions on gender outcomes in humanitarian settings (Simon, C., UN Women 2018)

Monitoring and Mitigating Risks of Gender-based Violence: Guidance for Cash Providers (IRC, Women's Refugee Commission (WRC), and Mercy Corps 2018)

Violence against women and cash transfers in humanitarian contexts (Bell, E., UK Aid 2015)

Cash-based Interventions (IASC, The Gender Handbook for Humanitarian Action, unnumbered chapter 2017)

Addressing Gender-Based Violence Through Cash Transfer Programming (Gender-Based Violence Task Force of the Interagency Gender Working Group 2018)

The Cash Learning Partnership: Resources and Tools

Child protection and GBV

Child Protection in Emergencies Coordination Handbook (Child Protection Area of Responsibility 2016)

Responding to children and adolescents who have been sexually abused: WHO clinical guidelines (WHO 2017)

Inter Agency Guidelines for Case Management and Child Protection (Child Protection Working Group, GPC 2014)

Caring for Child Survivors (International Rescue Committee GBV Responders' Network 2012)

Girl Safety Toolkit: A Resource for Practitioners (GirlHub 2014)

Child Protection (Jones, C., GPC Case Management Task Force 2014)

Minimum Standards for Child Protection in Humanitarian Action (GPC Child Protection Working Group 2013)

CPMS Video Series: Standard 9, Sexual Violence (Save the Children's Resource Center 2016) and facilitator's notes

Alternative Care in Emergencies Toolkit (Interagency Working Group on Unaccompanied and Separated Children 2013)

Cluster leadership

Operational Guidance on Designating Sector/Cluster Leads in Major New Emergencies (IASC 2007)

NGO Cluster Co-Coordination, Tools, and Guidance (Norwegian Refugee Council 2014)

Review of NGO Leadership Roles in Clusters (International Council of Voluntary Agencies (ICVA) 2015)

Sharing Leadership: NGO co-leadership (Child Protection AoR/GPC 2016)

Exploring Coordination in Humanitarian Clusters (ALNAP 2015)

Conflict-related sexual violence

"Women, Peace and Security" Resolutions (UN Security Council, PeaceWomen)

Provisional Guidance Note: Implementation of Security Council Resolution 1960 on Women, Peace and Security (Conflict-related Sexual Violence) (Office of the Special Representative of the Secretary General on Sexual Violence in Conflict/UN Action 2011)

Provisional Guidance Note: Intersections between the Monitoring, Analysis and Reporting Arrangements (MARA) and the Gender-Based Violence Information Management System (GBV IMS) (UN Action Network 2016)

Addressing Conflict-Related Sexual Violence: An Analytical Inventory of Peacekeeping Practice (United Nations Development Fund for Women (UNIFEM), United Nations Department of Peacekeeping Operations, and UN Action Against Sexual Violence in Conflict 2012)

The Use of UN Sanctions to Address Conflict-Related Sexual Violence (Huvé, S., Georgetown Institute for Women, Peace and Security 2018)

Second edition of the International Protocol on the Investigation and Documentation of Sexual Violence in Conflict (Government of UK Foreign and Commonwealth Office 2014)

Briefing Paper: Care and Support of Male Survivors of Conflict-Related Sexual Violence (Sexual Violence Research Initiative (SVRI) 2011)

Mental health and psychosocial support for conflict-related sexual violence (WHO 2012)

Consensus building

A Short Guide to Consensus Building (Massachusetts Institute of Technology ND)

Working together in the field for effective humanitarian response (Saavedra, L., and Knox-Clarke, P., ALNAP 2015)

Costing tools for multi-sector service response to GBV

Essential Services Package for Women and Girls Subject to Violence (UN Women, UNFPA, WHO, UNDP, UNODC 2015) (online training course)

A Costing Tool for Action: Estimating Resource Requirements for Responding to Violence against Women in Southeast Asia (UN Women 2016)

Manual for Costing a Multidisciplinary Package of Response Services for Women and Girls Subjected to Violence (UN Women 2013)

Disability inclusion

Young Persons with Disabilities: Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Rights (UNFPA 2018)

I See That It Is Possible: Building Capacity for Disability Inclusion in Gender-based Violence (GBV) Programming in Humanitarian Settings (Women's Refugee Commission 2015)

Guidance on Disability Inclusion for GBV Partners in Lebanon: Outreach, Safe Identification and Referral of Women, Children, and Youth with Disabilities (Women's Refugee Commission/ UNICEF 2018)

Disaster risk reduction

Gender equality and the empowerment of women in natural disasters: Report of the Secretary-General (Commission on the Status of Women, E/CN.6/2014/13)

Women, girls and disasters – A review for DFID (Bradshaw, S. and Fordham, M., GSDRC 2013)

Making Disaster Risk Reduction Gender-Sensitive: Policy and Practical Guidelines (UNISDR, UNDP and IUCN 2009)

Violence Against Women and Girls Resource Guide: Disaster Risk Management Brief (The World Bank, The Global Women's Institute, IDB 2015)

Emergency preparedness and response

Emergency Response Preparedness Guidelines (IASC 2015)

Handbook for RCs and HCs on Emergency Preparedness and Response (IASC 2010)

Feminist approaches to addressing GBV

Feminist Perspectives on Addressing Violence against Women and Girls (VAWG) Paper Series (Coalition of Feminists for Social Change (COFEM) 2017-2018)

Patriarchy, Power and Keeping Women and Girls Centred in Addressing VAWG in Humanitarian and Development Settings: A Critical Conversation Between Feminist Academics, Activists, and Practitioners (COFEM 2016) (COFEM 2016)

Feminist Strategies to End Violence Against Women, in *The Oxford Handbook on Transnational Feminist Movements*, (Hall, R.J. Oxford Handbooks Online 2014)

It's not about the gender binary, it's about the gender hierarchy: A reply to Letting Go of the Gender Binary (Ward, J., *International Review of the Red Cross* (April 2017) pp.1-24)

Funding

Humanitarian Financing (OCHA web page on pooled funds: CERF and CBPF)

Feminist perspectives on addressing violence against women and girls: Funding: Whose priorities? (COFEM 2013)

Fundraising Handbook for Child Protection and Gender Based Violence in Humanitarian Action (GBV AoR/Child Protection Working Group 2014)

Funding Gender in Emergencies: What are the Trends? (Global Humanitarian Assistance 2014)

GBVIMS

GBV Information Management System (GBVIMS) (UNFPA, UNICEF, UNHCR, IRC, IMC 2006)

Data Protection Principles and Practices, (GBVIMS audio 2018)

GBVIMS Data Analysis E-Learning Tool (UNFPA, UNICEF, UNHCR, IRC, IMC 2018)

What is the child protection information management system? (GBVIMS audio 2017)

GBV research methods

Gender Based Violence Research Methodologies in Humanitarian Settings: An Evidence Review and Recommendations (Hossain, M. and McAlpine, A., London School of Hygiene and Tropical Medicine, Elrha 2017)

Ethical and safety recommendations for research on violence against women (WHO 2016)

Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations (The Global Women's Institute at the George Washington University 2018)

Marginalization in motion: Understanding and addressing violence against women and girls along the migration journey (Potts, A., *Migration Policy Practice*, Vol. VIII: Number 2, May 2018–August 2018 , pp. 16-20)

GBV in emergencies

GBV Responders Network: A resource site offering training curricula, field-ready tools and templates in key thematic areas of GBV response and prevention, including caring for survivors, primary prevention, emergency response and preparedness, economic and social empowerment, adolescent girls, and other areas.

Managing Gender-Based Violence Programmes in Emergencies (UNFPA, online course, with Companion Guide 2012)

Gender Based Violence in Disasters: Information Sheet (International Disaster Law project Centre for Criminal Justice & Human Rights, School of Law, University College Cork & the Irish Red Cross Society 2018)

Taking Action Against Gender-based Violence: Using the Revised IASC GBV Guidelines in Humanitarian Action (Video) (GBV AoR 2016)

Evidence brief: What works to prevent and response to violence against women and girls in conflict and humanitarian settings? (Murphy, M., et al., WhatWorks 2016)

Call to Action on Protection from Gender-based Violence in Emergencies (Women's Refugee Commission 2015)

Are We There Yet? Progress and challenges in ensuring life-saving services and reducing risks to violence for women and girls in emergencies (International Rescue Committee 2015)

GBV Emergency Response and Preparedness: Participant Handbook (International Rescue Committee 2011)

[Caring for Survivors of Sexual Violence in Emergencies: Training Guide](#) (IASC Sub-Working Group on Gender in Humanitarian Action and GBV AoR 2010)

[Unseen, unheard: Gender-based violence in disasters: Global Study](#) (International Federation of Red Cross and Red Crescent Societies 2015)

Health

[Treatment and Disease Prevention for Survivors of Gender-based Violence](#) (Online course, Johns Hopkins University 2018)

[MISP Process Evaluation Tools](#) (Inter-agency Working Group on Reproductive Health in Crises (IAWG) 2017)

[Perspective: the root of what causes GBV](#) (Rowley, E. and Anderson, A., PATH 2016)

[Health Cluster Guide](#) (WHO, Global Health Cluster, updated 2016)

[Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children](#) (WHO 2016)

[Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook. Field-testing version](#) (WHO 2014)

[Addressing Gender and Gender-Based Violence to Improve Health](#) (PATH 2012)

[Minimum Initial Services Package \(MISP\) for Reproductive Health in Crisis Situations: A Distance Learning Module](#) (Women's Refugee Commission (WRC) 2011)

[Guidelines for Addressing HIV in Humanitarian Settings](#) (IASC 2010)

[Clinical Care for Sexual Assault Survivors: A Multimedia Tool](#) (International Rescue Committee (IRC) and University of California Los Angeles Center for International Medicine, revised 2014)

[Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons](#) (WHO/UNHCR 2004, Revised edition)

Humanitarian needs overview and humanitarian response plan

[Needs Assessment: Overview](#) (UN OCHA website, with links for MIRA and Humanitarian Needs Overview)

[Humanitarian Needs Overview: Guidance and Templates](#) (UN OCHA updated 2017)

[Humanitarian Response Planning: Quick Guide](#) (GPC 2017)

[Building a Better Response \(Online Course\)](#) (United States Agency for International Development, International Medical Corps, Concern, and Harvard University 2017)

Human rights and human rights based approach

[Regional Tools to Fight Violence Against Women: Belem do Para and Istanbul Conventions](#) (Organization of American States and Council of Europe 2014)

[Implementation of the International and Regional Human Rights Framework for the Elimination of Female Genital Mutilation](#) (UNFPA 2014)

[Inventory of United Nations system activities to prevent and eliminate violence against women](#) (UN Women 2012)

Frequently Asked Questions on International Humanitarian, Human Rights and Refugee Law in the context of armed conflict (IASC Task Force on Humanitarian Action and Human Rights 2004)

Information management

Operational Guidance on Responsibilities of Cluster/Sector Leads and OCHA in Information Management (OCHA/IASC 2008)

Emergency Information Management Toolkit, Chapter 4, Information/Data Management Strategy (UNHCR 2014)

OCHA Information Management Toolbox - Strategy and Workplan (OCHA 2014)

Gender Equality in the Information Society: A review of current literature and recommendations for policy and practice (Gurumurthy, A., and Chami, N., GenderIT.org 2014)

PIM Training Resource Pack (Protection Information Management revised 2018)

Legal/Justice

Justice now: Ending impunity for sexual and gender-based violence as international crimes (UN Women 2017)

A Practitioner's Toolkit on Women's Access to Justice Programming (UN Women, UNDP, UNODC, OHCHR 2018)

Strengthening the medico-legal response to sexual violence (WHO and UNODC 2015)

Strengthening Crime Prevention and Criminal Justice Responses to Violence against Women (UNODC 2014)

Handbook on effective prosecution responses to violence against women and girls (UNODC 2014)

Gender-Based Violence Legal Aid, A Participatory Toolkit (American Refugee Committee International 2005)

Gender based violence and the law: Background paper for World Development Report 2017 (Klugman, J., World Development Report, The World Bank 2017)

LGBTI inclusion

Working with Lesbian, Gay, Bisexual, Transgender and Intersex Persons in Forced Displacement: Need to Know Guidance (UNHCR 2011)

Integrating Gender into Humanitarian Action: Good Practices from Asia-Pacific 6 (Gender and Humanitarian Action Asia and the Pacific Working Group 2017)

Lesbian, Gay, Bisexual and Transgender (LGBT) Awareness (infographic, emergencies amplify discrimination) (UN OCHA Philippines 2016)

Taking Sexual and Gender Minorities Out of the Too-Hard Basket (Humanitarian Advisory Group 2018)

Localization

NGO Cluster Co-ordination Manual (Norwegian Refugee Council 2014)

Operational Humanitarian Decision-making Infosheet (Campbell, L., and Knox Clark, P., ALNAP 2018)

Sharing Leadership: NGO co-leadership of Child Protection Coordination Groups at Country Level: Guidance and Tools (GPC Child Protection 2016)

Review of NGO Leadership Roles in Clusters (ICVA 2015)

Community Approach to GBV (web page of the Irish Consortium on Gender Based Violence (2014)

The Grand Bargain explained: An ICVA briefing paper (International Council of Voluntary Agencies (ICVA) 2017)

Not what she bargained for? Gender and the Grand Bargain (CARE/Action Aid UK 2018)

Managing meetings

Facilitation Tools for meetings and workshops (Seeds for Change, ND)

Smarter Coordination Meetings (IASC Cluster/Sector Leadership Training 2008)

Male engagement in GBV prevention and response

Engaging Men and Boys: A brief summary of UNFPA Experience and Lessons Learned (UNFPA 2013)

Working with Men and Boys to End Violence Against Women and Girls: Approaches, Challenges and Lessons (USAID 2015)

Working with Men in the Law Enforcement and Justice Sectors to Promote Women's Access to Justice: A Review of Approaches, Challenges and Lessons in the MENA Region (ABAAD and OXFAM 2018)

Engaging Men and Boys to End GBV (Irish Consortium on Gender Based Violence 2014)

Engaging Men and Boys in Preventing Men's Violence Against Women (Video, Dr. Michael Flood, speaker, for Irish Consortium on Gender Based Violence 2016)

Engaging Men through Accountable Practice (EMAP) Resource Package (International Rescue Committee 2013)

Male survivors

Men and boys in displacement: Assistance and protection challenges for unaccompanied boys and men in refugee contexts (Care International/Promundo 2017)

Working with Men and Boys Survivors of Sexual and Gender-based Violence in Forced Displacement (UNHCR 2012)

Mean Streets: Identifying and Responding to Urban Refugees' Risks of Gender-based Violence – Men and Boys, Including Male Survivors (Women's Refugee Council 2016)

Mental health and psycho-social support services

Virtual Knowledge Centre to End Violence against Women and Girls (online course, UN Women 2012)

Clinical Care for Sexual Assault Survivors (multimedia tool) (International Rescue Committee 2014)

Interim Mental Health & Psychosocial Support Emergency Toolkit (Mental Health and Psychosocial Support Network 2017)

Clinical Management of Mental, Neurological and Substance Use Conditions in Humanitarian Emergencies (WHO and UNHCR, mhGAP Humanitarian Intervention Guide (mhGAP-HIG) 2015)

Mental health and gender-based violence: Helping survivors of sexual violence in conflict - a training manual (Health and Human Rights Info 2014)

Building Back Better: Sustainable mental health care after emergencies (WHO 2013)

Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings (International Rescue Committee (IRC) and United Nations Children's Fund (UNICEF) 2012)

Assessing mental health and psychosocial needs and resources (WHO 2012)

Psychological first aid: Guide for field workers (WHO, War Trauma Foundation and World Vision International 2011)

Mental Health and Psychosocial Support (MHPSS) in Humanitarian Emergencies: What Should Humanitarian Health Actors Know? (IASC Reference Group on MHPSS 2012)

Monitoring and evaluation

Toolkit for Monitoring and Evaluating Gender-based Violence Interventions along the Relief to Development Continuum (United States Agency for International Development (USAID) 2014)

Capturing Change in Women's Realities: A Critical Overview of Current Monitoring and Evaluation (Baltiwala, S. and Pittman, A., Association for Women's Rights in Development 2010)

Violence Against Women and Girls: A Compendium of Monitoring and Evaluation (Bloom, SS, USAID East Africa/IGWG/MEASURE Foundation 2008)

Common Monitoring and Evaluation Framework for Mental Health and Psycho-social Support Programmes in Emergency Settings (IASC 2017)

Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations (The Global Women's Institute 2017)

Negotiation

Humanitarian Negotiation: A Handbook for Securing Access, Assistance and Protection for Civilians in Armed Conflict (Mancini-Griffoli, D., and Picot, A., HD (Centre for Humanitarian Dialogue) 2004)

Humanitarian Negotiation in International NGOs: What are the limitations for humanitarian negotiation for NGOs? What can they do to become more effective? (Baconnet, O., IRIS Humanitarian Affairs Think Tank 2017)

Participatory approaches

Developing a participatory approach to involve crisis-affected people in a humanitarian response (ALNAP 2009)

Safety with Dignity: A field manual for integrating community-based protection across humanitarian programs (ActionAid Australia 2009)

Review of Children's Participation in Humanitarian Programming (Save the Children 2013)

Prevention

Social Norms: GSDRC Professional Development Reading Pack no. 31 (Heise, L., and Manji, K., University of Birmingham 2016)

Shifting Social Norms to Tackle Violence Against Women and Girls (VAWG) (Alexander-Scott, M., Bell, E., Holden, J., VAWG Helpdesk 2016)

The Communities Care programme: changing social norms to end violence against women and girls in conflict-affected communities (Read-Hamilton, S. and Marsh, M., *Gender and Development*, Volume 24 2016)

Prevention of violence against women and girls: lessons from practice (Michau, Lori et al., *The Lancet*, Volume 385, Issue 9978, 1672–1684, 2015)

What works to prevent violence against women and girls? Evidence Review of interventions to prevent violence against women and girls (Fulu, E., Kerr-Wilson, A. and Lang, J., Medical Research Council, Pretoria, South Africa 2014)

From work with men and boys to changes of social norms and reduction of inequities in gender relations: A conceptual shift in prevention of violence against women and girls (Jewkes, R., Flood, M. and Lang, J., *The Lancet*, Violence Against Women and Girls Series, Paper 3, 2014)

Prevention of violence against women and girls: lessons from practice (Michau, L., et al., *The Lancet*, Violence Against Women and Girls Series, Paper 4, 2014)

Voice and Agency: Empowering Women and Girls for Shared Prosperity (Klugman, J. et al., The World Bank 2014)

Gender-based violence: A qualitative exploration of norms, experiences and positive deviance (Jejeebhoy, S., Santhya, K.G., Sabarwal, S., Population Council 2013)

Preventing Conflict-related Sexual violence (PRIO Policy Brief 2013)

Protection

Auxiliary Tool 3: Protection Problems, Indicators and Data Collection Methods (GPC ND)

Protection Mainstreaming Training Package (GPC 2014)

IASC Operational Guidelines on the Protection of Persons in Situations of Natural Disasters (IASC/Brookings-Bern Project on Internal Displacement 2011)

Handbook for the Protection of Internally Displaced Persons (GPC Working Group 2010)

Protection from sexual exploitation and abuse (PSEA)

PSEA Taskforce: Protection from Sexual Exploitation and Abuse by our own staff (IASC/PSEA ND)

Addressing Sexual Exploitation and Abuse: An Introduction (InterAction ND)

Protection from Sexual Exploitation and Abuse (CHS Alliance, revised 2018)

Summary of IASC Good Practices: Preventing Sexual Exploitation and Abuse and Sexual Harassment and Abuse of Aid Workers (IASC 2018)

Reports of the Secretary General on Special Measures for Protection from Sexual Exploitation and Sexual Abuse (Conduct in UN Field Missions, A/72/751 February 2018)

PSEA Implementation Quick Reference Handbook (Davey, C. and Taylor, L.H., CHS Alliance 2017)

Best Practice Guide: Inter-Agency Community-Based Complaints Mechanisms (2017)

Special measures for protection from sexual exploitation and sexual abuse: Report of the Secretary-General (United Nations A/71/818 February 2017)

Understanding the differences between Sexual Exploitation and Abuse, Sexual Harassment, and Sexual and Gender-based Violence (IASC 2016)

Fact sheet on the Secretary-General's initiatives to prevent and respond to sexual exploitation and abuse (United Nations 2017)

Reproductive health in emergencies

Renewing International Commitment to Reproductive Health for Conflict-Affected Populations (Reproductive Health Response in Conflict Consortium 2003)

Evaluating the effectiveness of sexual and reproductive health services during humanitarian crises: A systematic review (Singh, N.S., Smith, J., Aryasinghe, S., Khosla, R., Say, L., Blanchet, K., PLoS ONE 2018)

Inter-agency Field Manual on Reproductive Health in Humanitarian Settings (Inter-agency Working Group on Reproductive Health in Crises 2018)

Minimum Initial Service Package for Reproductive Health (Online Course, Inter-agency Working Group on Reproductive Health in Crises 2011)

A Toolkit for Integrating Menstrual Hygiene Management into Humanitarian Response: The Full Guide (Columbia University and International Rescue Committee 2017)

Universal & Adaptable Information, Education & Communication (IEC) Templates on the MISP (Women's Refugee Commission (WRC) 2013)

Standard operating procedures (SOPs)

Establishing Gender-based Violence Standard Operating Procedures for multi-sectoral and inter-organizational prevention and response to gender-based violence in humanitarian settings (Inter-Agency Standing Committee Gender Sub-Working Group 2008)

Stress management and self-care

Managing stress in humanitarian workers: Guidelines for good practice, Third edition (Antares Foundation 2012)

Self-Care for Sustainability and Impact (Move to End Violence ND)

Stress (The Resilient Brain Project ND)

ANNEXES

ANNEXES



The Annexes provide practical examples of the work done by GBV sub-clusters, as described in the handbook. These resources can be used as:

- Templates to adapt for advocacy products, meeting presentations or ToRs
- Capacity building and coordination training hand-outs
- References on policy issues to use in presentations, negotiations or to help resolve conflicts
- Planning tools and templates

Materials from recent field response were adapted to create samples. They have been edited from the originals to protect privacy and to make them more relevant to different contexts. The GBV AoR Help Desk and website can provide more updated resources, such as ToRs, SOPs and referral pathways.

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Annex 1: Common types of GBV

Adapted from IASC GBV Guidelines

The forms of violence listed below may not always constitute gender-based violence (e.g. child sexual abuse, particularly against boys, may be more driven by paedophilia than the desire to emasculate a boy child). Acts of violence may be considered GBV when they reflect or reinforce unequal power relations between males and females. The term 'GBV' is also increasingly used by some actors to describe violence committed with the explicit purpose of reinforcing prevailing gender-inequitable norms of masculinity and/or norms of gender identity—for example, when referencing some forms of sexual violence against males or targeted violence against LGBTI populations.

Type of Violence	Definition/Description*
Child sexual abuse	The term 'child sexual abuse' generally is used to refer to any sexual activity between a child and closely related family member (incest) or between a child and an adult or older child from outside the family. It involves either explicit force or coercion or, in cases where consent cannot be given by the victim because of his or her young age, implied force. ¹
Conflict-related sexual violence	" 'Conflict-related sexual violence' refers to incidents or (for SCR 1960 listing purposes) patterns of sexual violence, that is rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity, against women, men, girls or boys. Such incidents or patterns occur in conflict or post-conflict settings or other situations of concern (e.g. political strife). They also have a direct or indirect nexus with the conflict or political strife itself, i.e. a temporal, geographical and/or causal link. In addition to the international character of the suspected crimes (that can, depending on the circumstances, constitute war crimes, crimes against humanity, acts of torture or genocide), the link with conflict may be evident in the profile and motivations of the perpetrator(s), the profile of the victim(s), the climate of impunity/weakened State capacity, cross-border dimensions and/or the fact that it violates the terms of a ceasefire agreement." ²
Denial of resources, opportunities or services	Denial of rightful access to economic resources/assets or livelihoods opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. 'Economic abuse' is included in this category. Some acts of confinement may also fall under this category. ³
Domestic violence (DV); also referred to as intimate partner violence (IPV)	'Domestic violence' is a term used to describe violence that takes place between intimate partners (spouses, boyfriend/girlfriend) as well as between other family members. Intimate partner violence applies specifically to violence occurring between intimate partners, and is defined by WHO as behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. ⁴ This type of violence may also include the denial of resources, opportunities or services. ⁵

1. Dominguez, N., and Perry. 2002. 'Child Sexual Abuse', *Encyclopedia of Crime and Punishment*, Vol 1.
2. UN Action against Sexual Violence in Conflict. 2011. 'Analytical and Conceptual Framing of Conflict-Related Sexual Violence', <www.stoprabenow.org/uploads/advocacyresources/1321456915.pdf>
3. GBVIMS User Guide. 2010. <<http://www.gbvims.com>>
4. World Health Organization (WHO). 2014 (updated). 'Fact Sheet No. 239: Violence against Women', <www.who.int/mediacentre/factsheets/fs239/en>
5. UNFPA. 2012. *Managing Gender-Based Violence Programmes in Emergencies: E-Learning companion guide*, <www.unfpa.org/publications/managing-gender-based-violence-programmes-emergencies>

Type of Violence	Definition/Description*
Economic abuse	An aspect of abuse where abusers control victims' finances to prevent them from accessing resources, working or maintaining control of earnings, achieving self-sufficiency and gaining financial independence. ⁶
Emotional abuse (also referred to as psychological abuse)	Infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, social exclusion, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc. 'Sexual harassment' is included in this category of GBV. ⁷
Female genital mutilation/cutting (FGM/C)	Refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. ⁸
Female infanticide and sex selective abortion	Sex selection can take place before a pregnancy is established, during pregnancy through prenatal sex detection and selective abortion, or following birth through infanticide (the killing of a baby) or child neglect. Sex selection is sometimes used for family balancing purposes but far more typically occurs because of a systematic preference for boys. ⁹
Forced marriage and child (also referred to as early) marriage	Forced marriage is the marriage of an individual against her or his will. Child marriage is a formal marriage or informal union before age 18. ¹⁰ Even though some countries permit marriage before age 18, international human rights standards classify these as child marriages, reasoning that those under age 18 are unable to give informed consent. Therefore, child marriage is a form of forced marriage as children are not legally competent to agree to such unions. ¹¹
Gender-based violence	An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. The term 'gender-based violence' is primarily used to underscore the fact that structural, gender-based power differentials between males and females around the world place females at risk for multiple forms of violence. As agreed in the Declaration on the Elimination of Violence against Women (1993), this includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life. The term is also used by some actors to describe some forms of sexual violence against males and /or targeted violence against LGBTI populations, in these cases when referencing violence related to gender-inequitable norms of masculinity and/or norms of gender identity.

6. National Coalition against Domestic Violence, referenced in Annex 4 in UNFPA. 2012. *Managing Gender-Based Violence Programmes in Emergencies: E-Learning companion guide*, <www.unfpa.org/publications/managing-gender-based-violence-programmes-emergencies>
7. GBVIMS User Guide. 2010. <<http://www.gbvims.com>>
8. WHO. 2014 (updated). 'Fact Sheet No. 241: Female Genital Mutilation', <www.who.int/mediacentre/factsheets/fs241/en>. See also GBVIMS User Guide. 2010. <<http://www.gbvims.com>>
9. OHCHR, UNFPA, UNICEF, UN Women and WHO. 2011. *Preventing Gender-Based Sex Selection: An inter-agency statement*, <http://whqlibdoc.who.int/publications/2011/9789241501460_eng.pdf>
10. UNICEF. Webpage on Child Marriage, <www.unicef.org/protection/57929_58008.html>
11. UNHCR. 2003. *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons*, <www.unhcr.org/3f696bcc4.html>

Type of Violence	Definition/Description*
Harmful traditional practices	Cultural, social and religious customs and traditions that can be harmful to a person's mental or physical health. Every social grouping in the world has specific traditional cultural practices and beliefs, some of which are beneficial to all members, while others are harmful to a specific group, such as women. These harmful traditional practices include female genital mutilation (FGM); forced feeding of women; child marriage; the various taboos or practices that prevent women from controlling their own fertility; nutritional taboos and traditional birth practices; son preference and its implications for the status of the girl child; female infanticide; early pregnancy; and dowry price. ¹² Other harmful traditional practices affecting children include binding, scarring, burning, branding, violent initiation rites, fattening, forced marriage, so-called honour crimes and dowry-related violence, exorcism, or 'witchcraft'. ¹³
Physical assault	An act of physical violence that is not sexual in nature. Example include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury. ¹⁴
Rape	Physically forced or otherwise coerced penetration—even if slight—of the vagina, anus or mouth with a penis or other body part. ¹⁵ It also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy. ¹⁶ The attempt to do so is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape.
Sexual abuse	The term 'sexual abuse' means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. ¹⁷
Sexual assault	Any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. ¹⁸
Sexual exploitation	The term 'sexual exploitation' means any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Some types of forced and/or coerced prostitution can fall under this category. ¹⁹
Sexual exploitation and abuse (SEA)	A common acronym in the humanitarian world referring to acts of sexual exploitation and sexual abuse committed by United Nations, NGO, and inter-governmental organizations (IGO) personnel against the affected population. ²⁰
Sexual harassment	Unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature. ²¹

12. OHCHR. 1995. 'Fact Sheet No. 23: Harmful Traditional Practices Affecting the Health of Women and Children', <www.ohchr.org/documents/publications/factsheet23en.pdf>
13. United Nations Secretary-General. 2006. 'Rights of the Child', <www.unicef.org/violencestudy/reports/SG_violencestudy_en.pdf>
14. GBVIMS User Guide. 2010. <<http://www.gbvims.com>>
15. WHO. 2002. *World Report on Violence and Health*, <www.who.int/violence_injury_prevention/violence/world_report/en>
16. GBVIMS User Guide. 2010. <<http://www.gbvims.com>>
17. United Nations Secretariat. 2003. 'Secretary-General's Bulletin on Special Measures for Protection for Sexual Exploitation and Abuse'. ST/SGB/2003/13, <www.pseataforce.org/uploads/tools/1327932869.pdf>
18. GBVIMS User Guide. 2010. <<http://www.gbvims.com>>
19. United Nations Secretariat. 2003. 'Secretary-General's Bulletin on Special Measures for Protection for Sexual Exploitation and Abuse'. ST/SGB/2003/13, <www.pseataforce.org/uploads/tools/1327932869.pdf>
20. Excerpt from Annex 4 in UNFPA. 2012. *Managing Gender-Based Violence Programmes in Emergencies: E-Learning companion guide*, <www.unfpa.org/publications/managing-gender-based-violence-programmes-emergenciesw>
21. US Department of State. n.d. Sexual Harassment Policy, <www.state.gov/s/ocr/c14800.htm>

Type of Violence	Definition/Description*
Sexual violence	For the purposes of these guidelines, sexual violence includes, at least, rape/ attempted rape, sexual abuse and sexual exploitation. Sexual violence is “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work.” ²² Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion.
Sexual and gender-based violence (SGBV)	<p>The very earliest humanitarian programming addressing violence against conflict-affected women and girls focused on exposure to sexual violence and was primarily based in refugee settings. In 1996, the International Rescue Committee (IRC), in collaboration with UNHCR, introduced a project entitled the Sexual and Gender-Based Violence Program in refugee camps in Tanzania. The inclusion of the term ‘gender-based violence’ was reflective of the projects’ commitment to address types of violence other than sexual that were evident in the setting, particularly domestic violence and harmful traditional practices. Gender-based violence was at the time of IRC’s programme an increasingly common international term used to describe a spectrum of abuses to which women and girls are exposed as a result of discrimination against them in male-dominated cultures around the world. In 2005, the IASC officially adopted the term ‘GBV’ in the IASC Guidelines on Gender-Based Violence Interventions in Humanitarian Settings. Sexual violence was recognized within these guidelines as one type of GBV.</p> <p>Many of the original global guidelines and resources use the language of SGBV. This term continues to be officially endorsed and used by UNHCR in relation to violence against women, men, girls and boys: “UNHCR consciously uses [SGBV] to emphasise the urgency of protection interventions that address the criminal character and disruptive consequences of sexual violence for victims/ survivors and their families” (Action against Sexual and Gender-Based Violence: An updated strategy, UNHCR, 2011, <www.unhcr.org/4e1d5aba9.pdf>).</p>
Son preference	“Son preference refers to a whole range of values and attitudes which are manifested in many different practices, the common feature of which is a preference for the male child, often with concomitant daughter neglect. It may mean that a female child is disadvantaged from birth; it may determine the quality and quantity of parental care and the extent of investment in her development; and it may lead to acute discrimination, particularly in settings where resources are scarce. Although neglect is the rule, in extreme cases son preference may lead to selective abortion or female infanticide.” ²³
Trafficking in persons	“...the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.” ²⁴

22. WHO. 2002. *World Report on Violence and Health*, <www.who.int/violence_injury_prevention/violence/world_report/en>

23. OHCHR. 1995. ‘Fact Sheet No. 23: Harmful Traditional Practices Affecting the Health of Women and Children’, <www.ohchr.org/documents/publications/factsheet23en.pdf>

24. United Nations. 2000. *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children*.

Type of Violence	Definition/Description*
Violence against women and girls (VAWG)	<p>The United Nations Declaration on the Elimination of Violence Against Women (1993) defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. (Article 1). Violence against women shall be understood to encompass, but not be limited to, the following:</p> <ul style="list-style-type: none"> a. Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; b. Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; c. Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs. (Article 2)²⁵ <p>The <i>Secretary-General's In-Depth Study on All Forms of Violence against Women</i> (2006) highlights that the term 'women' is used broadly to cover females of all ages, including girls under the age of 18.²⁶</p>

25. United Nations General Assembly, December 1993. 'Declaration on the Elimination of Violence against Women', <www.un.org/documents/ga/res/48/a48r104.htm>
26. United Nations Secretary-General. 2006. *The Secretary-General's In-Depth Study on All Forms of Violence against Women*, <www.un.org/womenwatch/daw/vaw/SGstudyvaw.htm>

Annex 2: Guidelines for delegations visiting women-friendly spaces (WFS)

When visiting communities, and particularly women and girls who are accessing services, it is important to comply with simple guidelines to ensure that no additional harm is caused.

General

All delegations must respect a number of ethical principles during their mission and in interactions with the affected communities:

- Do no harm
- Survivor-centred approach
- Accuracy
- Fairness
- Impartiality
- Respecting Privacy
- Respect for the confidentiality of sources and Witnesses

Please adhere to these additional guidelines:

- Males cannot enter inside the WFS.
- Don't make assumptions about who is affected by GBV. Not all people in WFS are survivors.
- Avoid making promises or raising expectations you cannot fulfil.
- Gender-based violence (GBV) is a confidential matter. Don't ask an individual if he/she has experienced violence. You may ask us to arrange a conversation for you with GBV response officers who can speak more freely to you about types of incidents, challenges and successes they see in their work.
- Questions about sexual and reproductive health (SRH) directed at individuals can cause embarrassment. Unmarried women cannot answer honestly about their SRH practices due to stigma; married women may be making choices privately that their husbands and families have not approved. Revealing their situations can be risky.
- Publicly identifying women who have experienced GBV can greatly endanger their safety, security and well-being. This includes publishing identifying information and taking photographs. While some women may be willing to provide this information, please have a UN/NGO staff member ask individuals for permission in a language they understand before taking photos. This will allow individuals to feel more comfortable if they do not want to grant permission to use their name or image. People should be fully informed of the use that will be made of the photos, including posting on social media, and be given an opportunity to decline. If they agree, document the informed consent.
- Exchanging money or gifts with a survivor for her story risks exploiting her position of vulnerability and is prohibited.

Annex 3: Legal mandates related to GBV in humanitarian response

Adapted from IASC GBV Guidelines

Legal Mandates

GBV encompasses actions that violate international human rights law, international humanitarian law, international criminal law and refugee law.

Legal Mandates	What it does	Relevance to GBV	Key instruments*
International Law			
International Humanitarian Law (IHL)	<p>Conventional and customary norms, which seek to limit the effects of armed conflict.</p> <p>Protects persons who are not or are no longer actively participating in hostilities and regulates means / methods of warfare.</p> <p>Imposes positive obligations, and limits on the actions of combatants to minimize losses of civilian life and property and to prevent unnecessary suffering in situations of armed conflict. These obligations and limits include the treatment of combatants and civilians, the placement of military facilities and the passage of relief supplies.</p> <p>Applies rules in all international armed conflicts and in some situations, applies certain rules to non-State actors and in situations of non-international armed conflict.</p>	<p>The Conventions and Additional Protocols provide 'general protections' that apply equally to men and to women without adverse discrimination on the basis, inter alia, of sex. In addition, women are afforded 'specific protections' relating primarily to their distinct health, hygiene and physiological needs and role as mothers, including:</p> <ul style="list-style-type: none"> • Protection against some forms of sexual assault. • Women deprived of their liberty. • Expectant mothers and maternity cases. • Preservation of family links. 	<p>The key IHL treaties include the 1907 Hague Regulations, four 1949 Geneva Conventions, and their 1977 Additional Protocols.</p> <p>Customary International Humanitarian Law as it relates to rape and other forms of sexual violence (Rule 93) is outlined in Henckaerts, J., and Doswald-Beck, L., 2006. Customary International Humanitarian Law. ICRC, <https://www.icrc.org/eng/resources/documents/publication/pcustom.htm></p>

Legal Mandates	What it does	Relevance to GBV	Key instruments*
International Criminal Law	Prohibits war crimes, crimes against humanity and genocide and seeks to hold the perpetrators of such conduct individually criminally accountable.	Rape and other forms of sexual violence committed against civilians have been recognized as war crimes, crimes against humanity and constitutive acts of genocide through the work of the ad hoc international criminal tribunals for Rwanda and former Yugoslavia, the Special Court for Sierra Leone and the International Criminal Court (ICC), among others.	Statutes (in particular the Rome Statute of the ICC) and case law from the ICC, ad-hoc international criminal tribunals (e.g. ICTY and ICTR) and hybrid tribunals, among others.
International Human Rights Law	Reinforces the rights and dignity of all human beings—women, girls, men and boys—without adverse discrimination. <ul style="list-style-type: none"> • Puts forth the concept of State responsibility: • States have a duty to uphold human rights AND to prevent and respond to human rights abuses. • States are obliged to prevent and punish rights violations by private actors. • Human rights law is applicable in times of peace and in conflict. 	GBV affects: right to life, right to security of person, right to health, right to non-discrimination, right to equal protection under the law, right to marriage; right to just and favourable work conditions, among others.	<ul style="list-style-type: none"> • International Covenant on Economic, • Social and Cultural Rights (ICESCR) • International Covenant on Civil and • Political Rights (ICCPR) • Convention on the Elimination of All Forms of Racial Discrimination (CERD) • Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). GR 19 and GR 30 relate to GBV (non-binding.) • Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment (CAT) • Convention on the Rights of the Child (CRC) • Convention on the Rights of Persons with Disabilities (CPRD) • Convention for the Protection of All Persons from Enforced Disappearance (CED) • Convention on Protection of the Rights of All Migrant Workers and Their Families(CMW) • Related Optional Protocols for above treaties

Legal Mandates	What it does	Relevance to GBV	Key instruments*
International Refugee Law	<p>A set of rules and procedures that aims to protect:</p> <ul style="list-style-type: none"> (i) persons seeking asylum from persecution, and (ii) those recognized as refugees under the relevant instruments. <p>International Refugee</p> <p>Law overlaps in part with International Human Rights Law and IHL.</p>	<p>The refugee definition, when properly interpreted, covers rape and other forms of gender-related violence (e.g. dowry-related violence, coerced family planning, female genital mutilation, family/ domestic violence and trafficking, etc.) whether perpetrated by a State or non- State actor. Asylum claims may also be based on discriminatory acts amounting to persecution (e.g. persecution on account of one's sexual orientation; trafficking for the purposes of forced prostitution or sexual exploitation; individuals refusing to adhere to socially or culturally defined roles and mores; etc.).</p>	<ul style="list-style-type: none"> ● 1951 Convention Relating to the Status of Refugees ● 1967 Protocol Relating to the Status of Refugees ● Customary international law ● Regional instruments (e.g. 1969 Organization of African Unity Convention and the 1984 Cartagena Declaration)
Regional Legal Instruments			
	<p>May complement national and international legal frameworks or In the absence of effective national protection, or where States are not party to international instruments, may:</p> <ul style="list-style-type: none"> ● Clarify the rights and obligations of States, humanitarian actors and affected populations. ● Protect persons and specific groups. 	<ul style="list-style-type: none"> ● May provide more detailed or higher standards than at the national level. ● Regional courts may have jurisdiction in some situations to interpret law and provide a form of redress regarding cases of GBV. Each court varies as to when this may be applicable. 	<ul style="list-style-type: none"> ● Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (2003) ● African Charter on the Rights and Welfare of the Child (1990) ● Inter-American Convention on the Prevention Punishment and Eradication of Violence against Women (Convention of Belem do Para) (1994) ● Inter-American Convention on International Traffic in Minors (1994) ● Inter-American Convention on the Elimination of all Forms of Discrimination against Persons with Disabilities (1999) ● Organization of the Islamic Conference (OIC) Covenant on the Rights of the Child in Islam (June 2005) ● Council of Europe Convention on Action against Trafficking in Human Beings (2005) ● The International Conference on the Great Lakes Region, Kampala Declaration on Prevention of Gender-Based Violence in Africa (2003)

Legal Mandates	What it does	Relevance to GBV	Key instruments*
National Law and Policy			
	<ul style="list-style-type: none"> ● Should include provisions on non-discrimination, equity and equality for women and men of all ages and backgrounds, and for the protection of human rights including women's rights in both formal and non-formal mechanisms within which GBV is addressed. ● Should incorporate principles of international instruments ratified or acceded to by States. 	<p>Particularly relevant to GBV:</p> <ul style="list-style-type: none"> ● Ratification or incorporation of key Human Rights Law or IHL into domestic laws (e.g. is the State a party to ICCPR? CEDAW? CRC? Regional GBV-related treaties?) ● Criminal laws that address murder, domestic or family violence, assault, incest, sexual offences, etc. ● Civil laws that address assault or sexual harassment at work. ● Rules of procedure and evidence, which facilitate the application of the law. ● Policies that provide a framework for implementing laws and providing reparations and redress to survivors. ● Sexual and reproductive health laws/policies. 	<p>National laws that might be relevant to different types of GBV, such as sexual violence, trafficking for sexual exploitation and/or forced/ domestic labour, intimate partner violence and other forms of domestic violence, etc.:</p> <ul style="list-style-type: none"> ● Constitutions ● Violence against Women Act (or equivalent) ● Children's Rights Act ● Human Rights Code or Commission ● Family Violence Act ● Education Act <p>National policies that might be relevant to different types of GBV:</p> <ul style="list-style-type: none"> ● National Plan of Action on GBV ● Education Sector Plan ● Teacher's Code of Conduct ● Justice Sector Plan ● Peace/Truth and Reconciliation Strategy or Commission ● Access to Justice Policy or Programme ● National Action Plan on Women, Peace and Security/ SCR 1325/1820

Annex 4: Sample ToRs for GBV coordinator, GBV co-chair and field coordinator

A. Sample Terms of Reference for GBV Coordinator (national level)

Gender-Based Violence (GBV) Sub-Cluster Coordinator

Title: GBV Sub-Cluster Coordinator	Level: P3 or P4 depending on experience
Requesting agency: UNFPA	Country: Madagascar

Background information/reason for request:

Intense Tropical Cyclone Enawo, a category 4 on the Saffir-Simpson scale, made landfall in northeastern Madagascar’s Sava region on 7 March and then moved southward across central and south parts of the country while declining to a tropical depression before exiting the country on the morning of 10 March 2017. As of 17 March, the National Office for Risk and Disaster Management (BNGRC) reported around 433,985 people affected by the cyclone, including 247,219 people temporarily displaced by the cyclone in total and 5,293 who remain displaced. The number of deaths due to the cyclone has risen to 81 with 18 people missing and 253 injured. In total, nearly half of the country has been affected by the cyclone in some way, with 14 out of 22 regions in the country severely affected, and 58 of 119 districts reporting damages.

(Abridged)

The National Office for Disaster Risk and Management (BNGRC) and the Humanitarian Country Team (HCT) have activated the Multi-Hazard National Contingency Plan 2016/2017. The scope and magnitude of the current humanitarian situation correspond to the worst-case scenario (severe), requiring the activation of several sectors and coordination at national and local levels. Response activities had been initiated by the Government and humanitarian partners using in-country supplies, newly mobilized resources, and internal emergency response procedures.

Main humanitarian concerns for UNFPA are related to access to basic health services including reproductive health, and protection services. Damages to health facilities (104 damaged of which 16 totally destroyed) have led to disruption of the normal provision of health care and services for up to

250,000 people. Basic health services must be immediately re-established to ensure that the most vulnerable people, including pregnant women and victims of abuse and sexual violence, receive timely assistance.

(Abridged)

Therefore, Madagascar CO is seeking a dedicated full time GBV Coordinator for XX months.

Role and Description: Under the overall supervision of the UNFPA CO Representative the incumbent facilitates and coordinates the rapid implementation of multi-sectoral, inter-agency GBV interventions in a humanitarian emergency. Comprehensive GBV prevention and response programming in humanitarian emergencies requires skilled coordination of a range of organizations and actors from the displaced and host communities, NGOs, government partners, UN agencies, and other national and international organizations. The GBV Coordinator's duties include: building and sustaining partnerships, strategic planning, capacity development, advocacy, and information management. The GBV Coordinator will use the IASC's *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and*

Aiding Recovery, the GBV Area of Responsibility's *Handbook for Coordination of GBV Interventions in Emergencies* (2019), UNFPA's *Managing GBV Programmes in Emergencies Guide and Inter-agency Minimum Standards for Prevention and Response to GBV in Emergencies* (GBV AoR) to facilitate planning, coordination, monitoring and evaluation of inter-agency GBV initiatives.

(Abridged)

MAJOR DUTIES AND RESPONSIBILITIES:

Building and Sustaining Partnerships

- Establish and facilitate inter-agency, multi-sectoral GBV Sub-Clusters ("sub-clusters") at national and sub-national levels. Promote, respect and ensure that the *Principles of Partnership* are reflected in the day-to-day work of the GBV sub-cluster.
- Establish result-oriented, two-way communication channels between national and sub-national GBV Sub-clusters to ensure a standardized response to GBV.

Proactively engage with all relevant stakeholders to ensure coordination bodies reflect the range of actors addressing GBV, including across multiple sectors (health, psychosocial, legal, security, etc.) and categories of actors (UN, NGO, civil society, government, etc.). As feasible, engage UN missions who may be active in addressing GBV, including but not limited to ensuring inter-agency inputs to the annual S-G's report on conflict-related sexual violence.

Regularly represent the GBV sub-cluster in Protection Cluster meetings, OCHA-led meetings (e.g. around development of the Strategic Response Plan or for Inter-Cluster Coordination), and other relevant meetings, including those called by the Humanitarian Coordinator.

Coordinate and collaborate with other clusters/working groups such as the Health Cluster, Child Protection sub-cluster, Shelter Cluster, Food Security Cluster, Education Cluster, Mental Health and Psychosocial Support Working Group, etc. to ensure integration of GBV-related action in their Cluster plans and to advocate for joint awareness-raising for non-GBV specialists.

Advocate with donors and mobilize resources for inter-agency GBV prevention and response in line with GBV sub-cluster work plan and SRP. As necessary, leverage resources within UNFPA to support inter-agency GBV activities under the sub-cluster.

In consultation with non-governmental GBV actors and national civil society, identify appropriate mechanisms for working with and collaborating with national authorities on GBV issues.

Strategic Planning

- Facilitate rapid establishment of Standard Operating Procedures, initially emphasizing development of referral pathways in advance of full SOP completion. Regularly review and revisit SOPs at strategic points throughout the crisis response.
- In collaboration with national and international GBV actors, map current institutional response capacities, including facilitating mapping of GBV-specific 3Ws.
- Lead a process to develop a realistic, evidence-based multi-sectoral and inter-agency prevention and response plan. Promote engagement of a range of sectors and ensure realistic benchmarks and timelines for achieving set objectives. Regularly monitor progress against plan during coordination meetings. Allow space for new actors to engage with plan over the course of the crisis response.
- Work with partners to continually identify response gaps in line with proposed work plan (including geographic coverage and programmatic scope) and seek solutions to fill gaps. Advocate with UNFPA as sub-cluster lead to address gaps not yet filled by partners.

Capacity Development

- Work with partners to develop an inter-agency GBV capacity development strategy that meets the needs and priorities of key national and local stakeholders to facilitate implementation of agreed work plan.
- Revise existing training materials according to local context and ensure partners' access to relevant training sessions.
- Support efforts to strengthen the capacity of sub-cluster members on planning and responding to GBV in emergencies and on safe and ethical GBV information management.
- Ensure all GBV sub-cluster partners and others are aware of relevant policy guidelines, technical standards, and other resource materials (go to www.gbvaor.net for the latest information).

Advocacy

- Provide technical support to the development of relevant advocacy and policy documents to address GBV in the context of broader gender inequality issues.
- Promote awareness of national laws and policies that inform action to address GBV.

Information Management

In line with WHO's Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies:

- Engage in robust analyses of available secondary data to ensure readily-available information on known trends and patterns on GBV for inclusion at relevant points along the Humanitarian Programme Cycle, including the MIRA.
- Consolidate existing assessments on the GBV situation and/or work with relevant agencies, the displaced and host populations to conduct relevant participatory analyses of GBV.
- Undertake new assessment missions as necessary/appropriate to determine the magnitude and scope of GBV and identify strategic inter-sectoral approaches for addressing it.
- Work with the GBV Sub-clusters to adopt a standardized GBV incident report/intake form and other relevant forms as necessary. Train partner organizations and other sectors in the use of this form with particular emphasis to the *Guiding Principles for Working with GBV Survivors* and in line with the GBV Information Management System (GBVIMS).
- If necessary, develop monthly report formats that capture relevant information and that support the analysis and evaluation of program progress and outcomes.
- Document best practices and approaches for responding to issues of GBV in order to deepen the knowledge base among relevant partners.
- Prepare regular analytical reports on emerging issues.

Administrative and Miscellaneous Duties

- Write monthly reports documenting progress against work plan outputs.
- Proficiency in French.
- Other duties as required.

B. Sample Terms of Reference for GBV Sub-Sector Co-Chair

Note: The title of this position may vary in context.

TERMS OF REFERENCE GBV Sub-Sector Co-Chair

Context and Background

The aim of the Cluster Approach in humanitarian settings is to ensure coherent and effective response through the mobilization of government agencies, international organizations, UN Agencies, Non-Governmental organizations (NGOs) and donors to respond in a strategic manner that closes gaps, increases predictability and strengthens the capacity of humanitarian actors across all key areas of activity in an emergency. GBV has been designated as one of the five Areas of Responsibility under the Protection Cluster.

In the wake of the on-going conflict in Libya, the plight of women and girls at risk of GBV is heightened. An unstable political environment, discriminative laws, social norms and the disregard for international conventions and treaties signed by Libya further exacerbate the problem. Recent reports have shown that migrant women and girls are exposed to sexual abuse, sexual slavery, physical abuse, arbitrary arrest and torture while kidnapping and abduction has been on the rise especially targeting children. Against this backdrop, the magnitude of GBV is not documented due to underreporting that is associated with weak reporting structures, cultural attributes and practices that leads to shame, stigma and fear of retaliation. The collapsing economy has led to the struggle to meet basic needs further increasing women and girls risk to sexual exploitation and abuse. GBV sub-clusters are non-existent while referral pathways are weak, further limiting access to safe and comprehensive GBV services and coordinated efforts for GBV prevention and risk mitigation.

(Abridged)

Owing to the sensitivities around GBV related issues and the need to ensure acceptance and accountability by the Libyan government line ministries and local associations, UNFPA continues to consult widely and advocates for the Ministry of Social Affairs to shadow the chair role of the sub-sector inside Libya with UNFPA providing technical support for the leadership role. In addition, the sub-sector recommends the identification of a local NGO to shadow the co-lead role with technical support provided by CESVI (current co-lead in the Tunis led working group). This would ensure capacity building and sustainability in the long run over a period of time. UNFPA envisage that this capacity building approach would strengthen capacities of local actors. Furthermore, the approach would facilitate swift transition from humanitarian to development in which the Ministry of Social Affairs and the designated local NGO would assume the leadership role of the GBV sub-sector working group in Libya at the national level. The sub-working groups will be more operational at the field level ensuring coordination for safe and timely access to GBV services and prevention activities, while the Tunis led Working Group will focus broadly on the strategic and advisory responsibilities until humanitarian partners fully relocate to Libya. By 2019, the TORs will be revised accordingly to constitute four operational GBV working groups inside Libya and a strategic advisory group established to provide advisory and strategic direction to the working groups.

Objectives of GBV Sub-Sector

The GBV sub-sector (GBV SS) in Libya aims, in collaboration with and in support of the relevant government ministries, UN agencies, and local and international NGOs, to consolidate and coordinate the activities of all relevant stakeholders so as to provide prompt, accessible, appropriate and confidential services for GBV survivors and put in place mechanisms to prevent GBV.

The GBV sub-sector will prioritize efforts around GBV mainstreaming, advocacy, resource mobilization, training and sensitization, assessments, data collection and monitoring, information sharing, IEC materials development and standard operating procedures that will guide activities on GBV prevention, response and risk mitigation in all geographical areas in Libya targeting the host communities, IDPs, migrants, asylum seekers and refugees.

Membership:

- In order to ensure a holistic and multi-sectoral approach in the prevention of and response to GBV, membership of the national sub sector will consist of government representatives from various ministries (in particular those involved in providing health, psychosocial, legal and security services), UN Agencies, UN Mission in Libya and donors.
- National and international NGOs working on GBV will be members of the national sub-sector. At the Mantika level, organizations shall be encouraged to initiate and participate in the GBV working group at Mantika level.
- National GBV SS will solicit participation of gender focal points from other sectors to ensure GBV is mainstreamed in all sectors.
- Chairs and co-chairs of Mantika level GBV working groups shall also be members of the national sub-sector.

Leadership arrangements:

The GBV SS will have a co-leadership structure of UN with INGO/NGO under the umbrella of the protection sector. At country level UNFPA may lead GBV SS coordination and act as provider of last resort, often in partnership with a government ministry or non-governmental organization. In the field, the aim of GBV coordination is to facilitate rapid implementation of GBV programming, including liaison and coordination with other sectors to facilitate integration of GBV interventions within their humanitarian response plans.

The co-chair will be elected from amongst members of the GBV SS on a one-year rotational basis. An evaluation of the performance of the Co-chair shall be done at the end of the year to facilitate improvements in its coordination group.

Eligibility Criteria for NGO applying as a GBV SS Co-chair

1. The NGO is operating in Libya and has GBV prevention and response programming for a minimum of 2 years as a core programme.
2. The NGO has relevant relations with other relevant GBV actors addressing GBV in the country.
3. The NGO has a suitable dedicated staff member to effectively meet the co-lead requirements for coordination and information management.
4. The NGO has the logistical support for convening meetings, circulating minutes and provide linkage with other coordination partners.

Core responsibilities of the co-chair include:

Coordination

In coordination with the GBV SS Coordinator:

- Co-facilitate Libya GBV SS meetings at national level in partnership with UNFPA
- Coordinate with other sectors to mainstream and integrate GBV concerns across the humanitarian response in Libya, including needs assessments, program planning, implementation and monitoring and evaluation

Standard Setting and Capacity Building

- Promote adherence to standards, including the IASC GBV Guidelines and the WHO Recommendations, and promote a survivor-centred approach to GBV prevention and response
- Support the development, implementation and monitoring of Standard Operating Procedures (SOPs) and referral pathways for all actors involved in GBV response

Strategic Planning

- Co-lead service mappings and assessments as needed
- Identify both immediate and longer-term recommended actions to improve response to GBV and to prevent further incidents of GBV
- Contribute to humanitarian response plans and develop GBV-specific plans as appropriate

Representation and Advocacy

In coordination with the GBV SS Coordinator:

- Represent the collective membership of the GBV sub-sector
- Share information on identified needs and recommendations of the GBV SS with government partners, UNSMIL, other sector leads, donors, and others as relevant
- Other duties as assigned

Amendments

This TORs is a working document and may be altered to meet emerging needs of all members by agreement of the majority of the members.

C. Sample ToR for GBV Sub-Cluster Field Coordinator (sub-national)

Job Title: GBV Sub-Cluster Field Coordinator

Employment Category: Fixed Term

Employment Type: Full-Time

Location: XXXX

Job Description

BACKGROUND

The Gender-Based Violence Sub-Cluster (GBV SC) is a working group under the Protection Cluster that coordinates GBV prevention and response activities for the humanitarian response in XXX. The GBV SC is Chaired by UNFPA and Co-chaired by an INGO partner on a rotational basis.

SCOPE OF WORK

The GBV Sub-Cluster Field Coordinator will report directly to the GBV SC Co-Chair and will be under the technical supervision of the GBV Sub-Cluster Coordinator and Co-chair at the national level. The GBV Sub-Cluster Field Coordinator facilitates and coordinates rapid implementation of GBV in Emergencies programming in accordance with the IASC GBV Guidelines and the Handbook for Coordination of GBV Interventions in Emergencies. The GBV Sub Cluster Field Coordinator will provide support to priority areas without GBV Coordinators, fill gaps in the GBV sub-national/ SC leadership in the absence of the GBV Coordinators and conduct specific tasks especially in A, B and C locations. GBV programming in humanitarian emergencies is multi-sectoral, involving multiple organizations and actors from the displaced and host communities, NGO and government implementing partners, UN agencies, and other national and international organizations to engage in comprehensive prevention and response initiatives.

The GBV Sub-Cluster Field Coordinator's duties include: establishing/reinforcing effective mechanisms for inter-agency and cross-sectoral coordination and operationalization of GBV-related interventions, in line with the IASC GBV Guidelines and related tools and guidance; providing technical leadership and ensuring awareness and usage of relevant global, regional and national tools for effective GBV programming including strengthening the capacity of GBV service providers; supporting inter-agency needs assessments; and monitoring the implementation and quality of GBV service provision, and, promoting effective data and information collection, sharing and analysis.

Specifically the duties entail;

Coordination and Promoting Joint Action

- Reinforce and/or establish GBV working groups; promote engagement of relevant humanitarian actors including government actors
- Promote shared knowledge and understanding of the GBV guiding principles and globally-endorsed tools for effective GBV programme management and inter-agency coordination
- Identify working group focal points to engage with other relevant sectors/clusters for GBV risk mitigation and survivor referral
- Develop/Review/Update GBV referral pathways
- Develop location-specific GBV working group work plans
- Draft key messages and advocacy notes to promote consistent communications that emphasize the life-saving nature of GBV-related interventions in the crisis-affected context
- Develop strategy for effective communications with affected populations on GBV services, risk mitigation strategies, and to promote gender equality
- Proactively fund-raise for joint programmes to support the work plan, including through relevant humanitarian funding mechanisms
- Participate in GBV Rapid Assessments and responses, review of data and reports in line with ethical guidelines.

Technical Leadership

- Promote awareness of, access to and use of relevant tools and guidelines across clusters to support effective GBV prevention and response
- Assess capacity gaps that hinder quality and/or coverage of GBV prevention and response interventions
- Develop/adapt and conduct trainings to address capacity gaps
- Support the development, implementation and monitoring of Standard Operating Procedures (SOPs) and referral pathway for all actors involved in GBV response.
- Facilitate GBV mainstreaming training for other sector response.
- Mentor other sectors (identified priority clusters) in the uptake of GBV mainstreaming tools and monitor their implementation and support implementation of action plans developed by GBV SC
- Monitor the implementation and quality of GBV service provision
- Provide technical expertise and guidance to partners on GBV trainings programmes and curriculum
- Facilitate GBV training to partners and institutions as required.

Information Management

- Lead and/or contribute to assessments and situational analyses including interagency assessments; ensure GBV concerns included in multi-cluster assessments and link to consolidated appeals
- Map actors who can support GBV-related interventions and identify gaps
- Ensure a standardized approach to data gathering, with an emphasis on ensuring safe and ethical practices as promoted by the Gender-Based Violence Information Management System (GBVIMS), the Guiding Principles for Working with GBV Survivors, and the WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies
- Establish a system for information sharing and dissemination, including for advocacy purposes
- Develop and regularly update an inter-agency M&E framework to guide work of GBV Sub-cluster and support accountability
- Prepare standard periodic reports and progress updates on on-going GBV working group for inclusion in GBV SC updates, OCHA SitReps, Humanitarian Bulletins, Protection Advisories, Global GBV AoR Weekly Updates, UNFPA HQ internal and external meetings and advocacy, etc.

Representation and Advocacy

- In all actions represent the collective membership of the GBV WG
- Coordinate with the national GBV SC for advocacy action and support on identified needs and gaps
- In collaboration with the national GBV SC share information on identified needs and recommendations of the GBV WG with government partners, UN Mission, other sector leads, donors and others as relevant
- Coordinate with the national GBV SC to mobilize funds to identify gaps in GBV prevention and response.

Other

Undertake other relevant tasks as requested by the GBV SC Co- Chair.

REQUIREMENTS

- Master's degree in social work or other social sciences, public health, community health, international relations, international law, human rights or related
- 5 years of experience in GBV programme management and experience working in humanitarian settings – preferably in an acute emergency
- Prior training in gender issues and their application in international humanitarian or development settings
- Awareness and demonstrable knowledge of gender issues and their relevance in humanitarian emergency settings
- Demonstrable knowledge of protection issues in humanitarian settings
- Knowledge of humanitarian emergency operations and roles/responsibilities of humanitarian actors
- Knowledge, skill, and experience in participatory methods for community development and mobilization
- Group facilitation skills and experience, training skills, coalition-building skill
- Diplomacy and assertiveness; the ability to respectfully and carefully confront and discuss sensitive issues with a wide range of actors, groups, and individuals
- Fluency in English.

Annex 5: Q&A – How field-based sub-clusters work with the Protection Cluster

1. Principles and responsibilities

- 1.1. What are the principles guiding the working relationship between the protection cluster and the sub-clusters?
- Adherence to the Partnership Principles of equality, transparency, result-oriented approach, responsibility and complementarity.
 - Respecting the Humanitarian Principles of humanity, neutrality, impartiality and operational independence.
 - Respect for the diversity of mandates, approaches, expectations and modus operandi among actors contributing to protection outcomes.
 - Participation and dialogue to share information in a transparent, effective and timely manner, respecting the principles of confidentiality and protection of victims, witnesses, and sources of information, to coordinate action and address outstanding challenges.
 - Promotion of consensus decision-making and speaking in unison, or at least in a coordinated manner, as the protection cluster.
 - Commitment to ensure that protection activities undertaken are planned, implemented and reviewed in accordance with applicable international laws, norms and standards.¹
 - All collaboration should happen according to the Cluster Coordination Reference Module.
- 1.2. What are the accountabilities and responsibilities of the protection cluster lead agency towards the Sub-clusters and vice-versa (reporting requirements, obligation to consult, seek advice, including IM)?

Sub-cluster coordinators: collaborate on all HPC processes in particular submission of regular reports as required to fulfil response monitoring obligations; input into protection advocacy (including but not limited to advocacy on adequate inclusion of protection issues in HPC processes); collaboration on protection analysis, mainstreaming, provision of protection advice and support to the HCT.

Protection cluster coordinator: facilitate the development of a comprehensive protection strategy that acts as a guide to programming of humanitarian action, ensuring the centrality of protection; provide the overall coordination for protection (i.e. between the sub-clusters and the other areas of work); ensure full and adequate representation of all protection issues of sub-clusters in relevant fora, advocacy and processes. The protection cluster coordinator is responsible for facilitating decision-making within the protection cluster on the basis of full and/or adequate consultation and using consensus as per the principles outlined above. This includes for example the development of agreed protection policy positions. This process can be facilitated by a Strategic Advisory Group (SAG).

Both: timely and transparent sharing of information between all components of the protection cluster and third parties, such as OCHA, the HCT and missions.

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1 All principles from the *Diagnostic Tool and Guidance on the Interaction between field Protection Clusters and UN Missions, Global Protection Cluster, Draft - July 2013*, plus the Principle of Partnership.

1.3. Are the functions and responsibilities of sub-clusters equivalent to those of cluster lead agencies, including Provider of Last Resort?

- Yes. Cluster guidance is captured in several IASC documents rather than being set out in one comprehensive document, however in several places the AoRs and their obligations are mentioned. Most recently the *IASC Introduction to Humanitarian Action - A Brief Guide for Resident Coordinators* stipulates that the AoR lead agencies have equivalent responsibilities to cluster lead agencies, and should engage alongside the protection cluster in all inter-cluster processes. The *IASC Handbook for RCs and HCs on Emergency Preparedness and Response* (2010) highlights that the functions and responsibilities of AoR lead agencies are identical to those of Cluster Lead Agencies, including the responsibility of Provider of Last Resort. Each AoR lead agency is also responsible for mainstreaming issues pertaining to its AoR into the work of all clusters, as appropriate.

2. Humanitarian Programme Cycle processes and joint programming

2.1. **HCT protection strategy:** How can the protection cluster and sub-clusters work together to ensure the HCT adopts a comprehensive protection strategy that acts as a guide to programming of humanitarian action, ensuring the centrality of protection?

- As a team, the protection cluster coordinators and the sub-cluster coordinators should work together to ensure a strong country protection strategy is developed with buy-in and commitment by the HCT.
- All sub-cluster coordinators should brief and instruct their lead agency representative to advocate for protection as required within the HCT and ensure implementation of the agreed strategy.
- In their relations with affected populations, other humanitarian actors, government and non-state actors, the protection cluster and sub-cluster coordinators should promote the key elements of the agreed protection strategy and respect for applicable law.
- The HCT protection strategy provides a frame for programming, including HRP and pooled funds.

2.2 **Humanitarian Programme Cycle (HPC):** How can the protection cluster and sub-clusters work together on the HRP, pooled funds criteria and other key processes?

- Joint identification of needs and priorities. The **Humanitarian Needs Overview (HNO)** should thoroughly explore the main protection themes and the interlinkages of protection issues affecting specific vulnerable groups. The HNO should come across as a comprehensive analysis, giving adequate visibility to all the sub-clusters. An effective solution to achieve this aim is to have separate paragraphs for all sub-clusters.
- Humanitarian Response Plan (HRP): Since the sub-clusters are required to identify the priority issues and raise funds for the response in their sector (funding does not flow down through the protection cluster to sub-clusters), the sub-clusters response should be described in a **distinct section of appealing documents**, within the chapter on protection and in a manner which is consistent with and reinforcing of the other content of this chapter. This would allow to strengthen the accountability to both donors and affected populations.
- A list of **protection indicators** has been compiled jointly by the Protection Cluster and the AoRs at the global level and can be found in the [Humanitarian Indicator Registry](#).

- SMART² indicators should be developed jointly within the protection cluster and sub-clusters, reflecting the activities which have been prioritized to be implemented. Each cluster and sub-cluster is responsible to develop the indicators which are relevant to their work, if further work is required to combine the indicators, this will be done jointly with the coordinators to ensure it reflects the collective interest.
- The recommended modality for distribution of **pooled funds** among the protection cluster and sub-clusters is that the protection cluster coordinator should facilitate a committee including all sub-cluster coordinators, where the distribution is decided in a transparent fashion and according to clearly agreed criteria developed at the country level (e.g. according to HRP priorities, geographical relevance, appropriate budget). Decisions should be taken by consensus as per the principles outline above. Appealing organisations/partners should step down from the panel whilst their submission is reviewed in order to avoid conflicts of interest. The actual allocation of funds must be determined by the prioritized needs/activities by the cluster and sub-clusters.
- It is recommended to carry out **concerted advocacy** by all the protection cluster/sub-cluster lead agencies with OCHA, the HCT, donors and other influencers/decision-makers; in case of blockage escalate to the HCT and, if necessary, Global Protection Cluster and AoRs.

2.3. **Cluster strategy:** How can the protection cluster and sub-clusters work together to ensure a comprehensive protection cluster response, based on a sound and evidence-based programme?

- A facilitated process by the protection cluster coordinator should bring the planning within the sub-clusters and other areas of protection together to form an overall plan agreed across the cluster.
- Consider adopting a common work plan where protection can contribute to the targets of the sub-clusters and vice versa (i.e. capacity building, including on broader protection and specific protection issues).
- Hold a regular coordinators meeting – protection cluster and its sub-clusters – to touch base on common issues that need to be addressed or brought to the attention of the HC/HCT.

3. Activation, transitioning and deactivation process

3.1. While the activation process of the cluster system and clusters at country level is clear; what is the process of activating the sub-clusters?

- Activation of the protection cluster means activation of all aspects of protection, and this may or may not require the activation of sub-clusters. The activation of the protection cluster cannot be a partial activation, i.e. when the protection cluster is activated, no single protection issue can be excluded.
- Where a sub-cluster is not activated, the corresponding issue will be addressed by the broader protection cluster, which then also takes on provider of last resort responsibility. Where a sub-cluster is required, the lead agency responsibility is to ensure that one is established, with appropriate leadership. The global level AoR is then responsible for supporting the field level sub-cluster.
- Sub-clusters do not have to meet independently of the protection cluster - meeting and other arrangements should be as efficient as possible, requiring the minimum amount of time commitment from partners.

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2 SMART stands for specific, measurable, attainable, relevant and trackable.

3.2. What should happen in a situation where either the protection cluster or sub-cluster(s) is/ are not working according to functions and responsibilities?

- Ideally bilateral discussions between coordinators should identify and resolve challenges in a constructive fashion, drawing on the global level protection cluster and AoRs for advice and support as necessary.
- Failing this, the issue should be raised with the relevant lead agency in country.
- As a last resort, outstanding issues should be raised with the HC.

3.3. If there is no protection cluster at sub-national level, what is the recommended approach for establishing a child protection/GBV/HLP/mine action sub-cluster?

- In consultation with the protection cluster at national level, the sub-clusters at sub-national level must be established according to needs. The fact that there is no protection cluster at sub-national level does not impede the establishment of sub-clusters according to real needs and responsibilities.
- Sub-clusters at sub-national level report to their sub-cluster at national level, unless other arrangements are agreed in country.

3.4. Does the deactivation of the protection cluster imply the deactivation of all sub-clusters or is the latter a separate process?

- Yes, the deactivation of the protection cluster means deactivation of all aspects of protection.

3.5. When should the sub-clusters be coordinated as part of protection cluster instead of separate sub-clusters?

- The decision on which approach is most suitable to the context will be based on the following main questions:

Actors

- How many sub-cluster actors are active in the humanitarian response?
- Are the sub-cluster actors the same as those working on wider protection responses?

Technical issues

- Is there sufficient time for discussing technical aspects of the sub-cluster needs and responses in the protection cluster alone?
- If not, would a separate group enable these discussions to occur?
- Do sub-cluster related issues require a separate space to guarantee safety around sensitive issues?

Government counterparts

- Are the government counterparts for the sub-cluster and for wider protection the same or are they different?

4. Representation and participation

4.1. Can the protection cluster coordinator represent the sub-clusters?

- In whatever way the protection cluster is represented, it is essential that it comes across as a cohesive whole. Consideration should be given to ensuring that in the eyes of external actors such as other clusters, the protection cluster is seen as a credible, consistent actor.
- The Protection Cluster coordinator should be fully enabled to represent all protection issues, therefore the sub-cluster coordinators should support the protection cluster coordinator as necessary.
- The protection cluster can be represented by any one or any combination of the following: the protection cluster coordinator, the cluster lead agency, the co-lead agency, the sub-cluster coordinators, the cluster lead agencies of sub-clusters and/or the co-lead agencies of sub-clusters. Members of the protection cluster or sub-clusters may also, on agreement, represent the cluster.
- Representation of the cluster should be agreed between the protection cluster coordinator and the sub-cluster coordinators by consensus. The protection cluster coordinator or cluster lead agency is not able to bar sub-cluster coordinators from attending meetings or representing the cluster.
- Representation will likely need to be adapted according to context, objective, occasion and the level of confidence and knowledge in different technical areas required. At regular meetings such as Inter-Cluster coordination meetings and HCT meetings (where coordinators are invited to these) consistency may be an important consideration. Overall, sub-cluster lead agencies have the equivalent responsibilities to cluster lead agencies and should engage alongside the protection cluster in all inter-cluster processes.³
- For meetings such as these (ICC and HCT) which help to steer the response it may be best for the coordinators of the cluster and the sub-clusters to participate as a team, since this will:
 - limit the requirement for additional pre- and post-meeting briefings;
 - ensure that all aspects of protection are fully considered in decision-making;
 - ensure that discussions are underpinned by the relevant technical expertise;
 - enable the lead agencies of the sub-clusters to fulfil their responsibilities to ensure an adequate response for their sector.

5. Joint coordination functions

5.1. When should a common situation and response monitoring framework with the protection cluster be preferred, rather than separate sub-clusters one? And similarly, for assessment, advocacy and capacity building?

- As far as possible the information management tools being used across each of the sub-clusters and the protection cluster should be integrated or harmonised to ensure efficiency; sensitive matters should be adequately addressed, for example confidential information should only be shared according to agreed protocols. This will also reduce the burden on members who report activities to the protection cluster and/or different sub-clusters.
- As far as possible, assessment, advocacy and capacity building should be integrated or at least harmonized to use synergies and avoid duplications or inconsistencies.
- Examples of separate monitoring frameworks would be the Security Council Reporting obligations (MRM).

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3 IASC Introduction to Humanitarian Action - A Brief Guide for Resident Coordinators (October 2015).

5.2. Should protection mainstreaming be carried out jointly?

- Yes, joint protection mainstreaming is recommended when it leads to efficient use of synergies and avoids duplication.
- The different mainstreaming efforts should be framed on an overarching protection analysis, thereby sharing expertise, achieve efficiencies, divide labour and get a more complete protection response.
- Protection mainstreaming should also be done in close collaboration with work streams on accountability to affected people.

Good practice: tips developed by current coordinators on effective ways of working

- Focus on results and highlight that the end result is more important than individual cluster positions. A holistic protection approach will achieve better outcomes for all vulnerable populations.
- The sub-clusters should be a standing item on the protection cluster meeting agenda, allowing for regular updates to the wider group.
- Where possible, sub-cluster meetings should be held prior to protection cluster meetings so that updates from the last sub-cluster meeting can be shared directly at the protection cluster meeting.
- The protection cluster coordinator should attend the meetings of the sub-clusters as far as possible in order to ensure that they are aware of all on-going discussions and can better make linkages between the sub-clusters as well as wider protection group.
- Equally, sub-cluster coordinators should strive to be part of the cluster leadership, participate in protection cluster meetings and ensure that the protection cluster is regularly updated on the discussions held in the sub-clusters.
- Where possible, keep governance arrangements lean and agile, consider time-bound working groups to address specific issues; avoid over complication.
- Avoid overrepresentation for the protection cluster in relevant fora where this may dominate the group or give an impression of disconnect within the cluster.
- Fully dedicated coordinators for the protection cluster and sub-clusters and information management officers allow for a most productive collaboration. Adequate Information Management capacity is also an enabling factor.
- Protection cluster lead and sub-cluster coordinators should be trained on both broader protection and sub-cluster protection issues and have a good understanding of IASC documents.
- Strong soft skills, team spirit and humour in coordination staff will guarantee better coordination.

Annex 6: CCCM GBV Strategy in Haiti

IOM HAITI Gender-Based Violence

Summary

The great insecurity of camp life has brought with it some enormous challenges with regard to Gender-Based Violence (GBV). Families have been broken apart and the stress of living under shelter without a source of income has led to a surge in reported cases violence. GBV is amongst the most common form of violence in many countries and is estimated to affect the lives, health and well-being of millions of women, girls, boys and men worldwide.

In order to prevent, address and monitor acts of GBV in camps, the Camp Management and Camp Coordination (CCCM) Cluster has developed various activities in camps and within IOM's overall program.

CASE MANAGEMENT Through its Protection Unit, the CCCM cluster takes an **active role in case management of survivors of GBV**. Case management involves, as necessary: case identification –through direct or indirect victim referral, interviewing, referral to the relevant/ applicable body: medical assistance, police, counselling services, NGOs, supportive reporting – escorting the victim to and from the service providers – and follow-up/monitoring of victims. The Protection Unit keeps each case recorded and confidential, but provides relevant partners (Protection, Security and Health) with case numbers, types and location to better inform related planning and service provision.

The increase in the presence of camp management teams on site has naturally led to an **increase in the number of cases reported: Between March and May 2010, 12 cases of SGBV were reported to CCCM teams**; between June and September, the number has more than tripled. **98%** of cases of SGBV reported to IOM in the period between March and August 2010 were done so directly to a camp manager or camp field team on site. **83% of survivors** interviewed by IOM Protection teams reported **management of survivors of GBV**. Of those that did know of the existence of a nearby health facility, 100% reported they did not have the means to reach these facilities or were afraid to go to them alone.

PSYCHOSOCIAL SUPPORT Throughout 17 high-risk sites in Port-au-Prince and in both the psychiatric hospitals, 6 psychosocial support teams are deployed to provide psychosocial assistance services to GBV survivors and communities as a whole. Identified cases are referred for additional support by both CCCM teams and external partners. Managed by IOM's Health Unit, these mobile teams have, to date, reached some **80,000 beneficiaries, 32,000 of which are children**.

TRAINING As part of the weekly training for camp managers, CCCM Protection provides partners with training on Protection and GBV referral cards and mechanisms. GBV training is also provided to IOM's own CMO teams, who are additionally trained on internal referral mechanisms, basic survivor interview skills and community-based approaches to GBV prevention. To date, **1,131 individuals have received protection training** by IOM. **120 camp management supervisors received in-depth training specific to GBV**.

ASSESSMENT & MONITORING The CCCM Protection Unit conducts house-to-house level assessments to identify the most vulnerable prior to relocation operations, during threats of evictions, and in anticipation of T-shelter construction to better capture any potential protection concerns for women in need of additional attention. The team is also tasked with conducting security assessments in sites, coordinating with UNPOL, IDP Police Unit and the Military component of MINUSTAH.

Reporting on security incidents comes from camp management agencies themselves, allowing the unit to monitor trends in sites managed by other partners. CCCM Protection has developed an incident reporting form to enable us to capture information on incidents directly from partners on site.

ADVOCACY Based on monitoring efforts, camp management operations, case management and information captured through the community mobilisers, the Protection Unit is in a position to engage in targeted, informed advocacy and resource mobilization for camps. Increasing security patrols, necessary WASH interventions, and psychosocial activities are examples of the kinds of advocacy efforts undertaken by the unit on behalf on ameliorating the level of GBV in camps.

SITE PLANNING On referral from the Protection Unit, Site Planning teams work to upgrade sites to increase their security, including the rebuilding of perimeter fencing or walls to guard against potential intrusion. Throughout their work, CCCM site planners take into account the need for clustered site layouts, community spaces and paths, community meeting points which have privacy options for reporting cases, and importantly, for separate latrines and bathing areas for men and women.

CCCM Protection also works with partners in developing options for safer lighting options in sites. This may mean installing large light banks throughout the camps, or facilitating distributions of smaller hand- held lanterns in sites where building fixed infrastructure is not feasible. To date, 100 solar lights have been installed throughout 40 sites, while some 7875 households in high-risk sites have been provided with flashlights.

COMMUNITY OUTREACH Even in urban settings, displaced populations are often isolated and uninformed about the types of assistance available for them. For victims and survivors of GBV it is extremely important that they are aware of the health risks involved in sexual abuse, where to go for assistance, and who they can contact for help. In partnership with the GBV sub-cluster, CCCM community mobilisers distribute referral information, communicate health risks, and discuss with camp populations where and how to get assistance for survivors.

For more information, please contact:

NAME OF CONTACT PERSON (with specialized GBV intervention skills/knowledge)

CONTACT ADDRESS

Email : XXXXX, Tel : XXXX

Annex 7: Excerpt from *Pocket Guide for referral of GBV cases where there are no GBV actors*

For the full text go to: <https://gbvguidelines.org/en/pocketguide>

WHAT IS THE *POCKET GUIDE*?

The *Pocket Guide* and its supporting materials¹ provide **all humanitarian practitioners** with information on:

- **How to support a survivor of gender-based violence (GBV)**
- **Who discloses their experience of GBV with you**
- **In a context where there is no GBV actor (including a GBV referral pathway or a GBV focal point) available.**

The *Pocket Guide* uses global standards on providing basic support and information to survivors of GBV without doing further harm. We encourage adaptation of this resource to your local context with the support of a GBV specialist and in a manner that maintains a survivor-centered approach.

While the *Pocket Guide* uses a Psychological First Aid (PFA) framework (Prepare, Look, Listen and Link), previous knowledge or training on PFA is not needed. Comprehensive PFA training is encouraged.

SECTION	PAGE	USE FOR
Key messages	2 - 3	Immediate guidance
Decision tree	4	
Information Sheet on available services	5 - 6	
Do's, Don'ts and what to say: Look Listen Link	7-10	Preparation and building knowledge and skills to respond
Step-by-step guidance Seeking support & PSEA Prepare, Look, Listen & Link	11 - 15	
Children and adolescents	16 - 20	Immediate guidance for children and adolescents under 18 years

¹ Accompanying the *Pocket Guide* is a Background Note and a User Tips/How-To Guide.

KEY MESSAGES

- **Always talk to a GBV specialist first to understand what GBV services are available in your area.** Some services may take the form of hotlines, a mobile app or other remote support.
- **Be aware of any other available services in your area.** Identify services provided by humanitarian partners such as health, psychosocial support, shelter and non-food items. Consider services provided by communities such as mosques/churches, women's groups and Disability Service Organizations.
- **Remember your role.** Provide a listening ear, free of judgment. Provide accurate, up-to-date information on available services. Let the survivor make their own choices. Know what you can and cannot manage. Even without a GBV actor in your area, there may be other partners, such as a child protection or mental health specialist, who can support survivors that require additional attention and support. Ask the survivor for permission before connecting them to anyone else. Do not force the survivor if s/he says no.
- **Do not proactively identify or seek out GBV survivors.** Be available in case someone asks for support.
- **Remember your mandate.** All humanitarian practitioners are mandated to provide non-judgmental and non-discriminatory support to people in need regardless of: gender, sexual orientation, gender identity, marital status, disability status, age, ethnicity/tribe/race/religion, who perpetrated/committed violence, and the situation in which violence was committed.

Use a survivor-centered approach by practicing:

- **Respect:** all actions you take are guided by respect for the survivor's choices, wishes, rights and dignity.
- **Safety:** the safety of the survivor is the number one priority.
- **Confidentiality:** people have the right to choose to whom they will or will not tell their story. Maintaining confidentiality means not sharing any information to anyone.
- **Non-discrimination:** providing equal and fair treatment to anyone in need of support.
- **If health services exist, always provide information on what is available.** Share what you know, and most importantly explain what you do not. Let the survivor decide if s/he wants to access them. Receiving quality medical care within 72 hours can prevent transmission of sexually transmitted infections (STIs), and within 120 hours can prevent unwanted pregnancy.

1

2

- Provide the opportunity for people with disabilities to communicate to you without the presence of their caregiver, if wished and does not endanger or create tension in that relationship.
- If a man or boy is raped it does not mean he is gay or bisexual. Gender-based violence is based on power, not someone's sexuality.
- Sexual and gender minorities are often at increased risk of harm and violence due to their sexual orientation and/or gender identity. Actively listen and seek to support all survivors.
- Anyone can commit an act of gender-based violence including a spouse, intimate partner, family member, caregiver, in-law, stranger, parent or someone who is exchanging money or goods for a sexual act.
- Anyone can be a survivor of gender-based violence – this includes, but isn't limited to, people who are married, elderly individuals or people who engage in sex work.
- **Protect the identity and safety of a survivor. Do not write down, take pictures or verbally share any personal/identifying information about a survivor or their experience, including with your supervisor. Put phones and computers away to avoid concern that a survivor's voice is being recorded.**
- Personal/identifying information includes the survivor's name,

perpetrator(s) name, date of birth, registration number, home address, work address, location where their children go to school, the exact time and place the incident took place etc.

- Share general, non-identifying information
 - To your team or sector partners in an effort to make your program safer.
 - To your support network when seeking self-care and encouragement.

"It has come to my attention that people are experiencing harassment around the water point because it is isolated and far away. We can try to reduce this harassment by encouraging use of a closer water point, or encouraging collecting water in groups, or..."

"Someone shared with me an experience of something bad that happened to them. I can't share the details, but need support around how this interaction is affecting me."



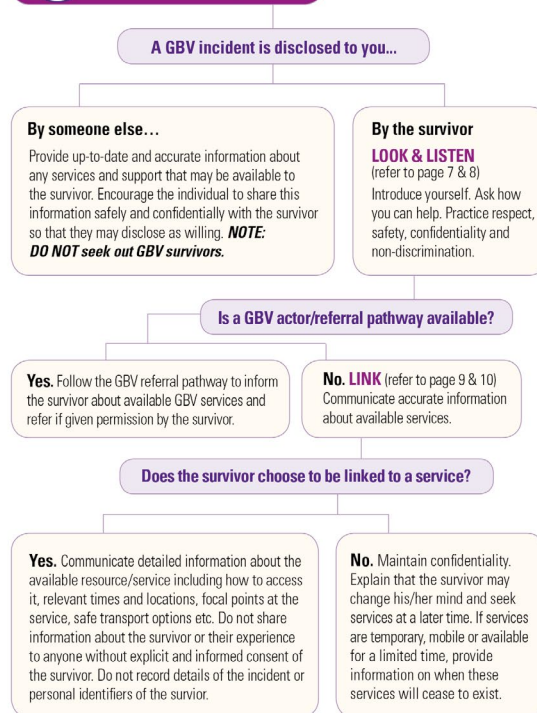
DECISION TREE



PREPARE

Be aware of existing services.

For children and adolescents, go to page 16



Adapted from the Shelter Cluster's GBV Constant Companion (www.sheltercluster.org/gbv).

3

4

INFORMATION SHEET

Fill in this information sheet for services in your area and keep it in a place where it is easily accessible.

Work with a GBV specialist, your team leader and partners to identify (1) available services provided by humanitarian partners and (2) community-based services such as religious groups/places of worship, women's groups, Disabled Persons' Organizations etc.

Child Protection	Information:	
	Focal Points:	
Mental health/ psychosocial support	Information:	
	Focal Points:	
Health	Information:	
	Focal Points:	
Sexual and reproductive health	Information:	
	Focal Points:	
Non-food items/WASH incl. dignity kits	Information:	
	Focal Points:	
Shelter	Information:	
	Focal Points:	

Legal	Information:	
	Focal Points:	
Food and nutrition	Information:	
	Focal Points:	
Services for adolescents/ youth	Information:	
	Focal Points:	
Services for people with disabilities	Information:	
	Focal Points:	
Services for sexual and gender minorities	Information:	
	Focal Points:	
Services for child or female-headed households	Information:	
	Focal Points:	
Other	Information:	
	Focal Points:	
Other	Information:	
	Focal Points:	

5

6

DO'S, DON'TS AND WHAT TO SAY

For children and adolescents, go to page 16



LOOK

DO'S

- ✓ **DO** allow the survivor to approach you. Listen to their needs.
- ✓ **DO** ask how you can support with any basic urgent needs first. Some survivors may need immediate medical care or clothing.
- ✓ **DO** ask the survivor if s/he feels comfortable talking to you in your current location. If a survivor is accompanied by someone, do not assume it is safe to talk to the survivor about their experience in front of that person.
- ✓ **DO** provide practical support like offering water, a private place to sit, a tissue etc.
- ✓ **DO**, to the best of your ability, ask the survivor to choose someone s/he feels comfortable with to translate for and/or support them if needed.

DON'TS

- ✗ **DO NOT** ignore someone who approaches you and shares that s/he has experienced something bad, something uncomfortable, something wrong and/or violence.
- ✗ **DO NOT** force help on people by being intrusive or pushy.
- ✗ **DO NOT** overreact. Stay calm.
- ✗ **DO NOT** pressure the survivor into sharing more information beyond what s/he feels comfortable sharing. The details of what happened and by whom are not important or relevant to your role in listening and providing information on available services.
- ✗ **DO NOT** ask if someone has experienced GBV, has been raped, has been hit etc.

Examples of what to say...

- "You seem to be in a lot of pain right now, would you like to go to the health clinic?"
- "Does this place feel OK for you? Is there another place where you would feel better? Do you feel comfortable having a conversation here?"
- "Would you like some water? Please feel free to have a seat."

7

LISTEN

DO'S

- ✓ **DO** treat any information shared with confidentiality. If you need to seek advice and guidance on how to best support a survivor, ask for the survivor's permission to talk to a specialist or colleague. Do so without revealing the personal identifiers of the survivor.
- ✓ **DO** manage any expectations on the limits of your confidentiality, **if applicable in your context?**
- ✓ **DO** manage expectations on your role.
- ✓ **DO** listen more than you speak.
- ✓ **DO** say some statements of comfort and support; reinforce that what happened to them was not their fault.

DON'TS

- ✗ **DO NOT** write anything down, take photos of the survivor, record the conversation on your phone or other device, or inform others including the media.
- ✗ **DO NOT** ask questions about what happened. Instead, listen and ask what you can do to support.
- ✗ **DO NOT** make comparisons between the person's experience and something that happened to another person. Do not communicate that the situation is "not a big deal" or unimportant. What matters is how the survivor feels about their experience.
- ✗ **DO NOT** doubt or contradict what someone tells you. Remember your role is to listen without judgment and to provide information on available services.

Examples of what to say...

- "How can I support you?"
- Everything that we talk about together stays between us. I will not share anything without your permission."
- "I will try to support you as much as I can, but I am not a counselor. I can share any information that I have on support available to you."
- "Please share with me whatever you want to share. You do not need to tell me about your experience in order for me to provide you with information on support available to you."
- "I'm sorry this happened to you."
- "What happened was not your fault."

2 There are some contexts that have mandatory reporting rules related to certain types of cases. Refer to your Protection focal point and/or GBV specialist for further information and guidance.

8

LINK

DO'S

- ✓ **DO** respect the rights of the survivor to make their own decisions.
- ✓ **DO** share information on all services that may be available, even if not GBV specialized services.
- ✓ **DO** tell the survivor that s/he does not have to make any decisions now, s/he can change their mind and access these services in the future.
- ✓ **DO** ask if there is someone, a friend, family member, caregiver or anyone else who the survivor trusts to go to for support.
- ✓ **DO** offer your phone or communication device, if you feel safe doing so, to the survivor to contact someone s/he trusts.
- ✓ **DO** ask for permission from the survivor before taking any action.
- ✓ **DO** end the conversation supportively.

DON'TS

- ✗ **DO NOT** exaggerate your skills, make false promises or provide false information.
- ✗ **DO NOT** offer your own advice or opinion on the best course of action or what to do next.
- ✗ **DO NOT** assume you know what someone wants or needs. Some actions may put someone at further risk of stigma, retaliation, or harm.
- ✗ **DO NOT** make assumptions about someone or their experiences, and do not discriminate for any reason including age, marital status, disability, religion, ethnicity, class, sexual orientation, gender identity, identity of the perpetrator(s) etc.
- ✗ **DO NOT** try to make peace, reconcile or resolve the situation between someone who experienced GBV and anyone else (such as the perpetrator, or any third person such as a family member, community committee member, community leader etc.)
- ✗ **DO NOT** share the details of the incident and personal identifiers of the survivor with anyone. This includes the survivor's family members, police/security forces, community leaders, colleagues, supervisors, etc. Sharing this information can lead to more harm for the survivor.
- ✗ **DO NOT** ask about or contact the survivor after you end the conversation.



9

LINK (continued)

Examples of what to say...

- "Our conversation will stay between us."
- "I am not a counselor, however, I can provide you with the information that I have. There are some people/organizations that may be able to provide some support to you and/or your family. Would you like to know about them?"
- "Here are the details of the service including the location, times that the service is open, the cost (if applicable), transport options and the person's name for who you can talk to."
- "Is there anyone that you trust that you can go to for support, maybe a family member or a friend? Would you like to use my phone to call anyone that you need at this moment?"
- "When it comes to next steps, what you want and feel comfortable with is the most important consideration."
- "Do not feel pressure to make any decisions now. You can think about things and always change your mind in the future."
- "I cannot talk to anyone on your behalf to try to resolve the situation. But what I can do is support you during our conversation and listen to your concerns."
- "It sounds like you have a plan for how you would like to go from here. That is a positive step."

10

Annex 8: Broadening the conversation on GBV data in South Sudan

August 2014

South Sudan Crisis: Why we must broaden the conversation on GBV data

“How many cases have been recorded?”

When examining gender-based violence (GBV) in humanitarian crises, the discussion often turns toward how many cases there have been. Though “getting the numbers” may, at first glance, seem like the most logical and efficient way to understand any issue, placing too much emphasis on counting GBV cases can – for a number of reasons – actually be counterproductive. Focusing only on numbers not only fails to capture the true extent and scale of the GBV that is occurring, it can also expose survivors to further harm, lead to misinterpretations of the data, and result in other, more useful sources of information being dismissed or ignored.

Understanding “the tip of the iceberg” in the context of South Sudan

GBV experts often use the phrase “tip of the iceberg” to describe how GBV is under-reported in all settings and that recorded cases represent only a small fraction of the overall total. Examining the specifics of the South Sudan context helps illustrate why this phrase is true and how high the barriers that stand between a GBV incident becoming reported – and, therefore, recorded – truly are.

First, due to security and access challenges, in South Sudan GBV services are still mainly limited to those residing in Protection of Civilians (POC) sites (approximately 10% of the displaced population). This means that the majority of survivors cannot access services and, therefore, have no one to whom to safely report.ⁱ Secondly, across much of the crisis-affected area, women have indicated that their most pressing priority is meeting their families’ basic survival needs. With much of the displaced population facing the threat of starvation, even in the few areas where health services are available, survivors of rape have felt compelled to continue searching for food for their children rather than seek life-saving treatment for themselves.ⁱⁱ Some survivors are unaware of the health consequences of sexual violence and/or how to access care. Still others would like to seek help, but know that simply being seen or overheard discussing GBV with humanitarian actors could result in further harmful consequences – such as retaliatory attacks from perpetrators, rejection from their families and communities, or having their case sent to a traditional justice mechanism, where a common remedy to a sexual violence crime is forcing the survivor to marry her perpetrator.

As the humanitarian community, we need to broaden our collective understanding of what constitutes GBV data.

As illustrated by the examples above, the myriad reasons why survivors may report (or not report) a GBV incident make attempting to interpret the overall GBV situation through case numbers alone a nearly impossible task. However, other types of data – both quantitative and qualitative – on GBV patterns, trends and risks can help paint a fuller picture, particularly when multiple sources are reviewed and analysed together. A wide range of such data has been collected in the South Sudan crisis and the results are alarming.

Protection, GBV and multi-sectoral assessments conducted with affected communities across the country have described the horrific violence taking place, including: rape, abductions, sexual slavery, mutilation of sexual organs, forced marriage, sexual exploitation and abuse, sexual harassment, and intimate partner violence.ⁱⁱⁱ In a recent IRC assessment, 100% of focus groups with women and girls reported that rape is a common feature of the conflict and remains an ongoing threat both inside and outside the POC site. Human rights reports have indicated that gang rapes are common; some

women have been raped to death; and those who try to fight back against their attackers are often raped by sharp objects instead. These reports conclude there are reasonable grounds to believe the scale and nature of sexual violence could constitute crimes against humanity.^{iv}

In short, no one can credibly say we need “the numbers” to know GBV is a central feature of the South Sudan crisis. Furthermore, pressuring service providers for case data distracts them from doing their real work and compromises their ability to provide life-saving care. Therefore, all actors involved in the South Sudan response are urged to place less emphasis on counting cases and instead employ a broader – and more constructive – definition of GBV data.

Humanitarian actors across all sectors as well as UNMISS are strongly encouraged to formalize the channels through which women and girls are consulted about their safety concerns and use the information gathered to improve GBV risk mitigation efforts. This can most effectively be achieved through the establishment of women's committees for regular consultations and by increasing the number of women in existing leadership structures, which are currently dominated by men. GBV experts are also available to provide technical assistance in assessing protection risks, identifying potential GBV “hot spots” and planning prevention and risk mitigation activities, as needed.^{v,vi}

The Humanitarian Country Team and Donors are urged to facilitate the implementation of life-saving health and psychosocial services, regardless of the presence or absence of recorded GBV cases. If resources for GBV programming are predicated on post-hoc “proof” (recorded cases), urgent, life-saving care is denied to those who need it and lives are unnecessarily placed at risk.^{vii} These actors can also help contribute to a better overall response by promoting integration of GBV risk mitigation into interventions across all humanitarian sectors (see text box below).

A note for journalists

Media reports have been successful at capturing information on GBV in the South Sudan crisis, such as highlighting how sexual violence has been used as an ethnically-targeted weapon and how radio broadcasts/hate speech have been used to incite sexual violence across ethnic lines. However, it is critical that journalists covering GBV in emergencies always adhere to global standards for protecting both survivors and service providers, as laid out in the GBV AoR's Media Guidelines for reporting on Gender-Based Violence in Humanitarian Contexts.^{viii}

The Guidelines on Gender-based Violence Interventions in Humanitarian Settings (IASC, 2005) state that “all humanitarians should assume and believe that GBV, and in particular sexual violence, is taking place and is a serious and life-threatening protection issue” regardless of the presence or absence of reported cases. Furthermore, the benefits of GBV risk mitigation are not limited to GBV and protection outcomes; they extend to overall effectiveness of other sectors' interventions as well. For example, if women and girls feel safe travelling to and from water points, more clean water reaches the rest of the family and hygiene outcomes are likely to improve.

- i According to global safety and ethical standards, data collection on a particular incident should only occur in conjunction with service provision. See [Ethical and Safety Recommendations \(WHO, 2007\)](#) and www.gbvim.org.
- ii After a rape, a survivor has just 72 hours to prevent HIV and sometimes only a matter of hours to treat critical injuries.
- iii A non-exhaustive list of relevant assessments include: Capacities and Vulnerabilities Assessment, Leer Town (NP, June 2014); IRNA Koch County (June 2014); inter-agency GBV assessments in Bor and Malakal (February – May 2014); various GBV rapid assessments by IRC (February – June 2014); Protection Trends Analysis, May 2014 (South Sudan Protection Cluster); The Girl Has No Rights: Gender-Based Violence in South Sudan (CARE, May 2014), multiple reports by the GenCap advisor (April – June 2014); IRNA, Bor (February 2014).
- iv “Conflict in South Sudan – A Human Rights Report” (UNMISS HRD, 9 May 2014); “Nowhere Safe: Civilians Under Attack in South Sudan” (Amnesty International, 8 May 2014).
- v See “[Guidelines on Gender-based Violence Interventions in Humanitarian Settings](#)” (IASC, 2005).
- vi Contact Fabiola Ngeruka, national GBV coordinator (ngeruka@unfpa.org) for further details.
- vii See “[Lifesaving, Not Optional: Protecting women and girls from violence in emergencies](#)” (IRC, 2012).
- viii “[Media Guidelines for Reporting on Gender-Based Violence in Humanitarian Contexts](#)” (GBV AoR, 2013).

Annex 9: Summary of recommendations of WHO

Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies

Available at www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

The recommendations

The following set of interrelated ethical and safety recommendations apply specifically to the collection of information on sexual violence in emergencies. They set out the ethical and safety issues that are typically associated with planning and conducting information collection activities about sexual violence in emergencies as well as those associated with the uses of that information. They do not intend to give general guidance or recommendations on the planning, methodology or logistics of research on this topic, or on issues associated with the ethical conduct of research in general. As stated above (see page 3), **these recommendations are intended to complement and add to existing professional standards, guidelines, and other practice and oversight tools and guides and processes**, and should not be viewed as an all-inclusive or stand-alone guide for information gathering about sexual violence in emergencies.

The eight safety and ethical recommendations addressed here are:

1. The benefits to respondents or communities of documenting sexual violence must be greater than the risks to respondents and communities.
2. Information gathering and documentation must be done in a manner that presents the least risk to respondents, is methodologically sound, and builds on current experience and good practice.
3. Basic care and support for survivors/victims must be available locally before commencing any activity that may involve individuals disclosing information about their experiences of sexual violence.
4. The safety and security of all those involved in information gathering about sexual violence is of paramount concern and in emergency settings in particular should be continuously monitored.
5. The confidentiality of individuals who provide information about sexual violence must be protected at all times.
6. Anyone providing information about sexual violence must give informed consent before participating in the data gathering activity.
7. All members of the data collection team must be carefully selected and receive relevant and sufficient specialized training and ongoing support.
8. Additional safeguards must be put into place if children (i.e. those under 18 years) are to be the subject of information gathering.

For the full text and details about each of these recommendations go to: <http://www.who.int/reproductivehealth/publications/violence/9789241595681/en/>

Annex 10: GBV safety audit tool from IRC

GBV Assessment Tools

Part 1: SAFETY AUDIT

Note: This tool is based upon observation. It may or may not be relevant in all contexts. In areas of insecurity, you should not fill in the questionnaire while walking around the site/ community; rather, take mental note of questions and observations and fill in the form later, after leaving the site/community.

Team:

Geographic location:

Overall Layout	Problem?		Comments
<i>Night lighting</i>	Yes	No	
<i>Walkways/ movement</i>	Yes	No	
<i>Overcrowding</i>	Yes	No	
<i>Observations related to movements of women and girls outside the camp for water, firewood, etc.:</i>			

Water and Sanitation	Problem?		Comments
<i>Water points</i>	Yes	No	
<i>Latrines</i>	Yes	No	
<i>Showers</i>	Yes	No	

Household	Problem?		Comments
<i>Safety/privacy</i>	Yes	No	
<i>Cooking spaces</i>	Yes	No	

Community	Problem?		Comments
<i>Schools</i>	Yes	No	
<i>Markets</i>	Yes	No	

Presence of actors	Presence?		Comments
<i>State military</i>	Yes	No	
<i>Other armed actors</i>	Yes	No	
<i>Barriers/ checkpoints</i>	Yes	No	
<i>Other Comments</i>			

Annex 11: Guidance on Joint Observational Site Audit (CCCM Cluster/IOM)

Site Planning Observational Audit – Guidance REVISED May 2018

This document gives guidance for a three-step process of assessing the presence of a variety of stresses in camps and sites, and the presence of risk of GBV related to site layout and infrastructure in specific locations within a camp or site. This guidance tool acts as a complementary tool to other safety audit activities and site assessment tools, and should not be seen as providing all necessary information about GBV risks in camps and sites, nor as a stand-alone tool.

The focus of the Site Planning Observational Audit is on understanding the relationships between the various facilities or locations in the camp or site, and mapping the accessibility routes to facilities in the camp or site, any barriers to accessibility, and the coping mechanisms, in terms of developing alternative routes or other informal, self-building efforts on the part of the inhabitants of the camp or site.

The key activity in the Site Planning Observational Audit is guided observation, undertaken together as a small group, preferably from various relevant sectoral backgrounds.

The specific questions for the guided observation, are contained in the separate Site Observational Audit Questions document.

The Site Planning Observational Audit assumes that the team will already have had some training or other experience in considering the impact of site-planning interventions upon the risk of GBV, but is not intended solely for use by Shelter or Site Planning engineers: the participation in the team of those with backgrounds in Camp Management, Protection, WASH, Public Health, Livelihoods or Education would also provide significant contributions. Depending upon the size of the camp, and the complexity of the issues encountered, between a half day and a whole day would be sufficient designated time for one observational audit.

This guidance for the Site Planning Observational Audit is divided into three parts:

1. ***Before the observational audit:*** This part gives guidance on preparation for the field parts of the audit, through the analysis of other existing data sources, such as maps, or support-coverage data. The analysis of this sort of data also allows the team to focus their observations upon certain areas of the camp, if needed.
2. ***During the observational audit:*** This part consists of the specific questions and observational directions for the team whilst conducting the field part of the audit, and is largely framed by the Global Shelter Cluster publication *Site Planning: Guidance to reduce the Risk of Gender-Based Violence*. These questions are contained in the separate *Site Observational Audit Questions* document.
3. ***Review of the observational audit:*** Once the field part of the audit has been completed, this part gives guidance on how to further compare the data, and collate it with the data collected in the first part, from other sources.

Although there are many risks of GBV present outside of camps or sites, and although in many smaller camps or sites major facilities such as hospitals or schools lie outside the camp or site boundaries, this guidance tool concentrates upon observations made within the camp or site. However, the same processes, and some of the same questions, can be easily adapted to off-site areas, as well.

1. Before the observational audit:

Ensure that the audit team has a map of the camp or site to be visited. Maps should indicate the location of:

- the shelter blocks
- formal facilities (health posts, distribution centres, etc.)
- any hazards (e.g. flooding)
- significant informal facilities (e.g. secondary informal markets, or privately built places of religious worship)
- divisions between older and newer phases of the camp or site
- relative population density of each of the shelter blocks
- concentrations of specific vulnerable groups within the camp

Using the data on the maps, the team can guide their planned observational walks, by asking the following questions:

1. Are there any places where the existence of hazards, e.g. flood waters, can block access to any of the facilities from any of the shelter plots?
2. What part of the camp or site are closest to the land which is unusable, for whatever reason?
3. Are there any extreme increases or decreases in population density in any block or sector of the camp or site?
4. Are there any shelter blocks in the camp or site which do not seem to be connected to a major road within the camp or site?
5. Are there any shelter blocks in the camp which seem to be at a greater distance from facilities than other blocks?
6. Are there any close combinations of facilities which seem in any way remarkable or unusual – e.g. having a military/security outpost placed right next to a women-friendly space or child-friendly space?

Based upon these questions, and any other which the team thinks relevant through their understanding of the local context, the team can plan the route. The observations should include not only areas directly surrounding key facilities or key areas of the camp or site, but also the routes which the inhabitants might choose to take in order to access those facilities, or in order to go from one facility to another. Remember that on the actual day of the field observation, information gained during the observation may persuade the team to adapt their route, or make observations along routes which were not originally included in the plan.

2. During the observational audit:

Although not every camp or site will have all of these facilities (and some may have other facilities which are not on this list), the list of key facilities below are those which are most commonly found in camps or sites, combined with the most commonly found GBV risks associated with those facilities or locations, and some visual evidence which might be available, through the observational process. The team should be equipped with sufficient paper, separate to this document, in order to record any written and drawn answers. The question in the *Site Observational Audit Questions* document, do not cover all eventualities.

For all of the locations identified for observation by the team, the most important general question by far, is: *what visual signals tell you that there might be a risk – either at the location, or on route getting to the location?*

1. Shelter blocks/shelter plots
2. Latrines and shower units
3. Water points and water infrastructure

4. Schools
5. Distribution centres
6. Women-friendly spaces and child-friendly spaces
7. Administrative buildings
8. Main entrance
9. Camp or site edges
10. Market places

3. Review of the observational audit:

Once the field observation is completed, combine observations, and transcribe the observations onto a map of the camp or site. Drawing all the observations onto the map will show patterns, or else certain parts of the camp (or certain routes) becoming 'hotspots' for a wide range of risks. Making the connections on the map will also frame any site-plan interventions, to be undertaken in order to reduce the risks identified. Transcribing the observations onto a camp map also provides a frame for triangulating the observations with subsequent safety audit focus group discussions.

Whilst the mapping is being done, ask following questions:

1. Are there some roads in the camp or site which seem to be problematic in a number of different locations?
2. Are there any facilities which seem to be the focus for higher or more intensive risks than others?
3. Is there any pattern in the coping mechanisms – e.g. the alternative routes selected to get to various different facilities?
4. Is there any connection between the highest-risk areas, and any areas which might be hazardous, e.g. flood-prone?
5. Is there a significant change in level of risk between older and newer phases of the camp?
6. What is the correlation between relative population density, and the risks observed?

Site Observational Audit Guidance Questions

These questions are for use to frame an Observational Audit in a site or camp. For more guidance on the entire, multi-stage Observational Audit process, see the *Site Observational Audit – Guidance* document. Questions and sub-sections to this document may be revised, added or removed, in order to adapt to the local context.

a. Shelter Blocks/Shelter Plots

Are there any shelter plots where all open access has been blocked by the inhabitants themselves? What percentage of the total shelter plots have been blocked of? Are the barriers or blockages facing only one direction? If so, what space or structure are the barriers facing?

What are the types of barriers or blockages? Are the barriers just privacy barriers, or are they actually shelter structures, like self-built latrines, kitchens or extra living space?

If the shelter plots are blocked off, how do people get in and out? What are their alternate routes? Do these routes look safe?

b. Latrines and shower units

Where are the latrines placed? How far away are the latrine blocks? Is there anything in the general design of the latrines (e.g. presence of inside locks or not) which would prevent people from using them?

What other facilities (formal or informal) do people have to walk past, in order to get from their shelter to the latrines? Are any of these facilities (e.g. video cinemas) predominantly for men?

Are the latrines being used? Are they being kept clean?

What percentage of families are building their own latrines informally, next to their shelters?

Are there latrines strictly for males and strictly for females? Is this segregation properly demarcated (e.g. written on the door)? Are latrines for males and females physically separated? Are both male and female latrines equally distant and equally accessible from all parts of the nearest shelter block?

If there are working lights for the latrine blocks, how far and in which direction does the light reach?

c. Water points and water infrastructure

Are there any water points which do not seem to be very popular, or not being used? Are they close to any other facilities which could affect access to the water points?

Are there any water points which seem to be too popular? Where are they placed? What are the access routes to these water points?

What are all of the most heavily used access routes from the shelter blocks to the water points? Are there any routes which do not seem to be used? How long and indirect do any alternative routes look?

Is there lighting around the water points? Is there any visual evidence to show whether the water points are accessible during the night as well as during the day?

Is there any evidence (e.g. old barbeque fires), of large social nightlife areas near the water points?

Do the water points have shops or stalls nearby? Are the shops or stalls run by men or by women? Are the water points with shops or stalls more popular than the ones without shops or stalls?

d. Schools

How many different routes go from the shelter blocks to the school? How many of those routes are partially or wholly blocked? Can you see all the way along the route from the school entrance to the shelter blocks?

What other facilities are there either between the school and the shelter blocks, or generally nearby to the school? How many of those are more commonly used by men (e.g. video cinemas)?

Is there any evidence (e.g. old barbeque fires), of large social nightlife areas near the school?

e. Distribution centres

Does the distribution centre have a separate entrance and exit? How many routes in the camp or site lead to both the entrance and exit? How many of those routes are partially or wholly blocked?

Are the routes from the exit wider than the routes to the entrance? How many people can carry bags side by side, along the routes from the exit?

Are there lights around the distribution centre? How far can the lights reach?

Are there any shops or stalls nearby the distribution centre? Is there any evidence (e.g. old barbeque fires), of large social nightlife areas near the distribution centre?

f. Women-friendly spaces and child-friendly spaces

What are the other facilities nearby the safe space? How many of them are targeting mainly women, and how many of them are targeting mainly men?

How close is the space to the front of the camp? Is it accessible to those who do not live in the camp?

How close is the space to the centre of the camp, or the centre of all the shelter blocks? Is it equally accessible to everyone who lives in the camp?

How far away from the shelter blocks is the women-friendly or child-friendly space? What are the main routes from the shelter blocks to this safe space? Are the routes direct? What other facilities do these routes pass?

Is there more than one access (and evacuation) route from the space?

g. Administrative buildings

Is the area in front of the administrative centre large enough for both vehicle (two directions) and pedestrians?

Is the administrative centre on the main road in the camp, or surrounded by shelter blocks?

Are there any market stalls near the administration centre? Who runs those stalls – men or women?

Is there any visual evidence of night-time social activities in front of the administrative centre? What sort of activities? By whom?

h. Main entrance

How is entry and departure from the camp controlled?

Are there multiple entries, separate for vehicles and pedestrians?

Is there any evidence that the entrance is open 24 hours a day?

Do the security staff keep separate from any vehicle drivers, or do they mix in a free and friendly manner with the waiting vehicle drivers?

i. Camp or site edges

Are the shelter blocks near the edges of the camp depopulated?

Are there any market stalls near the edges of the camp?

Are the water points near the edges of the camp being used?

Is there a large accumulation of rubbish near the edges of the camp?

Are there any private vegetable gardens near the edges of the camp?

j. Market places

Who goes to the market (men, women, children, adult)?

Are there certain markets or certain parts of the market, which are predominantly visited by just men? Just women?

What are the main routes from the market to other major facilities (schools, health posts, etc.) – who is using these routes? Is anyone using longer, alternative routes?

What is the distance between the stalls in the market? How many women can stand between two market stalls?

Annex 12: IRC focus group discussion guide

IRC Assessment Toolkit – 2011

Note: *This tool should be used during small group discussions. The team should ensure participants that all information shared within the discussion will remain confidential; if the secretary takes down notes, s/he will not have any information identifying or associating individuals with responses. Some of these questions are sensitive. You should take all potential ethical concerns into consideration before the discussion. Ask the group to respect confidentiality and not to divulge any information outside of the discussion. The group should be made of like members – community leaders, women, youth, etc. – should not include more than 10 to 12 participants, and should not last more than one to one-and-a-half hours.*

Focus group discussion facilitator:

Secretary (if applicable):

Geographic region:

Date: _____

Location: _____

Translation necessary for the interview: Yes No

If yes, the translation was from _____ (language) to _____ (language)

Sex of FGD participants: Male Female

Age of FGD participants: 10-14 years
 15-19 years
 20-24 years
 25 - 40 years
 over 40 years

ESSENTIAL STEPS & INFORMATION BEFORE STARTING THE FOCUS GROUP DISCUSSION

Introduce all facilitators and translators

- Present the purpose of the discussion:
- General information about your organization
- Purpose of the focus group discussion is to understand concerns and needs for women and girls
- Participation is voluntary
- No one is obligated to respond to any questions if s/he does not wish
- Participants can leave the discussion at any time
- No one is obligated to share names or personal experiences if s/he does not wish
- Be respectful when others speak
- The facilitator might interrupt discussion, but only to ensure that everyone has an opportunity to speak and no one person dominates the discussion

Agree on confidentiality:

- Keep all discussion confidential
- Do not share details of the discussion later, whether with people who are present or not
- If someone asks, explain that you were speaking about the health problems of women and girls

Ask permission to take notes:

- No one's identify will be mentioned
- The purpose of the notes is to ensure that the information collected is precise

QUESTIONS

A. We would like to ask you a few questions about the security of women and girls after the crisis:

1. In this community is there a place where women and girls worry about their security? (Day? Night?) What is it that makes this place dangerous?
2. From whom can women and girls seek assistance in case of a security problem?
3. According to you, what could be done in this community to create a safe environment for women and girls?
4. Describe what kinds of violence women and girls faced during the crisis (not only acts of violence committed by armed actors). Adapt this question to reflect the specific context.
5. What happens to the actors of these acts of violence against women and girls? How are they punished ?
6. Without mentioning names or indicating any one means, according to you which group(s) of women and girls feels the most insecure or the most exposed to risks of violence? Why? Which group(s) of women and girls feels the most secure? Why?
7. How does the family treat a woman or a girl who was the victim of rape or sexual assault? How do they support her?
8. What do women and girls do to protect themselves from violence? What does the community do to protect them?

B. We would like to ask you some questions about the services and assistance available since the crisis:

9. When a woman or girl is the victim of violence, where does she feel safe and comfortable going to receive medical treatment?
10. Are there other services or support (counseling, women's groups, legal aid, etc.) available for women and girls that are victims of violence?

C. We would like to ask you questions about a possible incident: Develop a short, contextually appropriate case study in which a woman is raped and is afraid to tell her family about what happened. Use this to frame the below questions. Be sure that the case study does not use a specific name for the woman, so it is clear that this exercise is hypothetical and is not linked to anyone specific in the community.

11. How many of you believe women who have experienced violence similar to that experienced by this woman?
12. Why do women and girls hesitate to share experiences like this with other people?
13. Where could this woman go to receive appropriate assistance? What kind of assistance and support could she receive?

CONCLUDE THE DISCUSSION

- Thank participants for their time and their contributions.
- Remind participants that the purpose of this discussion was to better understand the needs and concerns of women and girls since the crisis.
- Remind participants of their agreement to confidentiality.
- Remind participants not to share information or the names of other participants with others in the community.
- Ask participants if they have questions.
- If anyone wishes to speak in private, respond that the facilitator and secretary will be available after the meeting.

Annex 13: IRC/WRC guidance on persons with disabilities and caregivers in assessments



Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings

Tool 1: Guidance on including persons with disabilities and caregivers in GBV assessments



Purpose of this guidance note

This document provides an overview of the process and tools to use when conducting an assessment with persons with disabilities, particularly women and girls with disabilities, and their caregivers about the risks of GBV in their communities, potential barriers to accessing response services and participating in programs and activities, and their suggestions for improving GBV programs. The guidance note should be read before implementing *Tool 2: Group discussion guide* and *Tool 3: Individual interview guide*. This assessment process and tools are designed to complement other GBV assessments conducted in humanitarian contexts. Examples of standard tools for GBV emergency assessments in crisis-affected communities are available from the GBV Responders' Network at: <http://gbvresponders.org/>

Who do we want to consult?

We are interested in the perspectives of women, girls, boys and men with different types of disabilities, including:

- those with difficulty moving and walking (since birth or due to an impairment acquired later in life);
- those with difficulty seeing, even when wearing glasses;
- those with difficulty hearing, even when using hearing aids;
- those with intellectual disabilities who may have difficulty understanding, learning and remembering new things;
- those with mental disabilities and mental health conditions;
- those with multiple disabilities, who are often confined to their homes and who may need assistance with personal care.¹

In GBV program assessments, it is particularly important to consult with women and girls, including those with disabilities and those who are caregivers, to understand their needs, perspectives and priorities. Women and girls often take on the role of caregiver for family members with disabilities, in addition to their other roles and responsibilities. Women and girls may have been caregivers prior to becoming displaced, or could find themselves in this new role when a family member acquires a new disability during a humanitarian emergency. Caregivers may be isolated and at greater risk of violence, both inside and outside the home. They are important to include in consultations so that their perspective and needs are taken into account.

How can we best facilitate the participation of people with disabilities and caregivers?

We all have experiences and skills we can draw upon when consulting with persons with disabilities. Every day we use speech, writing, gestures, pictures and posters, and activities to convey and understand information. These basic approaches can also work with people with disabilities. It is important to find the approach that works best for the particular individual or group with whom you are consulting. You can ask persons with disabilities or their caregivers for their preferred communication method, and you should always be prepared to try an alternative approach if one method does not work. Persons with disabilities have many different skills and capacities that you can use in communication and consultation.

Wherever possible, persons with disabilities should participate directly in the discussions. If an individual does not feel comfortable communicating with you on their own, or you cannot find an appropriate method of communication, you can also collect information from the caregiver. It is key, however, to try to communicate with the person with disabilities first. Some individuals can communicate directly with you, but may not want to be separated from their caregivers, or may want support from someone they trust, particularly during the consent process. In these cases, allow the individual to make their own decision about what type of support they need, and who they trust to provide that support.

Before carrying out your assessment:

- Read and become familiar with the *WHO Guidelines on Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*.² Ensure that all staff understand the principles of this document and are able to incorporate them into the assessment process.
- Identify and mitigate risks that may arise from your consultations. Before recruiting participants, meet with community leaders and/or local government representatives to explain the purpose of the assessment. Where possible, link with leaders of local women's groups and leaders of groups for persons with disabilities — both formal and informal — during participant mobilization. Careful consideration should be taken when talking with caregivers, as they may be perpetrators of violence, which will limit the participation of survivors being consulted while their caregiver is present, or may expose survivors to further risk.
- Emphasize that participation is voluntary. Persons with disabilities and caregivers can choose not to participate or can withdraw at any point during the consultations. Watch for signs that persons with communication difficulties are not comfortable participating in an activity (e.g., becoming distressed or agitated or start crying), particularly when you are talking with their caregiver.
- Get consent for participation. As with all activities, GBV staff should obtain consent from individuals before they participate in the assessment. Persons with disabilities and caregivers should be briefed on why you are undertaking these consultations. They should also know how you will use or share the information they provide. If participants do not wish to participate or to continue with the consultation once it has started, it should not affect the services they are already receiving or their opportunity to seek GBV services in the future. For interested participants under the age of 18 years (e.g., adolescents with disabilities and their siblings), consent should also be sought from their parent or guardians. Processes of seeking consent should follow the principles and guidance in the WHO Guidelines, in accordance with age and developmental levels. Some adults with intellectual disabilities may choose to have a trusted caregiver, family member or friend participate with them in the consent process and/or the consultation. They should be asked in private and in advance if this is the case.

- Be clear and up front with participants about the purpose of the consultation and what services your organization can and cannot provide. Participants should understand that the purpose of the consultation is to better understand how persons with disabilities and their caregivers can be included in *existing* GBV activities and how survivors can access *existing* services. The consultation will not lead to the creation of *new* services.
- It may take time for persons with disabilities, particularly women and girls, to share their perspectives with you. They may have never participated in an activity like this before, and may not be used to people asking for their opinions. It may also take them time to feel safe and comfortable. If this is the case, try talking with them through a series of meetings, using different approaches, such as participatory activities, group discussions or more private interviews (see *Tools 2 and 3* for related guidance). Start discussions with general topics and move towards more sensitive topics as the participants become more comfortable. Guide group discussions towards general, rather than personal conversation, so people do not feel pressure to disclose their own experiences of violence.
- Be sure another trained staff member is available to speak privately with participants who require additional psychosocial/emotional support and/or referrals to other services. The staff member should have experience working with survivors of GBV.
- Be flexible about when and where consultations take place. The assessment team should try as much as possible to accommodate persons with disabilities by holding consultations as near to their homes as possible — always prioritizing the safety of the participants.
- Make sure that caregivers are included in the assessment. They should be consulted separately about their own experiences and needs.

Group discussions

Group discussions are best conducted with 8-10 participants and should not be longer than 90 minutes. If groups take longer than this to complete all activities in the Group Discussion Guide (see *Tool 2*), you may wish to conduct Parts A and B on one day, and Parts C and D another day, if participants are willing and able to return.

Group discussions should be conducted separately with men and women to gather in-depth information about their specific and varied needs. Women should lead the discussions with other women to ensure the space is comfortable and safe and that participants feel free to express themselves, including to talk about the violence they are exposed to, in line with WHO Guidelines on assessments related to violence.

Persons with different types of disabilities can participate in the same group discussion, according to their communication skills and abilities. Separate and/or specific groups may be necessary to facilitate effective participation of the following groups:

- adolescent girls and young women with disabilities;
- people who are deaf and use sign language to communicate;
- persons with intellectual disabilities who might prefer to use drawing, stories or photos to stimulate discussion. In such cases, smaller groups (4-6 participants) may be necessary.

In some settings, it might be most effective to have a separate group for people with new disabilities (e.g., acquired through war injuries) to explore their specific concerns. It may also be helpful to run separate, parallel discussions or activities with caregivers and persons with disabilities, in the same or a nearby venue. This can create a safe space for each group to explore their different concerns, may decrease the demands on caregivers who now would not need to come on multiple days, and increase the participation of people who are not used to being separated from their caregivers.

See *Tool 2: Group discussion guide*

One-on-one semi-structured interviews

One-on-one semi-structured interviews may be used for persons with disabilities and their caregivers who are isolated in their homes, and those with mental disabilities who prefer one-on-one communication in a familiar environment. Wherever possible, interviews should be conducted directly with individuals with disabilities, but they can also choose to have others present to support their participation. In some cases, where no method of communication can be established, information can be collected from caregivers. Risks need to be weighed according to the principles laid out in the WHO Guidelines, and the interview may need to be reconsidered. The Individual interview guide (see Tool 3) will help you to identify other information that might be helpful in program design and implementation.

See *Tool 3: Individual interview guide*

Notes:

1. Adapted from the Washington Group Questions on Disability. http://www.cdc.gov/nchs/washington_group/wg_questions.htm
2. <http://www.who.int/reproductivehealth/publications/violence/9789241595681/en/>

To download the complete Toolkit for GBV Practitioners, the report "I See That It Is Possible": Building Capacity for Disability Inclusion in Gender-based Violence Programming in Humanitarian Settings and Stories of Change, visit http://wrc.ms/disability_GBV.

Annex 14: Service audit template – security sector

Note that these should be adapted to field level. Each sector (health, psychosocial support services, security, legal, etc.) will have different criteria for audits. For more sector samples see: GBV AoR, *GBV Assessment and Situational Analysis Tools for Managing GBV in Emergencies Workshop* (2012) at gbvaor.net.

SECURITY / POLICE – PREVENTION			
In place?		Activity	Comment
Yes	No		
		Gender-balanced hiring practices in police, peacekeeping forces	(comment on number of females and males)
		Gender equity in positions of authority and decision-making in police, peacekeeping forces	
		Personal codes of conduct enforced for police, peacekeeping forces, local military	
		Reporting mechanisms in place for violations in codes of conduct	
		Security/police participate in site planning to minimize risks (for refugee/IDP settings)	
		Police, peacekeeping forces work with community to identify and solve high-risk situations	
		Ongoing training for police, security officers, and community in national laws relevant to GBV	(comment on number trained)
		Community policing, including patrols in high-risk areas	

SECURITY / POLICE – RESPONSE			
(THESE ARE THE RESPONSIBILITIES OF POLICE AND OTHER SECURITY FORCES TASKED WITH RESPONDING TO GBV REPORTS)			
In place?		Activity	Comment
Yes	No		
		24-hour (on call) services with trained same-sex interviewers available	
		Assessment using standard incident report form	
		Survivor interviewed in private space	
		Survivor safety planning	
		Collect/store evidence	
		Provide referrals using directory of organizations offering GBV and collateral services	
		Escort to health services, as appropriate	
		Investigate alleged crime	
		Arrest perpetrator	
		Record all actions, including follow-up	
		Compile and analyse monthly incident reports	
		Share data as requested with GBV coordinator/lead GBV agency	
		Identify agency focal point to participate in GBV coordination meetings	

Annex 15: UNICEF and CARE community mapping exercise

Visit the community and ask community members to help you select a public place for a community discussion that is easy to get to and can accommodate as many as 20 people. Let community members know that the discussion will focus on issues related to the safety and security of women and girls in their community. Let them know that you are interested in identifying the geographic areas or physical spaces where women might be vulnerable to harm, including physical or sexual violence. Let them know that you are also interested in identifying resources available to women and girls. Make sure that both men and women are invited to participate in the community mapping assessment. After you have gathered at least 10-20 people at the selected site, follow the outline below to complete your assessment.

1. Introduce the purpose of your visit, assess people's interest and availability. Explain that you are interested in learning about the places and the reasons that the safety and security of women and girls may be compromised in this community.
2. Request that someone draw a map of the community or desired area.
3. Some people will naturally reach for a stick and begin tracing on the ground. Others will look around for paper and pencils. Have materials ready to offer, if it is appropriate.
4. As the map is beginning to take shape, other community members will become involved. Give people plenty of time and space. Do not hurry the process. As the map takes shape, ask people to pinpoint where women and girls are at risk of various types of violence, such as physical violence, sexual violence, sexual harassment, etc.
5. Wait until people are completely finished before you start asking questions. Then review the visual output and ask questions about why people identified various areas as risk areas, what types of violence women and girls are at risk for in these areas, and what the participants believe are the reasons for this risk. Phrase questions as open-ended and non-judgmental. Probe often, show interest, let people talk.
6. Ask people to return to the map(s) and record where women and girls can go for assistance in dealing with violence, both in terms of improving protection to prevent violence but also in terms of receiving services after a violent incident.
7. Combine and record any visual output, whether it was drawn on the ground or sketched on various sheets of paper. Be accurate and include identifying information about the author (place, date, participant names, if possible.)

Close the exercise by thanking all of the participants for their help and letting them know what will be done with the information you have collected.

Sample Questions to assist with the Community Mapping Assessment

- Where are the main areas that women and children feel vulnerable or at risk?
- Are there individuals in the community that are known to be a threat to women or children?
- Are there services available to women that address domestic violence or sexual assault/rape? Where are they?
- Who do community members trust to help them deal with domestic violence or sexual assault/rape?
- Where are the health services located?
- Are mental health services available? Where?
- Are there any women's groups or resource centres in the area?
- Where do people go to address security concerns or issues?
- Are there places in the community that are regarded as safe places for women to go?

Adapted from CARE. Assessment Report of Issues and Responses to Sexual Violence – Dadaab Refugee Camps, Kenya. October 1998.

Annex 16: Sample GBV costing tool to adapt for sub-cluster

This tool was developed by UN Women to provide information to the governments of Indonesia, Lao People's Democratic Republic (Lao PDR) and Timor-Leste on the resources required to ensure a comprehensive multi-sector response to meet the needs of survivors, in line with national action plans or legislation on violence against women. Please note that it must be created and adapted at field level for a humanitarian crisis.

The excerpt below provides an idea of what type of information needs to be gathered for a costing exercise that relies on the GBV sub-cluster defining a Minimum Initial Service Package for their context. A costing exercise would entail more steps than displayed below. Please view the full Excel costing tool (with multiple worksheets) at this link: <http://asiapacific.unwomen.org/en/digital-library/publications/2016/06/a-costing-tool-for-action>

A costing tool for a GBV sub-cluster will differ significantly from an individual organisation's costing tool, because it must account for variance in types, levels and approaches to programming and needs across different geographic areas. If used as part of HPC planning, it is also likely to only cover the period of one year, but if used in defining a multi-year strategy or Roadmap it may cover several years. While a coordinator may consult with member organisations on their tools, it is not recommended that a single organisation's tool be used to estimate the costs of a humanitarian response to GBV overall.

Before beginning a costing exercise, the GBV sub-cluster should discuss with development actors in their context to determine if they have country-specific, inter-agency costing tools in place, such as this one. Coordinators may also consult with the GBV AoR for other examples of costing tools.

Minimum Package of Essential Services			
	Year 1	Year 2	Year 3
1. Hotline (24hr)	√		
2. One Stop Crisis Centre			
150 Hospital	√		
Mother and Child Hospital		√	
3. Shelter			
Province 1	√		
Province 2	√		
Province 3		√	
Province 4		√	
Province 5		√	
Province 6			√
Province 7			√
Province 8			√
4. Counseling services			
Pilot in Rural health clinics	√		
Pilot in School		√	√
Pilot in Workplace	√	√	√
5. Law Enforcement and Justice			
Special desk with trained officers on VAW in provincial police stations	√	√	√
Special court for VAW issues			√
Pilot Mobile Mediation Unit for RWOR		√	
Strengthen Capacity of VMU re: gender sensitive resolution			
Train all VMUs by end of three years	√	√	√
6. Referral Network			√
7. Capacity Bulding of Stakeholders	√	√	√

Minimum Package of Essential Services: Overall Estimates of Costs by Year								
		Year 1		Year 2		Year 3		TOTAL (including all facilities)
		Total	Total	Total	Total	Total	Total	TOTAL
		(National Currency)	(USD)	(National Currency)	(USD)	(National Currency)	(USD)	(USD)
24 Hour National Hotline								0
One-Stop Crisis Centre	150 Hospital							0
	Mother & Child Hospital							0
Shelter	Shelter 1							0
	Shelter 2							0
	Shelter 3							0
	Shelter 4							0
	Shelter 5							0
	Shelter 6							0
	Shelter 7							0
	Shelter 8							0
Counselling Services	Pilot in Rural Health Clinics (number of clinics)							0
	Pilot in Schools (number of schools)							0
	Pilot in Workplaces (number of workplaces)							0
Law Enforcement & Justice	Special desk with trained officers on VAW in provincial police stations (number of police stations)							0
	Special court for VAW issues (number of courts)							0
	Pilot Mobile Mediation Unit (number of PMMUs)							0
	Train all VMU's by end of year three (Number of districts)							0
Total		0	0	0	0	0	0	0
							% of GDP	#DIV/0!

Annex 17: CERF life-saving criteria and activities related to GBV

The activities most relevant to GBV in emergencies that meet the CERF life-saving criteria (2010) are listed below, along with activities that are funded for other clusters/sub-clusters, which can potentially integrate GBV interventions. Consult the full text of the [CERF life-saving criteria](#) for more information.

GBV	Strengthen and/or deploy GBV personnel to guide implementation of an inter-agency multi-sectoral GBV programme response including ensuring provision of accessible confidential, survivor-centred services to address GBV and ensuring it is appropriately addressed across all sectors. In an emergency context and as a first priority, support health service providers with relevant supplies and ensure a range of appropriate psychosocial interventions are in place and accessible.
	Identify high-risk areas and factors driving GBV in the emergency and (working with others) strengthen/set up prevention strategies including safe access to fuel resources (per IASC Task Force SAFE guidelines).
	Improve access of survivors of gender based violence to secure and appropriate reporting, follow up and protection, including to police (particularly women police) or other security personnel when available.
Child Protection	Identification, registration, referral and follow-up for other extremely vulnerable children, including survivors of GBV and other forms of violence, children with no access to basic service and those requiring special protection measures in the context of specific emergency response.
	Advocacy, awareness-raising, life-skills training, and livelihoods in the context of specific emergency response.
	Provision of psychosocial support to children affected by the emergency, e.g. through provision of child-friendly spaces or other community-based interventions, return to school or emergency education, mental health referrals where expertise exists in the context of specific emergency response.
Protection	Deployment of Emergency Protection Teams in disasters and emergencies.
	Identification and strengthening/set up of community-based protection mechanisms in the context of specific emergency response. In coordination with the health cluster.
	Provision of life-saving psychosocial support to person with special needs in particular for older persons.
	Provision of life-saving information to the affected population.
	Support measures to ensure access to justice with a special focus on IDPs, women and children. (e.g. assessments of justice and security needs; support to legal advice and paralegal services in conflict affected areas) Context of specific emergency response.
Health	Medical (including psychological) support to survivors of sexual violence. Activities may include updating health staff on clinical management of sexual violence protocols; supply of drugs and material (including through RH kits) in the context of specific emergency response.
	Support the provision of Psychological First Aid – protect and care for people with severe mental disorders (suicidal behaviour, psychoses, severe depression and substance abuse) in communities and institutions.

CCCM	Support the delivery of essential life-saving services until services have been established.
	Advocate for humanitarian access to allow life-saving activities to be conducted in communal settings in coordination with the protection cluster/sector.
Education	Essential life-saving skills and support such as SGBV information, Mine/UXO risk reduction, HIV/AIDS, psychosocial, nutrition, health and hygiene.
WASH	Hygiene and sanitation supplies (including for women and girls) and awareness raising.
Cross-cutting: Coordination	Provision of assistance to coordination efforts in new disasters. Funding for cluster/sector coordination, (cluster coordinator only) will only be supported in new emergencies and only under the RR window where there is a demonstrated need for support. This coordination person must be part of a larger agency project, which has been prioritized by the RC/HC and HCT. Coordination will not be supported in a stand-alone project.

Annex 18: GBV training topics menu

A number of global and country-specific GBV in emergencies training resources exist. Following an assessment of training needs, GBV sub-clusters may choose to adopt a particular training curriculum for a setting or timeframe to endorse, to ensure that training is consistent across the different geographic locations and target audiences of a response.

Suggested # of Days	Topic	Training Objectives	Need? (Yes/No)
1 day	Gender	<ul style="list-style-type: none"> • Define "gender" • Describe the importance of understanding the concepts of gender when doing GBV work • Demonstrate understanding of their own gender roles and gender in their community • Describe how issues of gender can put women and girls at risk • Describe the concept of gender in their own gender roles and gender in their community • Describe how issues of gender can put women and girls at risk • Describe the concept of gender in their mother tongue, without using the word "gender" 	
½ day	Concepts of power and abuse of power, vulnerability and lack of choice, different types of violence	<ul style="list-style-type: none"> • Identify four characteristics each of people in the community who have power and those who do not • Describe four different types of violence 	
1 day	GBV	<ul style="list-style-type: none"> • Define gender-based violence • Identify the causes and contributing factors of GBV • Discuss the role of power in gender-based violence • Identify human rights violated by acts of GBV • Identify types of GBV • Discuss the physical, psychological and social consequences survivors of GBV might face 	
½ day	Overview of GBV programme, staff roles & responsibilities	<ul style="list-style-type: none"> • Demonstrate an understanding of the individual's job description • Describe how the different job descriptions relate to the overall GBV programme 	

Suggested # of Days	Topic	Training Objectives	Need? (Yes/No)
1 ½ days	Prevention & response	<ul style="list-style-type: none"> • Define prevention activities Describe four prevention activities Identify four groups of people prevention activities should target Discuss the role the community plays in preventing GBV Define response activities Identify four primary sectors that can assist a survivor of GBV Identify four response actions of health actors Identify four response actions of psychosocial actors • Identify two response actions of legal/justice actors • Identify two response actions of security actors 	
1 day	GBV Guiding Principles	<ul style="list-style-type: none"> • Identify the three primary guiding principles • Describe three ways staff will guard confidentiality • Describe three ways staff will respect the survivor • Describe two actions staff can take to ensure survivor security • Describe two actions staff can take to ensure their security 	
1 day	Domestic violence	<ul style="list-style-type: none"> • Define domestic violence • Describe domestic violence in their native language • Identify two psychological after-effects and describe survivor needs in relation to them • Identify two health outcomes and describe survivor needs • Identify two potential threats to staff safety and how they can avoid them when working with DV cases Identify two goals of counselling DV survivors • Identify one positive and one negative potential action on the part of police and justice system in response to DV cases • Discuss traditional ways of dealing with domestic violence 	

Suggested # of Days	Topic	Training Objectives	Need? (Yes/No)
1 day	Sexual abuse and exploitation	<ul style="list-style-type: none"> • Discuss the role of power in exploitation • Identify two psychological after-effects and describe survivor needs in relation to them • Identify two health outcomes and describe survivor needs • Describe the staff's agency-specific Code of Conduct and other staff performance guides in the setting • Describe the procedure for reporting sexual exploitation 	
2 days	Rape, sexual assault, abuse, including child sexual abuse	<ul style="list-style-type: none"> • Identify three reasons for fatal outcomes post-rape • Identify two psychological after-effects and describe survivor needs in relation to them • Identify two health outcomes and describe survivor needs • Identify four health and four psychosocial potential after-effects that most forms of GBV have in common • Define "blaming the victim" and describe three ways it can result in further harm and trauma • Discuss the signs of rape trauma • Describe how staff will use their understanding of after-effects to offer information to the survivor on available resources 	
2 days	Case management	<ul style="list-style-type: none"> • Describe and apply the steps in a case management model when working with survivors • Understand the different needs of survivors and be able to undertake more holistic assessment, taking into account different needs • Identified core knowledge and skills required to work with survivors • Define all terms used on the intake and assessment 	
1 day	Human rights	<ul style="list-style-type: none"> • Define what is a "human right" • Identify and describe five human rights relevant to GBV • Identify relevant human rights instruments/documents 	

Suggested # of Days	Topic	Training Objectives	Need? (Yes/No)
1/2 day	Health response	<ul style="list-style-type: none"> ● Identify four roles/ responsibilities of health actors for response ● Discuss ways to ensure involvement of and ethical services from health actors 	
3 days	Emotional/psychosocial response	<ul style="list-style-type: none"> ● Identify four roles/ responsibilities of psychosocial actors for response ● Describe the difference between active listening and advising ● Demonstrate emotional support and active listening through role play in three different types of GBV cases ● Define counselling and understand its purposes ● Name two of the aims of counselling a rape survivor ● Demonstrate through role play ability to interview a GBV survivor, gather information, assess emotional status and provide emotional support 	
1 day	Security & justice response	<ul style="list-style-type: none"> ● Identify key roles/responsibilities of the police in GBV response ● Demonstrate general understanding of relevant laws ● Identify three survivor advocacy needs when facing the legal justice system 	
1 day	IEC and behaviour change	<ul style="list-style-type: none"> ● Identify four steps for developing IEC materials ● Describe the importance of targeted IEC ● Identify two methods for evaluating effects of IEC 	
1 day	GBV and cash interventions	<ul style="list-style-type: none"> ● Understand how cash interventions are part of humanitarian reforms to create a more effective GBV response ● Provide examples of cash based programming within GBV responses and/or other key sectors ● Identify aspects of cash based programming that may contribute or shift the dynamics of GBV in the humanitarian context ● Recommend risk mitigation measures to consider when designing and implementing cash interventions 	

Suggested # of Days	Topic	Training Objectives	Need? (Yes/No)
1-2 days	GBV and Adolescents	<ul style="list-style-type: none"> • Understand how GBV affects adolescents globally and in your setting, particularly adolescent girls • Identify challenges, capacities and benefits for engaging adolescents in GBV programming • Understand how to tailor interventions to the particular needs of adolescents, particularly girls 	
1-2 days	The rights of persons with disabilities and GBV interventions	<ul style="list-style-type: none"> • Understand how GBV affects persons with disabilities globally and in your setting, particularly women and girls with disabilities • Identify challenges, capacities and benefits for engaging persons with disabilities in GBV programming and coordination • Understand how to integrate persons with disabilities into all phases of programme cycle 	
1-2 days	Working with LGBTI communities to address GBV	<ul style="list-style-type: none"> • Understand how GBV affects persons who identify as LGBT globally and in your setting. • Identify protection risks, challenges, capacities and benefits for engaging LGBT community in GBV programming and coordination • Understand how to integrate LGBT considerations into all phases of programme cycle 	

Annex 19: GBV AoR media guidelines¹

I. Purpose and Audience

At its best, media reporting on sexual and other forms of gender-based violence (GBV) in emergency contexts facilitates advocacy with decision makers and communities to ensure protection for refugees, internally displaced persons (IDPs) and other vulnerable groups and supports fundraising for comprehensive GBV programs. However, media reporting on GBV in emergency contexts – when it fails to take into account basic ethical and safety principles – can also put GBV survivors, their families and those who are helping them at risk.

The audience for these guidelines is two-fold: first, the guidelines are meant to support those actors who are working in humanitarian contexts to address the needs of GBV survivors, e.g. as part of a UN, NGO or Government entity, including senior management of these organisations. Second, the guidelines propose best practices for journalists and other media professionals who are reporting on GBV in emergency contexts.

Survivors' Best Interests

Any efforts to document GBV for the purposes of media reporting must first prioritize survivors' safety and best interests. Considerations around a survivor's best interest must take precedence over other objectives, including drawing attention to particularly grave GBV violations, such as mass rape. Concretely this means that journalists, reporters and other media professionals, as well as those actors who may be supporting access to survivors, must prioritize survivors' rights to dignity, privacy, confidentiality, safety, security and protection from harm or retribution and should consider if and how a story could potentially violate any of these core principles.

Survivors' best interests are deeply impacted by the context in which a story is reported. Prior to facilitating access and/or covering any story on GBV, there must be a clear purpose for the story (beyond "human interest") and the implications of publicising the issue in that context must be carefully considered. Both those entities that are facilitating access to affected populations and the media professionals who are reporting the story must remain aware of the changing dynamics within crisis-affected communities, and the possible negative impacts that such a singular focus on sexual and other GBV could have on their well-being. The potential positive impact of reporting on GBV for survivors and others within the affected population must be clearly articulated beyond simply raising awareness, promoting an organization to increase their visibility and/or generating greater donor interest.

The guidelines are intended to ensure that all actors who play a role in facilitating or engaging in media reporting on GBV are aware of and able to prioritize the ethical and safety considerations that preserve the safety, confidentiality and dignity of survivors, their families, their communities, and those who are trying to help them.

II. Guiding Principles for Media Professionals

Journalists and other media professionals play a critical role in not only raising awareness of GBV but also in counteracting myths and outdated attitudes that may persist on the issue. Drawing attention to positive stories of empowerment and resilience, for example, can assist in illustrating how survivors often act as advocates and agents of change. Below are some additional suggestions for journalists and other media professionals to guide safe and ethical reporting on GBV in humanitarian contexts:

- **Avoid judgmental language.** Writing about a survivor's history, her/his sexual practices or sexual orientation, what she/he was wearing, where she/he was, what she/he was doing, or what time of day the abuse occurred could imply survivor blame. Generally, contextual factors such as those just listed should be avoided in all media reporting on GBV. Additionally, forms of GBV should not be presented as "normal" or part of the culture of the crisis-affected context. Unless justifiably relevant to the story, survivor and perpetrator ethnicities should not be reported. It is also recommended to avoid using the term "alleged" rape or sexual assault or referring to a survivor as an "accuser" as this could reinforce the disbelief that a crime actually occurred and has the potential to reinforce negative stereotypes.²
- **Never report details that could put survivors at further risk.** Names, photographs, or other identifying information of survivors, their family members, or even at times those actors who are providing assistance (depending on the context), should not be used. Other information including certain specifics of the incident and the physical characteristics of the survivor may also put survivors and those helping them at risk and should be avoided. Any breaches to this best practice can put survivors' lives at risk.³
- **Important Consideration: Working with Internal Media Professionals.** It is important to consider the possible power differentials that may factor into reporting of a GBV-related story that is generated from within an agency versus from an external media source. For instance, if a communications staff from headquarters or regional offices requests access to survivors for the production of communication materials, a country office may feel obligated to provide such access. In such cases, if a country office believes that granting access could jeopardize current efforts to address GBV or to provide services to survivors, field staff should reach out to relevant GBV, Gender, RH, or Protection focal points at HQ or regional office for support and to ensure that all staff are aware of these guidelines. However, depending on the country context, field staff may establish that there are no risks involved and that, as long as communication staff respect interview guidelines, access to survivors can be provided.
- **Consult GBV experts who are familiar with the context.** The input of local GBV experts will always increase the depth of understanding by providing relevant contextual information. These experts are usually well-placed to support journalists and other media professionals to ensure survivors' rights are protected. If there is ever a question of a story's potential for violating survivors' rights (or a "grey area" in terms of safety and ethics), these experts can also guide media professionals to ensure that they are presenting their story in such a way so as to not increase the risk of further abuse or retribution against survivors, their families, or others who are helping them get care.
- **Provide information on local support services and organizations who are addressing GBV in the context.** With the consent of service providers, media reports can include the contact information of local support organizations and services in order to allow survivors/witnesses, their families and others who may have experienced or been affected by GBV to access the care they need. It is critical to obtain the consent of service providers prior to printing or broadcasting information on services. In countries where parties to the conflict have been

implicated in perpetrating GBV, media professionals must use caution to ensure that service-providing entities do not face retaliation (including violence, threats of violence, and/or getting shut down by the host government).

Ethical and Safe Survivor Interviews

Sensitive reporting means ensuring that the media interview meets the needs of the survivor. When interviewing female survivors, a female interviewer and interpreter should be on hand. It is important that the interpreter is briefed about confidentiality and agrees to it before meeting the survivor. Too often interpreters are found at the last minute and may not understand the dynamics and consequences of GBV. They also may not have the vocabulary needed for the interview. If interviewers are trained they can also function as cultural brokers and re-phrase questions so as to minimise harm.

- Ensure a secure and private setting. In recognition that stigma may be associated with any step of an interview process. Media practitioners must do everything they can to avoid exposing the interviewee to further abuse. This includes avoiding actions that may undermine their quality of life or standing in their family or community.
- Treat the survivor with respect. For journalists this means respecting privacy, providing detailed and complete information about topics to be covered, and fully informing the survivor on how the information will be used. It also means informing the survivor before the interview begins that she/he does not have to answer every question the reporter asks and that she/he has the right to ask the interviewer to skip a specific question or to take a break if the interview becomes upsetting.
- Survivors have the right to refuse to answer any questions or divulge more information than they are comfortable with. Journalists and other media professionals should provide contact details to interviewees and make themselves available for later contact. This will ensure interviewees are able to keep in touch if they wish or need to do so.
- Avoid questions, attitudes or comments that are insensitive to cultural values, that place an individual or group in danger, that expose an individual or group to humiliation⁴, or probing for details that reactivate an individual's or group's pain and grief associated with their exposure to GBV.
- Pay attention to where and how the survivor is interviewed. Try to make certain that she/he is comfortable and able to tell his/her story without outside pressure, including from the reporter/interpreter or other media professional. Survivors should also be allowed to have someone with them whom they trust and who can act as a survivor advocate. The survivor should be asked where and when to hold the interview. Survivors may face increased risk of harm just by being seen with someone who is foreign and are best placed to determine the most appropriate and safest context for the interview. It is also important to consider who may be within hearing range of the survivor who is telling her story. Sometimes rooms may only be partitioned by a curtain. The time of day of the interview should ideally also be determined by the survivor: it may be easier for her to leave the house un-noticed at certain times.
- The use of images, footage and photographs to illustrate GBV is complicated. Except in cases where survivors have given their informed consent, photos should not include any identifiable information. Any use of images should present the subject in a way that upholds their dignity. Where possible, images should be used to illustrate a general situation, rather than a specific incident of GBV. **It is not recommended to take pictures of survivors.** If pictures are taken by photographers, it is important to obtain written consent from the survivors and to stay in

contact with photographers to review and select images, clarify any information, and discuss possible uses. Unless the individuals represented in the images have given their written, informed consent for use of their image in association with a story on GBV, the use of stock footage to illustrate a story on GBV should also be avoided. **Photos of child survivors should never be used.**

III. Guiding Principles for UN, NGO and other Survivor Advocates

Due to the potential repercussions on the safety, security and psychological well-being of the survivor, facilitating individual interviews between journalists and GBV survivors is not recommended. Agencies and organizations who are providing direct support for survivors should not be responsible for “finding” survivors for journalists to interview. Instead, aid workers can assess the environment and consider if and how survivors could be directly or indirectly engaged. If a survivor volunteers to tell her/his story, these are the key steps to be taken by humanitarian professionals before an interview is arranged:

How to ensure a decision is “informed”

In advance of the interview, journalists and other media professionals must:

1. Explain the objective of the interview, the context of the news story, the background on the media outlet, the steps in the interview, who will interview, who will be present during the interview, where the interview will take place, how interview will be published, name of translator, etc.
 2. Explain the potential risks of undertaking the interview.
 3. Explain that he/she has the right to decline or refuse any part of the interview and interrupt the interview at any time.
 4. Explain what will be kept confidential and the limits of confidentiality.
- Secure consent from the survivor for all interviews and audiotaping. Informed consent⁵ is obtained when a survivor has demonstrated understanding of all potential known positive or negative consequences of divulging his or her information, and can explain exactly how his or her information will be used, including what, if any, identifying information may be shared. Humanitarian personnel should be aware of actors who may be intentionally or unintentionally exploiting the power differential between the interviewer and survivor, family or community members who may be pressuring the survivor to tell her story against her will, or any other factors that might make consent not truly informed.
 - Even when survivors consent to being photographed, photos should not be taken that could enable survivor identification (thereby putting them at risk of further abuse and/or retaliation). This equally applies to stories that will appear in local press as it does to those stories that will only be published online.
 - At all times, secure a written agreement from the reporter to remove identifying information from interviews. This will include changing the name of the survivor and obscuring the physical identity and voice. The exception to this is if, after having all of the potential implications clearly explained to him/her, the survivor explicitly agrees to have her/his identity divulged. NGOs and service providers should also receive a written agreement that the name of the provider and organization will not be used publicly and not be mentioned in the report. It should be assumed that nothing that is said will be “off the record”; rules of engagements should be negotiated before any information is divulged. As feasible, media professionals should share the story in advance with a GBV expert as well as any other actors (survivors or their helpers) who have been featured in the report to review. This applies equally to an in-house story and a story that’s being reported by an external actor or entity.

- Even in the few cases of when a survivor's identity is used based on their full and informed consent, he/she must still be protected against harm and supported through any stigmatization or reprisals. Some examples of these special cases are when a survivor initiates contact with a reporter or when a survivor is part of a sustained program of activism or social mobilization and wants to be identified.
- **Children:** Except in very limited circumstances, journalists or other media professionals should avoid any direct interviews with children. If an interview is required for the story, in addition to applying all of the principles described above, the following steps should be taken when it comes to children⁶:
 1. The interview should never take place without another adult being present. The adult would normally be a parent, but might be someone else who is acting in the place of a parent, such as a teacher, or someone working for a children's protection agency.
 2. Older children can speak for themselves, but there is a danger that even young people in their teens may be misled or make a snap decision they later regret. Journalists should consider whether even older teenagers properly understand how material is to be used and whether they can give informed consent. Indeed the older the child, the more necessary it is to explain the use of material fully and let them make a decision.

For additional information, go to: www.unicef.org/media/media_tools_guidelines.html.

IV. GBV Terminology

The following are some of the most common type of GBV in emergency contexts. Journalists and other media professionals should adhere to the below definitions in reporting on GBV.⁷

TYPE OF GBV DEFINITION/DESCRIPTION*

Rape

Non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy.

Sexual Assault

Any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks.

Sexual Exploitation

The term "sexual exploitation" means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Some types of "forced prostitution" can also fall under this category.⁸

Sexual Abuse

The term "sexual abuse" means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.⁹

Physical Assault

An act of physical violence that is not sexual in nature. Example include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury.

Domestic Violence/ Intimate Partner

Intimate partner violence refers to violence that takes place between intimate partners (spouses, cohabiting partners or boyfriend/girlfriend). Domestic violence is often used interchangeably with intimate partner violence, but also can include violence by family members other than a spouse. This type of violence may include physical, sexual and/or psychological abuse, as well as the denial of resources, opportunities or services.¹⁰

Forced Marriage

Forced marriage is the marriage of an individual against her or his will.

Early or Child Marriage

Early or child marriage (marriage under the age of legal consent) is a form of forced marriage as the girls are not legally competent to agree to such unions).¹¹

Psychological/ Emotional Abuse

Infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, social exclusion, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc. Forms of sexual harassment may be included in this category of GBV.

Denial of Resources, Opportunities or Services

Denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. "Economic abuse" is included in this category. Some acts of confinement may also fall under this category.

Trafficking in Persons

"...the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs."¹²

Harmful Traditional Practices

Cultural, social and religious customs and traditions that can be harmful to a person's mental or physical health. It is often used in the context of female genital circumcision/mutilation or early/forced marriage. Other harmful traditional practices affecting children include binding, scarring, burning, branding, violent initiation rites, fattening, forced marriage, so-called "honour" crimes and dowry-related violence, exorcism, or "witchcraft".¹³

Female Infanticide

Sex selection typically occurs because of discrimination against women and girls and a systematic preference for boys.¹⁴ This can lead to neglect and/or discrimination against girls in access to care, food and other resources and in extreme cases to female infanticide.

Son Preference

Son preference refers to a whole range of values and attitudes which are manifested in many different practices, the common feature of which is a preference for the male child, often with concomitant daughter neglect. It may mean that a female child is disadvantaged from birth; it may determine the quality and quantity of parental care and the extent of investment in her development; and it may lead to acute discrimination, particularly in settings where resources are scarce. Although neglect is the rule, in extreme cases son preference may lead to gender-biased selective abortion or female infanticide.”¹⁵

* Please note: the definitions provided here refer to commonly accepted international standards. Local and national legal systems may define these terms differently and/or may have other legally-recognized forms of GBV that are not universally accepted as GBV.

- 1 Unless otherwise noted, these Guidelines have been adapted from two key resources: *Reporting guidelines to protect at-risk children*, UNICEF (http://www.unicef.org/media/media_tools_guidelines.html) and *IFJ Guidelines for Reporting on Violence Against Women*, Ethical Journalism Initiative (<http://ethicaljournalisminitiative.org/en/contents/ifj-guidelines-for-reporting-on-violence-against-women>)
- 2 For more information on “Words to use, words to avoid” see *Reporting on Sexual Violence: A Guide for Journalists*, MNCASA, http://www.mncasa.org/index_451_3523309454.pdf,
- 3 Since the name of the survivor or any other identifying information must be changed in the story, there is no need to write it down. In fact, once a name is in the notes it can put confidentiality at risk: journalists or media specialists could be stopped by parties to the conflict at a checkpoint and the notebook or computer could be confiscated or stolen, putting the survivor and family at risk even for having spoken to the media.
- 4 For example, suggesting that men from certain ethnic groups are more prone to violence or that women from certain communities or socio-economic backgrounds are accustomed to marrying their daughters to much older men.
- 5 “Informed consent” occurs when someone fully understands the consequences of a decision and consents freely and without any force. There is no consent when agreement is obtained through deception, or misrepresentation or when a promise is made to the person to provide a benefit (even if this promise is implied).
- 6 *Child Rights and the Media: Putting Children in the Right: Guidelines for Journalists and Media Professionals*; International Federation of Journalists, Jan. 2002 (http://www.unicef.org/magic/resources/childrights_and_media_coverage.pdf)
- 7 *Managing Gender-based Violence Programmes in Emergencies, E-learning Companion Guide*, UNFPA
- 8 UN Secretary General’s Bulletin on Protection for Sexual Exploitation and Abuse (ST/SGB/2003/13).
- 9 *ibid.*
- 10 GBVIMS User Guide (2010).
- 11 *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons*, (UNHCR, 2003).
- 12 Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000). <http://www2.ohchr.org/english/law/protocoltraff.htm>
- 13 “Rights of the Child” Note by the Secretary-General. 29 August 2006. http://www.unicef.org/violencestudy/reports/SG_violencestudy_en.pdf
- 14 “Preventing Gender-based sex selection” (Inter-Agency Statement, 2011) http://www.unfpa.org/webdav/site/global/shared/documents/publications/2011/Preventing_gender-biased_sex_selection.pdf
- 15 Fact Sheet No.23, Harmful Traditional Practices Affecting the Health of Women and Children (OHCHR, 1995) <http://www.ohchr.org/Documents/Publications/FactSheet23en.pdf>

Annex 20: Rohingya crisis GBV briefing

GBV Policy and Advocacy Task Team Inter-agency Briefing Paper



The Policy and Advocacy Task Team of the Gender-based Violence Area of Responsibility (GBV AoR)¹ recognizes the continuing generosity of the Government and people of Bangladesh in keeping their borders open to the hundreds of thousands of refugees fleeing conflict and violence in Myanmar.

The GBV AoR, in support of the Bangladesh GBV Sub-Sector, calls upon donors and states to:

- Release funds immediately to cover Gender-based Violence (GBV) needs for at least one year. The GBV needs of this crisis are too large and too complex to be responded to with smaller, short-term funding. The Response Plan estimates that the funding required to meet the affected population’s needs currently stands at **US\$434,000,000, with \$13,400,000 requested by the GBV Sub-sector to meet humanitarian need until February 2018 alone**. Further, the Response Plan estimates that there are currently at least 448,000 people² in need under the GBV sector – 92% of whom are female, and 58% are under the age of 18.³
- Work with the Bangladesh government to ensure that humanitarian space and access is secured and that clearance for agencies to provide humanitarian assistance is granted swiftly for new partners.
- Use the [2015 Interagency GBV Guidelines](#) and the [2006 Gender Handbook in Humanitarian Action](#) as a criteria on which the release of all humanitarian funding is based. Agencies failing to meet these minimum standards of humanitarian action should not receive funding in line with the humanitarian principle of do-no-harm. Donor assistance is requested by the GBV AoR in requiring that the above guidelines are incorporated into humanitarian agencies’ response plans and strategies.
- Immediately fund: (1) the expansion of scaled-up life-saving interventions, in particular clinical management of rape survivors, using mobile and facility based approaches in existing settlements and establishment of these services in new settlements; (2) integrated sexual and reproductive health and gender-based violence response services for survivors; (3) interventions which seek to mitigate risk and support a protective environment through mainstreaming approaches in other sectors; (4) Safe Space Centres for women and adolescent girls which provide case management and other psychosocial support programming.
- Put in place funding mechanisms to support interventions which prevent and respond to intimate partner violence and child, early and forced marriage.

¹ The Cluster Approach has not been activated in Bangladesh, but a sector-based approach with an Inter-Sector Coordination Group (ISCG) is currently in place to allow the humanitarian community to work together to develop and deliver strategic objectives, maximize the use of resources and avoid duplication. Sectors liaise with relevant Government counterparts. The GBV Sub-Sector is led by UNFPA.

² 448,000 people are in need of: specialised case management services for GBV survivors, community-led GBV risk mitigation, and psychosocial support and enrichment activities for women and girls intended to improve help-seeking behaviour and access to life-saving services.

³ This figure covers both response and prevention.

Background:

Population

The Rohingya represent the largest percentage of Muslims in Myanmar, with the majority living in Rakhine State. The 2014 Myanmar census did not include the Rohingya population as a category,¹ which makes it extremely difficult to understand the sex and age disaggregation of the population. However, we do know that in 2016 the Rohingya population inside Rakhine state was around 1 million.¹

Since violence erupted in North Rakhine, Myanmar, on 25th August, hundreds of thousands of Rohingya people have fled into Bangladesh. **As of 11th October 2017, the cumulative number of new arrivals in all sites of Ukiah, Teknaf, Cox's Bazar and Ramu was 536,000.**¹ The total Rohingya population in Bangladesh is now estimated to be approximately 800,000. The IOM Needs and Population Monitoring Report of 21st September reported a 53% female:47% male split⁴ in the 23 displacement sites in Cox's Bazar surveyed. However, a comprehensive registration system has not yet been implemented and anecdotal evidence suggests that in many of the settlements, the proportion of females to males is much higher.⁵ Further, there are reports that 12% of households are female-headed.⁶ The number of new arrivals to Bangladesh is likely to increase as people continue to cross the border and additional groups of new arrivals are identified.

Gender-based Violence prior to the most recent crisis

By understanding and contextualizing GBV prior to the most recent crisis, we are able to better understand and prepare for trends in GBV perpetration as the current crisis develops.

For decades evidence of sexual violence perpetrated against the Rohingya in Rakhine State have emerged,⁷ but incidents have rarely been reported to authorities and even more rarely have survivors received access to justice.

Intimate partner violence was present within the Rohingya community prior to this humanitarian crisis taking place.⁸ This was exacerbated by long-term displacement and a lack of livelihoods.

Sexual exploitation and abuse by lenders/landowners, engagement in risky economic sectors (domestic work/farm labour), and targeting women for inclusion in drug/sex trafficking all exist in the backdrop to this crisis. Anecdotally, there has been an acknowledgement that survival sex was prevalent prior to the most recent crisis with self-appointed community leaders amongst the perpetrators. Women were disproportionately affected by this.

Cox's Bazar in Bangladesh has hosted Rohingya refugees since the late 1970's, with the Rohingya crossing the border during different times of crisis. This earlier displaced population has either settled in the host community or in cluster settlements. Intimate partner violence was reported (in 2016) to have been the most prevalent form of GBV, whilst sexual harassment was reportedly perpetrated by the host population against women and girls – especially whilst they were out collecting water.⁹

A recent assessment carried out by CARE Bangladesh revealed that the majority of women and girls in the camps aged between 13 and 20 years already had children and/or were currently pregnant. This suggests that child marriage may be taking place within the community prior to this crisis. There is also ample academic and I/NGO evidence available which demonstrates that child, early and forced marriage is

⁴ IOM., Needs and Population Monitoring, 21st Sept 2017

⁵ CARE Bangladesh, Rapid Gender Analysis, October 2017 (Unpublished)

⁶ IOM., Needs and Population Monitoring, 21st Sept 2017

⁷ Supported by academic literature, UN OHCHR reports, anecdotal evidence from earlier refugees and current refugees

⁸ Murray, R., *Strategies for Improving the Prevention of Intimate Partner Violence Against Women in Burma*, 2016

⁹ Islam, F., Khan, M., Ueda, M., Awal Chowdhury, N., Chowdhury, S., Delem, M. and Rahman, A. (2016). 724 Situation of sexual and gender based violence among The Rohingya migrants residing in Bangladesh. *Injury Prevention*, 22(Suppl 2), pp.A260.1-A260.

commonplace amongst the Rohingya population.¹⁰ In addition, a UNHCR report shows that more than half of Rohingya girls who have fled Myanmar since 2012, married prior to the age of 18,¹¹ we therefore know that in times of crisis, the Rohingya population have previously engaged in child marriage as a negative coping mechanism and mitigation of this is needed in this crisis. The health consequences of child marriage can be disastrous: pregnancy and childbirth complications are the second leading cause of death among 15 to 19 year olds globally,¹² and the health risks are even more acute in humanitarian contexts.

Gender-based Violence as part of the current crisis

The GBV AoR and its members are deeply concerned about the reports of sexual violence that have taken place against women and girls in Myanmar.¹³ ¹⁴ Reports of cases of sexual violence continue to be high. There have also been widespread reports from service providers and from focus discussion groups conducted by a number of agencies, of multiple-perpetrator rape and sexual assault. Girls as young as 5-years of age have been reported to have been raped – often in front of their relatives. There are reports of rapes being extremely violent, with sexual violence accompanied by mutilation of the body and the face.¹⁵ There are reports of pregnant women being attacked and their fetuses removed from their bodies.¹⁶

According to a Rapid Gender Analysis (RGA) completed by CARE Bangladesh,¹⁷ from the 25th of August, there was a marked increase in gender-based violence, there had been a steady increase in both frequency and severity over the last two years - perpetrated by both community members and armed actors. Rape and gang rape were so frequent in the last two years that every respondent who participated in CARE Bangladesh's assessment reported that they had a family member or neighbor who survived or who had died as a result of rape.

Many women and adolescent girls reported having given birth to children conceived as a result of rape. Many women and adolescent girls have also reported that they have independently sought abortions since arriving in Bangladesh. According to community leaders and interviews with women and girls, every woman and girl in one camp (approximately 65% members of 25,000 families) is either a survivor or an eye-witness of multiple incidences of sexual assault, rape, gang-rape, murder through mutilation or burning alive of a close family member or neighbor.¹⁸ When women compare their situation in settlements to those in Myanmar, they report that they do not have any security concern in the camp and feel relatively safe. Nevertheless, there have been reports of rape within the camps which were shared during focus group discussions and during key informant interviews. These incidents of sexual violence often go unreported to police and are dealt with by the community. It should be noted that although some women report feeling safer than they did prior to and during displacement, the settlement areas and pre-existing camps have very few and largely overwhelmed protective mechanisms. Minimum standards outlined in the SPHERE guidelines and in the 2015 Interagency GBV guidelines are not being met – making these locations extremely unsafe places for women and girls. Overall, there is a perception that women and girls are less likely to be targeted here for systematic rape and/or torture – however, the protection threats which exist in all crises and displacement contexts are still very much present.

The most commonly reported needs within the four most affected Upazilas¹⁹ in Cox's Bazar were money (73%), household goods and non-food items (61%) and food (52%). Over 3/4 of the surveyed population

¹⁰ See for example: <https://www.reuters.com/article/uk-myanmar-rohingya-childbrides-insight/sold-into-marriage-how-rohingya-girls-become-child-brides-in-malaysia-idUSKBN15U009>

¹¹ UNHCR, *Mixed-movements in South East Asia*, 2016 http://reporting.unhcr.org/sites/default/files/UNHCR%20-%20Mixed%20Movements%20in%20South-East%20Asia%20-%202016%20-%20April%202017_0.pdf

¹² WHO, *Preventing Suicide: A Global Imperative*, 2014

¹³ Ekin, A. (2017). *Rohingya refugees share stories of sexual violence*. [online] Aljazeera.com. Available at: <http://www.aljazeera.com/indepth/features/2017/09/rohingya-refugees-share-stories-sexual-violence-170929095909926.html> [Accessed 17 Oct. 2017].

¹⁴ UN News Service Section. (2017). *UN News - Horrific accounts of sexual violence against Rohingya 'just tip of the iceberg' – UN agency*. [online] Available at: <http://www.un.org/apps/news/story.asp?NewsID=57764#.WdeQzhNSy8U> [Accessed 17 Oct. 2017].

¹⁵ Mission report of OHCHR rapid response mission to Cox's Bazar, Bangladesh (13-24 September, 2017)

¹⁶ Mission report of OHCHR rapid response mission to Cox's Bazar, Bangladesh (13-24 September, 2017)

¹⁷ CARE Bangladesh, Rapid Gender Analysis, October 2017 (Unpublished)

¹⁸ CARE Bangladesh, Rapid Gender Analysis, October 2017 (Unpublished)

¹⁹ a geographical region in Bangladesh used for administrative or other purposes. They function as sub-units of districts.

rely on harmful coping mechanisms in relation to food, including opting for less preferred and less expensive foods (90%), reducing number of meals eaten in a day (69%), and restricting consumption by adults in order for small children to eat (68%).²⁰ In addition, food consumption scores are extremely poor. The Response Plan has highlighted that both human trafficking and survival sex are also taking place during flight, and we should assume that this is also occurring in settlement areas – particularly in light of the current level of food insecurity.²¹ Awareness around the issue of sexual exploitation and abuse is a particularly important area of concern given the current conditions.

Crowded living in spontaneous settlements and in ad-hoc collective centres have meant that women and girls do not have access to safe, lockable, well-lit, centrally located latrines. Nearly one-third of families surveyed reported open defecation – increasing risk to GBV. Further, the overcrowded nature of the response has meant that women and girls are unable to access private space to change clothes, bathe or sleep – seriously impeding their dignity and their safety. A lack of menstrual management materials in addition to a lack of dignified space restricts women's and girls' movement thereby increasing isolation and further increasing risk to GBV. This restriction on movement inside the camps also limits women's and girls' ability to access GBV response services or other humanitarian aid. Harassment of women at distribution points, child early and forced marriage, forced engagement in the drug and sex trade, and sexual exploitation from lenders and landowners continue to be pervasive.²² A lack of legal status has impeded the ability of survivors of GBV (in its multiple forms) to access formal justice, as reporting acts of violence (or any crime) could lead to arrest and detention under the Foreigners' Act.

General recommendations:

Many of the following actions are already being delivered or are being set up by humanitarian actors on the ground. However, the AoR urges the humanitarian community to prioritise the following recommendations and for donors to support this.

Coordination

- **There is a need to strengthen the existing coordination mechanism:** to ensure safe access to services, referral pathway development and promotion, the implementation of safe and ethical practices for data collection and information management. In addition, a fully funded coordination mechanism will: (1) develop inter-agency SOPs that clarify roles and responsibilities for GBV prevention and response; (2) establish a referral pathway to promote survivor's access to services; (3) mainstream GBV risk mitigation and survivor support across all humanitarian sectors in line with globally endorsed IASC GBV guidelines – including, most urgently in the CCCM, WASH, Shelter and Food Security sectors.
- **The UN and NGOs should immediately implement a coordinated sexual exploitation and abuse reporting and assistance mechanism:** reporting and the promotion of the system (as with all other accountability systems and information provision) should be cognizant of the low literacy rate, particularly for women and girls, amongst the population. The set-up and roll out of this coordinated mechanism is to be accompanied by training to all humanitarian actors.
- **There is a particularly strong need to ensure that women and adolescent girls are involved in leading the humanitarian response in all sectors:** women and adolescent girls are always in situations of the greatest vulnerability in any humanitarian crisis, however, this crisis is particularly sexually violent and there is an even greater need to ensure that women and adolescent girls take on leadership positions and that grass-roots women's rights organizations are not only engaged on the periphery, but also encouraged and funded to deliver GBV response and prevention programming.
- **The humanitarian community should remain vigilant not to reinforce, or to exacerbate, gender inequality in its response and to engage women and girls in the design and delivery of aid.**

²⁰ International Rescue Committee, Relief International., (Oct 2017) *October 2017 Assessment Report: Undocumented Myanmar Nationals Influx to Cox's Bazar, Bangladesh*

²¹ Response Plan, https://reliefweb.int/sites/reliefweb.int/files/resources/2017_HRP_Bangladesh_041017_2.pdf 2017

²² Response Plan, https://reliefweb.int/sites/reliefweb.int/files/resources/2017_HRP_Bangladesh_041017_2.pdf 2017

- **Ensure that the host population are engaged and involved in coordination:** this will serve to strengthen integration, and ameliorate tensions across communities.

Programmatic

- **Prevention and response should be prioritized in the camps now and for the long-term:** all forms of GBV occur and increase during displacement and camp contexts. Psychosocial and higher-level mental health programming is highly encouraged.
- **Family planning, SRHR and GBV health responses should be immediately integrated:** the provision of menstrual regulation with medicine (MRM)²³ is legal in Bangladesh and given that 25% to 50% of maternal mortalities in emergencies result from unsafe abortion,²⁴ this preventative method, along with the delivery of the sexual and reproductive health Minimum Initial Service Package (MISP) and emergency obstetric care (EMOC) is vital and should be prioritized for funding.
- **The provision of information to the community on the health and social impacts of child marriage accompanied by the provision of economic alternatives should be developed and implemented within the next month:** there is already evidence of child, early and forced marriage and it is likely that the practice will increase for a number of reasons including economic drivers and a misunderstanding of marriage as a means of protection. Early, targeted, information provision is important and should begin in the coming weeks. This should accompany the provision of information on GBV services (health, psychosocial and legal responses in particular) and on where to find safe spaces for women and girls. This programming should be accompanied by cash interventions (where appropriate), livelihoods opportunities (where appropriate) and other income generation opportunities which target families with women and girls who may be at risk of child, early and forced marriage.
- **Interventions should be immediately implemented which specifically target the prevention, mitigation and response to intimate partner violence:** intimate partner violence is a major concern and its incidence is highly likely to increase.

The GBV AoR encourages actors with experience and technical specialisms in GBV to engage in responding to this crisis: the needs are too great for current actors to be able to meet alone.

This document is endorsed by the following agencies, currently responding to the crisis in Bangladesh:

CARE International; Christian Aid, DanChurchAid; International Planned Parenthood Federation (IPPF); International Rescue Committee (IRC); International Organisation for Migration (IOM); Norwegian Church Aid (NCA); Plan International; Refugees International; Save the Children; UNHCR; UNFPA; UNICEF; and Water Aid.

This document is endorsed by the following agencies, in solidarity:

ABAAD; International Centre for Research on Women (ICRW); Mercy Corps; The University of Botswana; and Women's Refugee Commission (WRC).

²³ Menstrual regulation with medication (MRM) is the use of one or more medications to establish non-pregnancy. The most effective MRM method is the combined use of mifepristone and misoprostol. Where mifepristone is not available, misoprostol used on its own is also considered a safe and effective MRM method. Misoprostol is endorsed by the WHO for treatment of incomplete abortion. MRM is legal in Bangladesh.

²⁴ International Rescue Committee (2015). Impossible Nowhere. 1st ed. [ebook] New York: IRC. Available at: <https://www.rescue.org/sites/default/files/document/467/impossiblewherefinalhighnov15.pdf>

Annex 21: Handling controversy

HANDLING CONTROVERSY (What to do when things go south)

Consult and preempt

There are times when news coverage is unwelcome, and there are issues that we sometimes want to avoid discussing publicly. Consult with headquarters senior staff and your communications department if an issue arises that could be problematic for the organization or for a staff member and could lead to negative news coverage. This gives them the chance to think through the problem together and develop a proper response. Your communications department can provide you with talking points if necessary.

****But what happens when you are actually *in* an interview that is getting uncomfortable?*****

Stick to the facts

If a question is speculative or hypothetical or makes you feel uncomfortable, say you would rather stick to facts or to what you know. "I don't want to speculate about that, but I can tell you that our research found ..."

Never guess

Again, if you do not know the answer to a question, say so. Track down the answer later and call the reporter.

Do not stonewall

Instead of stonewalling or saying "No Comment" when a sensitive subject arises -- which makes you sound evasive and guilty -- try to explain why you are unable to divulge particular information. "We're gathering facts right now and we'll respond as soon as we can." This is far more positive.

"Off the record"

There is no such thing as off-record. There is only a difference between providing background information and information "on camera."

Stay calm

Do not become angry or antagonistic.

Return to your message

Remember that you can always guide the interview toward friendlier territory by sticking to your message and your supporting statements.

Option to terminate

If you become truly uncomfortable with the nature of the questions or suspect the reporter is developing a negative or biased story, you always have the option of terminating the conversation. Politely say that you do not feel you can contribute any more to the topic.

Defer

You always have the option of telling the reporter that his or her questions might be better answered by the communications department. Make sure you alert the necessary persons to the impending call.

Annex 22: Sample ToRs for GBV national coordination group



TERMS OF REFERENCE National GBV Sub-Cluster ENDORSED XX JUNE 20XX

I. CONTEXT AND BACKGROUND

The aim of the Cluster Approach in humanitarian settings is to ensure coherent and effective response through the mobilization of government agencies, international organizations, UN Agencies, Programmes and Funds, and non-governmental organizations (NGOs) to respond in a strategic manner that closes gaps, increases predictability and strengthens the capacity of humanitarian actors across all key areas of activity in an emergency. GBV has been designated as one of the five Areas of Responsibility under the Protection Cluster. The GBV sub-cluster aims to consider all types of gender based violence in its coordination, planning, and advocacy activities, and will give special emphasis to increasing access to holistic services and support to survivors of GBV at all geographical levels.

Key reference documents are:

- Handbook for Coordinating Gender-Based Violence Interventions in Emergencies (GBV AoR, 2019)
- Inter-agency Minimum Standards for Prevention and Response to GBV in Emergencies (GBV AoR, forthcoming 2019/2020)
- Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery (IASC, 2015)

II. OBJECTIVES OF GBV SUB-CLUSTER

The GBV sub-cluster in XX country aims, in collaboration with and in support of the relevant government ministries, UN agencies, and local and international NGOs to consolidate, coordinate, improve support and develop activities of all relevant stakeholders in the prevention of and response to GBV within the context of humanitarian action in XX country.

III. GUIDING PRINCIPLES AND APPROACHES

All members of the GBV SC participating in coordination understand the core principles and key approaches that guarantee ethical, safe and effective programming on human rights-based, survivor-centred and community-based design and delivery of GBV interventions.

The work of the GBV SC will be guided by the following principles:

- **Safety:** The safety and security of the survivor and others, such as her/his children and people who have assisted her/him, must be the number one priority for all actors.
- **Confidentiality:** People have the right to choose to whom they will, or will not, tell their story. Maintaining confidentiality ensures the survivors, witnesses and information sources are protected, and informed consent is obtained before action is taken.
- **Respect:** All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor, and be guided by the best interests of the child.
- **Non-discrimination:** Survivors of violence should receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity, sexual orientation or any other characteristic.

IV. OBJECTIVES OF THE GBV SUB-CLUSTER

In line with the objectives the objectives of the GBV SC include, but are not limited to the following:

1. General Objectives

- Create a forum for sharing information on activities, gaps and immediate needs identified by partners in PoC and non-PoC settings
- Coordinate and support training, capacity building, and technical support with regards to prevention and response to GBV.

Liaise and advocate with all relevant cluster and coordination groups to mainstream gender and GBV concerns across key sectors and humanitarian interventions. Ensuring that GBV indicators are mainstreamed in all inter-sectorial assessments, and assist in the collection and analysis of sex-disaggregated data.

2. Prevention

- Coordinate awareness-raising activities on GBV for IDPs, refugees and host communities in both PoC and non-PoC settings.
- Advocate for safe and ethical collection, management and dissemination of case management data according to global GBV information management standards.
- Promote and advocate for community-based approaches.
- Map and update relevant GBV prevention and response actors in the focus areas (5Ws).
- Training humanitarian actors from other clusters on how to integrate GBV in their response plans, according to the IASC GBV Guidelines in humanitarian settings.

3. Response

- Support the partners to ensure referral and case management systems are in place to enable survivors to access services that address the physical, emotional, psychological needs and social, legal and protection consequences of GBV.
- Strengthen the technical capacity of field-based service providers and community-based structures in the referral and response to survivors of GBV.
- Map response capacities; develop realistic, evidence-based GBV response plans, including programmatic and advocacy activities; and support resource mobilization (e.g. fundraising) to address gaps.
- Ensure all interventions respect GBV guiding principles of confidentiality, respect, non-discrimination, and safety and are in line with the survivor-centred approach.

4. Coordination

- Coordinate and reinforce the GBV Standard Operating Procedures (at the present still pending endorsement by the Ministry of Gender) and referral pathways amongst key stakeholders to enable survivors to access services according to his/her will.
- Act as advisory body for all newly initiated and ongoing activities to ensure complimentary programming and avoid duplication.
- Provide guidance and GBV mainstreaming to the other sector working groups.
- Represent the interest of GBV actors during discussions in the Protection Cluster, other sector forums, and coordination meetings on the prioritization, resource mobilization and advocacy on GBV issues.
- Exchange information on ongoing and planned GBV-related activities by members aiming at minimizing duplication.
- Coordinate the planning of joint advocacy activities to end GBV, promote human rights, specifically women's rights and empowerment in general (International Women's Day, 16 Days of Activism, etc.

5. Advocacy

- Collect and raise GBV issues and trends regularly to inform the GBV sub-cluster's advocacy strategy and improve protection environment and realization of rights for women and girls.
- Advocate for designated funding for prevention and response to GBV.
- Ensuring that prevention and response to GBV are mainstreamed into resource mobilization efforts such as the Consolidated Appeals Process and Common Humanitarian Fund.

V. GBV SC NATIONAL LEVEL STRUCTURE

a. Leadership arrangements:

The GBV sub-cluster will have a co-leadership structure of Government and UN or UN with NGO. UNFPA as global GBV AoR lead is the responsible for supporting the GBV sub-cluster in line with the global Division of Labour in the Interagency Standing Committee (IASC) Guidelines. A Co-chair will be elected from amongst members of the GBV SC on a two-year rotational basis.

The decision to have a co-chair should be related to its strategic positioning within the Protection Cluster, its programmatic capacity, relations with other relevant GBV actors and experience addressing GBV in the country. Furthermore, each of the GBV sub-cluster co-leads must have a suitable staff member to effectively meet the co-lead requirements and with capacity for logistical support for convening meetings, circulating minutes and other communications and provide linkage with other coordination mechanisms. An evaluation of the performance of the co-chair shall be done at the end of the year to facilitate improvements in the coordination mechanism. A detailed Eligibility Criteria for NGOs applying for the GBV SC Co-chair position is included in the ToR of the GBV SC Co-chair.

b. Secretariat:

The co-chairs will jointly serve as secretariat for the GBV SC. The co-chairs will agree on a Division of Labour in providing secretarial support and in implementation of coordination work of the GBV SC. Both UNFPA and the co-chairing organization will appoint/designate staff to undertake or support coordination of GBV SC. The secretariat will follow up on decisions of the GBV SC as well as coordinate and implement and report on the GBV SC Annual Work Plan.

c. Membership:

Membership to GBV SC is at organizational (not individual) level. Membership is only recognized for each organization that has formally expressed interest to join the GBV SC, and has signed on and is committed to follow GBV SC Principles of Participation. Therefore, membership is open to all sectors and organizations working on prevention and response to GBV and includes:

- Government ministries, departments and agencies
- Non-governmental organizations (international, national and local)
- Development partners (multi-lateral and bi-laterals)
- Donors

National and international NGOs should actively participate and contribute to the effective functioning of the GBV SCs at state/field levels. GBV SC member should identify primary and alternate focal points who will regularly attend the GBV SC/WG meetings. All organizations willing to be part of the GBV SC or GBV WG should sign and adhere to the Principle of Participation document (annex 3).

d. Focal Points:

Members of the GBV SC will identify amongst its members, willing organizations to become focal points to represent interests of GBV SC in other cluster mechanisms. Each of the Focal Point will have the responsibility to appropriately present and represent interests of GBV SC and to advocate for integration of GBV issues in other clusters and sub-clusters. On monthly basis, the focal points are expected to report back to the GBV SC meetings on important updates and issues from their other clusters/sectoral.

e. Arrangements for meetings

The GBV sub-cluster will meet every second and fourth Thursday of the month from 10a.m-12noon. "Ad hoc" meetings may be called by the Co-Chairs, or at the request of three other members of the GBV SC, when this is considered necessary to address urgent issues.

- A draft agenda will be circulated to members of the GBV SC at least 5 days before the regular bi-weekly meeting, giving the members the opportunity to suggest additional agenda items.
- Draft minutes of GBV SC meetings will be circulated within 5 days of the meeting. The final minutes will additionally be circulated to and considered electronically approved, with any proposed changes agreed upon.

VI. GBV SC FIELD LEVEL STRUCTURE

There will be the GBV Working Groups at 6 Field locations in XX Country. The GBV WG is a sub-structure of the National GBV SC. It will therefore coordinate with and report to the National GBV SC.

Abridged (for more details on field level ToRs see below)

- Members of the field level sub-clusters will share reports of their planned work and achievements, including submission of information on key agreed indicators for purposes of cluster reporting. Members' reports will highlight issues their field counterparts are addressing, the challenges they are facing and highlight any issues that require actions by the GBV SC.
- GBV sub-clusters at state level will share minutes of their meetings with the co-chairs of the national
- GBV sub-clusters will highlight issues for which they require national-level intervention.
- The co-chairs of the GBV WG will report to the Protection Cluster at its scheduled meetings and will contribute to any and all relevant activities, initiatives, and documents supported and prioritized by the overall GBV SC.
- The Co-chairs of GBV sub-clusters at State level should collect the bi-weekly report from Implementing Partners at field level using the annex 1 Reporting **template GBVWG by CoB** on Friday.
- The Co-chairs of GBV WG should combine the received document/s in the Reporting **template for GBV SC coordinators** (annex 2) and send to the GBV IM cc GBV SC Coordinator and Co-chair CoB Monday.

Amendments

This TOR is a working document and may be altered to meet emerging needs of all members by agreement of the majority of the members. However, it is recommended to be reviewed every three (3) years.

Sous Cluster VBG Mali
Termes de référence – novembre 2016

1. Contexte

a) Un cadre Légal peu favorable

Malgré les engagements pris par le Gouvernement du Mali dans le cadre de la ratification des traités internationaux, sous régionaux en matière de promotion des droits de la femme (voir section 3), le Mali ne dispose pas encore d'une loi spécifique contre les violences basées sur le genre. Force est pourtant de reconnaître que l'arsenal juridique disponible se prête à la répression de certaines formes de violences faites aux femmes. On relève notamment:

- La lettre N° 0019/MSPAS-SG du 16 janvier 1999 du Ministère de la Santé interdisant l'excision en milieu médical;
- La loi N° 02-044 du 24 juin 2002 sur la santé de la reproduction par l'Assemblée Nationale du Mali dont l'excision est une des composantes;
- Le Code Pénale prévoit des sanctions variables contre les coups et blessures volontaires (articles 207 et 226), la répudiation, la pédophilie, l'abandon de foyer et d'enfant, l'enlèvement de personnes (par fraude, violence ou menaces), la traite, le gage et la servitude des personnes, le trafic d'enfants, le viol, l'esclavage sexuel, la prostitution forcée et la grossesse forcée;
- Le Code du Mariage et de la Tutelle qui punit le mariage forcé.

Des vides juridiques persistent dans la législation nationale, notamment en ce qui concerne la violence domestique, le viol conjugal, le harcèlement sexuel et l'excision. Un Comité national d'appui à l'adoption de la loi VBG a été mis en place par le Ministère de la Promotion de la Femme, de l'Enfant et de la Famille. Ce comité œuvre actuellement dans ce domaine.

Dans le cadre de la ratification du Protocole de Maputo, le Mali est tenu à prendre des mesures législatives pour interdire l'excision et d'autres pratiques et abus violant les droits de la femme africaine.

Les plus grandes difficultés des femmes survivantes de violences se situent au niveau de la dénonciation des actes de violence et de la sollicitation auprès des services juridiques par les victimes et leur environnement social. Les violences, surtout en milieu conjugal font rarement l'objet de plaintes, par méconnaissance du droit, peur d'incrimination de la survivante ou du plaignant par la société. A cela s'ajoute le cout élevé de la Justice, la pression familiale, le manque d'indépendance économique ou le manque de soutien de la famille. Seuls quelques cas sont signalés par les acteurs à travers le sous cluster VBG.

b) Un contexte humanitaire difficile

Selon les projections démographiques¹, le Mali compterait en 2016 une population totale de 18 300 000 habitants parmi lesquels près de la moitié a moins de 15 ans (47,15%) et près d'une personne sur 5 a entre 15 et 24 ans. La population du Mali est donc très jeune.

Au Mali, l'inégalité entre les sexes est encore très répandue, d'autant que les obstacles juridiques favorisent un taux élevé de mariages précoces (l'âge légal du mariage est fixé à 16 ans aux termes du Code de la famille et peut être abaissé avec le consentement des parents). Environ 91% de femmes de 15 à 49 ans ont subi une mutilation génitale féminine (EDSM² 2012-2013).

La situation sécuritaire due à la présence des groupes armés reste encore volatile dans les régions de Gao, Kidal, Tombouctou, Mopti et une partie de la région de Ségou et se fait suivre des violations des droits humains. La peur des représailles et la stigmatisation sociale des survivant(e)s entraînent une faible déclaration des cas de VBG. Selon les estimations des besoins humanitaires de 2017, 3,7 millions de personnes seraient affectées par les conflits

et l'insécurité, parmi lesquelles 18,500 femmes et filles sont à risque de violences sexuelles. (OCHA, HNO 2016). Entre 2012 et décembre 2016, l'on a enregistré auprès des services de prise en charge, 9.943 cas de violences basées sur le genre dans les régions directement affectées par la crise sécuritaire. Il est important de noter que très peu de cas sont déclarés (et donc documentés) par peur des représailles et de la stigmatisation mais aussi du fait du faible accès aux services de prise en charge holistique. Cette situation, de même que la situation générale en matière de prise en charge des besoins sociaux et sanitaires est aggravée par les effets de la crise sur les infrastructures socio-sanitaires, les centres de santé ayant été détruits et le personnel pour la plupart ayant préféré regagné les régions du sud. Les combats et l'absence et/ou la faiblesse des services de prise en charge ont entraîné des déplacements massifs de population qui aujourd'hui sont pour la plupart retournés dans leur lieu de résidence mais avec des besoins plus grands en termes de protection.

2. Définition des Violences Basées sur le Genre (VBG)

Selon les directives de l'IASC³, les VBG est un terme générique définissant tout acte nuisible/préjudiciable perpétré contre le gré de quelqu'un, et qui est basé sur des différences socialement prescrites entre hommes et femmes. Les actes de GBV enfreignent/violent un certain nombre de droits humains universels protégés par les conventions et les instruments normatifs internationaux. Beaucoup — mais pas toutes — les formes de GBV sont des actes illégaux et criminels au regard des politiques et des législations nationales.

L'expression «violence basée/fondée sur le sexe/sexiste» est souvent utilisée de manière interchangeable avec l'expression «violence à l'égard des femmes ». L'expression « violence basée/fondée sur le sexe/sexiste» souligne la dimension sexospécifique de ces types d'actes ; ou en d'autres termes, la relation entre la condition de subordination des femmes dans la société et leur vulnérabilité croissante à la violence. Il importe de noter, toutefois, que les garçons et les hommes peuvent également être victimes de la violence basée sur le sexe, notamment la violence sexuelle.

Le Fonds des Nations Unies pour la population (UNFPA), l'International Rescue Committee (IRC) et le Haut Commissariat des Nations Unies pour les réfugiés (HCR) ont adopté une nouvelle approche de classification des types de VBG à travers la mise au point d'un nouvel outil de classification de la strictement destiné à permettre de standardiser la collecte des données relatives à la VBG chez l'ensemble des prestataires de services. Ainsi le Système de Gestion, d'Information sur les Violences Basées sur le Genre (BVGIMS) a adopté 6 principaux types de VBG, à savoir:

1. Viol : pénétration vaginale, anale ou buccale sans consentement (même superficielle), à l'aide du pénis ou d'une autre partie du corps. S'applique également à l'insertion d'un objet dans le vagin ou l'anus.
2. Agression sexuelle : toute forme de contact sexuel sans consentement ne débouchant pas ou ne reposant pas sur un acte de pénétration. Entre autres exemples : les tentatives de viol, ainsi que les baisers, les caresses et les attouchements non désirés aux parties génitales ou aux fesses. Les MGF/E sont un acte de violence qui lèse les organes sexuels ; elles devraient donc être classées dans la catégorie des agressions sexuelles. Ce type d'incident n'englobe pas les viols (qui consistent en un acte de pénétration).
3. Agression physique : Violence physique n'étant pas de nature sexuelle. Entre autres exemples : coups, gifles, strangulation, coupures, bousculades, brûlures, tirs ou usage d'armes, quelles qu'elles soient, attaques à l'acide ou tout autre acte occasionnant des douleurs, une gêne ou des blessures. Ce type d'incident n'englobe pas les MGF/E.
4. Mariage forcé : Mariage d'une personne contre sa volonté.
5. Déni de ressources, d'opportunités ou de services : déni de l'accès légitime à des ressources/actifs économiques ou à des opportunités de subsistance, et à des services éducatifs, sanitaires ou autres services sociaux. On parle de déni de ressources, d'opportunités et de

services, par exemple, lorsqu'on empêche une veuve de recevoir un héritage, lorsque les revenus d'une personne sont confisqués de force par son compagnon intime ou un membre de sa famille, lorsqu'une femme se voit interdire l'usage des moyens de contraception, lorsqu'on empêche une fille d'aller à l'école, etc. Les cas de pauvreté générale ne devraient pas être consignés.

6. Maltraitements psychologiques / émotionnelles : Infliction de douleurs ou de blessures mentales ou émotionnelles. Entre autres exemples : menaces de violence physique ou sexuelle, intimidation, humiliation, isolement forcé, poursuite, harcèlement verbal, attention non souhaitée, remarques, gestes ou écrits de nature sexuelle et/ou menaçants, destruction de biens précieux, etc.

3. Objectifs

Le sous cluster sur « Les Violences Basées sur le Genre » (VBG) vise à coordonner et à consolider les activités de toutes les parties prenantes pour améliorer la prévention et la réponse aux VBG parmi les populations affectées par la triple crise sécuritaire, alimentaire et institutionnelle que connaît le Mali.

Le Sous-Cluster GBV vise à lutter contre toutes les formes de violences Basées sur le Genre à travers la coordination, le plaidoyer, le planning des activités et en mettant un accent particulier sur les violences sexuelles.

Le Sous-Cluster GBV travaille en étroite collaboration avec le Sous-Cluster protection pour la protection de l'enfant et rend compte au Cluster Protection.

4. Adhésion et membres

L'adhésion est ouverte à toutes les organisations, les représentants des médias et donateurs qui interviennent dans la lutte contre les violences sexuelles et sexo-spécifiques. Les membres comprennent des représentants du gouvernement, des organisations nationales et internationales, les Agences des Nations Unies et autres organisations internationales.

5. Responsabilités

a. Rôle de l'agence de Coordination

UNFPA, comme Agence de Coordination du sous-cluster en co-lead avec la Direction Nationale de la Promotion de la femme du Ministère de la Femme, la Femme, de l'Enfant et de la Famille (MPFEF) se conformera au mandat, au rôle principal et aux responsabilités du cluster tels qu'établis dans les directives de l'IASC.

Les principaux rôles du cluster:

- Établir, conduire et maintenir des mécanismes de coordination et s'assurer que toutes les parties prenantes participent régulièrement aux réunions et aux activités du sous-cluster (Par exemple, le Ministère de la Santé, de la Justice, de la promotion de la famille, de l'enfant et de la femme, Féminine et la Police et Gendarmerie National) ;
- S'assurer qu'une évaluation rapide de la situation est conduite et que les besoins sectoriels sont connus et cohérents ;
- Mettre en place des stratégies appropriées pour identifier les lacunes (gaps) par rapport à la prévention et à la réponse aux GBV ;
- Promouvoir et diffuser les instruments juridiques nationaux, les conventions internationales ratifiées par l'État malien, le cadre normatif (Politiques, directives, protocoles) ;
- Promouvoir et diffuser les différents outils nationaux de la prise en charge des VBG ;
- Promouvoir et diffuser les directives IASC en matière de GBV ;
- Assurer la mobilisation des ressources pour répondre aux besoins en matière de GBV ;
- Organiser des formations afin de renforcer les capacités des acteurs ;

- Identifier les facteurs de risque augmentant la vulnérabilité des femmes et des filles ;
- Elaborer des indicateurs afin de permettre le suivi et l'évaluation des actions de prévention et de réponse aux VBG.

b. Rôle attendu des membres du sous cluster :

- Assister régulièrement aux réunions du sous cluster ;
- Coordonner et partager l'information sur les activités et les défis rencontrés ;
- S'engager au respect des principes d'éthique lors de la mise en oeuvre des activités de GBV;
- Se renforcer les capacités mutuellement;
- Travailler en synergie et au besoin en mettant leurs ressources (financières, techniques et logistiques) en commun sur des actions précises.

c. Confidentialité :

L'information en rapport avec les cas GBV ne sera pas révélée lors des réunions du Sous Cluster pour assurer que le droit à la confidentialité et à la sécurité du survivant (e) est respecté, en suivant l'ensemble des principes repris dans les Directives IASC sur les Interventions des Violences Basées sur le Genre dans les cadres Humanitaires.

6. Priorités:

- Coordonner les actions pour renforcer et formaliser les efforts de la prévention et de la réponse des GBV;
- Partager les informations sur les activités de programmation et de stratégies afin d'identifier des lacunes (gaps),
- Construire une coalition pour réduire la probabilité de la réplique programmatique.;
- Assurer le plaidoyer pour soutenir les activités de prévention et de la réponse sur les GBV;
- Partager les informations relatives aux ressources pour organiser les formations, les études et la recherche;
- Faciliter la collecte des données par sexe pour dégager les tendances, les leçons apprises et les meilleurs pratiques;
- S'assurer que la réponse est standardisée pour les membres du sous cluster GBV;
- Assurer le fonctionnement du GBVIMS et permettre son transfert progressif au Gouvernement
- Dynamiser les groupes de travail VBG dans toutes les régions du Mali affectées par la crise et travailler en synergie avec les autres instances dont les missions sont complémentaires avec celles du sous cluster VBG.
- Préparer et assurer le transfert des compétences du sous cluster VBG vers les services techniques de l'Etat dans l'optique du retour à la stabilité et la durabilité de la lutte contre les VBG.

7. Mode de fonctionnement

Les réunions se tiennent le dernier mardi de chaque mois au Bureau de l'UNFPA sise au Quartier ACI 2000, près de l'Assurance SONAVIE en face du monument de Kwamé Nkruma de 10 à 12 heures Et/ou au niveau du MPFEF, sise à la Cité Administrative de Bamako.

L'agenda sera partagé 72 heures avant la tenue de la rencontre. La réalisation des partenaires devra être envoyée 48 heures avant la tenue de la réunion et le compte partagé 48 heures après. Le secrétariat du sous cluster est tenu par UNFPA.

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- 1 Ministère de l'Aménagement du territoire et de la Population / Direction Nationale de la Population (2016) : Projections démographiques 2014 - 2029
- 2 Enquête Démographique et de Santé, Mali (EDSM-V) 2012-2013
- 3 Inter-Agency Standing Committee

Annex 23: Sample ToR from Strategic Advisory Group



Jordan National SGBV Sub Working Group – Strategic Advisory Group

1. Purpose of the Strategic Advisory Group

The Strategic Advisory Group (SAG) of the SGBV Sub working group provides policy and strategic direction to the work of the SGBV SWG. The SAG, which is comprised of GBV coordinators and key partners/organizations, in consultation with representative of affected population; will guide the SGBV SWG in a consultative manner. The SAG aims at improving the SGBV SWG governance and aligning coordination efforts, linking the newly established field coordination mechanism to the national one and strengthening consultative decision-making process.

2. Guiding principles for the Strategic Advisory Group

- 2.1 As with the SGBV SWG, the SAG will be guided by the humanitarian and protection principles in its work. In particular by GBV principles as confidentiality, safety, respect and non-discrimination.
- 2.2 The GBV SWG SAG will apply the humanitarian principle of partnership and seek to build upon and leverage national capacities for GBV prevention and response, through line ministries, NGOs, service providers, community based organizations ensuring humanitarian principles are upheld and the needs and wishes of survivors always prioritized.

3. Tasks of the Strategic Advisory Group

As a Strategic Advisory Group, the following are the areas of responsibility:

- 3.1 Strategic role:
 - a. Development of strategic documents including but not limited to the strategy, work plan and gap analysis;
 - b. Development of position papers and statements on GBV issues and guide provision of inputs by the SGBV Sub-Working group Protection working group initiatives;
 - c. Development of contingency and response plans as well as recommendations of priority interventions;
 - d. Development and advising on resource mobilization and fund raising strategies, including but not limited to Strategic Response Plan and Common Humanitarian Fund allocations. SAG members will be called, upon availability, to be part of technical review committee for the OCHA allocations;
 - e. Development of GBV risk mitigation strategy and roll out, including conduction of trainings;
 - f. Ensuring alignment of SGBV WG priorities and action at national and field level.
- 3.2 Technical support role: Providing policy, strategy, advocacy and other technical guidance on SGBV issues to SGBV WG, to its members as well as relevant inter-agency fora.
- 3.3 Coordination role: Improvement and strengthening of the overall structure, capacity and Effectiveness of the SGBV SWG at the national and sub-national levels. The SAG seeks to enhance accountability of the SGBV SWG to the community it serves, binding decisions to be field-driven and respond to the needs of those in crisis, especially women and girls.

4. Composition of the Strategic Advisory Group

- 4.1 In order to be efficient, the SAG membership shall be limited to 9 members – 5 field coordinators, one from each field location (Zaatari, Mafraq, Azraq, Irbid, Amman/South) and the 2 co-chairs at national level, 2 NGO/CBO (of which one national and one international). Representatives of affected population (up to 10 nominated by agency) will be formed to be an advisory body on specific processes and product development. Additional agencies may be invited, on an ad hoc basis, where this would strengthen the function of the SAG.
- 4.2 Requirements for membership:
 - a. Organizations either have global thematic leads, significant thematic technical expertise or significant operational GBV experience in Jordan;
 - b. Organizations will have the ability to be represented at meetings of the SAG in Amman in person;
 - c. Organizations will have the capacity to contribute to the main area of responsibilities outlined in section 3 above and to contribute consistently to the work of the SAG;
 - d. Organizations are represented by senior members of their respective organizations. Each member organization will have one focal point to attend the meetings and one alternate to attend in the absence of the primary SAG focal point of the respective organizations;
 - e. All SAG members are expected to commit to constructive cooperation for the wider purpose of the SGBV SWG.
 - f. Representatives of affected population members of the advisory board of the SAG will have experience working on SGBV programs and be active members within their communities, representation of diverse communities will be ensured (host community, Syrian and non-Syrian refugees), women will be given priority.

5. Methods of work of the Strategic Advisory Group

- 5.1 The SAG will ordinarily meet on a quarterly basis and will be convened by the national SGBV SWG co-chairs. Ad-hoc meetings may be called by the national SGBV SWG co-chairs or at the request of a SAG member as appropriate, agenda will be circulated prior to meetings and any member can request agenda items;
- 5.2 The meetings of the SAG will be held in Amman and prepared and chaired by national SGBV SWG co-chairs. Outside of meetings, necessary decision-making and endorsement will be undertaken electronically among SAG members by email and Skype and WhatsApp group;
- 5.3 Sub WG members may raise general protection issues to the attention of the SAG and may for that reason attend specific SAG meetings. This requires informing the national SGBV SWG co-chairs stipulating the issue. Should agreement be reached that the SAG should address the issue raised, and upon consultation with the member, the SAG will determine the appropriate course of action.

As appropriate the requesting member will be tasked to take responsibility to address the issue and report back to the SAG.

6. Miscellaneous

- 6.1 Membership will be selected annually or when a vacancy occurs. The selection process will happen through a call for interest for non-governmental organization meeting the criteria in para. 4.2. For members of affected populations, NGOs-CBOs are invited to nominate volunteers. Nominations submitted to coordinators will be reviewed against criteria and communicated to SGBV SWG members. Members list will be endorsed if within one week from communication there is no opposition.
- 6.2 The Terms of Reference will be reviewed on an annual basis, or earlier at the request of a SAG or SGBV SWG member.

Annex 24: ToR for sub-national GBV Sub-Sector (Rakhine, Myanmar)

Introduction

The Gender-Based Violence Sub-Sector (GBV SS) was established in 2013 as a protection sector subgroup to address gender based violence (GBV) in the Rakhine humanitarian crises, with a priority focus on sexual violence being the most immediate and dangerous type of violence. In the current context of a protracted human rights crisis and an end of displacement process, the working group will address all forms of GBV including intimate partner violence, sexual exploitation and abuse, trafficking, and harmful traditional practices as well as sexual violence. The Sittwe-based GBV SS is part of the overall national GBV sub-sector based in Yangon, which responds to both preparedness and response in humanitarian crises in Myanmar.

Using a survivor-centred and rights-based approach, the GBV SS will operate to strengthen the technical capacity of actors to effectively prevent and respond to GBV, filling service-level gaps to ensure a comprehensive multi-sectoral response, advocating for GBV risk-reduction in the context of all humanitarian action, and establishing and maintaining a functional, safe, and accessible referral system for survivors.

The Terms of Reference (TOR) defines the role and responsibilities of the sub-sector and the objectives, approaches, structure and intra/inter-cluster relationships and other humanitarian coordination mechanisms.

I. Rationale/Justification

Research on gender-based violence consistently documents the increase of incidents both in emergencies such as conflict and natural disasters, and in the immediate aftermath of these incidents. However, GBV-related service providers often operate with a limited capacity to respond, due to inadequate funding and expertise; similarly, GBV services are often not seen as critical in the immediate emergency context. Therefore, it is particularly important to ensure technical and operational capacity, as well as funding, to support the services from the onset of an emergency and to develop a strong multi-disciplinary working group of actors to address GBV in a way that is safe, ethical and comprehensive. Handling GBV requires a well-thought-out, sensitive, highly coordinated and systematic approach. An effective GBV strategy must contain three core elements – prevention/mitigation, response and coordination. Without strong interagency coordination it is not possible to achieve the required multi-sectoral approach for an effective humanitarian response to GBV.

II. Guiding Principles

The work of the GBV SS will be guided by the following principles:

Confidentiality: ensuring that survivors, witnesses, and information sources are protected. No identifying information will be revealed in data resources, or during coordination or other public meetings, when reference is made to (specific) GBV cases;

Impartiality: non-discrimination on the basis of nationality, race, religious belief, political views, sexual orientation, social or other status;

Safety and security: all actors will prioritize the safety of the survivor, family, witnesses and service providers at all times;

Respect: actions and responses of all actors will be guided by respect for the choices, wishes, rights and the dignity of the survivors.

Participatory approach: ensuring, to the extent possible, consultation with all members of the community (women, girls and boys, men, people with special needs, and the elderly) throughout the GBV programming cycle;

Independence: working without influence of the states, government bodies, parties to a conflict or other political entities;

III. Definition of Gender Based Violence within the context of the GBV SS

GBV is defined as: any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between males and females.

GBV shall be understood to comprise, but not be limited to:

1. Physical violence: an act of physical violence that is not sexual in nature, perpetrated by a family member or intimate partner. Examples include battering, hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury.
2. Sexual violence: any form of non-consensual sexual contact. Examples include rape (including in the context of marriage), sexual exploitation, forced prostitution and inappropriate touching.
3. Denial of resources, opportunities or services: denial of rightful access to economic resources/ assets or livelihood opportunities, education, health or other social services; gendered division of labour that places women or girls in conditions less safe than those for men and boys.
4. Psychological/emotional abuse: infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature.
5. Trafficking and abduction.
6. Harmful traditional practices including but not limited to child marriage, forced marriage, dowry-related violence and genital mutilation.

IV. Objectives of the GBV SS

- Promote best practice in the emergence of a shared vision, integrated strategies, coordinated activities, and common protocols across the Humanitarian Cluster system in Rakhine State, in line with new IASC Guidelines for Gender Based Violence in Humanitarian Settings. Facilitate access and reduction of barriers to seeking services; facilitate quality service provision; and clarify, strategize, and increase general awareness of GBV prevention and response mechanisms, policies, protocols and guidelines.
- Ensure that GBV Sub Sector coordination mechanisms are adapted over time to reflect the capacities of local actors and the engagement of development partners by creating effective communication channels and promoting capacity building and engagement of local actors.
- Provide technical guidance, training, and leadership on GBV at the inter-cluster level.
- Ensure adequate monitoring mechanisms are in place to review the impact of the GBV Sub Sector against implementation plans.
- Advocate to the relevant UN and Government structures (AHCT, HCT, ICCG, ECC, and other coordination working groups) on critical gaps and issues related to GBV response, e.g. safety, impunity, legal policies, access to comprehensive multi-sectoral services, etc.

V. Structure and Membership of the GBV SS

Leadership

The GBV Sub Sector will be chaired by UNFPA and IRC.

Membership

- In order to ensure a holistic and multi-sectorial approach in the prevention of and response to GBV, membership of the Sub Sector will be extended to international and national NGOs, Government representatives (Department of Social Welfare) and other entities providing services in the health, education, psychosocial, legal and security sectors.
- UN and INGO agencies' group gender focal points will be invited to be members of the GBV sub-sector.
- Membership of the national NGOs and government entities shall be encouraged in order to ensure ownership and sustainability. Meetings will alternate with every other meeting attended by a government representative.
- Focal points from other relative institutions and organizations will be considered for membership on a case by case basis.

VI. Meetings

- The sub-sector will meet bimonthly and will be coordinated with the CPSS meeting schedule.
- Additional task force groups/meetings may be developed and held to address particular urgent issues like trafficking, child marriage, sexual exploitation, etc.
- Extraordinary meetings may be called by the Chair or at the request of the other members of the GBV SS, when it is considered necessary to address an issue of urgent matter.
- A draft agenda will be composed by all members of the GBV SS and circulated to the members by the Chair at least one to 2 days before the regular weekly meeting, giving the members the opportunity to suggest additional items for discussion.
- The Minutes will be taken by IRC or appointed party and the draft minutes will be circulated within five days after the meeting is over.
- In the absence of the Chair, another member will be identified by the Chair to lead the group.

VII. Report and Information Sharing

- Members of the group will submit a brief monthly report (verbal or written) to the Chair/Co-chair whenever there are relevant issues to report.
- The reports should highlight the protection and human rights issues the members and their field counterparts are addressing and the challenges they are facing, and highlight any issues that require action by the GBV SS. These issues will be discussed at the monthly meetings.
- The GBV SS is a sub-sector of the protection sector and UNFPA will report monthly on the relevant issues raised in all received reports/briefs, as well as on any decisions and actions taken (through the minutes and/or briefs and short notes) to the protection sector chair.
- UNFPA, on behalf of GBV SS, will participate in the protection sector and child protection sub-sector meetings and may request the assistance of the cluster members on any particular issue relevant for the work of the GBV sub-sector.
- The GBV SS upholds the strongest level of confidentiality and informed consent regarding individual GBV cases, recognizing that survivors often face increased risk of violence and retribution after reporting cases. Individual case data will not, for any reason, be shared within the GBV SS.
 - When individual case data needs to be shared for referral purposes, referring agencies will share only the minimum amount of data needed by the receiving agency to provide services.
 - This information will only be shared after the written informed consent or informed assent of the survivor is obtained.

- Names and other identifying data will never be shared in GBV SS meetings (or other meetings, including but not limited to PWG, CPSS, etc.)
- The GBV SS does collect numerical data of cases for trend analysis. However, this data is not shared in public formats. The GBV SS encourages all GBV service provision agencies to use percentage breakdown of cases, rather than reporting direct numbers in public documents, including those presented in inter-cluster settings.
- The GBV SS members should ensure, during a specific emergency, that necessary information is correctly shared among the GBV SS group to coordinate and address specific GBV/protection needs of affected populations and individuals in a timely manner.

VIII. Secretariat

- The GBV working group will be chaired by UNFPA and co-chaired by IRC.
- This team will serve as Secretariat of the GBV SS and will have the responsibilities of preparing the agenda for the meetings, calling the meetings, collecting and circulating the minutes after the meeting, and preparing and circulating various reports/briefs and notes.
- UNFPA will provide the space for work and trainings. IRC will provide assistance in budgeting for training space, refreshments, stationary as necessary
- Any established task force group will comprise a smaller appointed group that is particularly suited in skills and resources to the specific topic.

IX. Functions of the GBV Sub Sector

In line with this TOR, the GBV SS will:

- Consolidate, coordinate, support and improve the efforts and activities of all relevant stakeholders in the prevention of and response to GBV, within the context of humanitarian interventions.
- Map and update relevant GBV prevention and response actors in focus areas (who, what, where).
- Assist in providing and creating tools for the collection and analysis of age, sex, social, ethnical/tribal and political disaggregated GBV data and training interested stakeholders as needed.
- Coordinate GBV activities in the field and act as advisory body for all newly initiated and funded activities by its members to ensure that there is no duplication of efforts.
- Ensure that international and domestic standards are equally applied and that all actors/members have the same understanding of the needs in the field.
- Establish and update Standard Operating Procedures (SOPs) on GBV.
- Engage in inter-agency, multi-sectoral field missions to assess programming successes and challenges and identify gaps in GBV programming and responses.
- Provide technical support to national authorities and NGOs working together in building and further improving the referral systems to respond to GBV.
- Facilitate and support awareness-raising initiatives for the prevention of GBV.
- Strengthen the capacity of governmental bodies, NGOs, local CBOs and humanitarian staff to prevent and respond to GBV by coordinating trainings, providing technical support and tapping into existing training/capacity development opportunities.
- Liaise with relevant working groups/clusters and other relevant bodies to ensure that GBV issues are integrated into all humanitarian response efforts.

X. Minimum commitments for Members

- GBV SS members, as part of the humanitarian partners, are guided by the principles of neutrality, impartiality, independence, and the humanitarian principle of "Do no harm".
- Members are expected to support the implementation of guiding principles for a survivor-centred approach to GBV, ensuring confidentiality, non-discrimination, safety and respect.

- Members agree to engage and contribute to the implementation of the annual work plan.
- Members are expected to regularly attend sub-sector meetings. Each member organization shall nominate two focal persons for the cluster so that in the absence of one focal person, the other attends the meeting.
- Members are expected to coordinate and share information about activities and the field challenges encountered.
- The GBV SS members will ensure appropriate representation of GBV SS matters of concern or recommendations in all clusters/sectors to ensure complementarities and the development of integrated and innovative approaches to prevent GBV and mainstream the prevention of and response to GBV throughout the humanitarian response.

XI. Work Plan

To assist in building an effective and comprehensive protection response, the GBV SS has developed and will implement a work plan which will be incorporated into the overall national GBV SS work plan. The work plan includes a set of prioritized activities together with outputs, specific timeframes and responsible organizations. The GBV SS will regularly follow up on commitments as defined in the annual work plan, which is developed in line with the country Strategic Response Plan and Protection Cluster Objectives, for yearly revision.

XII. Amendments

This TOR is a working document and may be altered to meet changing needs of all members by agreement of the majority of the members. The TOR should be reviewed on a semi-annual basis to ensure it remains relevant and is updated to reflect the changing nature of the context.

Annex 25: Planning matrix for sustainability and transition of GBV sub-cluster (Ukraine)

GBV Sub-Cluster Transition Plan for operations in the GCA (2016 – Ukraine)					
Existing protection needs (examples)	Impact of no humanitarian action	Benchmarks for phasing out of the Cluster/ Sub-Cluster/ Working Group	Possible entity to take over the coordination role. Capacity and gaps of each entity.	Actions required for successful transition and handover	Protection risks that may emerge during transition
<p>Functional prevention and response system in place</p> <p>Life-saving: Access to life-saving information, quality services (health, psychosocial support, protection and access to justice) and emergency shelters</p> <p>Structural: - Inter-sectoral coordination mechanism on local levels ensuring functional referrals and delivery of survivor-centred services; - GBV prevention and response incorporated into the contingency planning; - Strengthened response capacity at local levels; - Prevention work systematized, availing vulnerable population access to life-saving information; - GBV data collection, storage, analysis system in line with int. standards</p> <p>Policy: - Inter-sectoral coordination working group on national level established; - Policy/ strategic vision and legislation in line with international standards; - Inter-sectoral protocols/ standards/ tools enabling inter-sectoral response</p>	<p>1) Survivors will not reach services in critically important timeframe</p> <p>2) Quality services will not be available to GBV survivors (psycho-social support is dysfunctional, clinical management of rape and STI is not in places where most vulnerabilities exist, no specialized legal aid available, police shying away when military are involved)</p> <p>3) Life-saving information not available to survivors</p> <p>4) Prevention not in place leading to increased number of GBV cases</p>	<p>1) GBV Prevention and response mechanism agreed and tested on regional levels (Donetsk, Luhansk, Kharkov, Zaporizhzhia, Dnipropetrovsk); - Inter-sectoral coordination on GBV established; - Referral pathways identified, agreed and tested; - Life-saving information continuously available to the population at risk</p> <p>2) Victims access quality psycho-social, health and legal services: - Survivor-centred approach incorporated; - PSS services available; - Doctors trained in CMR/STI prevention; - Requisite life-saving drugs available free of charge; - Free legal aid provides specialized counselling to GBV survivors</p> <p>3) Emergency shelter(s) established in most affected regions</p> <p>4) Data administration improved (reflecting IMS methodology)</p> <p>5) GBV part of contingency plans</p>	<p>National level: MoSP</p> <p>Local level: State regional administrations in cooperation with non-state actors</p> <p>(Regional Coordination Councils on Family, Gender Equality, Demographics, Domestic Violence and Trafficking)</p> <p>Capacity and gaps: - Lack of resources/ capacity (human, managerial, material, financial); - Failure to prioritize GBV / clear vision/ policy; - Lack of compatible/ adequate administrative data on GBV; - Lack of experience with inter-sectoral coordination; - Gaps in legislation, standards and guidelines; - Gaps in life-saving service provision (PSS and legal aid); - Lack of monitoring and evaluation system in place</p>	<p>National Level: MoSP</p> <p>GBV prevention/ response policy, standards and guidelines developed</p> <p>Regional level: 1) Establishment of the GBV inter-sectoral/coordination WGs/councils; 2) Local order issued reflecting inter-sectoral agreement on referral mechanism, key principles of response (adherence to the survivor-centred approach) and role distribution; 3) Service providers have staff trained in GBV prevention/ response including the survivor-centred approach; 4) Referral mechanism on regional levels tested; 5) Sustainable solutions for the functioning of PSS services identified/ ensured ; 6) GBV data gathering/ analysis, exchange capacity improved (IMS tools considered); 7) Local authorities establish practice of cooperation with NGOs in availing life-saving information; 8) GBV reflected in contingency plans on national and local levels</p>	<p>1) GBV not prioritized or given due attention by national and sub-national state actors; 2) Non-clarity with national policy/ guidelines on GBV; 3) Frequent turn-over of critical personnel; 4) Lack of resources (financial, material and human) and inability to attract support of donors and developmental actors; 5) Lack of knowledge/ difficulties with changing bureaucratic service provision culture Failure to ensure the sustainability of services currently delivered by international actors</p>

Annex 26: Staff care in emergencies (Myanmar)



Mental Health and Psychosocial Support Considerations for Staff during Crisis



Trauma can be understood in terms of disconnection. It is common for people to feel like aspects of themselves or their lives are fragmented after a traumatic event. Some people withdraw from others and avoid reminders of the event. On the contrary, some people find themselves wanting to concentrate their time on those who experienced the crisis in a similar way and information related to the event. **Therefore, a key element in responding to trauma or providing support to someone in crisis is to promote connectedness.**



Unfortunately, organizations or individuals inadvertently set up systems after a crisis that fosters disconnection. For example, all communication about an emergency might be shifted higher up in the organization after an evacuation, cutting staff off from information about their work site and excluding those who have been working in the area from contributing to decision-making opportunities. **Organizations, managers, and staff committed to staff welfare should promote opportunities to keep staff connected to each other, the organization, and information about the organization's work related to the emergency.**

Mental health and psychosocial support (MHPSS) to national and international staff should be prioritized during a crisis. Here are some best practices shared by members of the MHPSS Peer Support Network in northern Rakhine State:



- Give staff the opportunity to **debrief or talk** about the event in a structured way-how they are feeling, what worked well during the emergency, considerations for future emergencies.

- Provide staff the opportunity to **rest after an emergency**- take a break from work, go home to be with family or friends, take some time away to regroup, if possible.



- Allow staff to **make decisions about their time** right after an emergency- some may prefer to keep working in the days that follow an evacuation until they feel a bit more settled. Some may not feel like they can settle until they are completely out of the work environment.

- **Be thoughtful about the office space provided to relocated staff** or where the office environment has significantly changed and provide practical information to help staff feel comfortable in their new environment.



- **Disseminate information regularly** about the emergency and organization's work.

- **Be sensitive about how information is provided** about closing projects and staff contracts that must end prematurely as a result of the emergency. Loss of livelihood can be a significant compounding factor for emotional well-being. Consider ways to be able to continue providing salaries to staff for some period.



- **Promote positive coping or self-care strategies** that have worked for the staff member in the past. Some examples might include meditation, yoga, religious practices, watching a movie or television series, singing or another creative activity, and a positive daily ritual like watching the sunset or lighting a candle.



- **Acknowledge guilt, anger, sadness or other negative feelings that can arise from a crisis.** For some people, a significant sense of loss can be tied to traumatic events and it can be normal for people to go through a grieving process.
- Those at the site of the crisis or emergency could benefit from **brief daily check-ins** at the end of each day to mark the end of the day.
- **Provide space for staff to regularly communicate** their ideas, concerns and priorities for the response.



- Offer staff the **opportunity to talk to a mental health professional** if they are having trouble with interfering thoughts, sleeping, eating, depressed or anxious feelings that impacts daily living activities for more than two weeks. In most cases, some basic strategies offered by managers or other relevant colleagues can have a positive effect such as:
 - » Deep breathing
 - » Discussing coping strategies, particularly sleep hygiene and the effects of no sleep.
 - » Listening to physical complaints, aches, pains, and other symptoms while providing compassionate care by acknowledging the effects that physical and emotional exhaustion has on the body as well as trauma.
 - » For those who remain in an insecure environment, acknowledging the reality of their security situation and giving them space to discuss their decisions around being there.



- Find or clarify roles with staff who cannot do their usual work because of the crisis so that they can continue to feel valuable to the organization and useful in the situation. **Be open and available to problem-solving.**



- **Keep in touch with staff** who are still on the ground. Successful strategies might include:
 - » Provide a phone number where you can be reached
 - » Set up a Viber or WhatsApp group for the team to stay in touch
 - » Make regular phone calls to those who could not evacuate or leave
- If you do not know how to respond to difficult stories or information, consider **comforting statements** or key messages like:
 - » You are not alone.
 - » We think about you and your loved ones often.
 - » I am sorry this is happening/has happened.
 - » Is there anything we can do?
 - » We are with you. Many people are with you and want the best for you.
 - » Note: If you know the staff member personally, reinforce their strengths, for example kindness, gentle spirit, positive attitude, humanitarian spirit, essential goodness, or how their presence gives hope to others.



Supporting staff who are in different situations during or after a crisis is one of many pressing priorities in the midst of an emergency.

Prioritizing mental and psychosocial support can promote individual and organizational resiliency creating a lasting positive impact for all of those involved.

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