

Handbook

for Coordinating Gender-based Violence
Interventions in Humanitarian Settings

Gender-based Violence Area of Responsibility
Working Group
July 2010





The GBV Area of Responsibility Working Group would like to thank the Australian Government and ECHO for their contributions towards producing this handbook.

The international humanitarian community is more united than ever in its commitment to ending sexual and other forms of gender-based violence. Humanitarian actors are working alongside communities to develop comprehensive programming for survivors and craft prevention strategies in some of the hardest-to-reach areas of the world.

The horrific accounts that span the globe on the scope and brutality of sexual violence during conflict and in the wake of natural disasters have not only generated unprecedented international media attention but have triggered the United Nations Security Council to adopt Security Council Resolution 1888 on Sexual Violence in Conflict, which underscores accountability and more comprehensive and coordinated action.

Yet, incidents of sexual violence and other forms of gender-based violence are being perpetrated with impunity and prevention of violence and support for survivors is insufficient. In our rush to deliver emergency food, water, and shelter and to address health needs, we often neglect the hidden devastation experienced by untold numbers of women and girls. In the face of so much need, we may fail to recognize the urgency of addressing sexual violence; and our decision is sometimes echoed by the survivors themselves. As a woman who was raped during Kenya's 2008 post-election violence explained: *"in a crisis like this, your first thought is to care for your children, get settled down, you don't even think to report...you are trying to figure out how to live."* As a community, we must prioritize action that could end this injustice and ensure that humanitarian services are provided in a manner that protects women and children from gender-based violence.

If the issue of gender-based violence in conflict and natural disasters is not directly, immediately and aggressively confronted, the cumulative consequences can negate our most essential humanitarian goals and stall global progress made on the issue. The risk of further entrenching a culture of tolerance for this staggering violation of human rights requires us to exhort practitioners, policy makers and humanitarian and political leaders to stamp out gender-based violence in all its manifestations.

This coordination handbook represents a key tool for all sectors of the humanitarian community to work together in the prevention of and response to gender-based violence. Drawing from and building upon a growing body of international tools and resources, it provides the most comprehensive guidelines to date on how to establish coordination mechanisms to address gender-based violence in emergencies. Its purpose is to facilitate concrete action—from the earliest stages of humanitarian intervention—to safeguard survivors and protect those at risk, and to accelerate efforts aimed at ending gender-based violence.

All those working in humanitarian settings have a responsibility to familiarize themselves with this handbook as an essential tool in meeting our responsibility to protect the communities we serve and provide services to meet the myriad needs of gender-based violence survivors.



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The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the United Nations or partners concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

The GBV AoR welcomes requests for permission to reproduce and/or translate this handbook in part or in full. This provisional edition will be field-tested in various humanitarian settings across the world, after which it will be finalized to reflect lessons learned and further contributions from colleagues. A form to provide feedback on this handbook is included at the back, and is also accessible at <http://gbv.onerresponse.info>. Additional comments, enquiries and any adaptations or translations of these materials should be forwarded to gbv.coordination.handbook@gmail.com.

This handbook is available in a word document (accessible online and on CD) in order to allow readers to easily extract and share select sections and/or adjust the content of the annexes according to the needs of the setting. Both PDF and word versions of the handbook may be consulted and downloaded at <http://gbv.onerresponse.info>.

List of acronyms

ARC	American Refugee Committee
BCC	Behaviour Change Communication
BPRM	Bureau of Population, Refugees, and Migration
CAP	Consolidated Appeals Process
CBA	Community-Based Approach
CCA	Common Country Assessment
CCF	Christian Children's Fund
CEDPA	Centre for Development and Population Activities
CERF	Central Emergency Response Fund
CHAP	Common Humanitarian Action Plan
CIDA	Canadian International Development Agency
DCAF	Democratic Centre for Armed Forces
DFID	Department for International Development- (United Kingdom)
DPKO	Department of Peacekeeping Operations
DSRSG	Deputy Special Representative of the Secretary- General
ECHA/ECPS	Executive Committees on Humanitarian Affairs and Peace and Security
ERC	Emergency Relief Coordinator
ERF	Emergency Response Fund
FAO	Food and Agriculture Organization
FP	Focal Point
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
GHP	Global Humanitarian Platform
HC/RC	Humanitarian Coordinator/Resident Coordinator
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HRBA	Human Rights-Based Approach
HRSU	Humanitarian Reform Support Unit
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IGO	Inter-Governmental Organization
IEC	Information Education Communication
IFRC	International Federation of Red Cross
IRC	International Rescue Committee
ISDR	UN International Strategy for Disaster Reduction
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
JSI	John Snow International
JPO	Junior Professional Officer
MDTF	Multi-Donor Trust Fund

MHPSS	Mental Health and Psychosocial Support
MISP	Minimum Initial Service Package
MoU	Memorandum of Understanding
NGO	Non-Governmental Organization
OCHA/IRIN	UN Office for the Coordination of Humanitarian Affairs/Integrated Regional Information Networks
OFDA	Office of U.S. Foreign Disaster Assistance
OHCHR	Office of the High Commissioner for Human Rights
PATH	Program for Appropriate Technology in Health
PCW	Protection of Children and Women
PC	Protection Cluster
PCWG	Protection Cluster Working Group
PRSP	Poverty Reduction Strategy Papers
PSEA	Protection from Sexual Exploitation and Abuse
RH	Reproductive Health
RHRC	Reproductive Health Response in Conflict
SCA	Survivor-Centred Approach
SCR	Security Council Resolution
SEA	Sexual Exploitation and Abuse
SGB	Secretary-General's Bulletin
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
UNCHR	UN High Commissioner for Refugees
UNCT	UN Country Team
UNDAF	UN Development Assistance Framework
UNDP	UN Development Programme
UN-DPKO	UN Department of Peacekeeping Operations
UNFPA	UN Population Fund
UNICEF	UN Children's Fund
UNIFEM	UN Development Fund for Women
UNMAS	UN Mine Action Service
UNV	UN Volunteer
USAID	United States Agency for International Development
VAW	Violence Against Women
WASH	Water, Sanitation and Hygiene
WFP	UN World Food Programme
WHO	UN World Health Organization
WG	Working Group
3Ws	Who, What, Where

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Introduction:

**ABOUT this GBV coordination
HANDBOOK**

Introduction: ABOUT this GBV coordination HANDBOOK

Why was this handbook developed?

In 2008, largely as an outcome of the humanitarian reform process described in greater detail in **Section two** of this handbook, the GBV Area of Responsibility Working Group (GBV AoR) was established under the Protection Cluster at the global level to promote a coherent, comprehensive and coordinated approach to GBV in emergencies. An initial study undertaken in 2008 by the GBV AoR documenting GBV coordination structures in humanitarian settings around the world found that **field guidance on establishing and leading a GBV coordinating body was a priority**. The GBV AoR subsequently commissioned the development of this handbook.

“Women and children are disproportionately targets” and constitute the “majority of all victims” of contemporary armed conflicts. -Report of the Secretary-General on Women, Peace and Security (2002)

This handbook is meant to be a quick-reference tool that provides practical guidance on leadership roles, key responsibilities and specific actions to be taken when establishing and maintaining a GBV coordination mechanism in an emergency.

The handbook is based on the Inter-agency Standing Committee’s (IASC) *Guidelines for Gender-based Violence Interventions in Humanitarian Settings* (2005) and also takes into account lessons learned, good practices and emerging resources related to GBV coordination within the cluster approach/humanitarian reform process as well as relatively recent global initiatives on GBV in emergencies, such as UN Action.

Who should use this handbook?

Good to know

For the purposes of this handbook, the terms **emergency** and **crisis** are used interchangeably and apply to **armed conflict** as well as **natural disasters**.

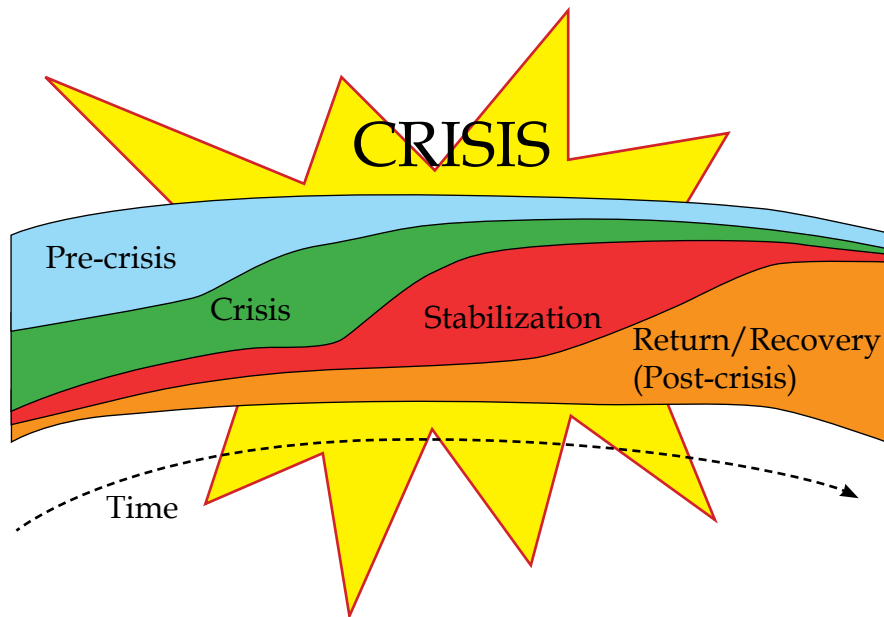
This handbook is targeted to all those individuals and agencies involved in GBV coordination activities in humanitarian emergencies, from the community level to the national and international levels. While it may be particularly relevant to GBV Coordinators, it can—and should—be used by *any* individuals and agencies that are partnering in efforts to develop comprehensive, effective and ethical GBV programming. The handbook can also be used by GBV advocates as a tool to educate UN personnel, government officials

and those working for international and local NGOs *who may have no prior experience or knowledge of GBV programming and/or their basic protection responsibilities related to GBV coordination and GBV prevention and response*. In addition, it can be used by multi-sectoral actors in settings where there are cyclical crises as part of risk reduction and emergency-preparedness planning.

When should this handbook be used?

When we think of responding to a humanitarian emergency – regardless of whether the emergency is the result of conflict or a natural disaster – we usually think of how to react during the initial outbreak. However, literature on emergencies usually considers a much broader time frame, sometimes referring to the phases of an emergency as **pre-crisis** (before the disaster strikes), **crisis** (when the disaster strikes), **stabilization** (when immediate emergency needs have been addressed) and **return/recovery** (when those who are displaced are returning home and/or the focus is on rebuilding systems and structures and transitioning to development).

What is useful to recognize about an emergency, as depicted below, is that all of these phases overlap somewhat. As a result, work during each of the phases may include planning for the next phase(s). For example, preparedness planning that occurs primarily in the pre-crisis phase should also continue through the other phases in the event of a subsequent crisis; early-recovery strategies should be considered even during disaster planning; and recovery programming should be initiated during the emergency phase forward into the return/recovery phases.¹



This handbook focuses primarily on the work that should be done to scale up coordination from the onset of an emergency (Phase 2), but it should also be used as a guide to indicate what sort of contingency planning should be in place pre-crisis, as well as to highlight what kinds of activities should continue into the stabilization and return/recovery phases.

Good to know

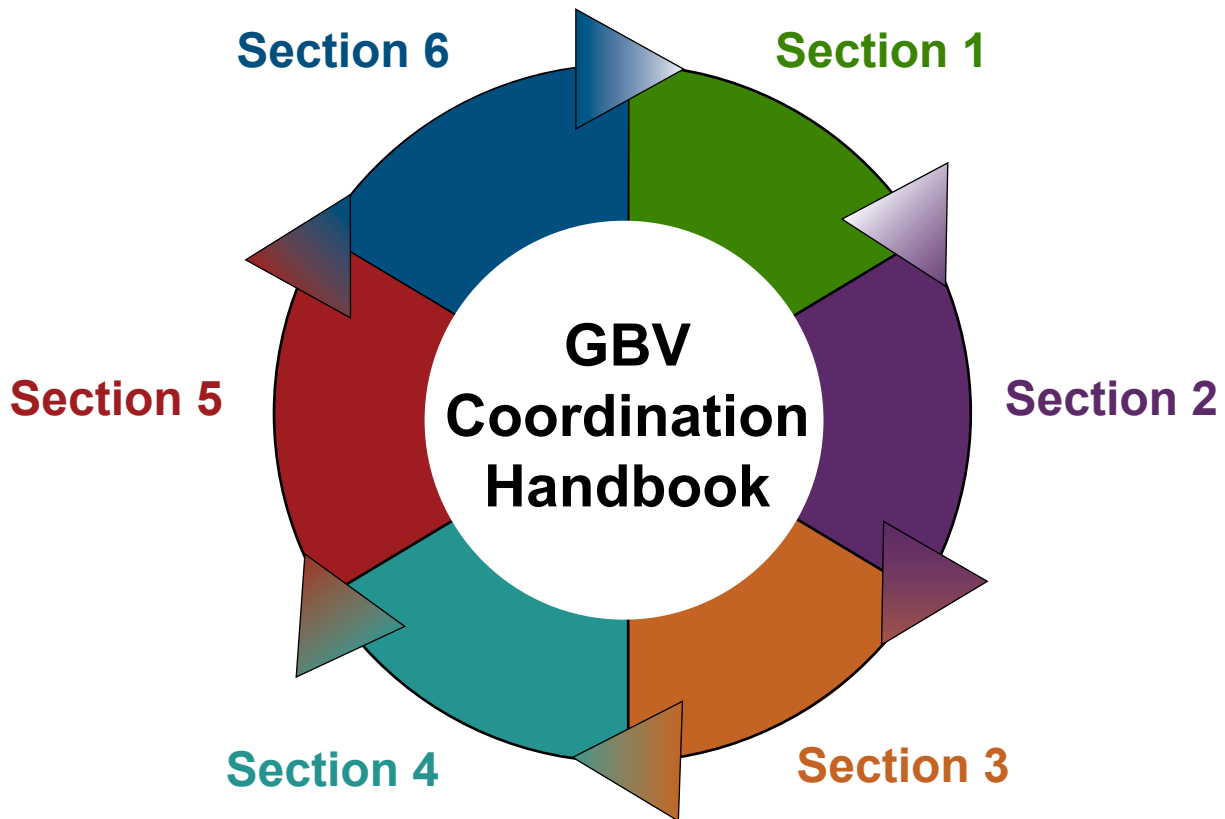
Many settings, especially those affected by recurring disasters such as floods and droughts or by re-emergent conflicts, often have a contingency plan in place. GBV prevention and response should be integrated into this plan. One important component of the work of a GBV coordination mechanism focusing on emergency response is to utilize existing knowledge of vulnerability factors to assist government actors, gender theme groups and other relevant partners in risk reduction and preparedness planning for future emergencies. (See [IS 1.2](#) for resources on gender and disasters.)

How is this handbook organized?

As represented in the diagram below, this handbook is organized in colour-coded sections, each of which is comprised of brief ‘information sheets’ that address a particular issue or topic relevant to that section. The information sheets are short summaries meant to provide the minimum amount of information necessary. Wherever possible, the information sheets are supplemented with annexes of practical tools and templates (which can be adapted to different field contexts) as well as references to resources that are available online, with a link to the URL, where you can find more in-depth information about a particular coordination issue or related resource. Many of the information sheets have text boxes that identify **Good practices**, **Lessons learned**, and points that are **Critical to know** and **Good to know** for anyone developing a coordination mechanism in an emergency setting. Because content in the information sheets sometimes overlaps, readers are also directed to other information sheets – identified through colour-coded highlighting – for further information.

¹ Visual from CARE, “Building Partnerships for Health in Conflict-Affected Settings”, May 2007, pp 9-10.

The following illustrates the six colour-coded sections of this handbook and summarizes their content:



Section one of this handbook provides a review of the **BASICS of GBV** in humanitarian crises so that anyone reading this handbook has an understanding of the key definitions, principles and programming models that underpin all other sections of the handbook.

Section two describes the **WHO of coordination**, providing an overview of the cluster approach and a description of GBV coordination responsibilities within that approach at the global level and at the field level, as well as a brief introduction to other coordination mechanisms that may exist in settings where clusters have not been implemented.

Section three describes the **WHAT of coordination**, identifying some of the key responsibilities, or **FUNCTIONS**, of any coordination mechanism.

Section four illustrates the **WHEN and HOW of coordination** by reviewing the key steps to be undertaken when **IMPLEMENTING** and maintaining a coordination mechanism.

Section five provides some **PRACTICAL coordination skills** for GBV Coordinators and other coordination partners.

Section six provides all of the **ANNEXES** that are linked to all other sections of the handbook.

Introduction:

Key resources

This handbook is based upon and is meant to complement other guidelines and tools related to developing effective GBV coordination mechanisms and ensuring rapid and comprehensive response to GBV in emergencies. The companion resources listed below are required reading for anyone using this handbook.

IASC, *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies* (2005).

<http://gbv.onerresponse.info>

IASC, *Gender-Based Violence Guidelines Introduction and Implementation Planning Package*. (This package supports introduction of the IASC GBV Guidelines in field sites and facilitates a planning process to develop action plans for implementing the interventions and actions described in the guidelines.)

<http://www.gbvnetwork.org>

IASC, *Gender Handbook in Humanitarian Action. Women, Girls, Boys and Men - Different Needs, Equal Opportunities* (2006).

<http://onerresponse.info/crosscutting/gender/Pages/Gender.aspx>

Gender Equality and GBV Programming in Humanitarian Action - Training Toolkit. (This toolkit provides all the materials necessary to conduct an introductory training on the IASC Gender Handbook and the IASC GBV Guidelines.)

<http://onerresponse.info/crosscutting/gender/Pages/Gender.aspx>

UNHCR, *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response* (2003).

www.unhcr.org/refworld/pdfid/3edcd0661.pdf

Critical to know

Anyone engaged in coordinating GBV programming in emergencies should be familiar with the following websites:

GBV AOR website (including resource library):

<http://gbv.onerresponse.info>

Gender as a cross-cutting issue in humanitarian response:

<http://onerresponse.info/crosscutting/gender/Pages/Gender.aspx>

Gender-based Violence Network: Essential Tools for GBV Prevention and Response in Emergencies (Links to essential guides, tools and other technical resources for prevention and response to gender-based violence in humanitarian settings):

<http://www.gbvnetwork.org/>

Reproductive Health Response in Conflict (RHRC) Consortium GBV Bibliography:

<http://www.rhrc.org/resources/gbv/bib>

Sexual Violence Research Initiative (Online bibliography containing links to documents relating to sexual violence in crises):

<http://www.svri.org/emergencies.htm>

International Strategy for Disaster Risk Reduction Gender Page:

<http://www.unisdr.org/eng/risk-reduction/gender/rd-gender-eng.htm>



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Section 1:

GBV BASICS and how they relate to GBV COORDINATION

1

Section One: GBV BASICS and how they relate to GBV COORDINATION

Introduction

What is this section about?

It is easy to take for granted that everyone working in GBV has the same core understanding of definitions, principles and programming models related to GBV. However, partners often discover well into a coordination process that there are widely divergent views on even the most fundamental theoretical and practical GBV issues. In such cases, misunderstandings are likely to emerge over time, leading to compromised coordination efforts, but also—and even more critically—to unsafe or unethical programming.

This handbook does not provide an extensive overview of the basics of GBV—most of that information should be accessed through the resources listed in the **Introduction**. **This section on GBV basics, however, does highlight key information that should be emphasized to all partners from the outset of any coordination efforts and provides recommendations of other resources that will allow for greater exploration of key points.**

The section begins with an information sheet that provides a brief overview of GBV—particularly the implications of the terminology itself and the importance of all GBV partners having an understanding of the nature and scope of GBV in emergencies in order to be effective programmers and advocates. The second information sheet covers basic models for GBV programming—highlighting in particular the ‘multi-sectoral’ and ‘multi-level’ models and emphasizing the importance of being familiar with other models and tools relevant to addressing GBV, such as gender equality programming models, disaster risk reduction, the Minimum Initial Service Package (MISP), etc.

The third information sheet reviews the guiding principles of GBV programming through three linked approaches: the human rights-based approach, the survivor-centred approach and the community-based approach. The fourth information sheet provides a summary of the legal framework that is the foundation of rights-based work on GBV, pointing out how critical it is for GBV actors to know and utilize the human rights history that has so clearly established a mandate for humanitarian actors to address GBV in emergencies.

The final information sheet provides a basic background on protection from sexual exploitation and abuse (PSEA), emphasizing that while the GBV coordination mechanism may fill immediate gaps in PSEA activities, other structures—such as an in-country PSEA focal point network developed under the Humanitarian Coordinator/Resident Coordinator (HC/RC)—are ultimately responsible for this area of action. The GBV coordination mechanism should work with the in-country PSEA focal point network on common objectives related to addressing PSEA.

Section One: GBV BASICS

and how they relate to GBV COORDINATION

1. Understanding GBV

What is gender-based violence?

The IASC *Guidelines for Gender-based Violence Interventions in Humanitarian Settings*—one of the primary companion resources to this handbook—defines gender-based violence as:

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. (p. 7)

While men and boys can be victims of some types of GBV (particularly sexual violence), the IASC GBV Guidelines further explain:

around the world, GBV has a greater impact on women and girls than on men and boys. The term "gender-based violence" is often used interchangeably with the term "violence against women." The term highlights the gender dimension of these types of acts; in other words, the relationship between females' subordinate status in society and their increased vulnerability to violence. (p. 7)

Types of GBV can vary across cultures, countries and regions, but some of the more common forms include: sexual violence, sexual exploitation and/or abuse (SEA), domestic violence, trafficking, forced and/or early marriage and other traditional practices that cause harm, such as female genital mutilation, honour killings, widow inheritance, etc.¹

Why is it important for those involved in GBV coordination to understand the IASC definition of GBV?

The term 'gender-based violence' can be interpreted in different ways and can therefore cause confusion amongst those working to address it. Terminology can also be confusing because different actors may use the terms 'sexual and gender-based violence' (SGBV) or 'violence against women' (VAW). Any coordination efforts should seek to establish some common understanding so that all action-planning, advocacy, training, fieldwork—and any other activities undertaken by GBV coordinating partners—is consistent in terminology, theory and practice.

Often there is resistance to the fact that most GBV impacts women and girls and that GBV programming therefore focuses on women and girls. It may be useful to discuss with partners that the term 'GBV' came into international discourse as a way of emphasizing the structural nature

Critical to know

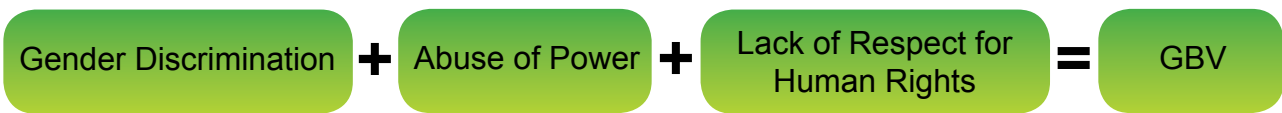
While GBV can take many forms in an emergency context, during the early stages – when communities are first disrupted, populations are moving and protection systems are not fully in place – most reported GBV incidents are **sexual violence involving female survivors and male perpetrators**. GBV coordination mechanisms should therefore prioritize protection from sexual violence in the early stages, while not ignoring the threat or incidents of other forms of violence. Each situation is unique and a **situational analysis** (see **IS 3.9**) should be undertaken as quickly as possible to determine priority areas for action.

Lesson learned

A global review of GBV coordination mechanisms undertaken in 2008 by the GBV AoR (see **IS 2.A.4** for information about the GBV AoR) found that individuals at the field level had different understandings of GBV, as well as how their mandate referred to GBV and what their possible role could be in addressing GBV. A key recommendation in the summary report was to build a more common understanding of GBV amongst all actors working in humanitarian emergencies.

¹ The IASC definition of gender-based violence draws from the official definition of violence against women, Article One of the UN Declaration on the Elimination of Violence Against Women (DEVAW, 1993).

of violence against women and girls and the fact that it constitutes a human rights violation. By articulating violence against women as a violation of rights, activists found a platform for holding states accountable for addressing it. In humanitarian settings, there are also obligations on the **international community** for addressing GBV (see [IS 1.4](#)).



Addressing violence against men and boys is important, but the causes, contributing factors and outcomes of that violence are different than violence against women and girls. Therefore, a decision should be taken as to whether male survivors should be included as target ‘beneficiaries’ of GBV coordination and programming efforts. (Where GBV programming efforts target women and girls, every effort should be made on a case-by-case basis to ensure that men and boys seeking help for exposure to sexual and other forms of violence receive the assistance and referrals they need.)

It may also be useful to clarify with partners that *because the term GBV recognizes that violence is related to gender roles, power relationships and, particularly, discrimination against women, it tells us that in order to address violence we also need to address the societal and relational contexts in which violence occurs.* In this way, **all GBV partners should make every effort to include men and boys in addressing violence against women and girls, and coordination efforts should also engage any actors working on broader gender issues**, such as gender theme groups, GenCap Advisors (see [Annex 1](#) for more information about GenCap) and/or gender focal points of UN agencies, government entities and international and local NGOs.

Good to know

It is not only the definition of GBV itself that can cause confusion: GBV encompasses many different types of violence, each of which may be understood differently by different individuals, groups, cultures, etc. When GBV partners each have a different understanding of how sexual violence is defined, for example, it may cause challenges in communication as well as in data collection and analysis. To address this issue, the GBV Information Management Systems Project has developed an incident classification system, which can help GBV coordination partners to define and document different types of GBV. The GBV information management system (GBVIMS) is described further in [IS 3.9](#).

What do we know about the scope and impact of GBV in humanitarian emergencies?

GBV—especially sexual violence—has been documented in virtually all recent humanitarian emergencies around the world: it is not limited to specific regions, cultures or types of emergency. In

Critical to know

Obtaining specific data on the **prevalence** (total number of cases in the population) of sexual or other forms of violence **should not** be a priority of GBV partners at the onset of an emergency. Because of the high level of under-reporting and the security risks associated with obtaining data, the priority is to establish prevention and response measures as soon as possible. The concern when addressing GBV should not be limited to what is being reported, but should always factor in the incidents that go unreported. (See [IS 3.9](#) for more information on data collection.)

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. Available evidence also indicates that the disorganization that accompanies natural disasters (e.g., separation of families, disruption in the rule of law, etc.) puts women and girls at risk of multiple forms of violence.

The challenge in understanding the full extent of the problem, however, is that 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 a crisis.

Survivors of GBV are at risk of suffering severe and long-lasting health and psychosocial problems.

It is critical that those working on GBV understand the spectrum of ill effects – at the individual, family, community and societal levels – in order to target services effectively as well as to advocate for protection measures. Services should not only work to reduce negative consequences, but also prevent further harm.

Any actors engaged in GBV coordination **have a responsibility as experts and advocates** to be familiar with the global data on sexual violence and other forms of GBV in emergencies in order to 1) understand and anticipate the risks for and effects of GBV in the populations with whom they are working and 2) educate the humanitarian community about their responsibility to address GBV. Being able to clearly articulate the argument for GBV prevention and response is important to all aspects of GBV coordination.

Good practice

During the post-election violence in Kenya (2008), the GBV Sub-Cluster developed an information sheet for UN, government and I/NGO actors to educate them about GBV basics. Developing the information sheet enabled sub-cluster members to discuss and agree on key concepts and to share information with partners outside the sub-cluster in a standardized way.

Resources

The following resources provide useful overviews of the scope of violence against women in conflict and development settings.

UNIFEM, *Women, War and Peace* (2002).

http://www.unifem.org/materials/item_detail.php?ProductID=17

OCHA/IRIN, *Broken Bodies, Broken Dreams: Violence Against Women Exposed* (2005). See Chapter 13 on sexual violence in conflict.

<http://www.irinnews.org/InDepthMain.aspx?InDepthId=59&ReportId=72831>

Center for Health and Gender Equality, and Population Information Program, "Population Reports: Ending Violence Against Women." Volume XXVII Number 4, December 1999.

<http://www.infoforhealth.org/pr/111edsum.shtml>

Vlachova, M. and Biason, L. (eds), *Women in an Insecure World: Violence against Women Facts, Figures and Analysis* (DCAF, 2005).

http://www.dcaf.ch/women/bk_vlachova_biason_women.cfm

Krug, E.G. et al (eds), *World Report on Violence and Health* (WHO, 2002).

http://www.who.int/violence_injury_prevention/violence/world_report/en/index.html

USAID, "Understanding the Issue: An Annotated Bibliography on GBV" (2006).

<http://www.policyproject.com/gbv/Documents/AnnotatedBibliography.pdf>

Ward, J., "Gender-based Violence in Refugee, Internally Displaced and Post-Conflict Settings: A Global Overview" (RHRC, 2002).

<http://www.rhrc.org/resources/gbv/bib>

Vann, B., "Gender-based Violence: Emerging Issues in Programs Serving Displaced Populations" (JSI/RHRC, 2002).

<http://www.rhrc.org/resources/gbv/bib>

RHRC, *Gender-based Violence in Populations Affected by Conflict: A Field Guide for Displaced Settings* (2005).

<http://www.rhrc.org/resources/Fact%20Sheet%20for%20the%20Field.pdf>

Security Council Resolutions 1325, 1820 and 1888. For general information, see:

<http://www.un-ngls.org/spip.php?article1627>

Annex

A1: GenCap FAQs

Section One: GBV BASICS and how they relate to GBV COORDINATION

2. Basic models for GBV programming

Why is it important for those involved in GBV coordination to understand basic models for GBV programming?

The primary goal of GBV coordination is to ensure that accessible and safe services are available to survivors and that prevention mechanisms are put in place to reduce incidents of GBV – particularly sexual violence during the early stages of an emergency. For any GBV coordination mechanism to be effective, GBV partners must know and be able to apply basic models of programming. Understanding these models will help GBV partners to identify priorities and design action plans that are based on good practice.

What are the basic models for GBV programming?

The IASC GBV Guidelines should underpin any work that is conducted on GBV in emergencies (see text box, below). GBV Coordinators and partners should also understand the two basic programming models described below (the ‘multi-sectoral’ model and the ‘multi-level’ model), which are among those most widely used in emergency and post-emergency contexts. While these models are inter-related, each has a particular emphasis that is important when planning and implementing programming from the earliest stages of an emergency through to recovery and rehabilitation.¹

⇒ *The multi-sectoral model*

Programming experiences from the field have revealed that no single sector or agency can adequately address gender-based violence prevention and response. The multi-sectoral model calls for holistic inter-organizational and inter-agency efforts that promote participation of people of concern, interdisciplinary and inter-organizational cooperation, and collaboration and coordination across key sectors, including (but not limited to) health, psychosocial, legal/justice and security.

Some of the cross-cutting functions of the sectors include engagement and education of the community, data collection, and monitoring and evaluation. Another critical component is inter- and intra-sectoral coordination, including the creation and monitoring of reporting and referral networks, information-sharing and participation in regular meetings with representatives

Critical to know

The IASC *Guidelines for Gender-based Violence Interventions in Humanitarian Settings* were developed by an IASC sub-working group in 2005 in order to **enable humanitarian actors working in different sectors to plan, establish and coordinate a set of minimum interventions to prevent and respond to sexual violence during an emergency**. The IASC GBV Guidelines provide an overview of activities to be undertaken in the preparedness and recovery phases and a detailed list of activities to be implemented in the emergency phase. The IASC GBV Guidelines hold all humanitarian personnel responsible for addressing GBV, particularly sexual violence in emergencies. They also provide a list of actions per humanitarian cluster/sector (protection, water/sanitation, food security/nutrition, shelter/site planning, health/community services and education), as well as information about cross-cutting functions of all sectors (coordination, assessment and monitoring, protection, human resources and IEC). The list of interventions is accompanied by a set of key recommended resources. The IASC GBV Guidelines can be accessed at: http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-tf_gender-gbv. The IASC GBV Guidelines are accompanied by an implementation planning package, available at: <http://www.gbvnetwork.org>

¹ For an example of both models being integrated into one comprehensive framework, see the *GBV Strategic Framework for Prevention of and Response to GBV in East, Central and Southern Africa* (USAID, UNICEF, UNFPA, and UNIFEM, 2007), available at <http://eastafrica.usaid.gov/proxy/Document.1138.aspx>

from the various sectors. The multi-sectoral model also explicitly highlights responsibilities unique to each sector:

- ▶ The **health sector** should screen clients for gender-based violence; ensure same-sex interviewers for individuals who have been exposed to gender-based violence; respond to the immediate health and psychological needs of the woman or girl who has been exposed; institute protocols for treatment, referral and documentation that guarantee confidentiality; provide GBV-related services free of charge; and be prepared to provide forensic evidence and testimony in court when authorized to do so by the survivor.
- ▶ The **psychosocial sector** should be able to provide ongoing psychological assistance (which requires training and supervision of social workers and community services workers); confidentially gather and document client data; and facilitate referrals for other services. Education and income-generation projects are also under the umbrella of psychosocial programming within this multi-sectoral model. Education systems should ensure curricula on 'safe touch', healthy relationships and basic human rights; institute codes of conduct for all teachers as well as training on identifying risk signs among children; and provide school-based services for children who have been exposed to gender-based violence. Income-generating projects should not only promote women's economic self-sufficiency but also monitor domestic violence risks and integrate human rights education into project activities.
- ▶ The **legal/justice sector** should be able to provide free or low-cost legal counselling, representation and other court support to women and girls who have been exposed to gender-based violence; review and revise laws that reinforce gender-based violence; and monitor court cases and judicial processes.
- ▶ Within the **security sector**, police, military and peacekeeping personnel should be educated about gender-based violence; held to zero-tolerance codes of conduct; and trained on how to appropriately intervene in cases of gender-based violence. Police should have private rooms for meetings with individuals who have been exposed to gender-based violence; ensure same sex interviewers; institute protocols for referrals to other sectors; collect standardized and disaggregated data on incidents; and create specialized units to address gender-based violence.

A key principle underlying the multi-sectoral approach is that the rights and needs of survivors are pre-eminent, in terms of access to respectful and supportive services, guarantees of confidentiality and safety and the ability to determine the course of action for addressing the GBV incident. Another essential element of the multi-sectoral approach is close cooperation with local women's groups and, if relevant, representatives from the ministry responsible for women's and girls' affairs. Women and girls must be included from the beginning of programme design and maintain an active role throughout programme monitoring, evaluation and ongoing programme development.

⇒ **The multi-level model**

One of the limitations of the multi-sectoral model as it exists to date is that it specifies many of the sectoral responsibilities in terms of response but gives limited attention to prevention. Where it does identify prevention activities, it fails to prioritize them or even provide a conceptual framework for prioritizing them. As such, a supplemental model to the multi-sectoral model – the multi-level model – is currently evolving. This model was first formally outlined in the International Rescue Committee's GBV Program Strategy (2004).²

² The multi-level model is detailed further in a recent paper produced by the author of the IRC Strategy: Read-Hamilton, S., "Services, Systems, Structures: A Multi-level Approach for Addressing Gender-based Violence in Conflict-affected Settings" (publication pending). For copies of this article, contact: sophie_rh@hotmail.com

For effective short- and long-term GBV prevention, interventions must take place across all the key sectors and at three levels, so that structural, systemic and individual protections are institutionalized. These levels are as follows:

1. **Primary prevention/structural reform**, which includes preventative measures 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.
- ▶ Supporting policy development within ministries of health, social welfare, justice and security.
- ▶ Human rights education with traditional and community elders.

2. **Secondary prevention/systems reform**, which includes systems and strategies to monitor and respond when rights are breached. Intervention at this level includes developing and building the capacity of statutory and traditional legal/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 target beneficiaries.
- ▶ Coordination of multi-sectoral and interagency efforts.
- ▶ Generation of knowledge and information for advocacy.

3. **Tertiary prevention/operational response**, which includes response at the individual level through direct services to meet the needs of women and girls who have been subjected to GBV. Examples include:

- ▶ Community-based education and information campaigns about gender-based violence as well as about the availability of services.
- ▶ Case management, referral and advocacy.
- ▶ Counselling and support.
- ▶ Medical forensic examination, treatment and follow-up.
- ▶ Linkage with police and courts.
- ▶ Court support through the judicial process.

Many GBV programmes concentrate their efforts at the tertiary, or operational response, level. However, the most they can hope to achieve at this level is to mitigate the intensity of the problem for individuals who have suffered violence. By planning activities that focus on the secondary and primary levels of prevention as well, programmers and policy-makers across all sectors can begin to institute lasting reforms that not only protect those who have been exposed to gender-based violence, but also work towards the elimination of GBV.

Are these the only important models for GBV programming?

It is important to remember that the models summarized above are a useful starting point, but they are certainly not exhaustive. GBV actors should also familiarize themselves with gender-equality programming as a key method for preventing GBV (see below) as well participatory and community-based models that apply a human rights-based approach to working with an affected population (see **IS 1.3**). Those working in settings with peacekeeping missions should understand the strategic frameworks that have been developed to coordinate efforts of peacekeepers and other humanitarian actors to combat sexual violence (see **IS 2.B.1-2**), and those working in settings affected by natural disasters should familiarize themselves with the emerging tools focusing on gender approaches to disaster risk reduction and emergency preparedness and response. It is also important for GBV programmers to understand the components of the Minimum Initial Service

Package (MISP) for reproductive health interventions in an emergency, which include addressing sexual violence. More information about the MISP is available at www.misp.rhrc.org.

How does gender-equality programming fit in?

In addition to these basic models for GBV programming, partners should be familiar with the goals and methods of gender-equality programming. Gender-equality programming is critical to any long-term efforts to address GBV and should be initiated from the start of any humanitarian intervention. However, it is important for GBV partners to understand that gender and GBV programming are complementary – they are not interchangeable.

Gender is a cross-cutting issue (see **IS 2.A.2**) that should be maintained on the GBV agenda as a specific component of GBV prevention. Other actors—such as the GenCap Advisor (see text box), gender theme groups and gender focal points in agencies and organizations—should be responsible for ensuring that the broader responsibilities of gender mainstreaming, as articulated in the IASC *Gender Handbook in Humanitarian Action* (2005), are fully realized across all sectors of humanitarian response. Effective integration of gender into sectoral work can enhance GBV prevention and response efforts. To whatever extent possible, GBV actors should therefore collaborate with gender experts on the ground to ensure that gender and GBV programming efforts are mutually reinforcing.

Good to know

The IASC Gender Standby Capacity (GenCap) project seeks to build the capacity of humanitarian actors at the country level to mainstream gender-equality programming, including prevention of and response to GBV, in all sectors of humanitarian response. (See **Annex 1** for the GenCap FAQs.) GenCap's goal is to ensure that humanitarian action takes into equal consideration the different needs and capabilities of women, girls, boys and men. GenCap consists of a pool of gender advisers to be deployed on short notice as an inter-agency resource to support the UN Humanitarian/Resident Coordinators, humanitarian country teams and cluster/sector leads in the initial stages of sudden-onset emergencies as well as in protracted or recurring humanitarian crises. **GenCap is planning to build on its current structure and expand its roster to include members with expertise in GBV programming and coordination in order to support gender-related initiatives that may require surge capacity, such as GBV coordination and implementation of the UN Security Council Resolutions 1325/1820/1888/1889.** For more information about GenCap and to access the IASC Gender Handbook and related training tools, see: <http://oneresponse.info/crosscutting/GenCap/Pages/GenCap.aspx>

Do these models also apply to settings where the emergency is the result of a natural disaster?

These models are just as applicable for natural disasters, but in these settings—particularly when the disasters tend to be recurrent, as in the case of floods or drought—it is important to use these models to inform national and UN **contingency planning** as well as emergency response. Contingency planning should include efforts aimed at *disaster risk reduction*—that is, working with communities to understand what their specific vulnerabilities might be in the event that a disaster occurs, and developing programming to mitigate those vulnerabilities **before** the disaster strikes. To this end, GBV partners should work together with the government (where feasible), with international actors and with vulnerable communities during the emergency-preparedness phase in an effort to prevent sexual and other forms of violence prior to *and* during the emergency, as well as build programmes across all key sectors to ensure rapid response when incidents do occur. To the greatest extent possible, risk reduction and emergency preparedness should also, of course, happen when the emergency is related to armed conflict. The IASC GBV Guidelines provide a useful summary of key activities to be undertaken in the preparedness phase.

Resources

The resources below have been organized according to the key areas related to GBV prevention and response and should be required reading for all GBV coordinators and programmers. They represent only a fraction of materials and tools available. For more resources, visit the websites identified in the **Introduction** to this handbook.

General

RHRC/JSI Research and Training Institute, *Training Manual Facilitator's Guide: Multisectoral & Interagency Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict* (2004).

http://www.rhrc.org/resources/gbv/gbv_manual/intro.pdf

Women's Commission for Refugee Women and Children, "Displaced Women and Girls at Risk: Risk Factors, Protection Solutions and Resource Tools" (2006).

<http://www.womensrefugeecommission.org/images/stories/WomRisk.pdf>

Bott, S., Morrison A. and Ellsberg, M., "Preventing and Responding to Gender-Based Violence in Middle- and Low-Income Countries: a Global Review and Analysis" (World Bank Policy Research Working Paper No. 3618, 2005).

http://econ.worldbank.org/external/default/main?pagePK=64165259&theSitePK=469372&piPK=64165421&menuPK=64166093&entityID=000112742_20050628084339

UNHCR, *Handbook for the Protection of Women and Girls* (2008).

<http://www.unhcr.org/protect/PROTECTION/47cfae612.html>

Global Protection Cluster Working Group, *Handbook for the Protection of Internally Displaced Persons* (2010).

<http://oneresponse.info/GlobalClusters/Protection>

ICRC, *Addressing the Needs of Women Affected by Armed Conflict: An ICRC Guidance Document* (2004).

<http://www.icrc.org/web/eng/siteeng0.nsf/html/p0840>

Read-Hamilton, S., "Services, Systems, Structures: A Multi-level Approach for Addressing Gender-based Violence in Conflict-affected Settings" (publication pending). For copies of this article on the multi-level approach, contact: sophie_rh@hotmail.com

UNHCR, *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons. Guidelines for Prevention and Response* (2003).

<http://www.unhcr.org/refworld/pdfid/3edcd0661.pdf>

USAID, UNICEF, UNFPA and UNIFEM, *Regional Strategic Framework for the Prevention of and Response to Gender-based Violence in East, Southern, and Central Africa* (2006).

<http://eastafrica.usaid.gov/proxy/Document.1138.aspx>

Health

Women's Refugee Commission, "Minimum Initial Service Package (MISP) Fact Sheet" (2003).

<http://www.misp.rhrc.org>

UNICEF, *Caring for Survivors Training Manual* (2010).

<http://gbv.oneresponse.info>

WHO/UNHCR, *Clinical Management of Rape Survivors: Developing Protocols for Use with Refugees and Internally Displaced Persons* (2004).

<http://www.who.int/reproductivehealth/publications/emergencies/924159263X/en/index.html>

IRC, *Clinical Care for Sexual Assault Survivors* (2009). <http://clinicalcare.rhrc.org/>

IASC, *Guidelines for HIV/AIDS Interventions in Emergency Settings* (2005).

<http://www.who.int/3by5/publications/documents/iasc/en/index.html>

Psychosocial

- IASC, *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (2007).
http://www.who.int/hac/network/interagency/news/mental_health_guidelines/en/
- The Psychosocial Working Group, "Psychosocial Intervention in Complex Emergencies: A Conceptual Framework" (2003).
<http://www.forcedmigration.org/psychosocial/papers/Conceptual%20Framework.pdf>
- WHO, *Mental Health in Emergencies: Mental and Social Aspects of Health of Populations Exposed to Extreme Stressors* (2003).
http://www.who.int/mental_health/media/en/640.pdf
- "Mental Health and Psychosocial Support (MHPSS) in Humanitarian Emergencies: What Should Protection Coordinators Know?" (IASC Reference Group on MHPSS, 2009).
<http://onerresponse.info/crosscutting/Mental%20Health/Pages/MentalHealth.aspx>
- "Mental Health and Psychosocial Support (MHPSS) in Humanitarian Emergencies: What Should Health Coordinators Know?" (IASC Reference Group on MHPSS, 2009).
www.who.int/.../mental_health/emergencies/what_humanitarian_health_actors_should_know.pdf

Security/Legal Justice

- Bastik, M., Gramm K. and Kunz R., "Sexual Violence in Armed conflict: Global Overview and Implications for the Security Sector" (DCAF, 2007).
<http://www.dcaf.ch/publications/kms/details.cfm?lng=en&id=43991&nav1=4>
- Denham, T., *Police Reform and Gender* (DCAF, 2008).
<http://www.un-instraw.org/images/files/PoliceReform.pdf>
- ARC, *Gender-based Violence and Legal Aid, A Participatory Toolkit* (2005).
<http://www.arcrelief.org/gbvbooks/cdrom/index.html>
- Additional training resources on gender and the security sector:
<http://www.dcaf.ch/gssrtraining>

Gender

- IASC, *Gender Handbook in Humanitarian Action. Women, Girls, Boys and Men - Different Needs, Equal Opportunities* (2006).
<http://onerresponse.info/crosscutting/gender/Pages/Gender.aspx>
- Gender Equality and GBV Programming in Humanitarian Action - Training Toolkit* (2009). (This toolkit provides all the materials necessary to conduct an introductory training on the IASC Gender Handbook and the IASC GBV Guidelines.)
<http://onerresponse.info/crosscutting/gender/Pages/Gender.aspx>
- ISDR, UNDP, and IUCN, *Making Disaster Risk Reduction Gender-Sensitive: Policy and Practical Guidelines* (2009).
http://www.preventionweb.net/files/9922_MakingDisasterRiskReductionGenderSe.pdf
- Enarson, E. "SWS Fact Sheet: Women and Disaster" (June 2006).
<http://www.socwomen.org/socactivism/factdisaster.pdf>
- Oxfam, *Gender-sensitive Disaster Management: A Toolkit for Practitioners* (2008).
<http://www.preventionweb.net/english/professional/publications/v.php?id=7792>

Annex

- A1: GenCap FAQs

Section One: GBV BASICS and how they relate to GBV COORDINATION

3. Guiding principles of GBV programming

What are the core guiding principles of GBV programming?

The core guiding principles of **safety, respect, confidentiality and non-discrimination** apply to both GBV programming and coordination efforts and must be considered in all decisions that we make. These guiding principles are inextricably linked to the overarching humanitarian responsibility to *provide protection and assistance* to those affected by a crisis (see **IS 1.4**) and are embodied in three essential and interlinked approaches: the **human rights-based approach**, the **survivor-centred approach** and the **community-based approach**.

What is a human rights-based approach (HRBA)?

A human rights-based approach seeks to analyze the root causes of problems and to redress discriminatory practices that impede humanitarian intervention. The human rights-based approach:

- ▶ Is based on international human rights and humanitarian law standards.
- ▶ Integrates these norms, standards and principles into plans, policies and processes of humanitarian intervention and development.
- ▶ Is multi-sectoral and comprehensive.
- ▶ Involves many stakeholders (state and non-state).
- ▶ Must be addressed within the context of prevailing political, legal, social and cultural norms and values.
- ▶ Must be aimed at empowering survivors and their communities.

Too often, emergency response is managed by addressing specific ‘needs’ of ‘beneficiaries’. What those needs are and who the beneficiaries are is subjectively determined by those delivering aid. A needs-based approach does not come with accountability; there is no moral or legal obligation on the state and/or others working with or on behalf of the state to protect and assist those affected by the emergency.

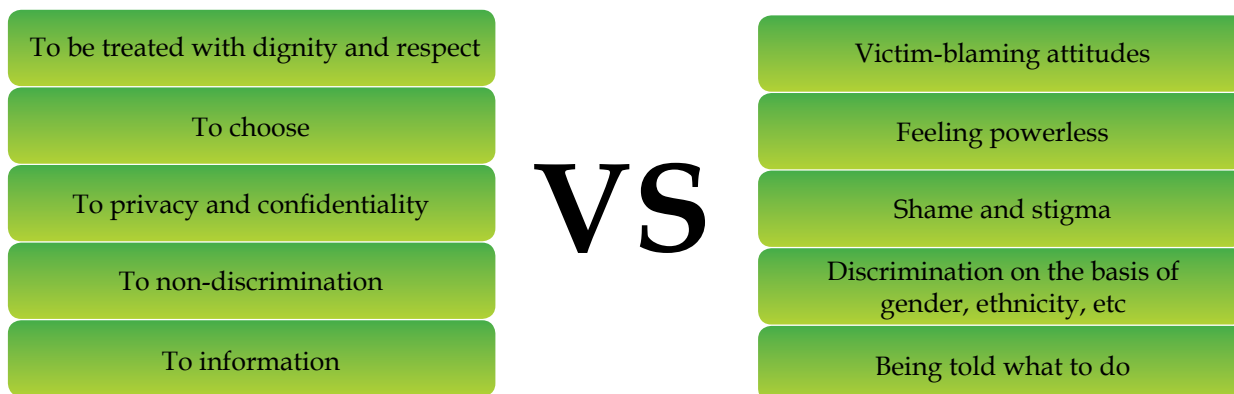
A human rights-based approach certainly seeks to attend to the needs of those affected by an emergency, but how those needs are determined and addressed is informed by legal and moral obligations and accountability. Humanitarian actors, along with states (where they are functioning), are ‘duty-bearers’ and bound by their obligations to encourage, empower and assist ‘rights-holders’ to claim their rights. A human rights-based approach requires all those who develop and coordinate GBV programming to:

- ▶ Assess the capacity of rights holders to claim their rights and identify the immediate, underlying and structural causes for non-realization of rights.
- ▶ Assess the capacities and limitations of duty-bearers to fulfil their obligations.
- ▶ Develop strategies to build capacities and overcome limitations of duty-bearers.
- ▶ Monitor and evaluate both outcomes and processes guided by human rights standards and principles.
- ▶ Ensure programming is informed by the recommendations of international human rights bodies and mechanisms.

What is a survivor-centred approach (SCA)?

A survivor-centred approach means that all parties engaged in GBV programming prioritize the rights, needs and wishes of survivors.

Essentially, a survivor-centred approach involves designing and developing programming that ensures survivors’ rights and needs are first and foremost. The illustration below compares survivors’ rights (left column) with negative impacts typically experienced by survivors of GBV:



The survivor-centred approach is based on a set of principles and skills designed to guide professionals – regardless of their role – in their engagement with persons who have experienced sexual violence or other forms of GBV. The survivor-centred approach aims to create a supportive environment in which a survivor’s rights are respected and in which s/he is treated with dignity and respect. The approach helps to promote a survivor’s recovery and his/her ability to identify and express needs and wishes, as well as to reinforce his/her capacity to make decisions about possible interventions.¹

What is a community-based approach (CBA)?

A community-based approach – where those who are affected by an emergency are included as key partners in developing strategies related to their assistance and protection – is fundamental to both the human rights-based approach and the survivor-centred approach. A community-based approach insists that people targeted for humanitarian assistance have “the right to participate in making decisions that affect their lives” as well as “a right to information and transparency” from those responsible for providing assistance. By placing beneficiaries, or those UNHCR refers to as “people of concern”² at the heart of operational decision-making, the CBA strives to ensure:

- ▶ Those affected by an emergency will be better protected.
- ▶ Their capacity to identify, develop and sustain solutions will be strengthened.
- ▶ Humanitarian resources will be used more effectively.³

All strategies for implementing GBV coordination mechanisms and GBV programming must therefore abide by the principles of participation within a community-based approach, so that women, men, girls and boys affected by an emergency are empowered to be active and equal partners in GBV policy and strategy development, as well as in programme design and implementation efforts. However, because GBV can be a socially and/or politically charged issue in some communities, community-based participatory methods should begin with those who are most affected by or vulnerable to GBV and, according to their insights and recommendations, seek to involve others, such as male community leaders.

¹ UNICEF, *Caring for Survivors Training Manual* (2010). Available at <http://gbv.oneresponse.info>

² Note that this handbook uses the term ‘people of concern’ when referring generally to those who are affected by an emergency.

³ UNHCR, *A Community-based Approach in UNHCR’s Operations* (January 2008), pp. 5-6.

What do these approaches have to do with GBV coordination?

These approaches should inform all aspects of GBV coordination and programme planning and implementation. All activities of the GBV coordination body should express these principles, e.g., by ensuring that people of concern participate in coordination efforts; that coordination meetings respect the principles of confidentiality; and that training tools and guidelines promote the rights of all women and girls to be free from GBV and reinforce the fact that GBV is a crime that is never the fault of the survivor or the result of the survivor's behaviour.

In many cases, those who **lead** coordination are responsible for **setting the standard** for ethical, safe and effective programming. They must therefore make certain that all parties participating in coordination understand the core principles and key approaches that guarantee ethical, safe and effective programming. The personal biases or attitudes of coordination partners must not compromise these guiding principles, and all partners must take a unified approach in implementing programming.

Resources

UNICEF, *Caring for Survivors Training Manual* (2010).

<http://gbv.onerresponse.info>

Jonsson, U., "Human Rights Approach to Development Programming" (UNICEF, 2003).

http://www.unicef.org/rightsresults/files/HRBDP_Urban_Jonsson_April_2003.pdf

Coordination of Multi-Sectoral Response to Gender-Based Violence in Humanitarian Settings: Facilitator Manual (UNFPA and Ghent University, 2010). To be posted to the GBV AoR website Spring 2010. Contact Erin Kenny for more information about the manual: ekenny@unfpa.org

UNHCR, "A Community-based Approach in UNHCR's Operations" (January 2008).

<http://www.unhcr.org/47f0a0232.html>

UNHCR, "Tool for Participatory Assessment in Operations" (May 2006).

<http://www.unhcr.org/450e963f2.html>

ARC *Partnership Approach Guidance and Tools* (ARC, 2009).

<http://www.arcrelief.org/PartnershipGuide>

ActionAid, *Safety with Dignity: A Field Manual for Integrating Community-based Protection Across Humanitarian Programs* (2009).

<http://www.actionaid.org.au/index.php/protection-manual.html>

Section One: GBV BASICS

and how they relate to GBV COORDINATION

4. The international legal framework

What is an international legal framework?

An international legal framework is comprised in general of the following three elements¹:

'Hard Law'

These are 'legally binding' for states.

- International human rights conventions
- International humanitarian law
- UN resolutions

'Soft Law'

These are non-binding, but carry significant moral commitment and responsibility in the international community.

- International guidelines
- International conference documents, declarations, programmes of action

Special UN Procedures

These help to facilitate the implementation of laws, conventions, declarations, etc.

- UN monitoring committees, special envoys, special rapporteurs, other experts

Why is it important for humanitarian actors to be familiar with the international legal framework that applies to GBV?

The United Nations is founded on the principles of **peace, justice, freedom and human rights**. It is the responsibility of all humanitarian actors to strive to implement these principles in their work, in order to protect and promote the safety and well-being of those affected by an emergency. In 1997, the UN Secretary-General formalized this commitment by calling on the entire UN system to mainstream human rights into the UN's various activities and programmes.

The *Sphere Standards*—to which hundreds of humanitarian actors, international agencies, NGOs and donor institutions are committed—also articulate a commitment to these basic principles through the Humanitarian Charter, which reasserts the right of populations affected by disaster (humanitarian emergencies and natural disasters) to protection and assistance in a manner that supports their life with dignity.

In 2006, the IASC issued new guidelines on humanitarian assistance in natural disasters: *Protecting Persons Affected by Natural Disasters: IASC Operational Guidelines on Human Rights and Natural Disasters*. These guidelines focus on human rights challenges that are often neglected during natural disasters and serve as a reminder that "human rights are the legal underpinning of all

Critical to know

All international actors responding to an emergency have a **duty to protect** those affected by the crisis. According to the IASC Gender Handbook (p.12), protection is widely defined as *all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and spirit of relevant bodies of law*. Protection activities aim to create an environment in which human dignity is respected, specific patterns of abuse are prevented or their immediate effects alleviated, and dignified conditions of life are restored through reparation, restitution and rehabilitation. **The international legal framework forms the basis of this protection work.**

¹ Adapted from Bossman, M., PowerPoint presentation for training on *Coordination of Multi-Sectoral Response to Gender-based Violence in Humanitarian Settings* (Ghent, Belgium, 2008).

humanitarian work pertaining to natural disasters” (p. 9). In fact, they serve as a reminder that human rights are the basis of ensuring protection and therefore underpin all humanitarian work. Understanding and expressing the human rights aspects of humanitarian intervention is crucial when combating GBV. Addressing GBV requires efforts to ensure that the discriminatory policies and practices that are its foundation are eradicated. All those working on GBV prevention and response therefore **have a responsibility** to familiarize themselves with the **international, regional and national laws and standards** that relate to GBV in order to act in accordance with them and guide others—states, communities and individuals—to meet their obligations to promote and protect human rights.

The IASC GBV Guidelines are very explicit about this responsibility as it relates to GBV partners’ roles in promoting protection for those at risk of GBV: “An important component of both prevention of further violence and redress for sexual violence crimes is ensuring implementation of and compliance with laws that promote the rights of communities to be free of sexual violence” (p. 36). According to the IASC GBV Guidelines, protection responsibilities related to GBV include advocating for the rights of victims of sexual violence and pressuring states to conform to international standards that promote protection against sexual violence. All partners in GBV coordination should therefore know the international legal framework that relates specifically to GBV. (See **Annex 2** for a list of major milestones related to GBV in the international legal framework.) GBV partners should also be aware of the regional and national laws, policies, declarations and programmes of action relevant to their setting.

Critical to know

In September 2009, **Security Council Resolution (SCR) 1888** was unanimously adopted by member states. It is one of the most important SCRs for GBV partners to know and understand because it is much more action-oriented than previous SCRs related to sexual violence. SCR 1888 builds on two earlier resolutions: **SCR 1325**, adopted in October 2000, which provides a political framework that makes women and a gender perspective relevant to all aspects of peace processes; and **SCR 1820**, adopted in June 2008, which recognizes the links between sexual violence in armed conflict and its aftermath, and sustainable peace and security. SCR 1820 commits the Security Council to considering appropriate steps to end sexual violence and to punish perpetrators and requests a report from the UN Secretary-General on situations in which sexual violence is being widely or systematically employed against civilians and on strategies for ending the practice. Through SCR 1888, a Special Representative to the UN Secretary-General will be responsible for coordinating a range of mechanisms and overseeing implementation of both SCR 1325 and SCR 1888. Other provisions of the text of SCR 1888 include identifying women’s protection advisers among gender advisers and human rights protection units; strengthening of monitoring and reporting on sexual violence; retraining of peacekeepers, national forces and police; and boosting the participation of women in peace-building and other post-conflict processes. For more information about SCR 1888 visit: <http://www.iwtc.org/1820blog/?p=311#>

Resources

Coordination of Multi-Sectoral Response to Gender-Based Violence in Humanitarian Settings: Facilitator Manual (UNFPA and Ghent University, 2010). To be posted to the GBV AoR website Spring 2010. Contact Erin Kenny for more information about the manual: ekenny@unfpa.org

The International Human Rights of Women—An Overview of the Most Important International Conventions and the Instruments for their Implementation (GTZ, 2003).

<http://www.gtz.de/de/dokumente/en-international-womens-rights.pdf>

Annex

A2: International Legal Framework

Section One: GBV BASICS

and how they relate to GBV COORDINATION

5. Protection from sexual exploitation and abuse

What is protection from sexual exploitation and abuse (PSEA)?

As highlighted in the Secretary-General's Bulletin on *Special measures for protection from sexual exploitation and sexual abuse* (ST/SGB/2003/13) (the SGB), PSEA relates specifically to the responsibilities of international humanitarian actors to prevent incidents of sexual exploitation and abuse **committed by UN, NGO and inter-governmental (IGO) personnel against colleagues and beneficiaries of assistance** and to take action as quickly as possible when incidents do occur. The SGB provides clear definitions of sexual exploitation and sexual abuse and outlines **six key standards of behaviour** related to PSEA:

Good to know

The ECHA/ECPS UN and NGO Task Force on Protection from Sexual Exploitation and Abuse is the forum responsible for promoting global policy and guidance on PSEA for humanitarian actors. To this end, the task force has developed a series of training tools on PSEA for focal points, senior managers and general staff. These and other resources are available on the PSEA tools repository website: www.un.org/pseataaskforce

IS 1.5

Protection from sexual exploitation and abuse

1. Sexual exploitation and sexual abuse constitute acts of serious misconduct and are therefore grounds for disciplinary measures, including summary dismissal.

2. 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 in the age of a child is not a defence.

3. 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 any exchange of assistance that is due to beneficiaries.

4. Sexual relationships between staff and beneficiaries of assistance, since they are based on inherently unequal power dynamics, undermine the credibility and integrity of the work of the United Nations and are strongly discouraged.

5. Where a United Nations staff member develops concerns or suspicions regarding sexual exploitation or sexual abuse by a fellow worker, whether in the same agency or not and whether or not within the United Nations system, he or she must report such concerns via established reporting mechanisms.

6. United Nations staff are obliged to create and maintain an environment that prevents sexual exploitation and sexual abuse. Managers at all levels have a particular responsibility to support and develop systems that maintain this environment.

These six standards apply to all UN staff – whether recruited internationally or locally – including staff from agencies, funds and programmes as well as all partners, such as NGOs, consultants, contractors, day labourers, interns, junior professional officers (JPOs), UN volunteers (UNVs), etc. The terms of the SGB also apply to international military personnel and civilian police. The scope of the SGB is therefore very broad and establishes a common standard for everyone working in some way with the UN. Many other humanitarian organizations also require staff to adhere to virtually the same standards as those contained in the SGB according to their own codes of conduct, as well as through their endorsement of the *Statement of Commitment on Eliminating Sexual Exploitation and Abuse by UN and Non-UN Personnel*.

Critical to know

The SGB details some of the ways in which PSEA activities should be implemented, including:

- Providing staff with copies of the SGB and informing them of its contents.
- Taking appropriate action when there is reason to believe sexual exploitation and abuse has occurred.
- **Appointing focal points and advising the local population on how to contact them.**
- Handling reports of sexual exploitation and abuse confidentially.

The SGB clearly requires managers within UNCTs and humanitarian country teams to **appoint focal points** and guide them in meeting their responsibilities. Also in light of the SGB, HCs/RCs have been tasked with the responsibility of **ensuring that an in-country network on PSEA, composed of PSEA focal points, is operational** and supporting the development and implementation of a country-level PSEA action plan in their respective countries.

How does PSEA relate to GBV coordination?

Unfortunately, there are many humanitarian settings in which there are no PSEA focal points or PSEA in-country networks. In these settings, it sometimes falls to the GBV coordination mechanism to undertake PSEA activities. While the GBV coordination mechanism may opt to fill a gap in addressing PSEA in the short-term, e.g., by conducting awareness-raising amongst humanitarian staff and people of concern about the SGB, **PSEA responsibilities SHOULD NOT be a regular and/or long-term function of the GBV coordination group.** As per the box above, identifying PSEA focal points and creating an in-country PSEA network is the responsibility of senior managers and, ultimately, the HC/RC.

However, PSEA is one important form of preventing GBV and is therefore linked to GBV coordination efforts. There should be common understanding of the different responsibilities of the PSEA in-country network and the GBV coordination mechanism and willingness to work cooperatively. It is important that the GBV Coordinator knows and promotes the key principles and standards of conduct outlined in the SGB to all coordination partners. GBV Coordinators must be apprised of local reporting procedures and processes related to addressing SEA allegations, and this information should be included in any Standard Operating Procedures (SOPs). (See **IS 3.6** on development of SOPs.)

Lesson learned

In the 2008 GBV AoR global review of GBV coordination mechanisms, there was evidence from Liberia of the need to clarify confusion between GBV coordination and the sexual exploitation and abuse mechanisms established by UN-DPKO. This clarification should be introduced from the start of an emergency.

Perhaps most importantly, the GBV coordination mechanism must work with the PSEA in-country network to ensure that survivors of SEA have access to services. The PSEA network has a responsibility to ensure that a 'victim assistance mechanism' is in place for those who have experienced SEA; this mechanism should build upon existing GBV services in the setting rather than create parallel SEA-specific services.

The GBV Coordinator should also be sensitive to some of the challenges GBV service providers may face if they are assigned the responsibility of acting as PSEA focal points in their agencies. The SGB requires mandatory reporting of suspected incidents of SEA. However, the fundamental guiding principles of GBV programmes—confidentiality and the right of the survivor to choose how s/he would like to address an incident of GBV—are essentially contrary to mandated reporting. Therefore, it may be useful for service-delivery agencies to develop special provisions to address this contradiction, such as informing a GBV survivor of the mandate to report on SEA *before* soliciting any case information during an interview.

Resources

For a comprehensive library of PSEA resources, tools and training materials, see the PSEA tools repository at <http://www.un.org/pseataskforce>



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Section 2:

GBV coordination STRUCTURES

2

What is this section about?

This section deals with coordination structures in an attempt to articulate **who** is responsible in an emergency for launching a GBV coordination mechanism, so that GBV Coordinators and others are clear about where and with whom to undertake GBV coordination efforts.

The information sheets in Part A explain humanitarian reform and the ‘cluster approach’ structure in which GBV—under the Protection Cluster—has a designated coordination mechanism (differently referred to at the field level as an ‘Area of Responsibility’ (AoR), ‘Working Group’ or ‘Sub-Cluster’, all of which are acceptable). The humanitarian reform process represents the first time in the history of humanitarian intervention in which GBV coordination structures have been made explicit, and it is therefore critically important that GBV actors understand humanitarian reform and the cluster approach.

The information sheets in Part B briefly introduce other coordination partners—such as UN Action—and the basics of coordination processes when no cluster system is in place.

What is important to remember while reviewing this section is that all actors on the ground have a responsibility to contribute to good coordination and to strengthen and enhance the protection and care of women and children in situations of humanitarian crisis. According to the principles of humanitarian aid and the international legal framework related to GBV (IS 1.4), the humanitarian community, host governments, donors, peacekeepers, the UN and all others engaged in working with and for affected populations are **collectively accountable** for preventing and responding to GBV.

Ensuring effective GBV coordination is the first step in meeting these responsibilities, in so far as coordination efforts are key to constructing a unified and coherent multi-sectoral response. It is especially important, therefore, that those with relevant GBV experience participate in building coordination mechanisms and setting standards for comprehensive programming. However, having a GBV coordination mechanism in place will have little impact unless all actors commit to fulfilling their respective duties as outlined in the IASC GBV Guidelines. Coordination of cluster-specific activities is the remit of each cluster, under the supervision of the cluster lead(s). While GBV coordination mechanisms can assist in facilitating multi-sectoral GBV-related activities—by drawing together partners, developing and overseeing a coordinated action plan and providing expert technical guidance to other sectors/clusters—accountability for addressing GBV is shared across all key sectors/clusters engaged in humanitarian response.

Lesson learned

Every effort should be made to mobilize resources to develop a GBV-specific coordination mechanism in an emergency, as this is the best way to ensure that GBV issues are properly addressed across all clusters/sectors and integrated into all areas of humanitarian response. In Myanmar following Cyclone Nargis, a Women’s Protection Technical Working Group (the term ‘women’s protection’ was favoured over the term ‘GBV’ for political and social reasons) was originally created within a Protection of Children and Women (PCW) Cluster. Because the cluster focused primarily on children’s issues (partly due to the fact that it was led by child-protection agencies), GBV issues were under-recognized. An evaluation of the PCW Cluster three months after its inception recommended that there should be a separate GBV coordination mechanism in order to more effectively coordinate women’s protection efforts. The establishment of a sub-cluster dedicated to women’s protection resulted in greater prioritization of women’s issues, including GBV, in several key multi-sectoral initiatives, such as the Post-Nargis Response and Preparedness Plan, various donor appeals and the Myanmar Contingency Plan.

Section Two: GBV coordination STRUCTURES

A. The cluster approach 1. Humanitarian reform

How does humanitarian reform relate to gender-based violence coordination?

Prior to the introduction of humanitarian reform and the cluster approach, there were no standardized methods for introducing GBV coordination mechanisms in humanitarian emergencies. Although the IASC GBV Guidelines (drafted just prior to the implementation of humanitarian reform) provide important directives for GBV coordination in any humanitarian context, the cluster approach offers an explicit structure in which GBV coordination can be established from the onset of an emergency. As explained further in **IS 2.A.2-4**, GBV has been designated as one of five Areas of Responsibility (AoR) under the Protection Cluster. As such, it is critically important that all those working on GBV coordination in clusterized countries understand the structure and intent of humanitarian reform.

What is humanitarian reform?

Humanitarian reform is an ambitious and sweeping UN-led process aimed at improving international response in humanitarian crises around the world, so that humanitarian operations more efficiently, effectively and comprehensively meet the rights and needs of those most harmed by a crisis. The reforms focus on three overarching issues:

PREDICTABILITY
in financing and leadership
of the response

ACCOUNTABILITY
to the affected populations

PARTNERSHIP
between UN and non-UN
humanitarian actors

Why was humanitarian reform initiated?

In the early 2000s, the humanitarian community faced several major crises: Afghanistan, Iraq, the Darfur conflict in Sudan, the Indian Ocean tsunami and the South Asia earthquake. These emergencies shone a spotlight on the humanitarian working environment because they called into question:

- ▶ The impartiality of humanitarian assistance.
- ▶ The appropriateness of responses.
- ▶ The capacity of agencies to respond.

The Inter-Agency Standing Committee (IASC):

- Created in 1992 at the request of the UN General Assembly (Res. 46/182).
- Key strategic coordination mechanism bringing together UN and non-UN agencies: Red Cross Movement, NGOs and the International Organization for Migration.
- Defines joint policy and sets standards.

The Emergency Relief Coordinator (ERC):

- Coordinates the response of humanitarian agencies in emergencies, particularly those of the UN system.
- Works with governments of affected countries, donors and other interested states in advocating humanitarian initiatives.
- Chairs the IASC and the Executive Committee on Humanitarian Affairs (ECHA) and oversees implementation of their recommendations.
- Catalyzes support for humanitarian issues and programmes.

In 2005 an independent assessment was commissioned by the IASC and the UN Emergency Relief Coordinator (ERC) (see text box, above) to evaluate the capacity of humanitarian agencies to respond to complex emergencies and natural disasters. The results of the assessment underscored the need for a more reliable humanitarian response.

What are the key areas of humanitarian reform?

The humanitarian reform process targets four interrelated areas:

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)
by
 introducing mechanisms for clearer accountability, appropriate training and adequate support of HCs/RCs.

Ensuring adequate, timely and flexible
HUMANITARIAN FINANCING
by
 improving access to funds through the Central Emergency Response Fund (CERF), Pooled Funding, the Good Humanitarian Donorship Initiative and reform of the Consolidated Appeals Process (CAP).

Ensuring adequate capacity and predictable leadership in all areas of humanitarian response through
THE CLUSTER APPROACH
by
 designating lead agencies at the global and country levels to assume coordination responsibilities of key sectors of humanitarian response.

Ensuring **STRONG HUMANITARIAN PARTNERSHIPS** *between*
 1) NGOs, 2) the International Red Cross and Red Crescent Movement and 3) UN and related international agencies.

As illustrated above, the foundation of the humanitarian reform process is partnership, and successful implementation of the cluster approach depends on all humanitarian actors working as equal partners in all areas of humanitarian response. In an effort to facilitate partnership, the Global Humanitarian Platform (GHP) was established in 2006 to offer a forum for the humanitarian community to come together to share responsibility for improving humanitarian action. The GHP has produced “**Principles of Partnership**” ([Annex 3](#)), which identifies five key components of effective partnership:

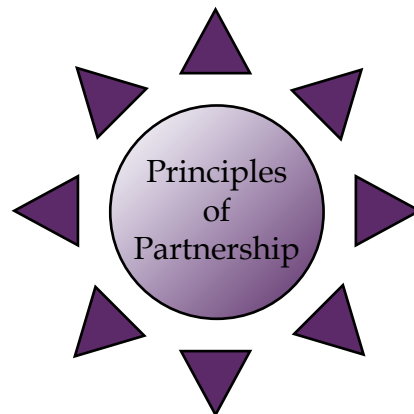
EQUALITY
 requires mutual respect between members of the partnership irrespective of size and power. The participants must respect each other’s mandates, obligations, independence and brand identity and recognize each other’s constraints and commitments. Mutual respect must not preclude organizations from engaging in constructive dissent.

COMPLEMENTARITY
 The diversity of the humanitarian community is an asset if we build on our comparative advantages and complement each other’s contributions. Local capacity is one of the main assets to enhance and build on. It must be made an integral part in emergency response. Language and cultural barriers must be overcome.

TRANSPARENCY
 is achieved through dialogue (on equal footing), with an emphasis on early consultations and early sharing of information. Communication and transparency, including financial transparency, increase the level of trust among organizations.

RESULT-ORIENTED
 Effective humanitarian action must be reality-based and action-oriented. This requires result-oriented coordination based on effective capabilities and concrete operational capacities.

RESPONSIBILITY
 Humanitarian organizations have an obligation to each other to accomplish their task responsibly, with integrity and in a relevant and 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.



Where is humanitarian reform being implemented around the world?

The IASC has agreed that the cluster approach should be the framework for response in major new emergencies and that it should eventually be applied in all countries with Humanitarian Coordinators. Twenty-five of the 27 countries with Humanitarian Coordinators are formally implementing the cluster approach (as of 2009), and since 2006 eight countries with a Resident Coordinator (but no Humanitarian Coordinator) have used the cluster approach to respond to major new emergencies. For more specific country information, see: <http://onerresponse.info/Pages/default.aspx>

Good to know

Recognition of the importance of addressing GBV is being introduced into the humanitarian reform process in other important ways. The **newly drafted Terms of Reference for the Humanitarian Coordinator includes information about GBV**, and the **recently revised CAP guidelines also reference GBV**. (See **IS 3.2** for more information on funding.) In addition, humanitarian reform has given expression to a number of important issues related to effective humanitarian response that any and all actors engaged in GBV coordination should consider. **Gender, for example, has been identified as a cross-cutting concern of all clusters; integration of gender equality into the work of the clusters enhances the protective environment for those affected by emergencies and provides a critical foundation for prevention of and response to GBV. The Principles of Partnership, in another example, are as relevant to building partnerships within a GBV coordination mechanism as they are to the entire humanitarian community!**

Resources

Global Humanitarian Platform (GHP) website:

<http://www.globalhumanitarianplatform.org>

Office for the Coordination of Humanitarian Affairs (OCHA) website:

<http://ochaonline.un.org>

Child Protection Coordinators' Handbook 2009 for Clusters,

<http://onerresponse.info/GlobalClusters/Protection/CP/Pages/Child%20Protection.aspx>

Coordination of Multi-Sectoral Response to Gender-Based Violence in Humanitarian Settings: Facilitator Manual (UNFPA and Ghent University, 2010). To be posted to the GBV AoR website Spring 2010. Contact Erin Kenny for more information about the manual: ekenny@unfpa.org

Annex

A3: *Principles of Partnership, A Statement of Commitment*, Endorsed by the Global Humanitarian Platform, 12 July 2007

Section Two: GBV coordination STRUCTURES

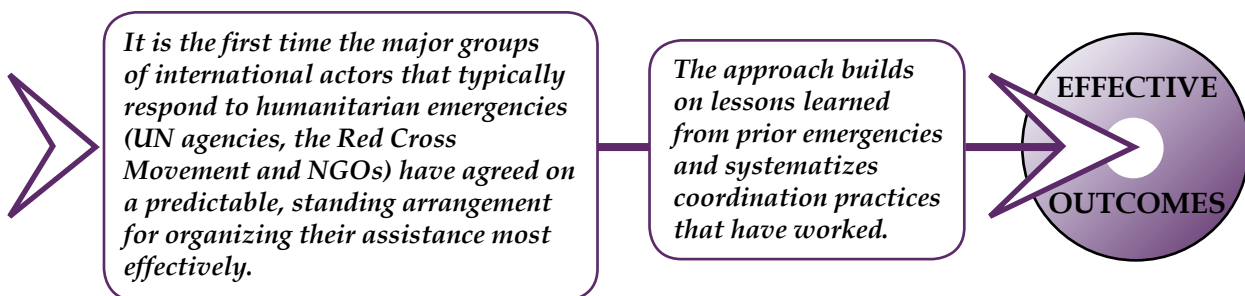
A. The cluster approach 2. Overview of clusters

What is the 'cluster approach'?

The 'cluster approach' was adopted on 12 September 2005 by the IASC as the standard for organizing international humanitarian response to any major emergency. As one of the four key strategies of humanitarian reform, the cluster approach organizes the many actors addressing a specific need in an emergency (such as shelter, water and sanitation, health, etc.) by coordinating them under a lead agency that is accountable at the field level to the HC/RC, who in turn reports to the global ERC. Although initiated by the UN, the cluster approach aims to **close gaps, increase predictability** and **strengthen the capacity** of all humanitarian actors – not just those working under the UN flag.

Why is the cluster approach important?

International humanitarian response to major emergencies typically includes multiple autonomous organizations, and it has, in the past, lacked strategic leadership. This fragmented response has led to gaps in services, duplication of efforts, insufficient engagement with government and national actors and a lack of accountability for overall performance. The decision of the IASC to implement a cluster approach is significant because:



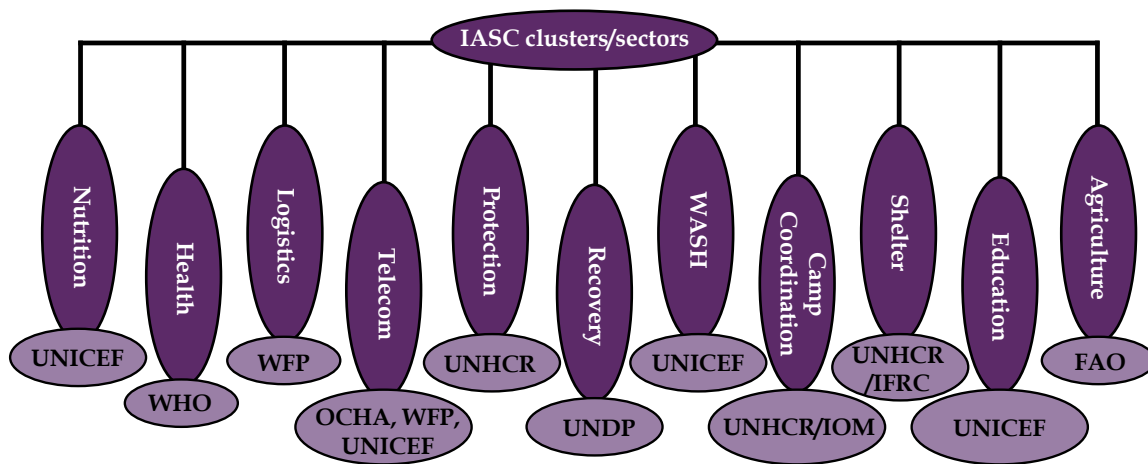
What exactly is a 'cluster'?

A 'cluster' is essentially a coordination group focused on a key area of humanitarian response. It may also be referred to (using the more traditional term) as a 'sector'. **At the global level**, the IASC has designated 11 'global clusters', each with a lead agency(ies). 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 formally designated five cross-cutting issues that should be integrated into the work of all the clusters: age, environment, gender, mental health and psychosocial support and HIV/AIDS.¹

At the field level, which clusters are adopted depends on a joint decision by the UN country team and its NGO partners. This decision is based on the needs, resources and capacity in a given setting. There may be settings where particular clusters are not needed (e.g., Logistics). There may also be settings where particular clusters are merged (e.g., Health and Nutrition). Lead agencies for priority clusters are also designated at the onset of an emergency. Most often, these lead agencies are the same as those designated at the global level, unless the agency at the field

¹ Although protection is designated as a cluster and therefore has specific responsibilities, it is also a cross-cutting issue to the extent that all sectors have a responsibility to promote protection. Other issues under discussion as cross-cutting include human rights, diversity and early recovery.

level declines or is unable to assume leadership of the cluster. In such cases, another agency or organization might be designated through consultation with relevant humanitarian actors and the HC/RC. (See resources below for the link to the IASC operational guidance note on designating cluster/sector leads.)



=====> Cross-cutting issues: age, environment, gender, MHPSS and HIV/AIDS =<====

What exactly does a 'cluster lead' do?

At the global level, a 'cluster lead' (also sometimes referred to as a 'sector lead') formally commits as an agency to take on a leadership role within the international humanitarian community in a particular area of activity (cluster/sector), to ensure well-coordinated response and high standards of predictability, accountability and partnership.

Cluster leads at the field level are also responsible for ensuring well-coordinated response and high standards of predictability, accountability and partnership, and 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 the primary responsibility for overseeing cluster activities. These individuals may act as 'cluster coordinators' or 'cluster chairs'.² **Although UN staff often chair and coordinate a cluster, coordinators under the cluster approach are responsible for representing the interests of the cluster as a whole (including local NGOs and other civil society partners), not their agencies' interests.**

Critical to know

The provider of last resort concept is key to the cluster approach. It means that the global cluster lead agencies commit their utmost to ensure that the response to an emergency is adequate and appropriate and, when assuming cluster leadership at the field level, to make every effort to *address any gaps themselves* if cluster partners are unable to. In field settings where the global cluster lead is not operational and the cluster is therefore led by an agency that is different from the globally designated lead, 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.

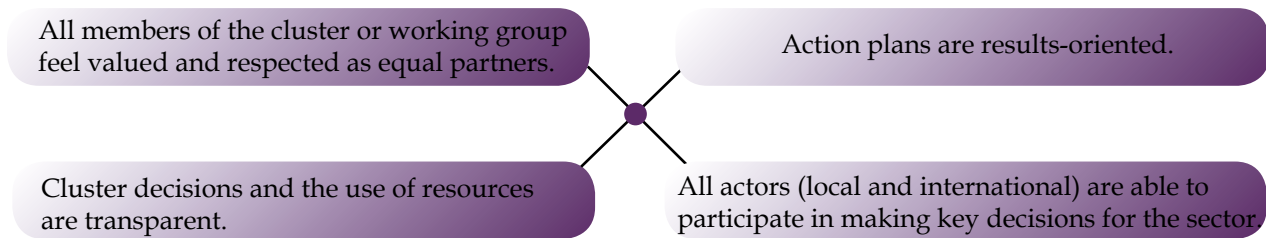
Who are the cluster partners?

Coordination efforts should always involve UN agencies, the Red Cross Movement and international and local NGOs. 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

² Information about cluster leads, including the 'provider of last resort' concept, is described in the IASC *Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response* (November 2006). See <http://onerresponse.info/Pages/default.asp>

emergencies. The principles and the methods of the cluster approach are designed to make that support more efficient by strengthening the government's sectoral coordination, not replacing it.³

The Principles of Partnership (see **IS 2.A.1** and **Annex 3**) that apply to all aspects of humanitarian reform are implemented through the cluster approach by ensuring, for example, that:



What is the role of the UN Humanitarian Coordinator/Resident Coordinator (HC/RC) within the cluster approach?

The HC/RC makes sure the overall international response is strategic, well-planned, inclusive, coordinated and effective. To do this, s/he is responsible for:

- ▶ Establishing and maintaining effective inter-sectoral coordination mechanisms.
- ▶ Supporting inter-sectoral needs assessments.
- ▶ Providing high-quality information management for the overall humanitarian response.
- ▶ Supporting sectors through advocacy and resource-mobilization efforts.

GBV Coordinators should know and engage their HC/RC!

Resources

The OneResponse website includes FAQs on humanitarian reform, as well as the *IASC Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response* (November 2006) and the *IASC Operational Guidance on Designating Sector/Cluster Leads in Major New Emergencies* (May 2007).

<http://oneresponse.info/Pages/default.aspx>

Office for the Coordination of Humanitarian Affairs (OCHA) website (“Humanitarian Response Reform”):

http://ochaonline.un.org/ocha2006/chap6_6.htm

IASC website: <http://www.humanitarianinfo.org/iasc/pageloader.aspx>

Coordination of Multi-Sectoral Response to Gender-Based Violence in Humanitarian Settings: Facilitator Manual (UNFPA and Ghent University, 2010). To be posted to the GBV AoR website Spring 2010. Contact Erin Kenny for more information about the manual: ekenny@unfpa.org

Groupe U.R.D and Global Public Policy Institute, *Cluster Approach Evaluation Phase 2* (August 2009) and *Final Draft Terms of Reference, IASC Cluster Approach Evaluation Report* (1st Phase, 2007).

<http://www.ochaonline.un.org/OchaLinkClick.aspx?link=ocha&docId=1123073>

Child Protection Coordinators' Handbook 2009 for Clusters,

<http://oneresponse.info/GlobalClusters/Protection/CP/Pages/Child%20Protection.aspx>

Annex

A3: *Principles of Partnership, A Statement of Commitment*, Endorsed by the Global Humanitarian Platform, 12 July 2007

³ As outlined in GA Resolution 46/182, the government takes the primary role in initiating, organizing and implementing humanitarian assistance. It is only in the event they are unable to provide adequate assistance that governments must accept offers of support from humanitarian organizations.

Section Two: GBV coordination STRUCTURES

A. The cluster approach 3. Protection Cluster

What is the Protection Cluster (PC)?

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—and covers a wide range of activities that aim to ensure the rights of all individuals are respected, regardless of their age, gender and social, ethnic, national, religious or other background.

The Protection Cluster Working Group

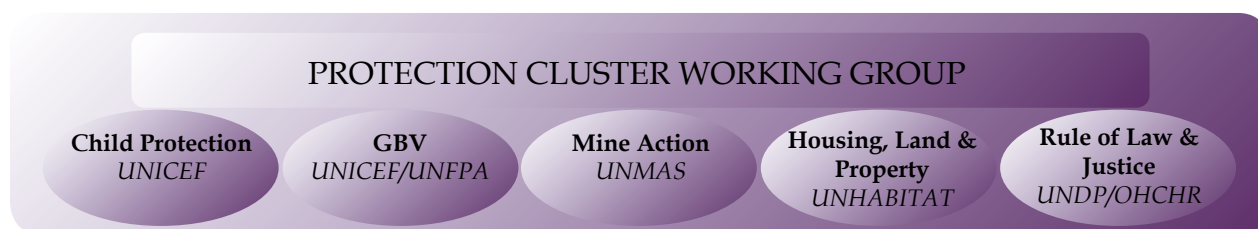
- The work of the PC at the global level is conducted through the PC Working Group (PCWG) and is chaired by UNHCR, which is the lead agency for protection at the global level.
- The PCWG is accountable to the UN ERC.
- See [Annex 4](#) for the IASC PCWG Info Note.

The PC represents the first systematic attempt by the humanitarian community to bring together protection actors, which include UN human rights, humanitarian and development agencies, as well as non-governmental and other international organizations.

UNHCR is the global lead agency for the Protection Cluster. However, at the country level in natural-disaster situations or in complex emergencies without significant displacement, the three protection-mandated agencies (UNHCR, UNICEF and OHCHR) have committed to consult closely and, under the overall leadership of the Humanitarian Coordinator/Resident Coordinator, agree which among them would assume the role of cluster lead for protection.

How does the Protection Cluster’s mandate and structure differ from other clusters?

Unlike other clusters, the PC is organized with a **two-tier/dual mandate** architecture. The first tier (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 second tier (the Areas of Responsibility) addresses specialized protection issues in order to facilitate inter-agency response to meet programmatic and geographic gaps in the respective specialized areas.



What is an ‘Area of Responsibility’ (AoR)?

The PCWG divided some of the key areas of protection into overarching and generally applicable ‘functional components’ or Areas of Responsibility (AoR). These AoRs are meant to 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 in terms of acting as providers of last resort; see [IS 2.A.2](#) and [IS 2.A.4](#)). The difference is that the AoRs function under the umbrella of the Protection Cluster.

Since AoRs are built on pre-existing inter-agency coordination and policy work in specific technical areas, certain agencies have agreed at the global level to serve as Focal Point Agencies for certain areas of responsibility, as illustrated in the diagram above. Under the coordination of the cluster lead, the Focal Point Agency is responsible for ensuring an effective response in its particular AoR in collaboration with other participating agencies. Acting as focal point does not mean the agency is expected to undertake all protection activities within the specific AoR. Rather, the Focal Point Agency is responsible to the cluster lead for ensuring that those activities are undertaken, irrespective of whether the agency itself is implementing the activities or has delegated this role to a partner.

Just like global activities, focal point arrangements can be—but do not have to be—made at the country level. It is the role of the PCWG, country teams and the HC/RC to decide what coordination structure best suits the situation on the ground, including determining whether specific AoRs should be launched and, if so, matching AoRs with focal point agencies. The decision depends on the specific context. 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.

What is the role of the PC globally?

Setting standards and policies	In light of its diverse membership, the PCWG plays an important role in developing joint policies, standards and tools related to protection. This includes providing legal and operational guidance about protection for staff and partners in the field. The PCWG also identifies and evaluates good practices in protection and makes them available for adaptation and replication elsewhere.
Strengthening the capacity for protection	The PCWG works to build the response capacity in protection by developing training materials; training staff and partners at the local, national, regional and international levels; and supporting the work of surge capacity and standby rosters with qualified protection staff for rapid deployment to emergencies.
Providing operational support	The PCWG can provide operational support and guidance to humanitarian teams at the country level, if and when requested, in both cluster and non-cluster countries. Support can be given by various means, including: <ul style="list-style-type: none"> • Undertaking support missions to help identify protection gaps and develop response strategies. • Providing technical support and policy advice. • Providing guidance on mainstreaming human rights, age, gender and diversity, and HIV. • Strengthening protection capacity, including through training. • Supporting global advocacy and resource mobilization on protection.
Mainstreaming protection	Protection is a cross-cutting issue. This means it should be integrated into all aspects of humanitarian response. All humanitarian actors share a responsibility to ensure that their activities do not lead to or perpetuate discrimination, abuse, violence, neglect or exploitation. All activities should promote and respect human rights and enhance protection. The Protection Cluster helps ensure that protection is mainstreamed into the work of other clusters and sectors.

What is the role of the PC at the field level?

At the field level, the PC is responsible for meeting the generic responsibilities outlined in the *IASC Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response* (<http://onerresponse.info/Pages/default.aspx>) and customizing them to the protection environment of a particular country operation. As such, the PC 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 elaborated in the master list of protection problems in **Annex 5**. The PC also is responsible for facilitating integration of protection concerns into the work of other clusters and sectors. **Thus, the PC 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 (human rights, gender, diversity, mental health and psychosocial support and HIV/AIDS) into cross-sectoral work.

Resources

Global Protection Cluster website:

<http://oneresponse.info/GlobalClusters/Protection/Pages/default.aspx>

IASC Human Rights Guidance Note for Humanitarian Coordinators (June 2006).

http://www.who.int/hac/network/interagency/news/HR_guidance/en/index.html

Guiding Principles on Internal Displacement (1998).

<http://www.humanitarianreform.org/Default.aspx?tabid=613>

When Displacement Ends: A Framework for Durable Solutions (The Brookings Institution, 2007).

<http://www.humanitarianreform.org/Default.aspx?tabid=613>

Handbook for the Protection of Internally Displaced Persons (Global Protection Cluster Working Group, 2010).

<http://oneresponse.info/GlobalClusters/Protection>

Protecting Persons Affected by Natural Disasters, IASC Operational Guidelines and Field Manual on Human Rights and Natural Disasters (IASC, 2006).

<http://www.humanitarianinfo.org>

Annexes

A4: PCWG Info Note

A5: Master List of Protection Problems

Section Two: GBV coordination STRUCTURES

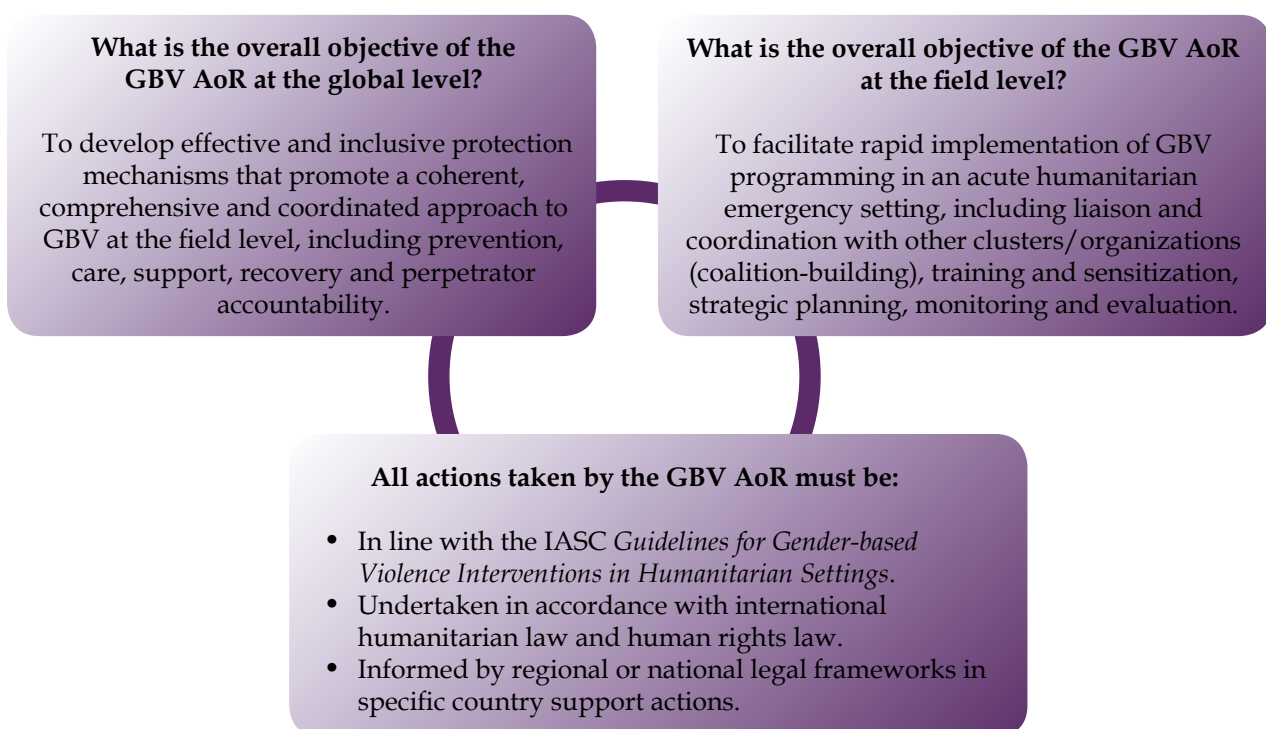
A. The cluster approach 4. GBV Area of Responsibility

What is the GBV Area of Responsibility?

The GBV AoR is one of five ‘functional components’ of the Protection Cluster. It is the first formal effort to establish a globally standardized mechanism for facilitating a multi-sectoral approach to GBV prevention and response.

At the global level the work of the GBV AoR is conducted by the GBV AoR Working Group (GBV AoR), which is led jointly by UNFPA and UNICEF. On a daily basis the GBV AoR is co-chaired by UNICEF or UNFPA and an international NGO. UN leadership rotates between the two agencies on an annual basis, and every year a new NGO co-chair is elected. The GBV AoR is accountable to UNHCR as the PCWG lead. More information on the role of co-leads and co-chairs of the global GBV AoR can be found in the GBV AoR Terms of Reference (TOR) in [Annex 6](#).

At the field level the GBV AoR may alternatively be known as the GBV Sub-Cluster 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. The *Guidance Note on Determining Field-level Leadership of a GBV Area of Responsibility Working Group* provides general information about determining GBV leadership at the field level as described below and in [Annex 7](#), but stresses there is no set formula for determining which agency(ies) (and which individual(s) within that agency/ies) assumes responsibility for coordinating GBV interventions in a cluster context.



How is the GBV AoR field leadership determined?

The following general rules can guide field actors in determining an appropriate leadership structure for GBV coordination. These decisions *must be informed by participatory processes that also encourage local co-leadership*.

1. Where there is a Protection Cluster:

As the global GBV AoR co-leads, UNFPA and UNICEF must first determine if one or both agencies have 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.

a) UNFPA and UNICEF have the capacity to assume leadership:

One or both agencies – depending on which agency has the capacity to lead – are responsible for supporting and/or establishing an inter-agency GBV coordination body, preferably in partnership with a local entity/organization.

b) Neither UNFPA nor UNICEF has the capacity to assume leadership:

Both UNFPA and UNICEF must work with the HC/RC, the Protection Cluster lead (where relevant), the UN Humanitarian Country Team and relevant I/NGOs, Red Cross/Red Crescent and government actors to identify and support an agency to take on a leadership role in the coordination of inter-agency GBV interventions. This could be a UN entity, international or national NGO or the government. Again, local leadership should be supported wherever feasible.

2. Where there is a no Protection Cluster but GBV has been identified as a priority area of concern and the cluster system is in place: UNFPA and UNICEF should coordinate with other relevant entities and NGOs to support and/or establish an inter-agency GBV coordination body, in line with the actions outlined in the Guidance Note found in [Annex 7](#).

3. Where there is a no cluster system is in place: UNFPA and UNICEF should coordinate with other relevant entities and NGOs to support and/or establish an inter-agency GBV coordination body, in line with the actions outlined in the IASC GBV Guidelines. (See [IS 2.B.3](#))

What happens when there is a pre-existing inter-agency forum for addressing GBV?

This body should always be considered first as a potential forum for coordinating GBV in a cluster context. Parallel structures should not be established unless absolutely necessary. Rather, consideration should be given to making the existing structure stronger and sustainable.

Lesson learned

Identifiable lead person for GBV Coordination is perceived as useful: In Liberia, having an identifiable lead person for GBV coordination seemed to have helped outside partners (mainly national and international NGO partners) identify whom to turn to with questions and seemed to make the work of the GBV coordination structure more visible.

Other studies have shown that coordination needs dedicated leadership and capacity – this creates a positive feedback loop, as visible dedicated capacity leads to more willingness of partners to participate actively in coordination because the structure is more clearly identifiable. The person coordinating should have a broad spectrum of expertise related to GBV, not only for the purposes of effective coordination, but also to provide technical assistance in meeting the goals of the coordination mechanism’s GBV strategy. (See [IS 4.1](#) and [Annex 7](#) for GBV Coordinator TOR.)

Possible scenarios and their solutions include:

► A gender coordination body exists, but this forum does not focus adequately on the issue of GBV in emergencies; too many organizations within this body focus on gender more broadly. **Possible solution:** Creating a GBV Task Force comprised of institutions working directly on GBV prevention and response that reports to both the existing gender coordination body and the Protection Cluster.

- ▶ A GBV coordination structure already exists, but the group does not specifically address the issue of GBV in emergencies. *Possible solution:* Creating 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 as it could be. *Possible solution:* Developing a joint UNCT and NGO programme to bolster the activities of this coordination structure.

How should the GBV coordination mechanism establish and formalize leadership?

Every effort should be made to ensure that decisions about leadership of the coordination mechanism are informed by local partners and that there is consensus about the lead agencies/organizations. Ideally, a local organization/agency would at minimum share leadership with a UN agency or international NGO. In all co-leaderships, regardless of their composition, the division of labour must be clearly articulated and communicated to relevant stakeholders by establishing a TOR for the coordination body and possibly by also developing a Memorandum of Understanding (MoU) between the co-leads. (See [IS 4.3](#) on developing TORs.)

Good practice

In post-conflict Liberia, GBV coordination is led by the Ministry of Gender and Development and the GBV Joint Programme Management Team (which includes UN agencies and UNMIL). An assistant minister was designated as counterpart to the Joint Programme Advisor with a clear TOR. This shared leadership between the UN and the government has enhanced monitoring, partnership and transparency and has also stimulated government ownership of the coordination process.

What is the relationship between the GBV coordination mechanism and the Protection Cluster?

If the GBV coordination mechanism is established as an AoR under the Protection Cluster, both the Protection Cluster Lead(s) and the GBV AoR Lead(s) have a responsibility to ensure that the

Good practice

In Uganda, the GBV Sub-Cluster meeting announcement, reminders, agenda and minutes of the meeting were always sent to the Protection Cluster lead as well as the Child Protection Sub-Cluster focal point/coordinator. Updates and announcements from the Protection Cluster lead and Child Protection focal point were standing agenda items for all meetings of the GBV Sub-Cluster.

activities of the GBV coordination mechanism are in line with and supportive of the broad goals and objectives of the Protection Cluster. (See [IS 2.A.3](#) for information about the role of the Protection Cluster.) In keeping with the broad protection mandate, the GBV AoR must not only work specifically on coordinating and implementing protection (i.e., prevention and response) programming related to GBV as outlined in the IASC GBV Guidelines, they should also be responsible for ensuring that GBV prevention and response strategies are mainstreamed throughout other clusters. Also in line with the broad protection

mandate, the GBV coordination mechanism should work with relevant experts to ensure that cross-cutting issues (in particular, mental health and psychosocial support and gender) are integrated in the work of other clusters.

There should be close communication and collaboration between the Protection Cluster and the GBV AoR, through regular reporting and information-sharing processes, as well as attendance by the GBV AoR Coordinator(s) at all Protection Cluster meetings.

What is the relationship between the GBV coordination mechanism and other clusters?

In addition to its responsibility to address specific protection concerns related to GBV, the GBV coordination mechanism should work with other clusters to ensure that GBV prevention and response activities are integrated into cluster strategies, workplans, programming, etc., as

per the IASC GBV Guidelines. In this way, the GBV coordination mechanism can provide technical and other assistance to clusters in meeting their GBV-related responsibilities and can facilitate coordination of **multi-sectoral** GBV activities to ensure that all clusters are working as collaboratively and efficiently as possible with one another and with the GBV coordination mechanism. However, the GBV coordination mechanism is **not** responsible for coordinating the GBV-related activities of specific clusters. Cluster-specific coordination and implementation of GBV programming (e.g., ensuring the MISIP is launched through the Health Cluster and that the Water, Sanitation and Hygiene (WASH) Cluster ensures sex-segregated latrines) is the responsibility of the respective cluster leads. (See **IS 3.5** on mainstreaming GBV into other clusters/sectors.)

Critical to know

According to the GBV AoR Guidance Note (see **Annex 7**) the **provider of last resort** for GBV is shared across clusters/sectors, in the same way that other GBV responsibilities are shared. (See **IS 2.A.2** for basic information on provider of last resort.) For GBV-related protection issues, the provider of last resort is the GBV AoR focal point agencies (UNFPA and UNICEF), under the overall leadership of 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. For GBV-related responsibilities outside of protection (i.e., all of the sector-specific responsibilities identified within the IASC GBV Guidelines), the provider of last resort is the lead of that particular cluster: for health-related GBV issues the provider of last resort is WHO; for water and sanitation-related GBV issues the provider of last resort is UNICEF, etc. How this concept of provider of last resort is applied should be clearly defined and outlined in the GBV AoR Terms of Reference. Note that if cluster leads and global focal points do not adequately discharge their responsibilities, actors on the ground should consult with the UN Humanitarian Team for troubleshooting purposes.

Resources

For regularly updated information about where GBV coordination mechanisms have been implemented in emergencies around the world and their leadership structures, visit the GBV AoR website. Also note that the GBV AoR is initiating a Community of Practice in order to strengthen communication networks amongst those working on GBV coordination in emergencies that will also be accessible on the AoR website: <http://gbv.onerresponse.info>

Annexes

A6: GBV Area of Responsibility Terms of Reference

A7: GBV AoR Guidance Note on Determining Field-level Leadership of a GBV AoR Working Group in a Cluster Context (which includes as an annex the GBV Coordinator TOR)

B. Other actors essential to GBV coordination 1. UN Action against sexual violence in conflict

What is UN Action?

United Nations Action Against Sexual Violence in Conflict (UN Action) is a network of 12 UN system entities (listed below) launched in March 2007. The network's goal is to end sexual violence occurring during and in the aftermath of armed conflict. UN Action embodies the UN system's response to Security Council Resolutions 1820 (June 2008) and 1888 (September 2009), which frame conflict-related sexual violence as a threat to international peace and security. When there is a breakdown in the UN's response to GBV at the field level, members of the GBV coordination group can reach out to UN Action for assistance with advocacy to ensure that all 12 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 or for catalytic funding to ignite appropriate UN entity action.



What are the objectives of UN Action?

UN Action seeks to augment existing efforts by the UN system and its peace-support operations to improve **coordination** and accountability, to amplify programming and advocacy and to support national efforts to prevent sexual violence and respond effectively to the needs of survivors.

Specifically, it aims to:

- ▶ Align the UN's work more effectively behind national efforts to address sexual violence.
- ▶ Convene principals of UN entities to facilitate improved joint UN response at the country level.
- ▶ Harness the comparative strengths of each UN system entity.
- ▶ **Support existing UN coordination mechanisms, including the GBV AOR and the IASC Gender Sub-Working Group.**
- ▶ Position responses to sexual violence in conflict more centrally within UN tools and mechanisms, including CAPs, CERFs, Poverty Reduction Strategy Papers (PRSPs) and Common Country Assessment/UN Development Assistance Frameworks (CCA/UNDAFs) (see **IS 3.2**).
- ▶ Enhance the UN's response to Security Council Resolutions 1820/1888, 1325/1889, 1612/1882 and 1674 (see **IS 1.4**), broadening the constituency for addressing sexual violence against civilians.

UN Action Members -

DPA - UN Department of Political Affairs
DPKO - UN Department of Peacekeeping Operations
OCHA - UN Office for the Coordination of Humanitarian Affairs
OHCHR - UN Office of the High Commissioner for Human Rights
UNAIDS - Joint UN Programme on HIV/AIDS
UNDP - UN Development Programme
UNFPA - UN Population Fund
UNHCR - UN High Commissioner for Refugees
UNICEF - UN Children's Fund
UNIFEM - UN Development Fund for Women
WFP - UN World Food Programme
WHO - UN World Health Organization

What are the main pillars of UN Action?

Country-level action: supporting joint strategy development and programming by UNCTs and DPKO (in collaboration with GBV coordination structures on the ground), including building operational and technical capacity.

Advocating for action: raising public awareness and generating political will to address sexual violence as part of the broader campaign to Stop Rape Now.

Learning by doing: creating a knowledge hub on the scale of sexual violence in conflict and effective responses by the UN and partners.

UN Action provides strategic, technical and financial support to strengthen UN system coordination, strategy development and joint programming in conflict-affected countries that have peacekeeping or political missions with a protection of civilians mandate (e.g., Sudan, the DRC and Liberia). It also works with national governments and civil society partners to:

- ▶ Generate public awareness and condemnation of the use of sexual violence as a tactic of war.
- ▶ End impunity for perpetrators of conflict-related sexual violence.
- ▶ Foster good practices in prevention of sexual violence and protection of civilians at risk.
- ▶ Improve and scale-up services for survivors.
- ▶ Address the longer-term impacts of sexual violence on communities, recovery and national development.

How can the GBV coordination mechanism contribute to broader UN system efforts to address conflict-related sexual violence?

The coordinated efforts of humanitarian actors to address GBV through the Protection Cluster (where it is operational) or other coordination fora is an essential pillar of any comprehensive programming to tackle sexual violence in conflict. Prevention and response activities need to be fully coordinated and, where appropriate and safe, include efforts to address issues of impunity. The UN Action network aims to harmonise the work of all UN system entities – including peace and security actors (such as DPKO and DPA) and development actors – in order to contribute to and supplement the work of the GBV AoR or other GBV coordination mechanisms.

Resources

UN Action website:

<http://www.stoprapenow.org/about.html>

Section Two: GBV coordination STRUCTURES

B. Other actors essential to GBV coordination 2. UN peacekeeping missions

How many UN peacekeeping missions have a protection of civilians mandate?

There are currently eight UN missions authorized by the Security Council to protect civilians under imminent threat of physical violence. For many reasons, however, it is difficult to protect civilians

UN Peacekeeping Missions

MINURCAT – Central African Republic
MINUSTAH – Haiti
MONUC – DR Congo
UNAMID – Darfur
UNIFIL – Lebanon
UNMIL – Liberia
UNMIS – Sudan
UNOCI – Côte d’Ivoire

from sexual violence, even though peacekeeping operations are trying. Participants at a conference on the issue held in 2008 agreed that **not enough is being done by peacekeepers to protect women and children** from widespread and systematic sexual violence during conflict, even though the credibility of UN peacekeepers largely depends on a visible and tangible response to this issue.¹ The absence of a synergy between peacekeeping departments, the full range of UN entities and humanitarian response actors

is primarily why UN Action Against Sexual Violence in Conflict was launched in 2007 (see **IS 2.B.1**). It is also why Security Council Resolution 1888 was called for: Security Council Resolution 1888 mandates peacekeeping departments to engage with GBV actors at both the global and field levels to establish a more formal relationship with humanitarian response actors. It also aims to establish a more formal bridge between the political and security sectors and the humanitarian response sector.

How do UN peacekeeping missions coordinate with the rest of the UN system around sexual violence?

In multi-dimensional UN peacekeeping operations, the UN has adopted an **‘integrated approach’** for all parts of the UN system that are active in that country. This means the UN peacekeeping operations and UN Country Team should work towards the same strategic vision. A Deputy Special Representative of the Secretary-General (DSRSG) – who is sometimes the Humanitarian Coordinator and the Resident Coordinator of the UN Country Team – ensures effective coordination and integration of efforts. Additionally, in emergencies where there are clusters, peacekeeping and civilian personnel sometimes (depending on the mandate of the mission and various components) participate in cluster meetings to make sure that their work is coordinated properly with the work of humanitarian actors. However, the Department of Peacekeeping Operations (DPKO) is not a formal member of the humanitarian cluster system.

DPKO is currently developing operational guidance to missions about addressing conflict-related sexual violence, in line with Security Council Resolutions 1820 and 1888 (see **IS 1.4**). To date, the DPKO Policy Directive on Gender Equality has been the main reference for all gender-related concerns (including GBV) in peacekeeping settings. Depending on the mission structure and mandate, the mission Gender Advisors – in cooperation with the Human Rights Section, Child Protection, HIV/AIDS, Rule of Law and the police – coordinate actions to address conflict-related sexual violence and other forms of GBV.

Since the adoption of Security Council Resolutions 1820 and 1888, and with the appointment of a Special Representative to the Secretary-General on Sexual Violence in Conflict, DPKO is putting in place a more standardized structure to coordinate mission activities in addressing sexual violence, including the deployment of women protection advisors in some peacekeeping missions.

¹ See “Women targeted or affected by armed conflict: what role for military peacekeepers?”, Conference Summary, May 27-29, 2008, Wilton Park, Sussex, UK. Available at: <http://www.stoprapenow.org/about.html>

Section Two: GBV coordination STRUCTURES

B. Other actors essential to GBV coordination

3. Coordination in settings where there are no clusters

What happens to GBV coordination when there are no clusters?

In emergency settings where there is no cluster approach, the guidelines for creating a GBV coordination mechanism should follow, as closely as possible, those set out in the IASC GBV Guidelines. The IASC GBV Guidelines were introduced prior to the cluster approach; therefore the information they provide is relevant to any humanitarian emergency, whether 'clusterized' or not.

Critical to know

As mentioned in IS 2.A.4 on GBV coordination within the cluster approach, any emergency coordination efforts should always attempt to build on pre-existing, inter-agency GBV coordination mechanisms (and/or work with pre-existing gender theme groups). This standard also applies to settings where clusters are not activated.

The only truly different aspect of coordination in settings where there are no clusters is that there will be no designated lead agency to take on the responsibility for initiating a coordination mechanism, and there is no specified provider of last resort.

According to the IASC GBV Guidelines, there typically will be a group of organizations responsible for humanitarian coordination, with one organization or individual providing overall coordination and leadership. This coordinating group, in close collaboration with UNHCR and other international and national agencies that have a specific protection and/or GBV mandate, as well as with gender theme groups, government actors (where feasible) and people of concern, should take the following actions¹:

1. Establish inter-organizational, multi-sectoral GBV working groups at the **national, regional and local levels**, made up of GBV focal points and any other key multi-sectoral 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. The organizations could be UN, international or local NGOs, or other representative bodies invested with due authority.
3. The national coordinating agency(ies) is/are responsible for ensuring that the actions described in the IASC GBV Guidelines are carried out at the national, regional and local levels.
4. The coordinating agency(ies) is/are further responsible for ensuring that the key activities described in this handbook are implemented.

Good to know

The multi-sectoral and interagency characteristics of GBV programming can make coordination very challenging due to different personalities, opinions, interests, priorities and communication styles. "In order to establish effective response services and prevention strategies, **key stakeholders are needed** to participate in planning and implementation. First, we must identify these people. Then, we must find ways to engage them to join us. We must know something about what motivates these individuals, and try to provide it when feasible." Source: JSI/RHRC, *Training Manual for Multisectoral and Interagency Prevention and Response to Gender-based Violence* (2004).

¹ Adapted from the IASC GBV Guidelines, pp.17-19.

Resources

- IASC, *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies* (2005).
<http://gbv.onerresponse.info>
- RHRC/JSI Research and Training Institute, *Training Manual Facilitator's Guide: Multisectoral & Interagency Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict* (2004).
http://www.rhrc.org/resources/gbv/gbv_manual/intro.pdf



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Section 3:

GBV coordination FUNCTIONS

3

What is this section about?

This section identifies the ‘**what**’ of coordination in terms of major tasks/ activities. The information sheets elaborate the priorities of any coordination mechanism, which include (in the order in which they are presented in this section):

- ▶ Developing information systems for coordination.
- ▶ Making appeals for GBV funding.
- ▶ Conducting advocacy.
- ▶ Working with the media.
- ▶ Mainstreaming GBV into other cluster/sectors.
- ▶ Supporting development of Standard Operating Procedures.
- ▶ Building capacity of GBV partners.
- ▶ Developing information, education, and communication (IEC) materials.
- ▶ Conducting assessments, data collection and monitoring.

Those implementing GBV coordination mechanisms should be familiar with all of the information in this section in order to anticipate the activities that will be required from the onset of an emergency to ensure effective coordination. **It is important to note, however, that the information provided in this section is not exhaustive: other responsibilities will certainly arise during the coordination process.** It is also important to remember that coordination is not just about activities – it describes a process. **Section four** and **Section five** of this handbook focus more on some of the process-related issues of coordination.

What is the purpose of GBV coordination?

Too often, information-sharing is perceived by coordination partners to be the primary purpose of coordination. While information-sharing is one important aspect of coordination, it is certainly not the only one. Coordination is about putting in place multi-sectoral, inter-agency action to address GBV – moving from theory to practice. The goal of coordination is to *provide accessible, prompt, confidential and appropriate services to survivors according to a basic set of guiding principles and to put in place mechanisms to prevent GBV.*

Critical to know

All coordination activities should be guided by **principles** – those promoted in the human rights-based, survivor-centred and community-based approaches described in **IS 1.3**. A principled approach to coordination involves (but is not limited to):

- Ensuring the needs of people of concern are taken into account, not just the needs of humanitarian actors.
- Respecting all partners in the coordination process by setting up a regular procedure for coordination, including: allocating sufficient human and financial resources to facilitate coordination; having a specific and accessible meeting time and place; maintaining ground rules and clear objectives; using time wisely; and being action-oriented.
- Avoiding duplication of efforts/supporting synergy and harmonization of action (and staying vigilant to minimize competition among humanitarian actors).
- Developing allies and minimizing discord.
- Documenting research and decisions and SHARING them: promoting transparency whenever possible.
- Making rational and appropriate use of local resources.
- Monitoring performance and impact of coordination efforts, especially on GBV programming.
- Preventing ‘burnout’ and diminished motivation by planning carefully and being clear about roles and responsibilities.
- Creating opportunities for reflection, social cohesion/networking and enjoyment!

Ultimately, successful coordination should result in better, more targeted, responsible and responsive action. All of our coordination efforts are about creating a safer and more supportive environment for women, girls, boys and men to survive and thrive. We must always ask ourselves **why** we are coordinating GBV interventions and **who** is benefiting. Whenever we initiate the tasks identified in this section, we should first consider the potential impact of our coordination efforts on the affected populations themselves, and then on the actors engaged in prevention and response interventions.

Section Three: GBV coordination FUNCTIONS

1. Developing an information system for coordination

What is an information system for coordination?

An information system for coordination relates to collecting and sharing information that is essential to effective coordination. It should not be confused with collecting and sharing data related to incidents of GBV, which is discussed in [IS 3.9](#). Information-collection and -sharing is critical to ensuring that the coordination mechanism is active, well-managed and transparent. Some of the key information to collect and share includes (but is not limited to):

THE 3 Ws-Who, What and Where

There are many types of information that should be shared to facilitate coordination activities, but one of the most important is the mapping of the 3 Ws in all of the key areas related to GBV prevention and response (health, psychosocial care, legal aid, gender, etc). Identifying GBV actors, their programmes and their geographic coverage is a critical first step in establishing and maintaining a coordination mechanism. It assists GBV Coordinators in identifying key partners for inclusion in the coordination mechanism and it also helps to reveal gaps in coverage that can inform action-planning and proposals for funding. Ongoing mapping of the 3 Ws further assists in monitoring improvements in programming and persistent gaps. (See [Annex 8](#) for a sample of the 3 Ws form used by the Kenya GBV Sub-Cluster.)

GBV Coordination Mechanism Documents

These documents might include the Terms of Reference of the GBV coordination mechanism(s) (including national, regional and local TORs), the GBV Strategy/Action Plan, coordination meeting minutes and any other documents specifically related to the terms and plans of the GBV coordination body. (See [IS 4.3](#) on Developing TORs and [IS 4.4](#) on Drafting an Action Plan.)

Rapid Assessments of GBV and other Public Research Documents on GBV

These include **only** those research documents that have been prepared for public dissemination and therefore meet standards of safety, security and confidentiality. (See [IS 3.9](#) on conducting assessments.)

Training Schedule and Materials

This would include a calendar of GBV and gender-related training events and all training materials used by GBV partners, as well as international training materials such as the IASC *Caring for Survivors Training*. (See [Annex 9](#) for a sample training information matrix.)

Standard Operating Procedures (SOPs)

SOPs are the operational guidance procedures at the field level, and where there are no security concerns about sharing field protocols, making copies of all SOPs publicly available can be useful for those working in and travelling to field locations, as well for those working at the national level. (See [IS 3.6](#) on supporting development of SOPs.)

Press Releases and Other Information-related Documents Produced by the Coordination Mechanism

The GBV coordination mechanism may from time-to-time produce press releases or other educational information related to GBV issues in the affected setting(s), such as donor fact sheets or information sheets for other humanitarian sectors. (See [IS 3.4](#) on working with the media.)

Critical to know

Information about specific incidents of GBV should NOT be shared and special care should be taken about distributing any collated data: all guiding principles associated with ethical and safe data collection must be upheld; a standard system for sharing data should be developed and agreed upon by partners; and no identifying information should be included in any of the data summaries. (See [IS 3.9](#) for more information about ethical and safe data collection and sharing.)

IEC Materials

Should the coordination mechanism produce joint IEC materials—posters, documentaries, etc.—they should be made available as part of information-sharing and exchange. (See **IS 3.8** on developing IEC materials.)

Standard GBV Resources

Ideally, information-sharing would include making key documents, such as the IASC GBV Guidelines, Mental Health and Psychosocial Support Guidelines, HIV Guidelines, and the Gender Handbook, accessible to GBV partners as well as to members of other cluster/sectors.

How should this information be organized and disseminated?

Good to know

Creating an online group website is not difficult! Information managers can establish a group website through Google, Yahoo or another web-based provider, in which members can post messages, share files, etc. Information managers can determine levels of access to the information on the site according to the type of group member.

One of the key things to remember about information management is that it is a time-consuming task that can conflict with coordination and management priorities. Therefore, it will likely require a **fully dedicated information manager**. This person should be identified as quickly as possible when setting up a coordination mechanism. It will be very important to the success of data collection that this person is proactive and sensitive to capacities of partners to supply data. **Information-collection is an active responsibility—it may require pursuing partners in persistent ways, such as through telephone contact, multiple e-mails or field visits.**

When technology is available and accessible, the easiest way to manage and share information is to develop a coordination website. In settings where the Internet is available, OCHA will typically establish a website dedicated to cluster and other coordination activities; in this case, the information manager can work with OCHA to ensure the GBV site is well-organized and continuously updated with information. The URL for the site can then be included in any public information that is shared about the GBV coordination mechanism. (One example is the Kenya GBV Sub-Cluster webpage developed in 2008, following post-election violence: <http://www.humanitarianreform.org/Default.aspx?tabid=521>.)

If OCHA has not established a coordination website, or **if there is a desire to limit sharing of certain GBV-related materials to a specific audience**, it may be useful for the GBV coordination mechanism to develop a group website using an easily accessible online system (see “Good to know” text box above).

In settings where the Internet is unavailable, unreliable or difficult to access, the information manager should develop **briefing packs** on GBV that are continuously updated. There should be a mechanism for ensuring that relevant materials are delivered to the field in a timely manner. Although working with hard-copy materials can be extremely time-consuming, sharing information is an essential task of coordination and should not be limited to those who have Internet access.

Lesson Learned

The GBV AoR’s 2008 global review of GBV coordination mechanisms found that information-sharing was a key challenge for coordination bodies, particularly in terms of how GBV coordination structures function, what their objectives are and how partners contribute to the overall aim of GBV response. They concluded that **more systematic information-sharing (structures, TORs, clearer information channels and flows from the deep field to the capital and vice versa) is needed.**

Annexes

A8: Sample WWW Form

A9: Sample Training Information Matrix

Section Three: GBV coordination FUNCTIONS

2. Making appeals for GBV funding

Which funding sources are available for GBV during an emergency?

One of the most important responsibilities for a cluster/sub-cluster or other humanitarian coordination group is soliciting funds to support the urgent needs identified by coordination partners. It is therefore critical that GBV Coordinators understand the sources of funding that are available and how to access them. The UN system has funding streams the GBV coordination mechanism can tap into during emergencies (see illustration below). 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, the GBV Coordinator may wish to seek information directly from OCHA. (See [Annex 10](#) for additional information on Flash Appeals, CERF, CAP and a CAP template.)

Sequence	Funding Mechanism	Time Frame
1st	FLASH APPEAL. A FLASH APPEAL should clearly articulate humanitarian needs, priority sectors for response, response plans, and roles and responsibilities. <i>(UN, IOM, NGOs and governments through partners)</i>	Onset up to 6 months
2nd	CERF. Projects that address life-saving activities from the flash appeal can easily be submitted to the CERF mechanism. All that is required is endorsement from the HC, putting them in the CERF format and signed Letters of Understanding between submitting agencies and OCHA. <i>(UN, IOM, NGOs through UN agencies-IOM)</i>	Onset up to 3 months
3rd	FLASH APPEAL - revision. As better assessment information becomes available, the projects within the Flash Appeal can be revised at any time. New projects can be inserted. The Flash Appeal is not a static document but is open and flexible.	Up to 6 months
4th	CONSOLIDATED APPEAL PROCESS (CAP). The CAP can be considered if the emergency continues for more than six months. <i>(All agencies and governments through partners)</i>	Beyond 6 months

IS 3.2

Making appeals for GBV funding

What is the GBV Coordinator's role in the funding process?

In the initial five to 10 days after the onset of an emergency, details of individual GBV projects may need to be submitted for a Flash Appeal. The GBV Coordinator should aim to do this as part of a systematic planning process promoting an inter-agency strategic framework. **If information about the GBV partners is not yet available because the coordination mechanism is not fully functional, the GBV Coordinator should at minimum ensure that money to support coordination efforts is solicited through the initial Flash Appeal.**

In all pooled-funding processes, from the Flash Appeal forward, the GBV Coordinator can play a key role in:

- ▶ Facilitating the collection of information about ongoing and proposed projects amongst GBV coordination partners.
- ▶ Providing necessary information to GBV partners about funding requirements and the selection process.
- ▶ Ensuring GBV projects submitted to the GBV coordination mechanism are channelled through the appropriate clusters/sectors (e.g., GBV-related health projects through the Health Cluster; GBV-related livelihoods projects through the Early Recovery Cluster; GBV-related protection projects and more 'general' GBV projects through the Protection Cluster; etc.).
- ▶ Collaborating with government partners, the Protection Cluster (where existent) and other clusters/sectors to ensure submissions are made according to the goals of multi-sectoral programming and to promote transparency in project selection and submission processes.

Critical to know

Selecting projects for funding must be carefully managed, with special attention to transparency and communication. It is critical to 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 advisory group of members of the GBV coordination mechanism.** Particular care should be taken to ensure group members are genuinely representative of the diverse interests within the GBV coordination mechanism. A group dominated by international agencies, or with inadequate government and/or community representation, may lead to misunderstanding, tension and/or conflict, undermining the participatory basis of coordination. Care should also be taken to ensure the advisory group has representation of other cluster/sector actors, or at minimum works closely with other clusters/sectors in the design and selection of projects relevant to their particular cluster/sector so as to enhance multi-sectoral action and reduce the likelihood of project replication/overlap across various clusters/sectors. **It is also very important that the GBV Coordinator be a participant rather than a lead of this group, in order to avoid giving the impression that s/he controls the funding processes and outcomes.** The GBV Coordinator may find her/himself in the difficult position of being hosted by an agency (such as UNFPA or UNICEF) that is a donor. In this case, the Coordinator will have to make it clear to his/her host agency and to GBV coordination partners what role s/he has in facilitating funding processes. It is important for the GBV Coordinator to remain as neutral as possible in the funding process.

How can a GBV Coordinator encourage exchange of funding information?

To get a realistic overview of the funding required for critical GBV coordination and response needs, information should be solicited from GBV partners about the funds already available and/or committed for their agencies' GBV projects. Gathering this data will be difficult, particularly in the early-response phase when information is hazy or agencies are reluctant to provide financial data. Nevertheless, continuous effort is required through ongoing partner mapping and review to ensure that donor funding is prioritized for use in meeting the most critical – and under-resourced – aspects of GBV.

Good practice

To help other sectors not typically engaged in GBV prevention or response to integrate gender and GBV into their 2010 CAP proposals, the GenCap in Zimbabwe provided guidance notes to clusters and advocated in the CAP planning workshop to include gender and GBV as project prioritization and selection criteria. See [Annex 11](#) for a copy of these **guidance notes**.

Other strategies to encourage sharing of funding information amongst partners include: ensuring the involvement of agencies in the action-planning process within the GBV coordination mechanism so that partners understand and agree on priorities for funding; making efforts to represent the interests of as many GBV partners as possible in the projects submitted; and encouraging collaborative projects that bring different actors together to share resources. Transparency and participation are key.

What are other possible sources of funding?

The responsibility for obtaining funding does not cease when the initial crisis has waned. In addition, funding sources are not limited to the UN system pooled-funding mechanisms described above. The GBV Coordinator should become familiar with other sources of funding (and share this information with GBV partners) and should also anticipate what the evolving GBV-related funding needs may be as the GBV coordination mechanism and GBV coordination partners are transitioning from emergency to early recovery to post-emergency and into development. Each of these stages may require solicitation of different types of donors.

Emergency Response Fund

In addition to common or pooled funding sources, the GBV coordination mechanism in some countries may be able to bid for project funding through the Emergency Response Fund (ERF). The ERF is managed by OCHA through the HC and aims to provide rapid, flexible funding to:

- ▶ Address gaps in humanitarian aid.
- ▶ Enable scaling-up of response and recovery interventions, particularly through international and national NGOs that are not eligible for direct funding through the CERF. See: <http://ochaonline.un.org/FundingFinance/ResponseFunds/tabid/4404/Default.aspx>

Good practice

Regular donor liaison is an important strategy when seeking funds and will assist in providing guidance on:

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

In Kenya, a sub-group of the GBV Sub-Cluster was tasked with advocating for additional resources from donors. They put together a 'donor package' that included an information sheet on GBV during the 2008 post-election conflict and copies of unfunded CAP appeal submissions. A high-level official of the US Embassy voluntarily hosted a donor event, to which traditional and non-traditional donors (i.e., local corporations) were invited.

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 nature and requirements for funding are determined based on the individual country context and programme or project objectives. See: <http://www.undp.org/mdtf/trustfunds.shtml>

Traditional donors

The GBV coordination mechanism 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 (Novo, Avon, Johnson&Johnson); and UN agencies (UNICEF, UNHCR, UNFPA, UNIFEM). Many donors encourage collective or consortia bids, particularly bids that demonstrate partnerships with local organizations, and as such GBV partners should use the collaborative assessment and planning process as a basis for building relationships with other GBV agencies in order to pursue additional funding appeals.

UNIFEM Trust Fund to End Violence Against Women

The UN Trust Fund is the only multilateral grant-making mechanism that supports local, national and regional efforts to end violence against women and girls. The grants have ranged from US\$100,000 to US\$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.

See: http://www.unifem.org/gender_issues/violence_against_women/trust_fund.php

Critical to know

To successfully raise funds, all GBV actors must be good advocates (see **IS 3.3**) and must find ways to develop required skills. Essential to GBV fund-raising is:

- Demonstrating an understanding of the situation.
- Being able to clearly articulate needs and gaps and the steps necessary to fill those needs and gaps.
- Demonstrating an understanding of what other actors are doing and a willingness/plan to engage with others to ensure a truly multi-sectoral and comprehensive response.

Resources

All interagency technical guidance on UN system funding procedures (Humanitarian Financing, CERF and CAP) can be found and downloaded at the OneResponse website:

<http://oneresponse.info/Pages/default.aspx>

For additional information on humanitarian funding, also see:

<http://ochaonline.un.org/HUMANITARIANAPPEAL/webpage.asp?Page=1241>

<http://ocha.unog.ch/humanitarianreform/Default.aspx?tabid=143>

Kerr, J., *The Second Fundher Report: Financial Sustainability for Women's Movements Worldwide* (Association for Women's Rights in Development (AWID), June 2007).

http://new.vawnet.org/category/Documents.php?docid=1278&category_id=682

Annexes

A10: FAQs on FLASH, CERF, CAP and CAP Template

A11: Zimbabwe CAP Cluster Guidance Notes

Section Three: GBV coordination FUNCTIONS

3. Conducting advocacy

What is advocacy?

Often, advocacy is misunderstood as synonymous with behaviour change communication (BCC)/ information, education, communication (IEC) and/or community mobilization. Although these activities are targeted toward promoting change and involve developing messages tailored to a specific audience, advocacy stands apart from these approaches because the ultimate goal of advocacy is policy change. The advocacy process is complete when a decision-maker takes a prescribed policy action. While raising awareness of the general public may be an important step in this process, it is not the ultimate goal.

Type of approach	Aim	Target groups
Community mobilization	Raise awareness, empower community, build community capacity to address the problem	General public, specific groups of people
BCC/IEC	Raise awareness, change behavior	General public, specific groups of people
Advocacy	Raise awareness, use decision- and policy-making to change the social environment	Specific groups of influential people

Why is advocacy an important responsibility of a GBV coordination mechanism?

The GBV coordination mechanism is particularly well-suited to undertaking advocacy because it is comprised of multiple organizations and individuals who can speak with one voice on a particular issue. A collective voice is often much stronger than a solitary voice, and speaking out collectively avoids backlash being directed at a lone individual or organization, especially when an issue is controversial or difficult. The GBV coordination mechanism—if it is functioning effectively—should also have at its disposal the information necessary to develop a strong advocacy message.

Good to know

Some of the most powerful advocacy messages are led by the people affected by the problem—as long as there are no security risks to those speaking out and the rules of **informed consent** are very carefully followed.

How would a GBV coordination mechanism undertake advocacy?

The advocacy may best be undertaken by a GBV coordination subgroup and generally involves the following steps:

Data Collection



STEP 1: GBV coordination partners begin with the **ISSUE** around which they want to promote policy change. The issue is focused, clear and perceived as important by the partners.

STEP 2: The partners articulate an advocacy **GOAL** (medium- or long-term with vision for change) **AND OBJECTIVES** (short-term, specific, measurable) based on the advocacy issue.

Monitoring & Evaluation



Data Collection

STEP 3: The partners identify the policy AUDIENCE: decision-makers who have the power to bring about a policy change.

STEP 4: Select GBV coordination partners with advocacy expertise (perhaps working within a coordination sub-group) develop a compelling advocacy MESSAGE and tailor it to the interests of the policy audience.

STEP 5: Partners identify the appropriate COMMUNICATION CHANNELS to deliver the advocacy message to the policy audience. This may include a press conference, an executive briefing packet, a public debate, a conference for policy-makers, etc.

STEP 6: The GBV coordination partners seek to broaden the SUPPORT base among civil society members and other allies.

STEP 7: The GBV coordination partners RAISE FUNDS and mobilize other resources to support the advocacy campaign.

STEP 8: The GBV coordination mechanism IMPLEMENTS their advocacy strategy according to a Plan of Action.

Monitoring & Evaluation

Data collection is an ongoing activity throughout the advocacy process and may include researching the position of a policy audience regarding the advocacy issue.

Monitoring and evaluation take place throughout the advocacy process. Before undertaking the advocacy campaign, it is important for the advocates to determine how they will monitor their implementation plan. In addition, group members should decide how they will evaluate or measure results. Can they realistically expect to bring about a change in policy, programmes or funding as a result of their efforts? How will the group know the situation has changed?

Where and to whom should the advocacy be targeted?

Depending on the context, advocacy strategies may be targeted at one or a combination of levels:

Community level:

This type of advocacy is frontline, community-based advocacy and most often addresses affected communities and/or direct services to survivors. It involves persuading local decision-makers, such as humanitarian organizations or local leaders, to support holistic GBV responses. Local decision-makers include: managers of camps for refugees or internally displaced persons, community leaders, religious leaders, UN and other international coordination groups, local government leaders, local law enforcement, judicial leaders and local civil-society leaders.

District/national level:

This type of advocacy addresses improving resources and perceptions to establish or expand systems to address GBV wherever it occurs. Targeted decision-makers might include: district-level government officials, national-level government officials, staff in humanitarian coordination groups, staff at UN bodies providing regional or national support, international and local NGOs.

International level:

This type of advocacy involves organizing meetings and establishing relationships with decision-makers influencing policies and resources for the emergency. Targeted decision-makers might include the RC/HC, senior staff at UN agencies, international governmental aid agencies, regional coordination bodies and other international coalitions, alliances and NGOs. The aim of these advocacy actions is to promote an increase in financial and human resources for survivors and also to draw attention to immediate needs to establish interventions to address sexual violence.

What about conducting advocacy in hostile environments?

In hostile environments – where the government, for example, is resistant to acknowledging GBV or where armed conflict makes exposing GBV issues dangerous – it is extremely important to take security issues into account when developing advocacy strategies. Some alternative, or ‘back-door’ advocacy approaches include:

- ▶ Developing strategic partnerships **with trusted advocacy organizations/individuals** to **confidentially** channel sensitive in-country information to the international arena is one means of back-door advocacy. Information and insight from service-delivery agencies on the ground is highly valuable to advocacy-based organizations. Advocacy-based organizations (such as international human rights organizations) and individuals (such as Special Rapporteurs) are in a better position to speak loudly and publicly on sensitive issues because they do not have an on-the-ground service-delivery element.
- ▶ **Confidentially** providing **journalists** with accurate information about GBV during an emergency provides additional outlets for information. Ideally the GBV coordination mechanism will provide recommendations to GBV partners on working with journalists. (See **IS 3.4** on working with media.)
- ▶ Educating **international donor organizations** is an ongoing priority for the GBV coordination mechanism. (See **IS 3.2** on making appeals for GBV funding.) Providing recommendations on how and where donor funds can be most effective improves emergency response. In addition, donor agencies have significant influence at the highest international decision-making levels.
- ▶ Working with **the HC/RC** to ensure that s/he is apprised of strategic and policy-level issues for which the UN can facilitate advocacy and, when appropriate, lead the UNCT in joint advocacy action.

Resources

International Rescue Committee, “GBV in Emergencies: Training Curriculum”, Module 1, Session 3 (publication pending, to be posted in 2010 to the www.rhrc.org website).

CEDPA Training Manual Series, “Gender, Reproductive Health, and Advocacy” (Washington, DC, 2000) Sessions 9-14.

<http://www.cedpa.org/section/publications?topic=37>

Section Three: GBV coordination FUNCTIONS

4. Working with the media

Why is it important for the GBV coordination mechanism to work with the media?

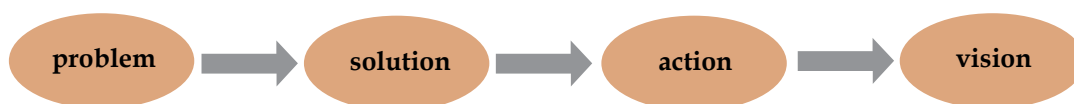
The media can help us:

- ▶ Convey information.
- ▶ Expose injustice.
- ▶ Promote accountability.
- ▶ Generate dialogue.
- ▶ Increase donations/donor interest.
- ▶ Fulfil our donor obligations.
- ▶ Make our organizations visible.
- ▶ Educate the local community about available services.
- ▶ Communicate advocacy messages and raise awareness about issues and problems in the communities in which we work.
- ▶ Say things we cannot.

How does the GBV coordination mechanism collaborate with the media?

The media can be an ally, and responsible¹ journalists should be included as partners in any GBV coordination mechanism. Providing journalists with accurate information about GBV during an emergency offers an outlet for information that can be used in strategic ways to effect positive change. When working with journalists, however, it is important to understand the importance 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.

It is also useful to remember that in order to engage effectively with the media, partners within the GBV coordination mechanism will have to identify stories that are newsworthy. Partners also may have to help journalists communicate an effective message, which usually means a message comprised of the following elements (See [Annex 12](#) on newsworthy stories and [Annex 13](#) on effective messages):



There are a variety of ways to engage with the media to get messages out there. The most likely instruments are the press release and the interview.

Press release 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. (See [Annex 14](#) on press release guidelines and [Annex 15](#) for a sample press release.)

Critical to know

Providing information to journalists and donors must be done in a confidential manner, with an emphasis on safety. Staff and those they assist can be put at risk. The realities of operating programmes in a hostile environment are often not clearly understood by non-implementing partners and require a level of vigilance in ensuring staff and people of concern are not placed in dangerous situations. (See [Annex 16](#) on ethics and sensitivity.)

¹ “Responsible” journalists refers to all those who understand and abide by the safety and ethical guidelines related to collecting and reporting information on GBV.

Press statement

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

Press conference

A media event in which newsmakers (i.e., partners in the GBV coordination mechanism) invite journalists to hear them speak and the press is given an opportunity to ask questions.

Interviews

When a person (or persons) is asked questions on a certain topic, for radio, television or newspaper. If members of the GBV coordination mechanism 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. (See **Annex 17** on solicited interviews; **Annex 18** on unsolicited interviews; and **Annex 19** on handling controversy.)

What if journalists are not reporting GBV issues properly?

Partners within the GBV coordination mechanism should track media coverage of GBV issues, not only to share with members of the coordination mechanism and, where appropriate, the wider community, but also to determine whether GBV issues are being covered appropriately. If it is evident that journalists are not adhering to basic guiding principles when reporting a story, members of the GBV coordination body may decide to conduct media training and/or share guidelines with media. For example, journalists might be provided the guidelines on GBV developed by **the Ethical Journalism Initiative**, a global campaign of programmes and activities to support and strengthen quality in media that was adopted by the World Congress of the International Federation of Journalists in Moscow in 2007 and was formally launched in 2008. (See **Annex 20** for a copy of the guidelines.)

Good practice

The GBV Unit of Liberia's Ministry of Gender and Development (MOGD) has organized a critical mass of journalists working throughout the country who are willing to partner with agencies and community groups to advocate for the cessation of GBV. This group calls itself Journalists Against GBV, and all participants have been trained in ethical guidelines. A representative from the group attends every GBV coordination meeting at the MOGD.

Resources

Drezin, J., (ed.), *Picturing a Life Free of Violence: Media and Communications Strategies to End Violence Against Women* (UNIFEM, 2001).

http://www.unifem.org/materials/item_detail.php?ProductID=8

Interpress Service and Gender Links, "Reporting GBV: A Handbook for Journalists" (2009).

http://www.ips.org/mdg3/GBV_Africa_LOWRES.pdf

Annexes

A12: What Makes a Story Newsworthy?

A13: Developing an Effective Message

A14: The Press Release

A15: Sample Press Release

A16: Ethics and Sensitivity

A17: Solicited Interviews

A18: Unsolicited Interviews

A19: Handling Controversy

A20: Ethical Journalism Initiative Guidelines on GBV

Section Three: GBV coordination FUNCTIONS

5. Mainstreaming GBV into other clusters/sectors

What does it mean to ‘mainstream’ GBV into other clusters/sectors?

Too often, sectoral actors – those working in the areas of water/ sanitation, shelter, food distribution, etc. – will have limited to no experience in addressing GBV. Within the network of a ‘humanitarian system’, GBV actors must therefore work with sectoral colleagues to promote multi-sectoral, inter-agency action to prevent and respond to GBV and to encourage accountability of cluster/sector leads in meeting their sector-specific GBV responsibilities.

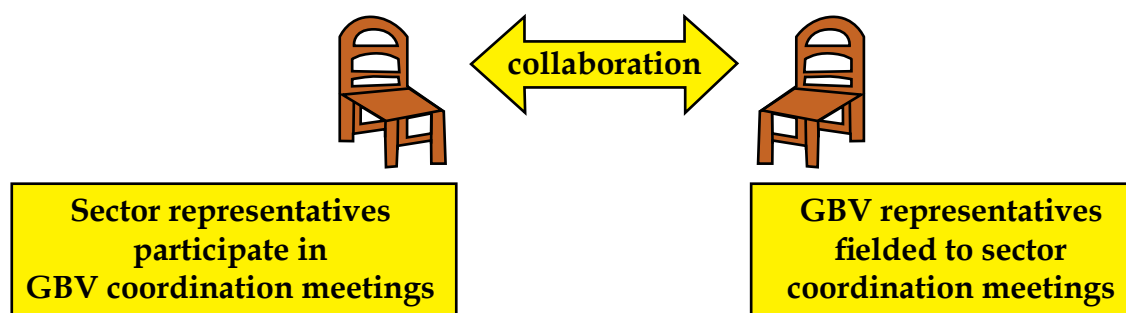
The key to engaging cluster/sectors in GBV issues and activities is to educate and motivate them about their responsibilities according to the IASC GBV Guidelines and the GBV Guiding Principles (see [IS 1.3](#)) as well as the IASC Gender Handbook. Where necessary and feasible, it is important to assist them in meeting their responsibility to mainstream GBV programming into their work by reviewing and integrating GBV into sectoral needs assessments and analysis, policy and programming documents, action plans, funding appeals, etc. (See [Annex 21](#) for sample sectoral information sheets on the GBV Guidelines; see [Annex 11](#) for sample sectoral guidelines on CAP submissions; see [Annex 22](#) for sample sectoral information sheets on the IASC Gender Handbook; see [Annex 23](#) for a Gender Tip Sheet for Cluster/Sector Leads.)

How should the GBV coordination mechanism facilitate cross-sectoral collaboration?

In an emergency context, sectoral actors may be somewhat reluctant to take on GBV issues because they are already overwhelmed with the more standard challenges associated with their sector. Therefore, constant communication and monitoring of sectoral activities are important components of GBV cross-sectoral coordination activities. The challenge is figuring out how to create the means for this collaboration.

Ideally, cluster/sector leads would participate in the GBV coordination mechanism by attending all GBV coordination meetings. Unfortunately, given the number of meetings cluster/sector leads are required to attend, voluntary participation in GBV coordination meetings is unlikely. More realistic options include:

- ▶ **Making periodic presentations to cluster leads at the OCHA cluster lead meetings** (usually held at the national level once a week during an emergency).
- ▶ **Helping the cluster/sector leads identify someone with sufficient authority and commitment within their coordination group to represent their cluster/sector at all GBV coordination meetings.** While important in terms of facilitating collaboration, it should be emphasized that this strategy is not likely to result in significantly improved knowledge of GBV issues across all the clusters/sectors, because many of the cluster/sector representatives attending GBV coordination meetings will (presumably) not be experts on GBV.



- ▶ **Identifying GBV coordination members to regularly attend various cluster/sector meetings to represent GBV concerns as appropriate and report back on emerging issues at the GBV coordination meetings.** It is probably **not** realistic—or efficient—for GBV Coordinators to participate in all cluster/sector meetings, but they may choose to join the designated GBV focal points (FPs) during their initial introduction and on an as-needed basis if there are significant GBV issues that require discussion and/or advocacy. The cluster/sector ‘report back’ of GBV FPs should be a standing item on the GBV coordination meeting agenda, and FPs should also be responsible for ensuring key cluster/sector documents are regularly reviewed for GBV content.

What are the responsibilities of the GBV Focal Points who participate in other cluster/sector meetings?

In all sectoral coordination meetings, the GBV coordination representative(s) should:

- ▶ Raise relevant GBV-related issues as per sector discussions and priorities.
- ▶ Direct sectors to relevant elements of IASC GBV Guidelines.
- ▶ Advocate to keep 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.

It can often be intimidating for FPs to speak up in meetings with partners who may not be enthusiastic about their presence or about addressing the issue of GBV. FPs therefore should be briefed on their responsibilities as well as on strategic communication, so they know their key messages and are able to deliver them succinctly and effectively. (See **IS 5.2** for additional information on strategic communication.)

Good practice

In Mozambique following the floods of 2007, the Protection Cluster was combined with the Education Cluster and there was no GBV Sub-Cluster. In order to ensure that GBV concerns were integrated in the preparedness and response strategies of all sectors, the Protection/Education Cluster leads identified GBV & HIV/AIDS Focal Points to participate in other clusters. Selected FPs attended the Child Protection & GBV in Emergencies Training (organized by Save the Children, UNFPA and UNICEF) to increase their knowledge and understanding of the issues prior to assuming their responsibilities. They were provided specific TORs (see **Annex 24**) as well as checklists to assist them in monitoring sectoral activities (see **Annex 25**) and reported back regularly to the Protection/Education Cluster.

What about collaboration with the Protection Cluster?

As described in **IS 2.A.4**, a GBV coordination mechanism that is developed under the Protection Cluster will be responsible for reporting to the Protection Cluster on its activities, and the GBV Coordinator should participate in all Protection Cluster meetings to facilitate collaboration and communication. The GBV coordination mechanism should further ensure that all GBV-related protection work is not only closely linked with the work of the larger Protection Cluster, but also with the other AoRs within the Protection Cluster (such as Child Protection, Rule of Law and Justice, etc.). As such, it will be important for the GBV Coordinator and/or designated FPs within the GBV coordination mechanism to attend AoR meetings on a regular basis.

Are there special considerations when collaborating with the Health Cluster?

Generally speaking, outside of the Protection Cluster (where one exists), the GBV coordination mechanism is likely to work most closely with the Health Cluster. The Health Cluster has very specific GBV-related responsibilities, e.g., implementation of the MISP (see **IS 1.2**), and the GBV coordination mechanism should assist the Health Cluster—and WHO as the provider of last resort (see **IS 2.A.4**)—to meet those responsibilities in whatever ways possible.

Ensuring an appropriate response to the clinical management of rape is a priority MISP objective that is **required** from the early stages of emergency response. While it is very important to effective implementation of the MISP that all relevant actors are mobilized – which the GBV coordination mechanism can help facilitate by encouraging multi-sectoral response through, for example, ensuring the development of SOPs (see **IS 3.6**) – it is the ultimate responsibility of the Health Cluster lead to see that health staff are trained and health facilities are equipped to provide care to survivors. This is not the responsibility of the GBV coordination mechanism. Nevertheless, the GBV coordination mechanism should be familiar with the standards of the MISP in order to work with the Health Cluster to guarantee that basic, minimum health response is functional and accessible to survivors. Throughout all phases of the emergency the GBV coordination mechanism should continue to collaborate closely with the Health Cluster in terms of scaling up health interventions, linking protection-related GBV activities of the coordination mechanism to health interventions, and data collection and monitoring.

In addition, mental health and psychosocial support (MHPSS) is a cross-cutting issue that is relevant to GBV work and usually sits within the Health or Protection clusters or is addressed in a cross-sectoral working group. It is important for a GBV FP to attend MHPSS meetings and promote issues of GBV, including survivor support.

Annexes

- A21: GBV Guidelines Sectoral Information Sheets
- A11: CAP Cluster Guidance Notes Zimbabwe
- A22: Gender Handbook Sectoral Information Sheets
- A23: Gender Tip Sheet for Cluster/Sector Leads
- A24: GBV FP ToR-Mozambique
- A25: GBV FP Cluster Checklist-Mozambique

6. Supporting the development of Standard Operating Procedures

What are Standard Operating Procedures (SOPs)?

Critical to know

The SOP is **not** a policy document; it is meant to provide operational guidance based on a multi-sectoral approach to GBV and therefore requires the endorsement of multiple GBV actors and agencies.

Standard Operating Procedures are specific procedures and agreements amongst organizations that reflect a plan of action and identify individual organizations' roles and responsibilities with regard to GBV prevention and response. SOPs should serve as a companion document to the broader plan of action developed by the GBV coordination mechanism (see **IS 4.4**). SOPs include agreed-upon

reporting and referral systems, mechanisms for obtaining survivor consent and permission for information-sharing, incident documentation and data analysis, coordination, and monitoring. SOPs also address ethical and safety considerations and guiding principles for issues related to confidentiality, respecting the wishes of the survivor, mandatory reporting and acting in the best interests of a child.

What is the process for developing SOPs?

One of the most important aspects of developing SOPs is the process. It should involve a **series of consultations** with key stakeholders and actors in the setting where the SOPs will be implemented. Inclusiveness, participation and transparency are key. Facilitating the development of SOPs is among **the most important jobs** a GBV coordination body has: it is where coordination and programming intersect. The agency(ies) responsible for GBV coordination should initiate the SOP-development process as early as possible in emergency response. The GBV coordination body should also manage the negotiations and revisions of the SOPs and monitor their functioning over time.

In May 2008, the IASC Sub-Working Group on Gender and Humanitarian Action produced a detailed template on developing SOPs that is **the key reference document** in any GBV coordination mechanism's efforts to facilitate SOPs. **Every GBV Coordinator should be familiar with this document.** (See resources below for the link to the template).

A Plan of Action (see **IS 4.4**) must be established by the GBV coordination mechanism to ensure implementation of the minimum prevention and response interventions (as described in the IASC GBV Guidelines) by all relevant actors. **The Plan of Action should include a plan for developing SOPs.**

Experience indicates that it may be useful to develop specific SOPs for different settings within a given country. Each setting will have different actors, services and considerations. All key

Good to know

The IASC Sub-Working Group on Gender and Humanitarian Assistance: Originally a task force chaired by OCHA and WHO, the IASC Sub-Working Group on Gender and Humanitarian Assistance was formally recognized as a permanent sub-working group of the IASC in November 2006, and chairmanship was transferred to UNFPA. The sub-working group provides technical support to the IASC and works to ensure gender mainstreaming in the cluster approach and in humanitarian emergency response in general. Before the development of the global GBV AoR (see **IS 2.A.4**), the Gender Sub-Working Group was responsible for producing several key GBV-related resources, such as the IASC GBV Guidelines and IASC SOPs. The Gender Sub-Working Group continues to collaborate with the GBV AoR to meet mutual goals and objectives. More information is available at the Gender Sub-Working Group website: <http://onerresponse.info/crosscutting/gender/Pages/Gender.aspx>

Good to know

When developing SOPs in preparation for an anticipated emergency, such as a **natural disaster**, the SOPs process can be initiated in the emergency-preparedness phase. Once the disaster strikes, the SOPs will need to be revised to reflect more accurately the services that are available on the ground.

actors must be involved in the process of SOP development. With a small, focused group of key stakeholders—ideally led by partners of the GBV coordination mechanism—the initial SOPs can be developed and finalised over a two- to three-week period.

This kind of efficiency will require dedicated personnel to facilitate the process, especially if separate SOPs are produced for different affected areas. In the earliest stages of an emergency, it may be challenging to find such personnel, or for partners to prioritize the time to participate in the process. The GBV Coordinator, when conducting an initial mapping of GBV

actors and programmes, should bear in mind the need to identify potential partners to lead the SOP-development process.

While it is important, especially in the early stages of an emergency, that SOPs are developed as quickly as possible so that basic survivor-care services and essential prevention activities are put into place rapidly, it may not be possible to develop the entire SOPs document according to the IASC template quickly enough to meet immediate needs in the crisis phase of an emergency situation.

Some sections in the template require negotiation and discussion, which may not be possible or appropriate in the early stages of an emergency. Moreover, the full complement of actors to launch a truly multi-sectoral response may not be in place. In this case, the general guidance in the IASC GBV Guidelines should be followed in the emergency phase, and ‘preliminary’ SOPs should be established.

The preliminary SOPs should cover the most relevant and urgent sections of the SOPs template. These should be developed, at minimum, by the health, psychosocial, security and protection actors who will be implementing the procedures. Women in the community must also be consulted during this process, and other community members should be involved as much as possible. Over time, the SOPs can be expanded and revised as more actors enter the setting and more services become available.

Good practice

Liberia has a national SOP that was drafted to guide the development of SOPs at the county level. The process was consultative, with different ministries leading sector discussions (e.g., the Ministry of Justice and Police led the Legal and Protection Sector; the Ministry of Health and Social Welfare led the Health Sector; and the Ministry of Gender and Development led the Coordination Sector). The same collaborative process is being adopted to develop and roll out the county-level SOPs.

What about developing SOPs in hostile settings?

Developing SOPs can be a very public process that brings attention to the models for GBV response and partners’ responsibilities. In settings where GBV issues are not politicized and there is support for GBV programming, this exposure is one of the key benefits of drafting SOPs. However, in settings where GBV issues are highly politicized and there may be security risks in publicly discussing and developing GBV services, GBV Coordinators and GBV coordination partners should proceed *with extreme caution*.

In these cases, it may be most effective in the earliest stages of an emergency to develop an abbreviated referral protocol for survivors and distribute it only to those who fully understand the GBV guiding principles associated with working with survivors. When and if the situation improves—or when more partners are identified through a safe network of service providers—more comprehensive SOPs may be developed. (See [Annex 26](#) for Darfur Referral Pathway and [Annex 27](#) for Darfur Referral Protocol Narrative for examples of strategies used to address safety and security concerns.)

Resources

Establishing Standard Operation Procedures for multi-sectoral and inter-organizational prevention and response to GBV in humanitarian settings (SOP Guide) (IASC Gender SWG, 2008).
<http://onerresponse.info/crosscutting/gender/Pages/Gender.aspx>

Annexes

A26: Darfur Referral Pathway

A27: Darfur Referral Protocol Narrative

Section Three: GBV coordination FUNCTIONS

7. Building the capacity of GBV partners

Why is building capacity of GBV partners an important function of GBV coordination?

Every GBV coordination mechanism will include partners with different levels of capacity related to GBV programming and GBV coordination. Building capacity therefore involves **building upon** the strengths of GBV partners in order to improve the skills of all members of the GBV coordination group. Building capacity is not a top-down effort, in which coordination leaders determine needs and abilities of coordination members, but rather a collaborative process in which the expertise of all members—from people of concern to international NGOs—is shared amongst coordination partners to develop a strong and effective coordination mechanism. Some of the key benefits of building capacity include:

“Supporting national organizations through partnership and addressing their capacity development needs is an important way to ultimately ensure effective programs—programs that are rooted in local knowledge and networks but also benefit from the technical and organizational strengths of international organizations.” -ARC *Partnership Approach and Guidance Tools*, 2009, p. 5. (For more information on ARC partnership tools, see resources below.)

Enhancing coordination efforts: In order for a coordination mechanism to be successful, everyone involved has to experience some benefit, either for themselves as individuals or for their agencies. One way to ensure this is to provide learning-exchange opportunities among partners so that participating in coordination builds GBV-related knowledge and skills as well as coordination efforts. The more partners understand and benefit from the collaborative process and from others within the coordination mechanism, the more successful and cohesive the coordination mechanism will be.

Promoting shared principles and practices: Another important reason for building capacity of coordination partners is that all partners should speak—to the greatest extent possible—with the same voice when promoting principles and programming related to GBV. For some partners, this may require specialized training on key theories and models.

Ensuring delivery of efficient, effective and ethical programming: Yet another reason for building capacity is to ensure the ultimate goals of coordination in emergencies—delivering comprehensive, ethical and safe services for survivors and introducing GBV prevention strategies—are achieved.

What are the key methods for building capacity?

It is important for GBV Coordinators to remember that capacity-building can sometimes be very targeted, as in providing training (see text box below). However, it also occurs in more subtle ways: through modeling leadership, encouraging potential and promoting individuals’ and agencies’ responsibility and accountability:

CAPACITY-BUILDING INVOLVES:

Equipping people with skills and competencies which they would not otherwise have.

WHAT YOU CAN DO:

- Ensure processes and procedures are clearly explained and understood.
- Share information and resources to enable knowledge transfer.
- Translate key guidelines.

CAPACITY-BUILDING INVOLVES:

Realizing existing skills and developing potential.

Increasing people's self-confidence.

Promoting people's ability to take responsibility for identifying and meeting their own, and other people's, needs and rights.

WHAT YOU CAN DO:

- 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.
- Value individual contributions and respect individual differences.
- Use active listening.
- Give positive feedback.
- 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 might include:

- ▶ Encouraging partners to get involved in coordination sub-groups on topics related to their individual or agency areas of interest (e.g., working with the media, advocacy, data collection, funding, IEC/BCC, drafting SOPs, etc.). GBV Coordinators should try to identify leaders of the sub-groups who can work with members to build their skills on the particular focus issue. (See [IS 4.6](#) for more information on creating coordination sub-groups.)
- ▶ Regularly distributing—in coordination meetings and via e-mail or in hard-copy 'resource packets'—global GBV resources and tools. Occasionally make time for a brief review of the materials during a coordination meeting.
- ▶ Distributing targeted 'talking points' or 'guidance/information notes' to partners about key issues that require elaboration or emphasis. (See [Annex 29](#) for sample GBV talking points distributed to partners in Darfur. See [Annex 30](#) for a sample guidance note for Uganda partners on quality GBV programming.)
- ▶ 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.

Good practice

Many people consider training to be one of the key methods for building capacity of partners in an emergency because it requires a relatively small investment of technical and financial resources. At the outset of establishing a coordination mechanism, it may be useful to distribute a list of potential training topics to partners to identify the greatest training needs. (See [Annex 28](#) for a list of training topics that can be used as the basis for a survey of training needs.) From this list, GBV coordination partners can identify those within the GBV coordination mechanism who have the skills to conduct those trainings. However, while training is indeed important, it 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 trainings-of-trainers (TOTs) so that a broader base of individuals/ agencies can develop the skills necessary to lead trainings. This is especially important when developing strategies for building capacity at the 'deep- field' level: wherever feasible, coordination partners in the field should be supported to lead trainings in their settings, in order to avoid all training events originating at the national level.

Resources

For key general resources to share with partners refer to the list in the **Introduction** to this handbook. For more specific resources, refer to individual information sheets. Other noteworthy training tools for building capacity of and among partners include:

ARC Partnership Approach Guidance and Tools (ARC, 2009).

<http://www.arcrelief.org/PartnershipGuide>

RHRC/JSI Research and Training Institute, *Training Manual Facilitator's Guide: Multisectoral & Interagency Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict* (2004).

http://www.rhrc.org/resources/gbv/gbv_manual/intro.pdf

Dipak N. and Michau L., *Rethinking Domestic Violence: A Training Process for Community Activists* (Raising Voices, 2004).

http://www.raisingvoices.org/women/domestic_violence.php

Dipak N. and Michau L., *Mobilizing Communities to Prevent Domestic Violence: A Resource Guide for Organizations in East and Southern Africa* (Raising Voices, 2003).

http://www.raisingvoices.org/women/mobilizing_communities.php

Different Needs - Equal Opportunities: Increasing Effectiveness of Humanitarian Action for Women, Girls, Boys and Men. Online course produced by the Inter-Agency Standing Committee (2010).

<http://www.iasc-elearning.org>

Annexes

A28: GBV Training Topics

A29: GBV Talking Points-Darfur

A30: Quality GBV Programming Information Note-Uganda

8. Developing information, education and communication materials

What is information, education and communication (IEC)?

The *Inter-agency Field Manual on Reproductive Health* provides the following description of IEC:

Information, education and communication (IEC) combines strategies, approaches and methods that enable individuals, families, groups, organisations and communities to play active roles in achieving, protecting and sustaining their own health and well-being. Embodied in IEC is the process of learning that empowers people to make decisions, modify behaviours and change social conditions. Activities are developed based upon needs assessments, sound educational principles, and periodic evaluation using a clear set of goals and objectives.

In short, IEC involves using participatory and community-based approaches (see **IS 1.3**) to promote behaviours that improve health and well-being. The basic behaviour-change goals of IEC related to GBV are usually two-fold: to reduce the incidence of GBV and to ensure that those who have experienced GBV are enabled to seek the care they need.

IEC messages can be delivered a variety of ways: through interpersonal communication (such as individual discussions, group discussions and community meetings and events) or mass-media communication (such as radio, television and other forms of one-way communication, including brochures, leaflets and posters, visual and audio-visual presentations and some forms of electronic communication).

Why is it important for the coordination mechanism to develop IEC materials in an emergency?

The IASC GBV Guidelines emphasize IEC that informs the target community about sexual violence and the availability of services as a key action to be undertaken in an emergency (pp. 76-77). The coordination mechanism creates an opportunity for partners working in GBV to pool their resources to ensure IEC messages are developed collaboratively and according to community-based approaches so that all messages speak with 'one voice' and adhere to guiding principles. (See **Annex 31** for guidelines on developing ethical communication messages related to GBV from Uganda and **Annex 32** for a sample IEC leaflet developed by the GBV Sub-Cluster in Kenya.) Another key benefit of developing collaborative IEC strategies through the coordination mechanism is that messages can be distributed by multiple partners, thereby expanding the geographical reach of any IEC efforts.

In the early stages of an emergency, IEC related to raising awareness of sexual violence should have the following objectives:

- To inform survivors about potential severe and life-threatening consequences of sexual violence.

Critical to know

Informing the community about the availability of services for survivors of sexual violence should occur only when appropriate, accessible and confidential services are available. The IEC process must not be limited to the distribution of pamphlets about where to access services. Service providers must be sensitized to communicate supportively with those survivors who come forward, and the larger community must also support attitudes and behaviours that encourage the safe reporting of GBV incidents.

- ▶ To inform communities about the availability of support services and how to access them and to convey the message that these services will help survivors and their families.
- ▶ To inform the community and build trust that services respect and preserve the confidentiality and dignity of the survivor and her family.
- ▶ To inform the community of the need to protect and care for survivors of violence and to not discriminate against them.

Once an emergency stabilises, coordination partners can consider the development of more elaborate and formal IEC strategies. Whatever IEC materials and activities are developed, it is important to ensure that IEC efforts are coordinated and that all messages (and the media used to convey those messages) are complementary. It is also vital to ensure that people are provided with the necessary support and resources to act in accordance with the messages.

What are the steps for developing IEC materials in an emergency?¹

- 1 Identify existing resources and potential channels for communication that can be mobilized to inform the community about prevention of and response to sexual violence (and other forms of GBV that have been identified).
- 2 Compile a resource list of organizations and services related to prevention of and response to sexual violence. Establish coordination and referral mechanisms and orient all partners – government, local and international NGOs, UN agencies – about them.
- 3 Work with GBV coordination partners and the community to determine the key messages to be disseminated, based on a situational analysis and the resources available in the setting.
- 4 Adapt or develop simple methods and materials to communicate the messages according to input of coordination partners and the community. Work with the community to conduct pre-testing.
- 5 Finalize materials based on pre-testing and establish a plan to disseminate information in the community as part of action planning and coordination.

Resources

“Through Our Eyes: Participatory Communication for Community Empowerment and Social Change” (ARC, ongoing).

<http://www.arcrelief.org/throughoureyes>

UNFPA, *Reproductive Health in Refugee Situations: An Inter-Agency Field Manual* (1999), Appendix One.

<http://www.unfpa.org/emergencies/manual/a1.htm#Further>

IASC, *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies* (2005).

<http://gbv.onerresponse.info>

Annexes

A31: Guidelines on Developing Communication Materials on Violence Against Women, Uganda

A32: Sample IEC leaflet from Kenya GBV Sub-Cluster

¹ Summarized from the IASC GBV Guidelines, Action Sheet 10.1, pp 76-77.

9. Conducting assessments and ongoing data collection

Why are facilitating assessments and ensuring data collection key functions of the emergency coordination mechanism?

Overseeing information-gathering regarding GBV issues and helping partners use that information to inform their activities is central to the work of the coordination mechanism. Safe and ethical information-gathering about the nature and scope of GBV as well as about the availability, utilization and effectiveness of services in a given setting ensures that the priorities identified by coordination partners are evidence-based, so that project development and implementation, policy work, funding solicitation, advocacy efforts, etc., are all rooted in identified problems and related needs.

The most important consideration before engaging in any type of GBV data collection is how the information can be used to safely promote protection (which includes all prevention and response activities) for those at risk.

IS 3.1 addresses the types of information a GBV coordination mechanism might collect and share about the capacities and activities of GBV partners within the coordination mechanism. This information sheet provides summary guidance on undertaking a **situational analysis of GBV** in affected communities, as well as **collecting and analyzing data** related to GBV incidents. Each type of information-gathering is critical to leading coordination activities.

What is important to know about conducting assessments?

As is depicted in the illustration in **Annex 33**, action-planning within the GBV coordination mechanism occurs in a cycle. The very first stage of the cycle—the foundation of all action planning—involves conducting an assessment of the situation, sometimes referred to as a ‘situational analysis’. The IASC GBV Guidelines clarify the overall goal of a situational analysis in the earliest phases of an emergency (when the focus is more likely to be on sexual violence):

A situational analysis is an opportunity to collect information about the type(s) and extent of sexual violence experienced by the community. It will also help to identify policies, attitudes, and practices of key actors within the health, psychosocial, security, human rights, and justice sectors and within the community. The situational analysis can be seen as an intervention itself, as it initiates public discussion of sexual violence, raises awareness, and opens dialogue among key actors and within the community. (p. 25)

The IASC GBV Guidelines also suggest that inclusion of issues related to sexual violence in all **rapid assessments** conducted across the relevant clusters/sectors in a humanitarian setting is very useful. Rapid assessments typically aim to analyze a situation quickly to determine whether and how clusters/sectors should initiate programmes and are usually led by teams working simultaneously across all affected geographic areas. If not across all

Critical to know

The purpose of an assessment is to more clearly understand the situation 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. The IASC GBV Guidelines assert that “**all humanitarian personnel 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 concrete and reliable evidence.**”(p.2) Donors, cluster actors, government representatives, etc., need to understand that collecting data on the specific number of GBV incidents **IS NOT** a priority in an emergency and the absence of such data should have no bearing on establishing programming.

clusters/sectors, GBV issues should at minimum be included in all rapid assessments undertaken by the Protection Cluster (where it exists). The Protection Cluster Working Group at the global level is developing a Rapid Protection Needs Assessment Toolkit, which when finalized will include GBV components. In all cases, it is important to bear in mind when adding GBV questions to cluster/sector assessments that someone knowledgeable and experienced in GBV programming should be part of the assessment team(s) in order to ensure that all GBV-related issues are explored in an ethical and safe way.

While beneficial, rapid assessments do not usually involve in-depth analysis. Therefore, they do not provide the kind of detailed information that is necessary to design comprehensive GBV programming. For this reason, the IASC GBV Guidelines further recommend that wherever resources exist, efforts should be made to conduct a specific, GBV-focused assessment. When planning a GBV assessment, there are several guidelines that should be followed:

▶ **Try to engage multiple 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 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 coordination mechanism.

▶ **Be realistic in terms of 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.

▶ **Adhere to the guiding principles** in **IS 1.3**, as well as to international ethical and safety standards for collecting information on sexual violence during an emergency. (See **Annex 34** for guidelines on reporting and interpreting sexual violence data and **Annex 35** for a summary of ethical and safety recommendations related to researching violence against women.)

Good practice

In Uganda, the need for a rapid assessment of GBV in transit and return sites was identified by the GBV Sub-Cluster members at the district level. The national GBV Sub-Cluster organised inter-agency rapid assessments in four relevant districts, which were led by the social-welfare department of the local government. Numerous agencies contributed to the design of the assessment tool and to logistics, as well as to disseminating the results of the assessment. Because of the inter-agency nature of the research, there was significant buy-in on the findings. Therefore, many partners (including the government) shifted their priorities and programming approaches to better meet the evolving needs on the ground.

The *GBV Tools Manual* (see below) has a sample situational analysis tool that can help GBV actors design a situational analysis and consider how to specifically apply some of the ethical and safety guidelines/recommendations contained in **Annex 34** and **Annex 35**. In general, a situational analysis will include the following:

Who to assess

- Key stakeholders and actors providing services in community.
- Members of community affected or at risk.
- Leaders of community.
- Representatives of clusters/sectors in humanitarian response.

What to assess

- Security situation.
- Types and extent of GBV.
- Types and extent of multi-sectoral services.
- Policies, practices, attitudes of service providers.
- Attitudes, practices, norms in the community.
- Help-seeking behaviour.
- Legal environment.

How to assess

- Review existing assessments/ studies.
- Conduct key informant interviews with multi-sectoral stakeholders.
- Conduct focus groups.
- Site observation.

Sample tools

- *GBV Tools Manual* (available at www.rhrc.org/gbv).
- Camp Safety Audit ([Annex 36](#)).
- Sample Situational Analysis Questions ([Annex 37](#)).
- FGD Guides ([Annex 38](#)).
- Key Informant Interview Guides: GBV ([Annex 39](#)).
- Key Informant Interview Guides: Gender ([Annex 40](#)).

What is important to know about ongoing GBV data collection?

GBV ‘data’ is documented information or evidence of any kind that is related to GBV. It can be **qualitative** (i.e., data that deals with descriptions, such as opinions and attitudes, and therefore cannot be measured statistically) or **quantitative** (i.e., data that can be counted, and therefore can be used as a measure). While qualitative data is easier to obtain and is therefore **the priority** at the early stage of emergencies, there is often a high demand for quantitative data, particularly from donors and policy-makers. It is reasonable to try and meet this demand to the extent possible – but only **after** programming has been established. As such, it will be important for the coordination mechanism to work with partners over time in order to develop standardized systems to access quantitative data, and in this process it is critical that data collection methods include information about how to accurately analyze and present the data. In the early stages, it is also important that GBV partners draw upon global data in order to anticipate some of the concerns that may arise in the settings in which they work (see [IS 1.1](#)).

Some key considerations related to data collection:

When considering data in the context of addressing GBV in humanitarian settings, the emphasis should be on identifying **trends and patterns** in how a situation might be evolving and its impact on women and girls, as this is key to developing prevention and response programmes.

It is nearly impossible – and potentially very dangerous! – to measure either the *incidence* or *prevalence* of GBV in emergencies as they are both population-based, and therefore require methods such as population-based surveys, which are costly, time-consuming and require very specialized methods in order to address safety and security concerns.

Often the best we can do is collect information on **reported cases** (e.g., by reviewing case files and inputting anonymous incident information into a database) or estimating magnitude based on **anecdotal information** and **focus group discussions**.

Ideally, we should be using all available safe and ethical methods at our disposal to **review, compare and analyze** data we have, using it to make informed decisions about programming needs.

Sharing GBV information is critical to coordination. However, we must have standards and systems in place *in advance of sharing any data* to anticipate some of the serious safety and ethical issues that could threaten the safety and well-being of survivors, communities and those involved in collecting information. All data-sharing must be confidential to protect the rights of the survivor!

In hostile political environments where data-collection and -sharing is potentially very dangerous, special provisions should be developed about how data is to be managed.

Good practice

According to the GBV AoR *Guidance Note on Determining Field-level Leadership of a GBV Working Group in a Cluster Context* (see [Annex 7](#)) one of the key responsibilities of the chair(s) of the GBV coordination mechanism is to facilitate a GBV information management system (GBVIMS), as per the following:

- Use global guidance to revise GBV intake and other relevant forms as needed for the setting.
- Collect, compile and analyze monthly GBV report data with an emphasis on identifying trends and patterns and feedback information to AoR members and to those from the field who have provided the primary data.
- Develop monthly report formats that capture relevant information and that support the analysis and evaluation of programme progress and outcomes.

To this end, GBV Coordinators should access resources through the GBVIMS Project to aid coordination partners in safely and ethically collecting high-quality verifiable data. (See [Annex 41](#) for project overview.) The project represents an inter-agency effort initiated at the global level by IRC, UNHCR and UNFPA, with support of the IASC and the GBV AoR, in order to build systems at the country level to collect and analyze reported incident data on GBV. The GBVIMS is unique because it standardizes GBV incident data collection and terminology across all GBV service-providing agencies; anonymizes GBV data for safe storage and sharing; automatically creates reports on reported incidents of GBV that can be used to target programming, reveal gaps and identify areas for further research; and is easy to deploy and use because it is based on Microsoft Excel. Key components/tools of the GBVIMS Project include: 1) an Incident Recorder (Excel spreadsheet/database) to store and facilitate analysis on reported GBV data; 2) an Incident Classification System to facilitate data collection ([Annex 42](#)); 3) a Standard Intake/Initial Assessment Form ([Annex 43](#)); 4) a sample Information Sharing Protocol to address practical implementation issues, as well as confidentiality and security issues associated with sharing GBV data ([Annex 44](#)); and 5) an inter-agency team available to provide technical support, field questions and address ethical and safety concerns. For more information about the GBVIMS Project and data collection and analysis tools, contact gbvims@gmail.com.

Resources

General

RHRC Consortium, *Gender-Based Violence Tools Manual* (2003).

http://www.rhrc.org/resources/gbv/gbv_tools/manual_toc.html

WHO, *Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies* (2007).

http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

PATH/WHO, *Researching Violence Against Women: A Practical Guide for Researchers and Activists* (2005).

http://www.path.org/files/GBV_rvaw_complete.pdf

Sexual Violence Research Initiative, *How to Conduct a Situation Analysis of Health Services for Survivors of Sexual Assault: A Guide* (2006).

<http://www.svri.org/analysis.htm>

Sample Assessments

UNFPA, "GBV Assessment Report Kebri Beyah Refugee Camp, Somali Region, Ethiopia and Shimelba Refugee Camp, from 19 February to 6 March 2007" (2007).

http://www.unfpa.org/emergencies/docs/gbv_assessment_ethiopia.pdf

UNFPA, UNICEF, UNIFEM and CCF, "A Rapid Assessment of Gender-based Violence During the Post-Election Violence in Kenya, February 2008" (2008).

<http://www.humanitarianreform.org/Default.aspx?tabid=521>

"Inter-Agency Rapid Assessment Report on GBV in Camps and Areas of Return and Transit in Northern Uganda, 19 December 2008" (2008).

<http://www.ugandaclusters.ug/gbv.htm>

"Joint Field Mission to Zimbabwe: UNICEF/UNFPA/IOM, May 2009" (2009). GBV AoR Resource Library,

<http://gbv.onerresponse.info>

Annexes

- A33: GBV Action Plan Cycle
- A34: Reporting and Interpreting Data on Sexual Violence from Conflict-Affected Countries: The “Dos and Don’ts”
- A35: WHO Ethical and Safety Recommendations for Researching Sexual Violence
- A36: Camp Safety Audit
- A37: Sample Situational Analysis Questions
- A38: Focus Group Discussion Guides
- A39: Key Informant Interview Guides: GBV
- A40: Key Informant Interview Guides: Gender
- A7: GBV AoR Guidance Note on Determining Field-level Leadership of a GBV AoR Working Group
- A41: GBVIMS Project Overview
- A42: GBVIMS Incident Classification System
- A43: GBVIMS Standard Initial Intake/Initial Assessment Form
- A44: GBVIMS Sample Information Sharing Protocol



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Section 4:

IMPLEMENTING a GBV coordination MECHANISM

4

Section Four: IMPLEMENTING a GBV coordination MECHANISM

Introduction

What is this section about?

This section builds on the previous section about the ‘**what**’ of coordination by attempting to describe the ‘**when**’ and, to some extent, the ‘**how**’ of coordination in terms of key start-up tasks as well as ongoing responsibilities of the coordination mechanism. (See **Section five** for more information about the ‘**how**’.)

The section begins with an information sheet on launching a coordination mechanism during an emergency, which provides a rough timeline for the most important activities to be initiated within the first month of an emergency. Several of the start-up activities identified in this information sheet are targeted to settings where there is no pre-existing coordination mechanism. However, as emphasized in **IS 2.A.4**, whenever feasible **it is always preferable to work within existing coordination mechanisms** rather than to establish a parallel structure for emergency GBV coordination, as **this recognizes and builds on existing expertise and enhances the sustainability of GBV coordination activities** (see **IS 4.7** on sustainability of coordination mechanisms). Working within existing coordination mechanisms is also likely to be **more efficient than establishing a new GBV coordination body** that is specific to an emergency.

The second information sheet reviews the importance of building inclusive membership, identifying some of the potential benefits and challenges GBV Coordinators should consider when soliciting participation of certain partners (e.g., the government) in the coordination mechanism.

Information sheets three and four, respectively, review how to develop a TOR for the coordination mechanism and draft an Action Plan—both critical responsibilities in moving the coordination activities forward. Information sheet five discusses the benefits of identifying and supporting coordination sub-groups, which can be tasked with some of the various responsibilities of the coordination mechanism in order to improve accountability amongst coordination partners as well as to increase the efficiency of the coordination mechanism.

Information sheet six discusses the importance of linking national coordination mechanisms with regional and local coordination mechanisms, and information sheet seven highlights some of the issues to consider when developing strategies to sustain GBV coordination structures after the initial crisis period has passed.

Section Four: IMPLEMENTING a GBV coordination MECHANISM

1. Launching an emergency coordination mechanism

What are the key steps in launching an emergency coordination mechanism?

How an emergency GBV coordination mechanism is launched will depend on a variety of factors determined by the local environment and therefore requires creativity and adaptability. In some settings, there will be an existing coordination mechanism (e.g., a gender theme group) into which emergency GBV coordination activities can be incorporated. However, GBV actors should bear in mind that evidence suggests that **a coordination mechanism specific to GBV (but closely linked to broader emergency coordination efforts) greatly enhances strategic capacity, information-sharing and management, and accountability amongst GBV partners**, in turn increasing the likelihood that GBV actors across all sectors will be able to realize their mutual goal of ensuring ethical, safe and comprehensive multi-sectoral GBV programming in an emergency. As such, it may be useful in settings where a gender and/or GBV coordination body already exists to develop within it a specific focus on coordination of emergency-related GBV prevention and response.

Good to know

In settings where there are recurring natural disasters, strategies for risk reduction, emergency preparedness and emergency response are incorporated into **contingency planning**. GBV actors should utilize the time frame below to anticipate some of the key coordination responsibilities that will arise during the emergency phase and incorporate them into contingency planning so that response can be swift and well-organized. Even in some post-conflict settings there are contingency plans for addressing surges in violence. The IASC GBV Guidelines provide information about sectoral responsibilities related to emergency preparedness that can feed into the contingency-planning process. (Also see resources in **IS 1.2** on gender and disasters.) The goal, in all settings and in all stages of an emergency, is to stop GBV *before* it can occur. Contingency planning can facilitate this goal!



Good to know

About the GBV Coordinator: In the initial stages of an emergency, GBV Coordinators may be appointed through short-term surge support, e.g., via GenCap (see **IS 1.2**). This support is always temporary and usually focuses on identifying and strengthening *or* establishing the GBV coordination mechanism. Over the longer term, the in-country lead GBV coordination agency will hire a GBV Coordinator (or Technical Advisor/Technical Specialist), generally at the international level, but occasionally at the level of senior national staff. (See **Annex 7** for GBV Coordinator TOR.)

The time frame and key objectives/activities listed below are ambitious and should serve as a very general outline to illustrate some of the **initial steps** when launching a coordination mechanism. They are meant to provide a quick overview of the **first month** and assume not only that a discrete coordination mechanism is developed (whether as a stand-alone coordination body or as a sub-group of an existing coordination body) but also that from the inception of the coordination mechanism meetings will be held at least once a week until the emergency stabilizes. More explicit information about each of the key objectives/activities is available in other sections of this handbook.



Note that UNICEF and UNFPA (according to their AoR focal point agency responsibilities under the cluster approach – see **IS 2.A.4**) have been designated as providers of last resort and therefore have the responsibility to act as the ‘first responders’ to explore emergency coordination options and gather together GBV partners in order to build consensus on the structure and purpose of the coordination mechanism. While UNICEF and UNFPA are responsible for catalyzing action, they should always seek out existing resources and build upon them. As is described in **IS 2.A.1**, the cluster approach is meant to support national and local capacity, not replace it.


Also note that **in this model, a national coordination mechanism precedes the development of local coordination mechanisms**; 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 well-functioning—it may be more effective to focus on local coordination mechanisms first. Even where this is the case, many of the following activities will remain the same, such as mapping services and gaps, developing an advocacy plan, creating SOPs, etc.

General Time Frame	Key Objectives	Checklist
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Week 1 of Emergency</p> 	<p>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.</p> <p>2. Determine the type of emergency GBV coordination mechanism 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.).</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> UNICEF and/or UNFPA designate staff to explore GBV coordination possibilities. <input checked="" type="checkbox"/> Designated UNICEF and UNFPA staff meet with UNHCR and/or the HC/RC to determine whether a Protection Cluster will be put in place and to discuss/advocate with UNHCR and/or the HC/RC about the feasibility of developing a GBV-specific coordination mechanism. <input checked="" type="checkbox"/> Designated UNICEF and UNFPA staff assess existing national coordination mechanisms to determine feasibility of linking with them. <input checked="" type="checkbox"/> Designated UNICEF and UNFPA staff identify emergency funds to support initial needs related to both coordination personnel and functions. <input checked="" type="checkbox"/> Designated UNICEF and UNFPA staff call an emergency meeting of key UN, NGO and (where safe and feasible) government representatives to discuss strategies for establishing a national emergency GBV coordination mechanism 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, obvious advocacy targets and messages, existence of local coordination mechanisms, etc. <input checked="" type="checkbox"/> A GBV Coordinator(s) is identified (interim, if permanent is not feasible at this time) to organize the initial GBV coordination meeting.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Week 1 ▶ Week 2 of Emergency</p> 	<p>1. Conduct initial national coordination meeting to agree upon preliminary agency/organization leadership, chair/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 coordination mechanism exists and should be adapted accordingly in settings where the emergency GBV coordination mechanism is linking to pre-existing coordination structures!)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> An accessible venue is identified, as are potential partners to be targeted for participation in the initial national meeting (cluster/sector leads, GBV programming agencies/ organizations, government representatives, gender focal points, etc.). (See IS 5.3 on managing meetings.) <input checked="" type="checkbox"/> Invitations to the initial meeting and a proposed agenda are distributed by the Protection Cluster Coordinator, the HC/RC and/or individuals of equivalent authority (e.g., minister responsible for gender issues, the DSSRG where peacekeeping missions exist, etc.).

IS 4.1

Launching an emergency coordination mechanism

General Time Frame	Key Objectives	Checklist
Week 1 ▶ Week 2 of Emergency 	<p>2. Put structures in place as quickly as possible to ensure the safety and well-being of people of concern.</p>	<ul style="list-style-type: none"> ☑ Key start-up issues are addressed at the meeting, including: <ul style="list-style-type: none"> • A brief introduction to and overview of coordination, including coordination functions listed in Section three of this handbook. • Agency(ies) to facilitate overall coordination. • Chair/co-chair agencies/individuals to facilitate meetings. (See Annex 7 for GBV AoR Guidance Note on Determining Field-level Leadership.) • A secretariat (individual or agency) responsible for information management. (See IS 3.1 on information systems.) • Agencies responsible for conducting a preliminary inter-agency rapid assessment. (See IS 3.9 on assessments.) • Basic nature of membership of the coordination mechanism. (See IS 4.2 on inclusive membership.) • Feasibility and time frame for allocation of full-time, mid- to senior-level GBV Coordinator. • Strategies for soliciting funding through pooled emergency funding mechanisms as well as other sources. (See IS 3.2 on funding.) • Further discussion of points raised in the initial planning meeting, including GBV-related information, initial service-provider mapping, gaps in services, local coordination mechanisms, etc.
Week 2 ▶ Week 3 of Emergency 	<ol style="list-style-type: none"> 1. Coordination partners agree upon a Terms of Reference for the coordination mechanism. 2. Undertake inter-agency rapid assessment. 3. Initiate information management. 4. Identify Focal Points for other clusters/sectors. 	<ul style="list-style-type: none"> ☑ If relevant, the co-lead agencies develop a Memorandum of Understanding regarding the key responsibilities/inputs of respective leads in the coordination process. ☑ The lead agency(ies) develops a Terms of Reference for the coordination mechanism and distributes it to all coordination partners for review/finalization. (See IS 4.3 on developing TORs.) ☑ What kind of assessment(s) are most relevant to the setting are determined and, where appropriate, partners are identified to undertake an inter-agency rapid assessment; desk reviews are completed on existing GBV information/data. (See IS 3.9.) ☑ Tools for information management (3 Ws, training needs and activities of GBV partners, etc.) are developed and distributed to GBV partners for completion. (See IS 3.1.) ☑ A method for sharing information (via the Internet, hard copy, etc.) is established. ☑ Volunteer Focal Points are identified through the coordination mechanism and tasked with attending other cluster/sector coordination meetings in order to facilitate multi-sectoral coordination and offer, as needed, preliminary sectoral guidance as per the IASC GBV Guidelines and the IASC Gender Handbook. (See IS 3.5 on mainstreaming GBV into other cluster/sectors.)

General Time Frame	Key Objectives	Checklist
 <p>Week 3 > Week 4 of Emergency</p>	<ol style="list-style-type: none"> 1. Complete preliminary multi-sectoral action plan/strategic framework with indicators for monitoring progress. 2. Identify and activate local coordination mechanisms (if this has not yet been done). 3. Initiate SOPs at the field level. 4. Activate sub-groups in the coordination mechanism to address emerging responsibilities. 5. Develop methods for building capacity of GBV partners. 	<ul style="list-style-type: none"> ☑ A preliminary action plan/strategic framework based on needs identified through the rapid assessment is distributed to GBV coordination partners for review and finalization. (See IS 4.4 on developing an action plan.) ☑ If not yet determined, strategies for local coordination are initiated, as are linkages between national and sub-national coordination mechanisms. (See IS 4.6 on linking national and local coordination.) ☑ The process of developing SOPs is initiated with identified coordination partners at the field level. (See IS 3.6 on developing SOPs.) ☑ Training and other capacity-building of GBV partners is initiated. (See IS 3.7 on building capacity of partners.) ☑ Sub-groups begin working semi-autonomously on areas of importance to the coordination body. (See IS 4.5 on creating coordination sub-groups.)

What happens after the first month?

It is very likely that many of the objectives/activities listed above will not be completed in the first month—nor should they, as most are ongoing. What is of critical importance is that they are **initiated**. Moving them forward will then be the major focus of the coordination mechanism. Some of the other activities that are not explicitly identified above but are of great importance—such as working with the media, conducting advocacy, collecting and monitoring GBV data, etc.—are described further in [Section three](#) on GBV coordination functions. Tips on building and maintaining the momentum of the coordination mechanism are provided in [Section five](#) on practical coordination skills.

Eventually, the coordination mechanism for GBV in the emergency phase will transition to post-emergency and recovery. At this point, coordination leads and partners must determine the means to sustain the coordination mechanism (although sustainability strategies should be considered even from the start of implementing the GBV coordination body). (See [IS 4.7](#) on ensuring sustainability of coordination mechanisms.)

Annex

A7: GBV AoR Working Group Guidance Note on Determining Field-level Leadership of GBV AoR Working Group (includes GBV Coordinator TOR)

Section Four: IMPLEMENTING a GBV coordination MECHANISM

2. Encouraging inclusive membership

Why is inclusive membership a priority for the GBV coordination mechanism?

Participation, transparency, equality – these are some of the principles of partnership that are the cornerstone of humanitarian intervention (see **IS 2.A.1**), and they are also key to promoting community-based methods for addressing GBV (see **IS 1.3**). In addition – and perhaps in more than any other area of humanitarian response – addressing GBV requires a broad multi-sectoral approach (see **IS 1.2**). **Successful GBV coordination therefore depends on a wide variety of sectoral actors – from policy-makers to advocates to programmers to people of concern – working as partners to achieve safe, ethical and comprehensive GBV prevention and response programming.** If a GBV coordination mechanism is dominated by one particular sector and/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-sectoral partners can be beneficial because it:

- ▶ Enables transfer of knowledge and problem-solving.
- ▶ Provides greater legitimacy to the issues through wider engagement and commitment of partners.
- ▶ Ensures coherence of standards and values.
- ▶ Increases leverage with key stakeholders.
- ▶ Enables strategic multi-sectoral prevention and response planning.
- ▶ Improves advocacy efforts.
- ▶ Increases predictability and accountability in prevention and response programming.

On the other hand, evidence suggests that engaging too many partners can have a limiting effect on the coordination mechanism, as it becomes too big to handle. It is therefore important for GBV Coordinators to monitor membership, addressing gaps in membership as necessary and ensuring 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/individuals (see **IS 5.3** and **IS 5.7** for related management skills). **Inclusive membership does not mean indiscriminate membership** – participation of a variety of partners should facilitate, rather than detract from, the goals of the coordination mechanism.

Good practice

In Liberia, the GBV task force was comprised of 38-50 organizations, some of which were attending 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, the task force became smaller and more action-oriented.

Who should be included in a GBV coordination mechanism?

The GBV AoR *Guidance Note on Determining Field-level Leadership of a GBV AoR Working Group* (see **Annex 7**) calls upon the coordination mechanism to mobilize participation “by UN, NGO, Red Cross/Red Crescent, and (as appropriate) donors and government actors.” Following the principles of a community-based approach (see **IS 1.3**), people of concern should also be included as active participants in the coordination mechanism wherever possible. Even more specifically (as reviewed in **IS 3.5**), it is very important that representatives of other clusters/sectors attend

GBV coordination meetings in order to contribute to strategic planning and overall coordination of GBV activities across the clusters/sectors. Finally, 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 an emergency GBV coordination mechanism.

Critical to know

The GBV AoR's 2008 review of global GBV coordination mechanisms concluded that "in terms of sustainability, it would seem that the best models are those that include government (preferably with a broader range of ministries included than just Ministry of Gender, which seems to be under-resourced in all contexts) and where the government is supported early on to assume this responsibility." However, in some settings involving government actors in an emergency GBV coordination forum **requires very careful consideration** of all the possible positive and negative consequences of this engagement, including issues of security and sustainability.

How should inclusive membership be encouraged/built?

For a GBV Coordinator to build inclusive membership, s/he must understand the benefits of participation. A GBV Coordinator also must have the capacity to advocate for the participation of particular agencies/groups, both to partners that are already participating in the GBV coordination mechanism (to promote inclusiveness), as well as to those targeted for participation (to motivate them). The GBV Coordinator may need to pursue particular agencies/organizations/individuals, **especially in the early stages of building a coordination mechanism**. At the same time, s/he must be aware of some of the potential problems associated with including specific groups and develop strategies to avert those problems.

TARGET PARTICIPANTS	BENEFITS OF PARTICIPATION		ISSUES TO TROUBLE-SHOOT
	For the coordination mechanism	For the targeted groups	
Representatives of other clusters/sectors, gender focal points and gender theme group leads, mental health and psychosocial support 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 coordination mechanism 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		ISSUES TO TROUBLE-SHOOT
	For the coordination mechanism	For the targeted groups	
People of concern	<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 their 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 their 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 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.
Civil society (including local NGOs, 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. 	<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. 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 coordination body will lead to funding. Security risks for local actors in settings where government is hostile and NGOs face threats/sanctions.
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.

TARGET PARTICIPANTS	BENEFITS OF PARTICIPATION		ISSUES TO TROUBLE-SHOOT
	For the coordination mechanism	For the targeted groups	
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 mechanism. 	<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 <i>should</i> be involved may not consider GBV to be a problem, or may dismiss it as a women's issue.
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.

Resources

Coordination of Multi-Sectoral Response to Gender-Based Violence in Humanitarian Settings: Facilitator Manual (UNFPA and Ghent University, 2010). To be posted to the GBV AoR website Spring 2010. Contact Erin Kenny for more information about the manual: ekenny@unfpa.org

Annex

A7: GBV AoR Guidance Note on Determining Field-level Leadership of GBV AoR Working Group

Section Four: IMPLEMENTING a GBV coordination MECHANISM

3. Developing the Terms of Reference

Why must a coordination body have a Terms of Reference (TOR)?

A Terms of Reference describes the purpose and structure of the coordination mechanism, providing a documented basis from which to carry out coordination activities. Creating a TOR should be one of the first activities of the coordination mechanism (completed within the first two to three weeks of meetings) 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 mechanisms, from the national level down to the local level, and in settings where there are multiple coordination mechanisms every effort should be made to ensure that all TORs—at minimum—are consistent in their background information, definitions of GBV and guiding principles. In settings where the emergency GBV coordination mechanism is incorporated into a pre-existing coordination structure, it is still important to develop a TOR for the emergency coordination body.

How should a TOR be developed?

It is useful to remember that in the earliest phases of forming a coordination mechanism, the GBV Coordinator may need to take a more active role in ensuring key start-up activities are completed (see **IS 5.1** on collaborative leadership). With this in mind, the GBV Coordinator and/or chair/co-chair of the coordination mechanism 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-sectoral actors and the role of a coordination mechanism. For this reason, it is recommended that feedback on the TOR is given at a coordination meeting, rather than via e-mail or telephone, and that discussions on the content of the TOR continue until consensus is achieved. (See **IS 5.4** for tips on building consensus.)

After agreement has been reached about the TOR, organizations may wish to ‘sign on’ to the TOR 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 in turn 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 mechanism arise in the future.

Lesson learned

In its global review of GBV coordination mechanisms conducted in 2008, the GBV AoR highlighted two key findings regarding TORs of coordination mechanisms. The first was that **TORs were not often widely shared**, so that many GBV actors were not clear on the role of the coordination mechanism. The second was that **the relationship between the GBV coordination mechanism and the Protection Cluster was not well-delineated** within the TORs, such that there was confusion about how the GBV coordination linked with protection activities and structures. (See **IS 2.A.4** for more information about the link between the GBV coordination mechanism and the Protection Cluster.)

What are the key elements of a GBV coordination mechanism TOR?

In general, a TOR should be kept to a maximum of two or three pages so that it can be read quickly and easily. (See [Annex 45](#) for a sample TOR from Afghanistan, [Annex 46](#) for a sample TOR from Uganda, [Annex 47](#) for a sample TOR from Sudan and [Annex 48](#) for a sample TOR from Kenya.) After a TOR is completed, it can be used as an information-sharing document with new coordination members as well as with the broader community. The TOR therefore should not contain long lists of activities that are better left to a strategy document/action plan (see [IS 4.4](#)). Some of the key components of a TOR are listed below:

1. Background A very brief introduction explaining why the coordination mechanism has been introduced.

2. Definition of GBV A reference to how GBV is defined and the key types of GBV the coordination mechanism is addressing (see [IS 1.1](#) on understanding GBV).

3. Overall purpose A very brief statement of the primary goal(s) and objectives of the coordination mechanism.

4. Membership A description of the target members of the coordination mechanism 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 A description of the leadership structure, identifying lead agency(ies) and chairs/co-chairs of the coordination mechanism and briefly describing the different responsibilities of all parties. This section may also include a description of the secretariat function/responsibilities.

6. Meetings Information about the time, place and frequency of meetings.

7. Principles A description of some of the guiding principles related to GBV programming and GBV coordination to which partners in the coordination mechanism are expected to adhere (see [IS 1.3](#) on guiding principles).

8. Reporting A description of to whom/what the GBV coordination mechanism reports; in a cluster system where there is a Protection Cluster, reporting at the national level would be to the Protection Cluster lead and reporting at the sub-national level would be to the GBV AoR.

9. Key functions/responsibilities A *brief* description of some of the primary activities of the coordination mechanism, such as those identified in [Section three](#) of this handbook.

10. Further contact Information regarding who may be contacted for further information about the coordination mechanism.

Remember, each topic above should be addressed as concisely as possible in order to keep the document brief and easily readable.

Are there differences in TORs for field-level coordination mechanisms and national-level coordination mechanisms?

The general content of TORs for national- and field-level coordination mechanisms 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 specifically 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 mechanism is distinct from SOPs. (See **IS 3.6** on developing SOPs.)

Critical to know

In settings where the cluster approach has been initiated, it is important that decisions are made regarding who is the **provider of last resort** (see **IS 2.A.4**) for GBV prevention and response. The provider of last resort should be clearly identified, and their responsibilities should be outlined in the TOR.

Annexes

- A45: Sample TOR from Afghanistan
- A46: Sample TOR from Uganda
- A47: Sample TOR from Sudan
- A48: Sample TOR from Kenya

Section Four: IMPLEMENTING a GBV coordination MECHANISM

4. Drafting an inter-agency GBV Action Plan

Why must a coordination body have an Action Plan?

The very first action sheet (pp. 17-19) of the IASC GBV Guidelines highlights the responsibility of the GBV coordination mechanism to develop a plan of action for coordination, prevention of and response to GBV. An inter-agency GBV Action Plan is a document that provides a vision for comprehensive GBV programming in an emergency, outlines priority objectives and associated activities, allocates specific roles and responsibilities to various partners, and identifies indicators for measuring whether objectives have been met. It increases accountability of the GBV coordination mechanism by linking the work of the coordination mechanism to programming efforts. An Action Plan is critical to **both** coordination and programming, in so far as it assists in achieving the following results:

Creating a guiding framework An Action Plan not only lists key objectives/activities, it also identifies the rationale for those objectives/activities by articulating a common framework for combating GBV so that all partners are united in the overarching approach to addressing GBV, which in turn facilitates strategic thinking in programme development and implementation, as well as in coordination.

Building more effective and innovative responses Identifying shared objectives and specific activities of all partners will facilitate coordination, decrease duplication of efforts and increase the likelihood of overcoming gaps and obstacles.

Facilitating advocacy and communication A coherent, comprehensive Action Plan can be used as the basis for educating key stakeholders and conducting advocacy on priority issues related to GBV prevention and response.

Improving access to resources Related to advocacy, the Action Plan facilitates more effective communication with donors, in so far as GBV partners are speaking with one voice on key priorities, objectives and activities. The Action Plan is also a key component of inter-agency fund-raising efforts, such as the CHAP or CAP (see [IS 3.2](#)).

Promoting continuity and sustainability In so far as it links activities to an over-arching strategy for GBV coordination, prevention and response, an Action Plan helps inter-agency partners understand and work towards a long-term goal, even if the Action Plan in the earliest stages of the emergency is oriented to activities within the first three to six months.

Monitoring and evaluating interventions The indicators linked with the key activities in an Action Plan will allow the coordination mechanisms as well as all implementing partners to measure the extent to which objectives are being met.

Lesson learned

A global review of GBV coordination mechanisms undertaken in 2008 by the GBV AoR found that GBV coordination in the field has not always managed to help promote joint strategic thinking and planning. In addition, not all agencies had the same vision of what the priorities were for GBV programming in a particular country, sometimes making strategic planning very difficult, and in turn undermining coordination activities by limiting coordination efforts to basic information-sharing. A need was identified to assist field-based actors—including those working in the 'deep field'—to think critically about models for GBV programming and related priorities for various clusters/sectors, institutions and programmes.

How should an inter-agency Action Plan be developed?

Because the successful implementation of an inter-agency Action Plan depends on the commitment of all GBV actors, the process for developing the plan requires broad-based participation and buy-in. To every extent possible, input into the Action Plan should be solicited at all levels, from policy leaders (such as the HC/RC, UNCT or INGO country directors, Protection Cluster leads and, where appropriate, government representatives) to field-based programming staff and people of concern. However, it may be useful in the early stages for a designated working group to take the lead in drafting a document that can be used as the basis for consensus-building around priority objectives/activities. It is critical that this working group is multi-sectoral and includes representatives from the GBV coordination mechanism, including government (where possible), all of the relevant humanitarian clusters/sectors, people of concern, gender advisors/experts, etc. (See [IS 4.6](#) on creating coordination sub-groups.)

As indicated in the time line in [IS 4.1](#), the action-planning process should begin immediately after an initial assessment is conducted, and a preliminary plan would ideally be completed within the first month of an emergency. However, because participation is key, consensus-building should be prioritized over a specific time line. Some of the key steps in the action-planning process include (but are not limited to):

Steps	Activities	Relevant actors
1	Information-gathering through collection of background data, rapid assessment(s) and mapping of the 3 Ws (see IS 3.1 and IS 3.9) across all key sectoral prevention and response areas.	Usually a small, dedicated inter-agency team of researchers that is led by the GBV Coordinator.
2	Gap analysis in programming according to IASC GBV Guidelines' multi-sectoral model and across all affected geographic areas.	Working Group within the GBV coordination mechanism, in consultation with key stakeholders.
3	Clarifying initial needs, prioritizing objectives/activities and drafting an Action Plan with indicators.	Working Group within the GBV coordination mechanism, in consultation with key stakeholders.
4	Presentation of draft Action Plan for review and discussion/consensus-building (see IS 5.4). Note: this stage of action planning may work most effectively when accompanied by basic training on key models for GBV prevention and response (see IS 1.2).	Spokesperson of Working Group, to all partners within the GBV coordination mechanism, including representatives from all clusters/sectors identified in the IASC GBV Guidelines, gender experts, people of concern and, where appropriate, government representatives.
5	Dissemination of final draft of Action Plan to key stakeholders, such as the HC/RC, UNCT, Protection Cluster, MHPSS working group, government representatives (where appropriate), NGO field staff, etc., for review and final comments.	Identified representatives within the Working Group.
6	Completion of final version of Action Plan.	Working Group within the GBV coordination mechanism.
7	Distribution of finalized Action Plan to all relevant actors.	All GBV coordination partners.
8	Periodic review of Action Plan according to key indicators in the Action Plan, as well as through ongoing assessment and mapping. Start again with step one. (See Annex 33 for a visual of the overall cycle.)	Working Group within the GBV coordination mechanism, in consultation with key stakeholders as well as all GBV coordination partners.

Good practice

Action-planning is a **cyclical process** that builds upon itself, in so far as any Action Plan requires regular monitoring and revision. An Action Plan should include a provision for how often it will be periodically reviewed/ revised. In Sudan, it was decided at the Darfur-wide level and by the GBV Core Working Group that each Action Plan would be by state due to the dynamics and political sensitivities in each location. A first Action Plan Development Process was undertaken in each state in 2007, followed by a Darfur-wide exchange of best practices and lessons learned that identified key advocacy points common to the three states. In 2009 the GBV Working Groups did their own review and Action Plan development based on the same structure from 2007/2008. (See [Annex 49](#) for a sample of a workplan.)

What are the key elements of an inter-agency Action Plan?

Every Action Plan should be adapted to its setting, and in some cases it may be useful to develop an over-arching Action Plan at the national level with sub-plans at the regional and/or local level (see examples of GBV action plans from Kenya ([Annex 50](#)) and Uganda ([Annex 51](#))). However, there are some common principles in creating Action Plans (see text box below) as well as some basic elements that every Action Plan should strive to include. It is important for those drafting an Action Plan to understand the standards for addressing GBV that are articulated in the multi-sectoral and multi-level models presented in [IS 1.2](#).

1. Background

- Outlines relevant facts that have led to the existing humanitarian crisis, including information about the GBV situation prior to the emergency.
- Provides a current situational analysis related to GBV, summarizing findings from assessments and mapping.

2. Purpose

- Describes the overall purpose of the Action Plan document.

3. Strategy

- Outlines the model(s) that inform the Action Plan; provides a 'framework' for the recommended action.

4. 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.

5. Budget

- In some settings, it may be useful to include a budget for specific activities in order to inform fundraising efforts.

Good to know

There are several **key principles** related to creating effective Action Plans:

- Make them **realistic!** Do not include activities that cannot be completed within the designated time frame/environment.
- Make them **accurate!** Do not include information that has not been verified through assessment/mapping.
- Make them easy to **understand!** Do not use overly technical or unfamiliar language.
- Make them **representative!** Ensure that all stakeholders – not just those with the most money – are represented as partners within the Action Plan.
- Keep them **brief!** Try to present the Action Plan in bullet points and tables in order to make it easy to read and understand.

What is important to know about monitoring and evaluating implementation of a GBV Action Plan?

Monitoring is the tracking of priority information about a programme/project and its intended outcomes and is therefore sometimes referred to as 'process evaluation'. Monitoring activities include:

- ▶ Routine, regular tracking of information about the implementation of activities within the GBV Action Plan and intended outputs, outcomes and impact.
- ▶ Measurement of progress toward achieving objectives of the Action Plan. Most often this involves quantifying what is being done, but it may also include observation, anecdotal information and/or focus-group discussions and key informant interviews.
- ▶ Tracking costs and funding for implementation of activities with the Action Plan.

When linked to a specific programme/project, monitoring provides the basis for programme/project **evaluation**. Monitoring and evaluation must be integrated into the plan of action by establishing indicators as well as systems for consistent review and analysis of the indicators. Indicators are qualitative or quantitative criteria that provide a simple and reliable means to measure achievement, to reflect the changes connected to an activity or to help assess the performance of a cluster/sector. Standard indicators should be measurable and well-defined. In the emergency phase, indicators may not reflect service utilization as much as they reflect whether the services have been put in place. Sample indicators for clusters/sectors are available in the IASC GBV Guidelines (p.28).

How is an Action Plan different from Standard Operating Procedures?

An Action Plan articulates the rationale for and the activities linked to broad-based multi-sectoral programming and coordination. SOPs, on the other hand, are more specifically related to ensuring targeted prevention activities as well as coordinated response mechanisms and referral pathways for meeting the needs of survivors. In essence, the Action Plan describes an overall vision for and activities related to GBV programming, while the SOPs provide operational guidance. SOP development should be one of the key activities identified in an initial Action Plan.

Resources

- IASC, *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies* (2005).
<http://gbv.onerresponse.info>
- IASC, *Gender-Based Violence Guidelines Introduction and Implementation Planning Package*. (This package supports introduction of the IASC GBV Guidelines in field sites and facilitates a planning process to develop Action Plans for implementing the interventions and actions described in the guidelines.)
<http://www.gbvnetwork.org>
- RHRC Consortium, *Gender-Based Violence Guidelines Tools Manual* (2003).
http://www.rhrc.org/resources/gbv/gbv_tools/manual_toc.html
- Bloom, S., "Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators" (USAID, 2008).
http://new.vawnet.org/category/Documents.php?docid=2045&category_id=495

Annexes

- A33: Action Plan Cycle
- A49: Sample GBV Workplan South Darfur
- A50: GBV Strategy/ Action Plan Kenya
- A51: GBV Strategy/ Action Plan Uganda

Section Four: IMPLEMENTING a GBV coordination MECHANISM

5. Creating coordination sub-groups

What are coordination sub-groups and why are they useful?

Coordination sub-groups are essentially working groups of individuals within the coordination mechanism that are assigned specific tasks – many of which are related to the functions of a GBV coordination mechanism that are described in **Section three** of this handbook. Coordination sub-groups are a useful way of delegating responsibility to a relatively small corps of volunteers (anywhere from four to 10 people) in order to increase efficiency of the coordination mechanism by avoiding the time-consuming process of managing all activities in a large quorum. Sub-groups also useful because they:

- ▶ **Promote ownership and accountability** of those participating in the coordination mechanism.
- ▶ **Provide an opportunity to exploit 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 majority of decisions are made by the GBV Coordinator(s) or coordination mechanism chair/co-chair(s).
- ▶ **Build cohesion** among members working together for a common goal in small groups.
- ▶ **Increase momentum** of the coordination mechanism by allowing it to work simultaneously on a number of different objectives.

When should coordination sub-groups be implemented?

As described in **IS 5.1** on collaborative leadership, a group sometimes takes time to solidify in order to work inter-dependently towards common goals and objectives. 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 coordination mechanism, 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 mutual trust.

Lesson learned

In the GBV AoR's 2008 global review of coordination mechanisms, the top five least effective areas of GBV coordination activities included:

- Establishing data collection systems.
- Supporting inter-agency development of IEC materials.
- Documenting and disseminating best practices and lessons learned.
- Engaging in inter-agency field missions.

While it is not entirely clear from the review why these particular areas were of limited success, one explanation may be related to the fact that they are all time-consuming and require the commitment and coordination of partners. Planning for and/or undertaking these activities in a large group can be daunting. All of these activities might best be realized through the work of coordination sub-groups.

After the group has worked successfully together to finalize a TOR (usually within the first three weeks of implementing a coordination mechanism), 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 mechanism 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.

How do sub-groups relate to the larger coordination mechanism?

Sub-groups conduct their work outside of coordination meetings and are therefore responsible for organizing the time and frequency of their own meetings. However, in order to ensure accountability to the entire coordination mechanism, each sub-group should develop an informal action plan that they share with the larger group. Each sub-group should also have a timeline for activities/outputs and should report on their progress at each coordination meeting. If the sub-group is responsible for creating a 'product' (such as a poster for IEC), the product should be reviewed and approved by all members of the coordination mechanism. A sub-group should never complete an activity and/or product without the buy-in of the entire coordination mechanism.

If a coordination sub-group stalls on their particular activity, it may be useful for the GBV Coordinator to step in and trouble-shoot any emerging problems, such as the lack of technical or financial resources, or conflict/disagreement amongst group members (see **IS 5.6** on conflict resolution). In all instances, the GBV Coordinator should encourage and compliment the work of the sub-groups by highlighting their successes at every coordination meeting.

Section Four: IMPLEMENTING a GBV coordination MECHANISM

6. Linking national and local coordination mechanisms

Why is it a priority for coordination mechanisms at the national level to link with coordination mechanisms at the field level?

One of the most glaring concerns emerging from the GBV AoR's 2008 global review of GBV coordination mechanisms was the apparent lack of communication between the national coordination mechanisms and the field-based coordination mechanisms and/or field-based actors. According to the findings:

- ▶ Those in the 'deep field' often had a less clear idea about coordination structures than those working at the national level, particularly in terms of how their coordination structure linked with other coordination structures.
- ▶ Information-transfer and reporting lines between national coordination mechanisms and field coordination mechanisms were not well-established in several settings.
- ▶ Field coordination mechanisms were not always sure to whom they were accountable.
- ▶ National coordination mechanisms were not always aware of what activities were being undertaken in the field.

Good practice

The GBV Sub-Cluster in Uganda is often referred to as a model of good coordination because a variety of actors are involved in the coordination mechanism and because the coordination bodies at both the national and sub-national levels are strong. GBV prevention and response activities are coordinated at four levels in Uganda: national, regional, district and sub-county. UNFPA established GBV Coordinator positions at the different levels to further promote effective coordination. A national GBV Coordinator was brought on board to UNFPA Kampala in November 2007. In addition, there is a regional GBV Coordinator based in Gulu district, and four district GBV Coordinators in Lira, Kitgum, Pader and Moroto. At the sub-national levels (regional, district and sub-county) the GBV Working Groups are chaired by the local government district gender officers and co-chaired by UNFPA. (See [Annex 52](#) for generic TOR of district working groups.)

Linking national and field-level coordination mechanisms is a top priority for all actors working on GBV, as these coordination mechanisms often have different but mutually reinforcing responsibilities: the national coordination mechanism 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.) and the field coordination mechanism may work more on the level of operational guidance and oversight of programme implementation. When the national and field-based coordination mechanisms do not coordinate, their respective responsibilities are compromised. For example, the national coordination mechanism cannot adequately meet its national-level 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 mechanism about guiding principles, best-practice models, etc.

How are the linkages between the national-level and field-level coordination mechanisms established?

Getting started. Most often, GBV coordination in an emergency will be initiated at the national level. One of the minimum responsibilities of the national GBV coordination mechanism, as articulated in the GBV AoR Guidance Note (see [Annex 7](#)), is (where relevant) **catalyzing and supporting sub-national structures** for GBV coordination. As with national coordination mechanisms, it is always preferable at the sub-national level to build on pre-existing coordination structures,

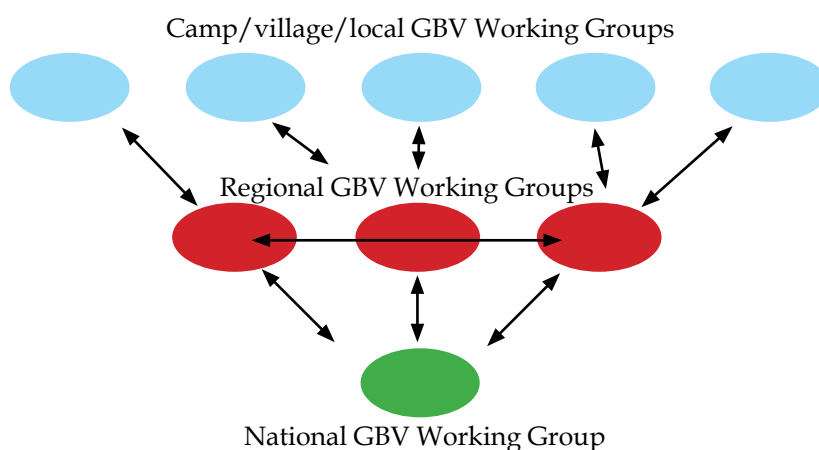
wherever possible. Sub-national structures should be identified and/or developed as quickly as possible after the establishment of the national coordination mechanism—ideally **within the first month of emergency response** (if not part of emergency preparedness). It is important to note, however, that it may not be advisable to attempt to formalize field-based emergency coordination mechanisms until after the national coordination mechanism 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. These sub-national structures should be comprised of the key actors (health, psychosocial, security/protection) at the local levels, as well as people of concern, local GBV 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 coordination groups 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 IASC GBV Guidelines and the IASC template for Standard Operating Procedures (see IS 3.6) provide specific guidance on establishing coordination mechanisms at the field level. They suggest that 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. Determining leadership of the field-level coordination mechanisms should be done by partners at the first meeting, in the same participatory manner as is done at the national level (see IS 4.1). In order to support the sustainability of field-based coordination mechanisms, 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 in the early stages of an emergency, even more often) among and between the national coordination mechanism and the field-based coordination mechanisms through dissemination of meeting minutes. Other strategies for communication, information-sharing, problem-solving and mutual support should be identified in the TORs of the respective coordination mechanisms and periodically updated as best practices and lessons learned emerge.

Developing communication channels. The following diagram illustrates how the local, regional and national coordination mechanisms may relate to one another (arrows indicate communications flow):



According to the diagram, local coordination mechanisms work through regional communication mechanisms to share information with the national coordination mechanisms 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 amongst themselves. This may also happen amongst local coordination groups, though for the reasons identified above in terms of limited communication options over a wide geographic area, cross-communication at this level may prove more challenging. To every extent possible, the regional and national coordination groups should attempt to facilitate information- and resource-sharing across all local-level groups.

How do coordination mechanisms link in settings where different coordination groups are focusing on the needs of different populations?

In some settings, such as where there are both IDPs and refugees, sub-national coordination groups might form separately according to the populations they are serving. In these instances, it is important that the national coordination body support and maintain strategies for information- and resource-sharing as is appropriate to the goals and Action Plans of the different coordination groups. The national coordination body may choose to do this by, for example, developing sub-groups at the national level to provide support to specific coordination groups at the sub-national level (see [IS 4.5](#) on creating coordination sub-groups).

Resources

Establishing Standard Operation Procedures for multi-sectoral and inter-organizational prevention and response to GBV in humanitarian settings (SOP Guide), (IASC Gender SWG, 2008).
<http://onerresponse.info/crosscutting/gender/Pages/Gender.aspx>

Annexes

- A52: Northern Uganda 2008 GBV Working Groups TOR
- A7: GBV AoR Guidance Note on Determining Field-level Leadership of a GBV AoR Working Group

Section Four: IMPLEMENTING a GBV coordination MECHANISM

7. Ensuring sustainability of coordination mechanisms

What does ‘sustainability of coordination mechanisms’ mean?

As described in the **Introduction** to this handbook, emergencies occur in phases. While this handbook primarily focuses on the crisis stage – following the onset of an emergency – it highlights work that can be undertaken in the pre-crisis stage (in terms of disaster risk reduction, contingency planning for emergency preparedness and response, etc.). It is also important to anticipate and prepare for work that should be done during the post-crisis (stabilization) and recovery phases. One of the most critical issues for a GBV coordination mechanism to consider, especially after the initial emergency response has waned, is how to ensure that coordination mechanisms for GBV are continued after the cluster systems (or other humanitarian structures) have terminated – this is what sustainability is all about.

Good practice

The GBV AoR’s 2008 global review of coordination mechanisms 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.

Why is it important to sustain GBV coordination mechanisms after an emergency?

Any real efforts to eradicate GBV require long-term strategies aimed at broad-based social change targeting the discriminatory practices that promote and/or condone violence against women and girls. GBV is a problem that does not end when the emergency phase ends, and 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. And as this handbook highlights, that work must be well-coordinated: developing programmes, improving systems, changing policy, conducting advocacy, etc., all require the input of multi-sectoral actors working according to the same principles and with the same understanding of the key strategic approaches to addressing GBV.

What are some of the strategies for ensuring the GBV coordination mechanism is sustained?

Ideally, a GBV coordination mechanism will be in place even before an emergency strikes, and in this instance, it is best to merge the emergency coordination mechanism *back* into pre-existing coordination structures (see [IS 2.A.4](#) for a review of various 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) and will hopefully 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 coordination mechanism should be government-led in order to ensure that GBV is mainstreamed into national structures. 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 by, e.g., having a government representative co-chair the coordination mechanism 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 coordination mechanism from humanitarian actors to recovery/development actors as part of the post-emergency GBV Action Plan (see [IS 4.4](#) on drafting an Action Plan).
- ▶ **Funding:** Securing financial resources for post-emergency coordination efforts is essential for facilitating the transition of the coordination mechanism to a permanent structure. Since this funding cannot be accessed through emergency streams (such as the CAP), the coordination mechanism will have to seek out recovery and development donors in order to design a funding strategy. (See [IS 3.2](#) on various funding options.) The lead agencies of the emergency coordination mechanism have a responsibility to inform donors about the need for ongoing funding.

Lesson learned

Uganda offers insight into some of the challenges associated with planning the transition of the GBV coordination mechanism from a UN agency (UNFPA) to the government. There is strong commitment to GBV coordination by the Ministry of Gender, Labor and Development, but engagement of other line ministries remains limited. Within the Ministry of Health, for example, the GBV Focal Point is also the focal point for gender and therefore does not have the time or resources to focus on GBV or humanitarian settings more so than the rest of the country. At the district level, government actors are enthusiastic, but not enough resources (human or financial) are allocated. As a result District Gender Officers do not have the time or capacity to fully focus on gender and GBV—many are also working on labour issues. In order to effectively transition the GBV coordination mechanism from UNFPA to the government, strategies will need to be developed to scale-up resources so that GBV is prioritized within government work plans and budget allocations.

- ▶ **Advocacy:** The pressure to discontinue humanitarian-led coordination mechanisms will intensify as the crisis shifts into early recovery. At this stage, the GBV Coordinator and other partners within the GBV coordination mechanism should be prepared to articulate the need to sustain coordination efforts and should have a plan ready for presentation to the UNCT, IASC, government, etc., 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 mechanism from the emergency phase to recovery/development. (See **IS 3.3** on advocacy and **IS 4.5** 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, not only to address the shift in focus from sexual violence during an emergency to broader GBV issues post-emergency, but also to accommodate the transition from humanitarian actors to development actors. Strategizing during the emergency phase about how to adapt existing resources and develop new tools will facilitate the eventual transition to recovery and development.



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Section 5:

PRACTICAL coordination SKILLS

5

What is this section about?

This section, possibly the most important of the handbook, reviews basic skills in leadership, management and coordination. It aims to give the GBV Coordinator the tools necessary to maintain the momentum and the commitment of those participating in a GBV coordination mechanism by employing techniques aimed at promoting collaboration, mutual responsibility and consensus.

It is often the case in emergencies that the urgent need to *get something done* overwhelms considerations of how to engage in a productive and participatory process that has long-term benefits for all coordination partners, especially people of concern. And yet, in order for any coordination to be effective and sustainable, the GBV Coordinator will need to be as mindful of the *methods* for coordination as s/he is of outcome. Partners need to be encouraged to take responsibility from the outset of the coordination process to develop their capacity to work together over the long term.

At the same time, in some contexts so much time has been spent working on establishing coordination systems (e.g., through lengthy inter-agency and multi-sectoral assessments and situational analyses) that it has taken too long time to establish urgent services – despite the fact that providing urgent services is the goal of good coordination. GBV Coordinators must find ways to balance their dual responsibilities: ensuring immediate services are implemented and building mechanisms to coordinate those services. Hopefully, some of the techniques outlined in this section will increase efficiency and effectiveness.

The skills outlined here will also be useful to those who need to work with a wide array of cluster/sector actors, members of the community, gender advisors and others engaged in humanitarian action. To this end, information from this section can be shared with GBV partners in order to build the competencies required to emphasize the importance of GBV prevention and response to key stakeholders.

With permission from the authors, the seven information sheets from this section have been adapted from the *Child Protection Coordinators' Handbook 2009 for Clusters*, available at: <http://oneresponse.info/GlobalClusters/Protection/CP/Pages/Child%20Protection.aspx>

Critical to know

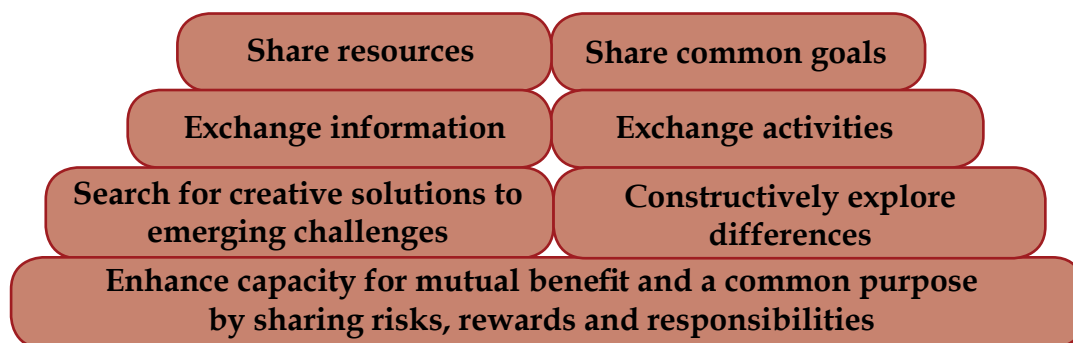
“Leadership is earned, it is not about declaring yourself or your agency in charge due to some global mandate. It is about listening and learning and observing and supporting. It is about treating others with as much respect as you’d wish them to treat you. Leadership in the context of GBV coordination means offering technical input and information and supporting group-generated action.” -From *GBV Coordination Course Curriculum, UNFPA and Ghent University, 2010*

Section Five: PRACTICAL coordination SKILLS

1. Fostering collaborative leadership

What is collaborative leadership?

Collaborative leadership is a process through which individuals and organizations are encouraged to:



Why is collaborative leadership important to GBV coordination?

Given the multi-sectoral nature of GBV programming, any GBV coordination efforts – whether through the cluster system or not – must engage a wide variety of actors with different agendas and priorities. All of these actors, in addition to being committed to fulfilling their particular GBV-related responsibilities, must also be committed to working with others to ensure that the whole is greater than the sum of its parts.

Those responsible for facilitating collaboration 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 mental and practical shift from more typical (and sometimes easier) authoritative leadership methods to more collaborative leadership methods:

From...

- Leading based on line authority
- Unilateral decision-making
- Command and control
- Implementing partners
- Focus on agency interest
- Being at the forefront

...To

- Leading based on trust, relationships, services
- Shared decision-making and consensus management
- Facilitate, network and enable
- Equal partners
- Focus on broader sector and emergency as a whole
- Facilitating and networking 'behind-the-scenes'

What are the key guidelines for effective collaborative leadership?¹

- 1 **Cultivate a shared vision and identity** right from the start. Make sure, for example, that all actors agree on the Terms of Reference for the GBV coordination mechanism in the earliest stages of the coordination process.
- 2 Take care to **involve the right mix** of stakeholders and decision-makers. This can often be challenging in GBV coordination, especially in settings where GBV is a politically charged issue. (See **IS 4.2** for recommendations on building membership of the GBV coordination mechanism.)
- 3 **Sustain the momentum** and focus on ongoing collaboration. A reliable and regular flow of accurate information to all coordination partners and periodic review of coordination action plans and outcomes will help to achieve this.
- 4 **Engage the perspectives** and address the needs of each stakeholder group in the work of the GBV coordination mechanism. 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, to the greatest extent possible, serve each participant agency's self-interests. Recognize that in order for participants to value collaboration, they must see some benefit for themselves!
- 6 **Don't waste time.** Meetings must be efficient and productive; management must be lean and driven. (See **IS 5.3** for more information about managing meetings.)
- 7 **Develop clear roles** and responsibilities for GBV coordination participants (even if these roles and responsibilities regularly shift). This can often be facilitated by developing sub-groups within the coordination mechanism, as described in **IS 4.6**.
- 8 Secure commitments from all participants that every effort will be made to ensure that the **same people come to each meeting**. One way to indirectly reinforce this is to make sure that action points of every meeting contain the names of individuals responsible, not just the names of organizations.
- 9 All collaboration is personal – effective collaboration happens between people – **so maintain regular communication**. If you are facilitating coordination, take the time before coordination meetings, during breaks and after meetings to informally chat with partners.

What are the different styles of collaborative leadership?

Experience has shown that different situations require different leadership styles. A collaborative leader assesses the situation and chooses an appropriate leadership style.

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 and/or demanding.

A **directive style** can be appropriate in the initial stages of establishing the GBV coordination body, 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 (and frustrated with) following directions. Even a directive style should incorporate key aspects of collaborative leadership.

¹ Adapted from Hank Rubin, <http://www.collaborative-leaders.org/>, as presented in the *Child Protection Coordinators' Handbook 2009 for Clusters*, at: <http://onerresponse.info/GlobalClusters/Protection/CP/Pages/Child%20Protection.aspx>

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.

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 a GBV coordination mechanism, which in turn encourages participants to use their specialist knowledge and experience. The delegative style reinforces mutual responsibility. As the GBV coordination mechanism matures and takes on more activities, it will be increasingly important to engage this style of leadership.

What are the developmental phases of a group?

A coordination body's ability to perform increases over time as it goes through stages. In an emergency, those stages are likely to change rapidly and often overlap. In order to maximize the performance of the GBV coordination mechanism, it is important to recognize and manage the developmental phases of a group.²

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?	Of 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	<u>Establish</u> roles, responsibilities and purpose of the coordination mechanism; <u>encourage</u> getting to know each other	<u>Clarify</u> roles, responsibilities, procedures, systems; explain limits; facilitate <u>conflict resolution</u>	Facilitate discussions, use <u>participative leadership</u> , coach others	Use a <u>delegative style of leadership</u> , monitor progress, provide feedback

² Taken from *Child Protection Coordinators' Handbook*, 2009 and adapted from 'WASH Cluster Coordinators Handbook' (Draft 12 October); Blake 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.

Resources

Hank Rubin: <http://www.collaborative-leaders.org/>

UN Training on Leadership: <http://www.clustercoordination.org>

Coordination of Multi-Sectoral Response to Gender-Based Violence in Humanitarian Settings: Facilitator Manual (UNFPA and Ghent University, 2010). To be posted to the GBV AoR website Spring 2010. Contact Erin Kenny for more information about the manual: ekenny@unfpa.org

Section Five: PRACTICAL coordination SKILLS

2. Effective communication

What are the essential elements of effective communication?

Many of the positive outcomes of GBV coordination efforts can be linked to the communication skills of the coordination leaders—whether in leading meetings, conducting advocacy, meeting with stakeholders, etc. It is therefore **absolutely critical** that coordinators are aware of their strengths and weaknesses related to communication. In the race against time during emergencies, coordinators often overlook the importance of communication. Familiarize yourself with the recommendations below—and use them.

ESSENTIAL PERSONAL COMMUNICATION SKILLS

- ▶ Ask questions that draw out ideas, as well as information.
 - Ask positive, open-ended questions to involve people in solving problems.
 - Avoid letting the way you phrase a question imply that there are no other options.
 - When leading meetings, speak a little louder and more slowly than you normally would.
- ▶ Show that you are listening and understand.
 - Use paraphrase to check what you think you have heard. Ask ‘So, just to be clear, are you saying...?’
 - Show you are 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 the locally expressed words and phrases.
- ▶ Use body language sensitively and effectively.
 - Maintain eye contact.
 - Avoid defiant or defensive postures, e.g., arms tightly folded in front of you.
 - In meetings, do not always assume a position at the head of the table—unless you are consciously attempting to be more directive than participatory.
 - Actively listen to ensure sure information flows both ways during one-to-one and group meetings.
- ▶ Build trust by making yourself approachable.
 - If trust is not there, people tend to hold back from telling you ‘bad news’. Problems may reach a crisis point before you know they exist.
 - Get out in the community and visit other organizations; talk to people but listen more than you talk.
 - Continually ask others for ideas on all aspects of GBV programming. Feedback is valuable and people are motivated by an inclusive approach.
 - Do not make promises you cannot keep.
- ▶ Be prepared to take criticism and to hear things you might not like.
 - Focus on the validity of what is being said rather than your own feelings.
 - Do not make excuses that will not withstand close scrutiny.
 - Accept when you have made mistakes and take steps to rectify them.
- ▶ Use social events to break down barriers among GBV partners.
 - Even in an emergency it is important to take time out—this is good for building working relationships. If feasible, arrange social events for/with GBV partners periodically, according to the cultural norms of the community.

In addition to these basic communication skills that GBV Coordinators should apply in all their efforts to work with partners, there will be many situations in which GBV partners themselves will have to use **strategic** communication skills in order to promote the goals and objectives related to ethical, safe and comprehensive GBV prevention and response programming.

It may be useful for GBV coordination partners to review and discuss some of the basics related to strategic communication.

Strategic communication is any planned communication activity that seeks to achieve one of the following communication goals:



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.

When communicating with individuals or with groups, remember:

Goal	Be clear about the goal of your communication. <ul style="list-style-type: none">• Break down your message into a series of points that you want to get across.
Audience	Know your audience. <ul style="list-style-type: none">• Are they interested in what you have to say? Are they already well-informed? Are they likely to be receptive or hostile to the information that you are communicating?• Consider the timing of your message. People in an emergency are unlikely to take in much information unless the message is directly relevant to their job.
Structure	Structure your message carefully. <ul style="list-style-type: none">• Explain the purpose of the communication.• Present your ideas in order of importance.• End a meeting by summing up all the important points again.
Language	Use language your audience understands. <ul style="list-style-type: none">• Use simple, direct words and short sentences.• When using interpreters, use short phrases and pause for translation.• Avoid vagueness. For example, 'Mike will check the supplies tomorrow' is clearer than 'The supplies will be checked'.• Use jargon and technical terms sparingly. Specialist vocabulary and UN acronyms are difficult for non-specialists or non-UN personnel.

Resources

CEDPA Training Manual Series, "Gender, Reproductive Health, and Advocacy" (Washington, DC, 2000) Sessions 9-14.
<http://www.cedpa.org/section/publications?topic=37>

Section Five: PRACTICAL coordination SKILLS

3. Managing meetings

What are the essential considerations when planning and conducting a GBV coordination meeting?

During an emergency, humanitarian actors often complain about the number of meetings they have to attend. It is therefore critical that those participating in GBV coordination meetings understand and appreciate the importance of their attendance. Not only should they feel they are integral to the process, they should enjoy it.

The following checklist can assist facilitators to ensure that GBV meetings are organized, efficient and inclusive.

WHERE

- ▶ Identify a venue for the meeting that is accessible to all participants – not just those working for the UN!
- ▶ Try and establish consensus about the acceptability of the venue early on; avoid changing venues to the greatest extent 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, then consider changing to once every two weeks when the situation has stabilized, and once a month when the situation is shifting to recovery.

WHO

- ▶ If the Internet is widely available, create an e-mail list of all prospective meeting participants to alert them each week about the meetings and to provide them with an agenda. Identify other methods (telephone, hand-written reminders) for alerting partners about meeting time/agenda if the Internet is not available. Distribute a sign-up list at each meeting to regularly update e-mail and other contact information.

WHAT

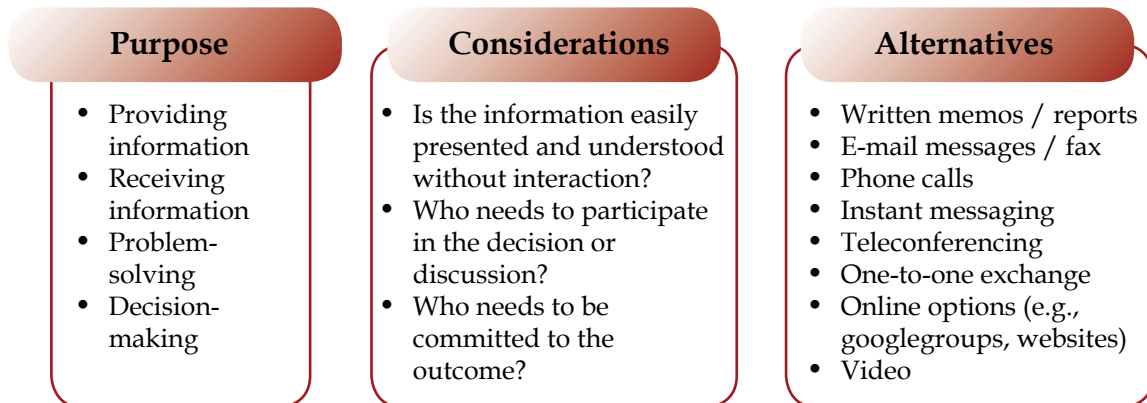
- ▶ Allow time for preparation of the meeting content so that all necessary resources are available before and during the meeting.
 - Prepare how you will lead the meeting and identify agenda items.
 - Circulate the proposed agenda and other items for review at least three days in advance so everyone can be well-prepared. Invite participants to add items to the proposed agenda.
 - Ask participants to bring relevant materials with them if they are presenting information.

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, preferably the same person for each meeting.
- ▶ 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 (not attending the meeting) who need to know.
- ▶ Allow time at the end of the meeting to evaluate whether the goals of the meeting have been achieved and to review key action points.
- ▶ Circulate the minutes no more than three days after the meeting, making sure to highlight action points.

What are some alternatives to holding meetings?

When you run a meeting you are making demands on people's time and attention – you need to use time wisely and consider alternatives where possible. Do not call a meeting if there is a better way to exchange information – identify the purpose the information exchange, consider issues related to that purpose and, wherever possible, utilize alternatives.



What are the key characteristics of an effective meeting facilitator?

Facilitating a GBV coordination meeting is likely to be one of the biggest challenges facing a GBV Coordinator – s/he will need to balance the need to be seen as impartial, independent and a good listener at the same time as 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 into, while keeping discussions in line with the meeting's agenda. It is important to create an environment where participants understand and meet their responsibilities to prepare for and engage constructively in meetings. The suggestions below are meant to complement those on effective communication identified in **IS 5.2**.

Facilitates

- Begins the meeting with introductions, icebreakers, etc.
- Makes suggestions on how the meeting can move forward.
- Encourages ideas from others.
- Looks for connections between participants' ideas.
- Limits his/her own opinions and ideas to remain neutral.

Encourages positive reactions

- Checks the level of support and agreement for others' ideas.
- Encourages reasoned disagreement to ensure constructive debates.
- Stays positive and focused on the purpose of the meeting.

Clarifies

- Asks open-ended questions.
- Restates an idea or thought when it needs to be clarified.
- Ensures others have understood.
- Limits overly detailed explanations from others, keeps discussion focused.

Summarizes

- Condenses key points in the discussion, agreements, action points, etc.
- Arranges for a volunteer to record salient points as they arise – perhaps on a flipchart or other visual. This helps the group stay focused, avoids repetition and helps build consensus.

Manages participants

- Creates opportunities for everyone to participate and feel they are listened to and their contributions valued.
- Asks for information and opinions, especially from smaller NGOs and donors.
- Prevents exclusive side conversations.
- Avoids strong characters dominating, e.g., by moving from one speaker or topic to another.
- Discourages unhelpful comments and digressions: is firm, but sensitive, in asking those present to keep to the purpose of the meeting.

Uses verbal and nonverbal signals

- Listens actively.
- Allows time and space for reflection by pausing between comments.
- Combines body language and speech to communicate – e.g., uses eye contact to encourage (or politely discourage!) behaviours.
- Is aware of and respectful of cultural differences and promotes non-discrimination.

Resources

For an excellent range of tools and techniques for use in meetings:

<http://www.seedsforchange.org.uk/free/tools.pdf>

For a guide to facilitating meetings:

<http://www.seedsforchange.org.uk/free/facil.pdf>

Also see "Tips and resources, IASC Cluster Leadership Training – Smarter Coordination Meetings"

<http://www.humanitarianreform.org/Default.aspx?tabid=425>

Section Five: PRACTICAL coordination SKILLS

4. Consensus-building

What is 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”.¹

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. Therefore, a key skill is assessing when it is important and appropriate to build consensus around an issue or decision.

Good to know

The key 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.

When is consensus-building most useful?

- ▶ 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 and/or solutions are ambiguous.
- ▶ Solutions require interdependent actions by stakeholders.
- ▶ Power, information and implementation is fragmented among many stakeholders.
- ▶ Stakeholders hold conflicting views yet unity on major decisions is required to uphold standards and accountability.
- ▶ Good relationship among stakeholders is needed in the future.
- ▶ The group is relatively small (up to 20) and has mutual understanding.

When should consensus-building be avoided?

- ▶ The problem is not complex, and the solutions are either highly technical or clearly obvious and/or options are severely limited.
- ▶ Interagency standards and objectives are being compromised or threatened by the same consensus.
- ▶ Another decision-making process is more efficient and effective.
- ▶ Stakeholders are highly politicized or views 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 consensus to be reached.

¹ Massachusetts Institute of Technology, *A Short Guide to Consensus Building*. Available at http://web.mit.edu/publicdisputes/practice/cbh_ch1.html

What is the process for building consensus?

For GBV coordination, consensus-building is especially important when addressing challenging issues in GBV meetings and when undertaking activities that require the support of all actors in order to be effective, such as developing GBV Action Plans, facilitating SOPs, etc. The steps below provide a useful summary of how to lead a consensus-building process.

1 Agree on your objectives for the task/project, expectations and rules.

2 Define the problem or decision to be reached by consensus.

3 Brainstorm possible solutions.

4 Discuss pros and cons of the narrowed down list of ideas/solutions.

5 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 on 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'.

6 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, how an agreement will benefit the GBV survivors you are all there to serve (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/how strongly they feel.
- Gather further information or 'evidence' to facilitate decision-making.
- Build consensus in mixed small groups, then meet all actors together.
- Set a time limit for establishing consensus – and 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.

7 Once the decision has been made, act upon what you have decided.

8 Follow up and monitor the implementation of the agreement.

What are some key tips for leading consensus-building?

- ▶ Use active listening (see **IS 5.5**) 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' – areas and priorities on which the group agrees.
- ▶ Trust the process – believe that you can reach agreement and infuse this belief throughout the group.
- ▶ Remain calm and respectful.

Resources

Massachusetts Institute of Technology, A Short Guide to Consensus Building. Available at:
http://web.mit.edu/publicdisputes/practice/cbh_ch1.html

Section Five: PRACTICAL coordination SKILLS

5. Negotiation in GBV coordination

Under what circumstances will a GBV coordinator need to enter negotiations?

A GBV coordinator may have to negotiate directly with another person, agency or group (e.g., on behalf of the GBV coordination group at an inter-cluster/sector meeting) or facilitate negotiations between two conflicting parties. Within the GBV coordination body, the coordinator may need to negotiate issues such as the strategic focus, division of responsibilities or simply the scheduling of meetings.

Good to know

Negotiation, in its simplest form, involves a discussion between two or more people/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.

What are the 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:

- What do you really want?
- What is the minimum you are prepared to accept?
- What are all the issues you could negotiate over (time, money, quantity, quality)?

You also need to consider:

- What they might want from you and what you are prepared to offer. Anticipate why the other person might resist your suggestion and be prepared to counter with an alternative.

Draw out the other's perspective.

In a negotiating situation use questions to find out what the other person's concerns and needs might be. You might try:

- What do you need from me on this?
- What are your concerns about what I am suggesting?
- Use active listening, gauging what issues are most important to them and which they are most likely to move on.

State your needs.

The other person needs to know what you need. It is important to state not only what you need, but also why you need it. Often disagreement may exist regarding the method for solving an issue, but not about the overall goal. Start with what you ideally want, but indicate you are prepared to make some concessions.

Do not argue.

Negotiating is about finding solutions. Do not waste time arguing. If you disagree with something, state your disagreement in a gentle but assertive way and offer an alternative. Do not demean the other person or 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.

Time negotiations to avoid negative circumstances as much as possible. If they arise during negotiations a time-out/rest period is in order or perhaps rescheduling to a better time.

Resources

“Negotiation,” International Online Training Program on Intractable Conflict, Conflict Research Consortium, University of Colorado. Available at <http://www.colorado.edu/conflict/peace/treatment/negotn.htm>
Massachusetts Institute of Technology, *A Short Guide to Consensus Building*. Available at http://web.mit.edu/publicdisputes/practice/cbh_ch1.html

Annex

A53: Susie Michelle Cortright, “10 Tips to Effective and Active Listening.”

Section Five: PRACTICAL coordination SKILLS

6. Conflict resolution

What are common sources of conflict?

Conflicts are a pervasive and inevitable part of any group and, if handled well, can lead to growth and development of the GBV coordination mechanism as well as of each individual partner.

Sources of conflict

- Strategies (lack of clarity, no common vision).
- Systems (methods of communicating).
- Structures (division of responsibilities, physical barriers).
- Differing values.
- 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.

Good to know

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 GBV coordinating mechanism. If a group cannot manage the stress of a conflict among its members, it is unlikely to last very long.

What are the 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.

1. 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.

2. Tackle it early: left alone, conflict grows and spreads.

3. Identify the source (see possible sources above).

4. Focus on the core issue or problem: avoid 'old scores' or 'getting personal'.

5. Consider each point of view – use active listening (see IS 5.2).

6. Invite suggestions on the way forward: focus on solutions and building consensus (see IS 5.4).

7. Check agreement of all stakeholders and that everyone accepts the resolution.

What happens when an impasse is reached?

An impasse occurs when key stakeholders are unable to perceive effective solutions to their dispute or differences. People feel stuck, frustrated, angry and disillusioned. They might dig their heels in deeper, adopt extreme or rigid positions, or they might withdraw from participating in GBV coordination. Either way, an impasse represents a turning point in efforts to negotiate a solution to the conflict – 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 identified in consensus-building – but they may require a bit more time and patience. They include¹:

- ▶ 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.

Resources

Child Protection Coordinators' Handbook 2009 for Clusters, at:

<http://oneresponse.info/GlobalClusters/Protection/CP/Pages/Child%20Protection.aspx>

For detailed guidelines on consensus building, see:

<http://www.seedsforchange.org.uk/free/consensus.pdf>

For useful guidelines on facilitating consensus-building in large groups, see:

<http://www.seedsforchange.org.uk/free/conslarge.pdf>

¹ Harry Webne-Behrman, *The practice of facilitation: managing group process and solving problems*. UK: Praeger Publishers (1998), pp. 35-36.

Section Five: PRACTICAL coordination SKILLS

7. Accountability

Are GBV coordination partners accountable to the GBV Coordinator?

The cluster approach itself does not require humanitarian actors to be held accountable to cluster/sector 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 cluster/sector 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.

Good to know

Three key determinants of the functioning of accountability mechanisms ¹:

- ▶ Availability and use of information.
- ▶ Mechanisms for monitoring performance.
- ▶ The existence of adequate incentives for compliance.

To ensure the proper functioning of the GBV coordination mechanism, participants must perform to their best ability within the agreed parameters of the coordination process. This means they must understand and act on responsibilities laid out in key operational guidance documents, such as the GBV coordination Terms of Reference, the GBV Action Plan, etc. A mechanism for monitoring partners' success in meeting their responsibilities is also necessary.

How can a GBV Coordinator promote accountability among participants?

First, the **GBV Coordinator's responsibilities** should be clearly outlined in the TOR of the coordination mechanism, and 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 should ensure that:

- ▶ The GBV coordination Action Plan designates agencies, individuals or small groups for specific tasks.
- ▶ TOR for the Chair(s) are drafted at the outset.
- ▶ 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.

Resources

IASC, 'Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response' (2006).
<http://onerresponse.info/Pages/default.aspx>

¹ Overseas Development Institute (ODI), Briefing Paper, "Promoting Mutual Accountability in Aid Relationships," April (2006), p.1.



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Section 6:

Annexes

6



What is GenCap?

The IASC Gender Standby Capacity (GenCap) project seeks to build capacity of humanitarian actors at country level to mainstream gender equality programming, including prevention and response to gender-based violence, in all sectors of humanitarian response.

GenCap's goal is to ensure that humanitarian action takes into consideration the different needs and capabilities of women, girls, boys and men equally. It is a critical part to building inter-agency capacity on the integration of cross-cutting issues into the cluster approach.

GenCap consists of a pool of 35 gender advisers at a P-4/ P-5 level to be deployed on short notice as an interagency resource to support the UN Humanitarian/Resident Coordinators (HC/RC), humanitarian country teams and cluster/sectors leads, in the initial stages of sudden-onset emergencies as well as in protracted or recurring humanitarian situations.

The Norwegian Refugee Council (NRC) is administering the expert pool. GenCap Advisers' salary, DSA/hazard pay, insurance and flights are covered by the GenCap project.

GenCap is an initiative of the IASC's Sub-working Group on Gender in Humanitarian Action

What is the primary role of the GenCap Advisers?

The primary role of the GenCap Advisers is to work with the humanitarian country team and in particular the cluster/sector actors to facilitate the establishment of sustainable coordination mechanisms and build capacity to ensure that the needs and capabilities of women, girls, boys and men are considered in all clusters'/sectors' emergency response.

GenCap Advisers provide technical leadership and support on Gender Equality Programming, including GBV programming, through close collaboration with humanitarian actors and building on existing resources in the following main areas of work: information collection and analysis; programme planning; capacity building; coordination; and advocacy. The expected output of the GenCap Advisers' work is effective gender equality programming, including prevention and response to GBV in humanitarian situations.

How long is each deployment?

Each deployment will be made for 6-12 months (less in exceptional cases). Extensions can be made up to a maximum of 24 months altogether. If an office needs a more permanent gender adviser presence it should go through its regular recruitment procedures.

How does GenCap differ from ProCap?

The Protection Standby Capacity Project (ProCap) is a roster of protection officers and GenCap is copying many of ProCap's structures. While protection issues such as GBV is a part of the GenCap Advisers' ToR they have a broader role in facilitating gender equality programming in all sectors/clusters of humanitarian response.

Who can make requests for a GenCap Adviser?

All UN/INGO entities with a MoU with the Norwegian Refugee Council (NRC) can make a request for a GenCap Adviser.

**UN Agencies and Organizations with MoUs with NRC are:
IOM, FAO, OCHA, OHCHR, UNDP,
UNESCO, UNFPA, UNHCR, UNICEF,
UNRWA, WFP and WHO**

How do I make a request for a GenCap Adviser?

Ideally one agency should initiate the request and bring other IASC partners into the development of a country specific ToR, adapting the standard GenCap ToR. This should be done in a consultative fashion with relevant actors in the entire humanitarian country team. For administrative reasons, an entity with a MoU with NRC will be the host of the GenCap Adviser. The GenCap Adviser could be based in the HC office or where the country team deems it most adequate. The HC must approve and sign the request before submission.

Questions can be directed to the GenCap secretariat (gencap@un.org), which is the recipient of the signed request. The inter-agency GenCap Steering Committee formally approves the request before a deployment is made.

The request form is available on <http://www.humanitarianreform.org/gencap>

GenCap had by April 2009 deployed 29 GenCap Advisers to support 19 humanitarian situations:
Afghanistan, CAR, Chad, Ethiopia, Georgia, Guinea, Indonesia, Iraq, Kenya, Liberia, Myanmar, Namibia, Nepal, oPt, Somalia, Sri Lanka, Sudan, Uganda, Yemen

Can GenCap Advisers work on a specific agency's programme or do they need to sit with the HC?

GenCap Advisers work primarily on inter-agency activities and not on the work of the hosting agency. On a case-by-case basis GenCap Advisers could also be deployed to agencies/programmes needing specific gender equality programme support if there is capacity available on the roster.

Who does the GenCap Adviser report to?

The GenCap Adviser reports to the Humanitarian Coordinator and/or head of the hosting agency. As the nature of deployments may vary, additional solutions for reporting lines will have to be decided on in consultation with the GenCap Steering Committee on a case-by-case basis.

The GenCap Adviser will also send regular monitoring and evaluation reports to the GenCap Secretariat. The HC and relevant cluster leads will sign off on the reports. The GenCap Advisers also send a bi-monthly update to NRC.

What is the responsibility of the host agency?

The host agency is responsible for providing the GenCap Adviser with an office space, phones, computer, local transport/vehicle and interpreter (if necessary); and for covering cost of internal travel. For more details, please consult your agency's MoU with NRC.

What is the role of NRC?

The Norwegian Refugee Council covers salary, DSA/hazard pay, insurance and travel to and from duty station; and maintains contact with the advisers on logistical and contractual issues during the deployment.

What is the role of the GenCap Steering Committee?

The Steering Committee is made up of a core group of IASC entities and oversees the operations of the GenCap. It considers and approves requests for deployments and has the final responsibility for monitoring and evaluation of the project.

What is the role of the GenCap Secretariat?

The Secretariat supports the Steering Committee; the monitoring and evaluation project; organises the GenCap Advisers' training workshop; provides substantive support to GenCap Advisers on mission; and liaises with donors and partners. It also supports field offices in developing requests for GenCap Advisers.

Contact and Further Information:
GenCap Secretariat
gencap@un.org
phone: +41 78 69 23 255
www.humanitarianreform.org/gencap



International Milestones Regarding Human Rights and GBV: The International Legal Framework¹

Date	Event	What it says/Why is it relevant to GBV
1948	Universal Declaration of Human Rights	The first effort made by governments to commit to the expression of rights to which all human beings are entitled, which later served as the blueprint for many international treaties and laws focused on human rights.
1949	Geneva Convention (IHL)	Established standards in international law for humanitarian treatment of victims of war, defined the basic rights of those captured during a military conflict and established protections for civilians in and around a war zone, noting: "Women shall be especially protected against any attack on their honour, in particular against rape, enforced prostitution or any form of indecent assault." (§.27)
1951	UN Convention Relating to the Status of Refugees (and the 1967 Protocol)	Defined who is a refugee and established the rights of individuals who are granted asylum and the responsibilities of nations that grant asylum. The 1951 convention was limited to protecting European refugees after World War II; the 1967 Protocol removed the geographic and time limits of the original convention.
1976	International Covenant on Economic, Social and Cultural Rights (CESCR)	Granted economic, social and cultural rights (ESCR) to individuals. It also established rights to health, education, labour and an adequate standard of living and "equal rights of men and women." (§3)
1979	Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)	Established an agenda of action for putting an end to sex-based discrimination, which led to the creation of the international bill of rights for women. "States ratifying the Convention are required to enshrine gender equality into their domestic legislation, repeal all discriminatory provisions in their laws, and enact new provisions to guard against discrimination against women."
1991	UN Guidelines on the Protection of Refugee Women	"Women and girls have special protection needs that reflect their gender: they need (...) protection against (...) sexual and physical abuse and exploitation, and protection against sexual discrimination in the delivery of goods and services." (§.3)
1992	CEDAW General Recommendation No.19 on Violence Against Women	"GBV, which impairs or nullifies the enjoyment by women of human rights and fundamental freedoms (...) is discrimination." (§9) "Wars, armed conflicts and the occupation of territories often lead to increased prostitution, trafficking in women and sexual assault of women, which require specific protective and punitive measures." (§16.)
1993	Vienna Conference - Vienna Declaration and Programme of Action - Declaration on the Elimination of VAW (UN Res 48/104)	The second global conference to focus exclusively on human rights. Asserts a human rights perspective regarding violence against women, obliging governments to respect and fulfill women's human rights on an equal basis with men's rights: "The human rights of women and of the girl-child are an inalienable, integral and indivisible part of universal human rights." (§.18) "Violations of the human rights of women in situations of armed conflict are violations of the fundamental principles of international human rights and humanitarian law. All violations of this kind, including in particular murder, systematic rape, sexual slavery and forced pregnancy, require a particularly effective response." (§.38)
1994	International Conference on Population and Development (ICPD) Cairo	Developed the Programme of Action, which served as the steering document for the United Nations Population Fund (UNFPA). Established that sexual and reproductive rights are human rights: " (...) [Reproductive health] services should be particularly sensitive to the needs of (...) women and children (...) with particular attention to those who are victims of sexual violence." (§.7.11) " (...) All necessary measures should be taken to ensure the physical protection of refugees – in particular, that of refugee women and refugee children – against sexual exploitation, abuse and all forms of violence." (§.10.24)
1995	Fourth World Conference on Women Beijing	FWCW, Platform for Action, Beijing, 1995: Chapter D: Violence against women: particular vulnerability of war affected women and girls to violence Chapter E: Women and armed conflict: attention to sexual violence and other forms of GBV.

1998	ICC Rome Statute	The treaty that established the International Criminal Court (ICC): “Rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity” are: crimes against humanity (§.7.1.g) and war crimes (§.8.2.e.)
1998	UN Guiding Principles on Internal Displacement	“Special attention should be paid to the health needs of women, including access to female health care providers and services, such as reproductive health care, as well as appropriate counseling for victims of sexual and other abuses.” (§.19.2)
1999	CEDAW General Recommendation No.24 on Women and Health	“Special attention should be paid to the health needs of women, including access to female health care providers and services, such as reproductive health care, as well as appropriate counseling for victims of sexual and other abuses.” (§19.2)
2000	UN Security Council Resolution 1325 on Women, Peace and Security	Calls on all parties to armed conflict to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse, and all other forms of violence in situations of armed conflict. Emphasizes the responsibility of all states to put an end to impunity and to prosecute those responsible for genocide, crimes against humanity and war crimes, including those involving sexual and other violence against women and girls.
2005	World Summit 2005 Millennium Development Goals UN Security Council Resolution 1612 on Children and Armed Conflict	The World Summit 2005 MDGs include several strong references to ending violence against women and the girl child in situations of armed conflict, including: • violation of human rights of women and girls • sexual violence against women and girls • reporting, preventing and punishing GBV. SCR 1612 implements a monitoring and reporting mechanism (to the Special Representative of the Secretary-General) on children and armed conflict and the use of child soldiers, including monitoring and reporting sexual violence.
2006	UN Security Council Resolution 1674 on Protection of Civilians	Condemns in the strongest terms all sexual and other forms of violence committed against civilians in armed conflict, in particular women and children, and undertakes to ensure that all peace-support operations employ all feasible measures to prevent such violence and to address its impact where it takes place.
2008	UN Security Council Resolution 1820 on Women, Peace and Security	Condemns the use of rape and other forms of sexual violence in conflict situations, stating that rape can constitute a war crime, a crime against humanity or a constitutive act with respect to genocide. Resolution 1820 also calls for effective steps to prevent and respond to acts of sexual violence as a way of contributing to the maintenance of international peace and security – including urging Member States to comply with their obligations to prosecute the perpetrators of sexual violence, to ensure that all victims of sexual violence, particularly women and girls, have equal protection under the law and equal access to justice, and to end impunity for sexual violence as part of a comprehensive approach to seeking sustainable peace, justice, truth and national reconciliation.
2009	UN Security Council Resolution 1882 on Women, Peace and Security UN Security Council Resolution 1888 on the Role of Peacekeepers UN Security Council Resolution 1889 on Women, Peace and Security	Resolution 1882 is a follow-up to and reinforcement of Security Council Resolution 1612 (2005), condemning the use of children in armed conflict, and asking member states to respect resolutions against the use of children in armed conflict. It also highlights the issue of rape and sexual violence and calls upon states to halt such violations and strengthens the monitoring and reporting mechanisms established in Resolution 1612 in relation to sexual violence. Resolution 1888 reaffirms Resolution 1325 (2000) on Women and Peace and Security and condemns ongoing sexual violence against women in conflict and post-conflict situations, urging Member States, United Nations bodies, donors and civil society to ensure that women’s protection and empowerment is taken into account during post-conflict needs assessment and planning and factored into subsequent funding and programming. Resolution 1889 mandates peacekeeping missions to protect women and girls from sexual violence in armed conflict.

¹ Information adapted from Bossman, M, Material for training course: *Coordination of Multi-Sectoral Response to Gender-Based Violence in Humanitarian Settings*, Ghent University, November 2008.

Principles of Partnership

A Statement of Commitment

Endorsed by the Global Humanitarian Platform, 12 July 2007

The *Global Humanitarian Platform*, created in July 2006, brings together UN and non-UN humanitarian organizations on an equal footing.

- Striving to enhance the effectiveness of humanitarian action, based on an ethical obligation and accountability to the populations we serve,
- Acknowledging diversity as an asset of the humanitarian community and recognizing the interdependence among humanitarian organizations,
- Committed to building and nurturing an effective partnership,

... the organizations participating in the **Global Humanitarian Platform** agree to base their partnership on the following principles:

• **Equality**

Equality requires mutual respect between members of the partnership irrespective of size and power. The participants must respect each other's mandates, obligations and independence and recognize each other's constraints and commitments. Mutual respect must not preclude organizations from engaging in constructive dissent.

• **Transparency**

Transparency is achieved through dialogue (on equal footing), with an emphasis on early consultations and early sharing of information. Communications and transparency, including financial transparency, increase the level of trust among organizations.

• **Result-oriented approach**

Effective humanitarian action must be reality-based and action-oriented. This requires result-oriented coordination based on effective capabilities and concrete operational capacities.

• **Responsibility**

Humanitarian organizations have an ethical obligation to each other to accomplish their tasks responsibly, with integrity and in a relevant and 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.

• **Complementarity**

The diversity of the humanitarian community is an asset if we build on our comparative advantages and complement each other's contributions. Local capacity is one of the main assets to enhance and on which to build. Whenever possible, humanitarian organizations should strive to make it an integral part in emergency response. Language and cultural barriers must be overcome.

www.globalhumanitarianplatform.org



Basics, Structure and Information on Support from the Global Protection Cluster to Field Protection Clusters

The aim of the cluster and cluster leadership approach is to strengthen system-wide preparedness and technical capacity to respond to humanitarian emergencies by ensuring that there is a high standard of predictability, accountability and partnership in all sectors, including protection.

UNHCR is the global lead agency for the Protection Cluster, however, at the country level in natural disaster situations or in complex emergencies without significant displacement, the three protection-mandated agencies (UNHCR, UNICEF and OHCHR) have committed to consult closely and, under the overall leadership of the Humanitarian Coordinator/Resident Coordinator, agree which among them would assume the role of cluster lead for protection.

Once protection cluster leadership is assumed at the country level, the Protection Cluster Lead Agency is responsible for ensuring a well coordinated and effective response in the protection area of activity covering the identified needs of persons of concern. This does not mean that the cluster lead agency is expected to carry out all the necessary activities within protection, but that it is committed to being provider of last resort, which entails, inter alia, advocating for full coverage if this is not possible immediately. Accordingly, a Protection Cluster Lead Agency can not purport to be only responsible for a specialist segment of the protection area of activity as this will result in a partial activation of the Protection Cluster.

The Global Protection Cluster has five (5) Areas of Responsibility (AOR) which are led by Focal Point Agencies: **Rule of Law and Justice** (UNDP/OHCHR); **Prevention of and Response to Gender-Based Violence** (UNFPA/UNICEF); **Child Protection** (UNICEF); **Mine Action** (UNMAS); and **Housing, Land and Property Rights** (UN HABITAT). To facilitate its work the Global Protection Cluster has established a Global Protection Cluster Working Group (GPC) which has a Support Cell to undertake secretariat and liaison functions, and acts as the main point of contact for information, advice and support from the Global Protection Cluster to Field Protection Clusters.

The Focal Point Agencies for the five (5) Areas of Responsibility can also provide information, advice and support from the Global Protection Cluster within their Areas of Responsibility.

GPC SUPPORT CELL

The Support Cell of the GPC can provide you with information, advice and support from the Global Protection Cluster on the following issues:

- Channelling requests to access available support on protection information management and database tools (including advice/support on undertaking needs assessment and protection monitoring and reporting);
- Information on the possibility for making a request for the deployment of an information management and database expert;
- Information on the possibility for making a request for the deployment of a technical expert to assist with the assessment of the protection needs of older persons, persons with disabilities and other persons with special needs;
- Information on and requests for protection management training;
- Information on and requests for protection coordination training;
- Information on the possibility for the deployment of a Senior Protection Officer through the Protection Standby Capacity Project;
- Information on the possibility for the deployment of surge protection capacity or a Senior Gender Advisor;

Working Together for Protection

Support Cell : hqproclu@unhcr.org
protection.onerresponse.info



- Requests for a Protection Cluster support mission to assist with elaborating a protection strategy; protection response plan, contingency planning and preparedness; reviewing the implementation of the protection strategy; addressing coordination challenges; or assisting with drawing up a protection cluster improvement plan for field protection clusters;
- Ad hoc advocacy requests for cluster related protection coordination issues to be brought up at the HQs level can also be received and channelled to the relevant colleagues for action;
- Ad hoc requests for advice on protection and protection coordination challenges that you think should be brought to the attention of the Global Protection Cluster;
- You may also make requests to the Global Protection Cluster to put you in contact with Focal Point Agencies responsible for any one of the five Areas of Responsibility mentioned above.

For the aforementioned requests please contact:

Leonard Zulu
UNHCR/GPC Support Cell.
zulu@unhcr.org

Rebecca Skovbye
UNHCR/GPC Support Cell
skovbye@unhcr.org

However, you may also get in direct contact with the Focal Point Agencies on issues related to their Areas of Responsibility (specialisation):

For Child Protection issues:

Bo Viktor Nylund
Child Protection in Emergencies
UNICEF NY
bvnylund@unicef.org

Katy Barnett
Child Protection Working Group
UNICEF Geneva
cbarnett@unicef.org

For prevention of, and response to GBV issues:

Maha Muna
Humanitarian Response Unit,
UNFPA Geneva
elmuna@unfpa.org

Mendy Marsh
Child Protection Section
UNICEF NY
mmarsh@unicef.org

For Mine Action, unexploded ordnances and explosive remnants of conflict

Arezou Azad
UNMAS Geneva
aazad@unog.ch

For Housing, Land and Property rights and issues:

Anna PONT
UN-HABITAT Geneva
pont.unhabitat@unog.ch

For Rule of Law and Justice issues:

Katy Thompson
Bureau for Crisis Prevention and Recovery
UNDP Geneva
katy.thompson@undp.org

Zaveed Mahmood
Peace Mission Support & Rapid Response
OHCHR Geneva
zmahmood@ohchr.org

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Support Cell : hqproclu@unhcr.org
protection.onerresponse.info



Key References to Get You Started

(These will be sent to you by the Support Cell of the GPC by electronic mail)

- Inter-Agency Standing Committee Principals Meeting, *Cluster Working Group on Protection Progress Report*, 12 December 2005, Annex 2: Responsibility-Sharing for the enhancement of protection in humanitarian emergencies
- IASC, Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response, 24 November 2006
- Generic Terms of Reference for Sector/Cluster Leads at the Country Level, IASC, Annex 1 to the November 2006 Guidance Note
- Protection Cluster Working Group, *Mission Statement and Terms of Reference*, 21 March 2007
- IASC Operational Guidance on Designating Sector/Cluster Leads in Major New Emergencies. *Prepared by the IASC Task Team on the Cluster Approach Geneva, 23 May 2007*
- IASC Operational Guidance on Designating Sector/Cluster Leads in Ongoing Emergencies. *Prepared by the IASC Task Team on the Cluster Approach, Geneva 23 May 2007*
- IASC Operational Guidance on the Responsibilities of Cluster/Sector Leads and OCHA in Information Management, Endorsed by the IASC Working Group, 17 October 2007
- IASC Operational Guidance on the Concept of “Provider of Last Resort” *Endorsed by the IASC Working Group on 20 June 2008*
- IASC Operational Guidance for Cluster Lead Agencies on Working with National Authorities *(forthcoming)*
- IASC Operational Guidance for Humanitarian Country Team, November 2009
- IASC Generic Terms of Reference for Sector/Cluster Leads at the country level, November 2006
- IASC Revised Terms of Reference for the Humanitarian Coordinator
- Protection in Natural Disasters: Standard Operating Procedures for Designating A Protection Sector/Cluster Lead Agency in the Event of a Natural Disaster at Country Level *(forthcoming)*
- Principles of Partnership
- Questions and Answers on the Cluster Approach and Cluster Implementation Issues
- Handbook for the Protection of Internally Displaced Persons
- Protection of conflict-induced IDPs: Assessment for Action
- Guiding Principles on Internal Displacement: Annotations, by Walter Kalin, 2008

Additional information on the Global Protection Cluster and the support it can provide to Field Protection Cluster is contained in the Protection Cluster Information Brochure /Pamphlet: **“Working Together for Protection”** (forthcoming).

Working Together for Protection

Support Cell : hqproclu@unhcr.org
protection.onerresponse.info

Master list of protection problems

List of first issues to be taken into account to elaborate data collection tools

Concept	Component
Life, physical security and integrity	<ul style="list-style-type: none"> Attacks, combats, bombings Killing of civilians Destruction of civilian infrastructure Use of civilians as human shields Other forms of forced assistance to combatants or arm bearers Landmines, UXO Extra-judicial, arbitrary or summary executions or other unlawful killing Enforced or involuntary disappearance Threats or intimidations to life Torture and other cruel, inhuman and degrading treatment or punishment Criminal violence, banditry Intercommunal violence Sexual and gender-based violence Treatment of the dead Other safety and security issues, including risks from natural disasters
Displacement and freedom of movement	<ul style="list-style-type: none"> Forced displacement Coerced return or relocation of displaced persons Restrictions and other obstacles to freedom of movement, including as related to infrastructure and disasters
Family life	<ul style="list-style-type: none"> Unaccompanied and separated children Family separation
Liberty	<ul style="list-style-type: none"> Arbitrary or illegal arrest or detention Abduction, taking of hostages Trafficking Forced recruitment
Basic needs and essential services	<ul style="list-style-type: none"> Denial, obstruction, lack of or unequal/discriminatory access to adequate food Denial, obstruction, lack of or unequal/discriminatory access to adequate water or sanitation Denial, obstruction, lack of or unequal/discriminatory access to adequate shelter and choice of location Denial, obstruction, lack of or unequal/discriminatory access to adequate health services Denial, obstruction, lack of or unequal/discriminatory access to adequate education Denied or obstructed access to civilians Lack or malfunction of systems to register beneficiaries
Information and consultation of communities	<ul style="list-style-type: none"> Lack of access to adequate information about rights, protection and relief activities Lack of consultation of communities on protection and relief policies and activities
Individual documentation, civil status and information	<ul style="list-style-type: none"> Current status of personal identity documentation
Land and property	<ul style="list-style-type: none"> Present status of land and housing titles Illegal confiscation, occupation or destruction of property, including forced evictions

**GENDER-BASED VIOLENCE AREA OF RESPONSIBILITY
WORKING GROUP OF THE PCWG**

TERMS OF REFERENCE

BACKGROUND

The Protection Cluster Working Group (PCWG) was established in September 2005 as an element of humanitarian reform, with the objective of providing predictable leadership and accountable response to protection in humanitarian settings. The PCWG, led by UNHCR at the global level, is accountable to the Emergency Relief Coordinator.

To ensure comprehensive attention to the range of violations, risks, and specialized activities which comprise protection work in the field, the PCWG agreed that strengthening of protection coordination, policy, capacity, and response at the global level would benefit from being divided into specific “areas of responsibility” under the cluster lead.¹ These were designated to build on pre-existing inter-agency coordination and policy work in specific technical areas. Focal point agencies were designated for recognized areas of protection expertise and tasked with ensuring an effective response in its specialized protection sector in collaboration with other participating agencies, functioning in many ways as “clusters in miniature” at global level. UNFPA and UNICEF were designated as co-leads of the Gender-Based Violence area of responsibility (GBV AoR).²

MISSION STATEMENT

In line with the mission of the PCWG, the GBV AoR working group aims to facilitate a more predictable, accountable and effective protection response to gender-based violence in complex emergencies, natural disasters and other such situations. Gender-based violence is understood to encompass a range of harmful acts which are based on socially-ascribed gender differences, with the recognition that sexual violence and targeted killing or maiming, are the most urgent considerations in rapid-onset emergencies, and continue, along with domestic violence, in protracted emergencies³.

To this end, and accountable to the Protection Cluster lead, the GBV AoR working group will undertake global level advocacy, standards and policy setting, capacity building and tool development on protection from GBV.

OVERALL OBJECTIVE

The overall objective of the GBV AoR working group is to develop effective and inclusive protection mechanisms which promote a coherent, comprehensive and coordinated approach to GBV at the field level, including regarding prevention, care, support, recovery, and works to hold perpetrators accountable. These actions will be in line with the *IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings*⁴ and undertaken in accordance with international humanitarian law and human rights law, and be informed by regional or national legal frameworks in specific country support actions.

The GBV AoR working group will undertake its activities within a framework which promotes action based on gender analysis, participation, transparency, partnership, and survivor-centered principles.

PARTICIPATION

Recognizing that a number of inter-agency multi-sectoral coordination mechanisms on GBV actions, policy and advocacy exist, particularly within the IASC SWG on Gender and Humanitarian Action and UN Action Against Violence in Conflict, and that a coherent GBV protection response requires multi-sectoral linkages, the GBV AoR working group will ensure strategic linkages with these other mechanisms. The GBV AoR working group will seek broad and diverse participation from NGOs, UN agencies, and other international organizations working on GBV issues from a protection perspective. It will actively solicit participation from other cluster actors and will ensure appropriate representation of GBV AoR working group members in these clusters to ensure complementarities and the development of integrated approaches to protection from GBV in emergencies. The GBV AoR working group will feed protection perspectives into the work of the multisectoral group working within the IASC SWG to develop overall norms and standards for operationalizing the *IASC-GBV Guidelines*.

¹ Progress Report of the Cluster Working Group on Protection to the IASC Principals Meeting, 12 December 2005.

² *Id.*

³ *Guidelines for Gender-based Violence Interventions in Humanitarian Settings*, IASC, 2005. The guidelines are available at http://www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp

⁴ *Id.*

COORDINATION AND REPORTING

The GBV AoR working group will be co-chaired on an annual rotation basis, with UNFPA and UNICEF alternating as one of the co-chairs, and an NGO (to be determined annually by the working group) alternating as the other co-chair with support from the PCWG support cell and an active inter-agency membership. Minutes of meetings will be shared with members as well as the PCWG.

Annual planning meetings will be held to exchange field-level experiences, review learning in protection programming and advocacy work, and develop annual inter-agency GBV protection work plans. Coordination and reporting mechanisms will focus on tracking results and informing both the PCWG and the GBV AoR working group on periodic progress made on work plan activities.

Specific mechanisms will be developed to ensure close collaboration with UN Action against Sexual Violence in Conflict, the IASC Sub-Working Group on Gender and Humanitarian Action, and other relevant pre-existing groups.

SUB-OBJECTIVES FOR GLOBAL LEVEL ACTIVITIES

- Document and disseminate information on field models of GBV actions, coordination and programming in order to allow analysis, adaptation and replication of promising and successful protection experiences across countries and agencies.
- Promote the *IASC GBV Guidelines* and accompanying tools, such as the GBV Standard Operating Procedures as standard good practices for addressing GBV in humanitarian settings.
- Develop and/or elaborate norms, standards and tools for GBV protection.
- Build capacities within the protection sector to respond to and prevent sexual violence during acute emergencies, recognizing that other forms of GBV will also occur and that GBV protection considerations must be addressed during response, rehabilitation and recovery.⁵ Collate, rationalize and disseminate inter-agency training and staffing standards, guidelines and tools in support of more effective field programming.
- In coordination with the IASC SWG on Gender in Humanitarian Action, work to Integrate GBV protection considerations into the other clusters and other elements of humanitarian reform by providing technical support, promoting predictable funding and supporting HC leadership.
- In collaboration with the PCWG, ensure that GBV is mainstreamed within the global protection agenda and strategy, particularly with linkages to other protection AORs, including on the rule of law and child protection.
- Support the utilization, and, as needed, development of information management and analysis tools for safe and ethical documentation of GBV, such as the GBV Information Management System project being developed under the auspices of the IASC SWG on Gender and Humanitarian Action.
- Ensure integration of protection considerations into and clear linkages, mapping of complementarities, and consultations in strategic planning with the IASC SWG on Gender and Humanitarian Action and UN Action against Sexual Violence in Conflict.

SUB-OBJECTIVES FOR FIELD SUPPORT

- Identify and develop norms, guidance and tools for GBV protection as needed to operationalize the action sheets on protection in the *IASC-GBV Guidelines*.
- Build capacity on norms, standards and tools for GBV protection to enable field level protection actors to operationalize the action sheets on protection in the *IASC-GBV Guidelines*.
- Support use of the *IASC-GBV Guidelines* to coordinate comprehensive GBV prevention and response interventions in cluster countries.
- Support protection sector/cluster participation in GBV Standard Operating Procedures process to ensure effective and coordinated GBV interventions.
- Support the establishment of inclusive and rational cross-cluster/multi-sectoral GBV coordination mechanisms in all cluster countries (structure to depend on the country context).
- In line with the *WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring*

⁵ *Id.*

Sexual Violence in Emergencies, support use of standardized systems for collection, analysis, sharing and management of GBV-related data in a safe and ethical way.⁶

- Receive and respond to requests from the field and the PCWG for provision of guidance on protection aspects of a comprehensive GBV approach (in line with the *IASC-GBV Guidelines* and GBV SOPs), including short-term, inter-agency technical support missions to the field as necessary.
- Expand a community of practice by maintaining a web-portal on GBV on the website of the PCWG and encourage active field-exchange, including annual meetings.

WORK PLAN

To assist in building an effective and comprehensive protection response, the GBV AoR working group will develop and implement an annual work plan which will be incorporated into the overall PCWG work plan. The work plan will include a set of prioritized activities together with outputs, specific timeframes and responsible organizations. In addition to specific GBV activities, contributions to overall PCWG outputs and activities will also be identified according to field and membership priorities.

⁶ WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies, WHO, 2007. Available at http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf



Gender-Based Violence Area of Responsibility Working Group

1 September 2009

Dear Colleagues:

Kindly find enclosed a Guidance Note on Determining Field-Level leadership of a Gender-Based Violence (GBV) Area of Responsibility (AoR) Working Group in a cluster context.

As you may know, the GBV AoR Working Group of the Global Protection Cluster was established in May 2008 under the co-leadership of UNFPA and UNICEF. The aim of the GBV AoR Working Group is to facilitate a more predictable, accountable and effective protection response to GBV in complex emergencies, natural disasters and other such situations. The overall objective of the GBV AoR Working Group is to develop effective and inclusive protection mechanisms which promote a coherent, comprehensive and coordinated approach to GBV at the field level.

As initially highlighted through a study to document GBV Coordination structures and identify constraints and facilitating factors to “good coordination” spearheaded by the GBV AoR Working Group in 2008, field guidance on establishing and leading a GBV AoR, sub-cluster, or other GBV coordinating body is a priority need. This need was further confirmed by headquarter and field-based GBV actors during the first annual GBV AoR planning retreat in Geneva, Switzerland in January 2009. To that end, the 2009/2010 GBV AoR workplan prioritized the following activity:

Write a short, simple and clear (guidance) note on who the lead agencies are at the global level and how leadership for the AoR should be determined at field level, the obligations of co-leads at the field level for determining who will and can lead and repercussions within the UNCT and others on implications for identified lead not stepping up.

The GBV AoR Co-Lead/Co-Chair Roles and Responsibilities document was developed (see Annex 1) that provides generic guidance on the global and field-level responsibilities of the AoR co-leads and co-chairs.

This document seeks to further articulate what GBV AoR leadership means at the field level, in countries that have already adopted (or are intending to adopt) the cluster approach. A more detailed “GBV Coordinator’s Handbook” is also in development by the GBV AoR, which will go into greater depth on each of the core issues outlined in this Guidance Note.

Kind Regards,

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GUIDANCE NOTE
Field-Level Coordination of a GBV Area of Responsibility Working Group

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Acronyms

AoR	Area of Responsibility
CERF	Central Emergency Response Fund
CAP	Consolidated Appeals Process
GBV	Gender-Based Violence
HC	Humanitarian Coordinator
IASC	Inter-Agency Standing Committee
NGO	Non-governmental Organization
SOP	Standard Operating Procedure(s)
ToR	Terms of Reference
UN	United Nations
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Fund for Children
WG	Working Group
WHO	World Health Organization

Objective of the Guidance Note

The intention of this Guidance Note is to outline the minimum mandatory actions that must be taken by the global co-leads of the GBV AoR – the United Nations Population Fund (UNFPA) and the United Nations Fund for Children (UNICEF) – to establish field-level structures for the coordination of multi-sectoral action to address GBV in “clusterized” humanitarian contexts.

Global Co-Leadership of the GBV AoR

As established by the Principles of the Inter-Agency Standing Committee (IASC) under the auspices of the Global Protection Cluster, UNFPA and UNICEF share responsibility for leading the global-level GBV AoR. As outlined in Annex 1, at a minimum this entails development and implementation of a multi-year strategic framework; day-to-day management and coordination of the working group; capacity development and technical assistance (at global and field levels, as requested); sharing information on good practices, relevant documents and tools, etc.; fundraising; engaging in advocacy and outreach on GBV issues (as representatives of the working group); and representing the working group in global inter-agency forums (e.g. within the IASC).

Determining Field Leadership

While there is no set formula for determining who (which agency(ies) and which individual within that agency) assumes leadership for coordinating GBV interventions in a cluster context, the following general rules can guide field actors in determining an appropriate leadership structure for GBV coordination:

1. Where there is a Protection Cluster, **UNFPA and UNICEF**, as the global GBV AoR co-leads, are responsible for supporting and/or establishing an inter-agency GBV coordination body. *As a first action, UNFPA and UNICEF must determine if one or both have adequate capacity to assume a leadership position in this regard, including funding¹ and staff.* This includes allocating a full-time, preferably mid- to senior-level staff person to the role of *GBV Coordinator*.

Both agencies (UNFPA and UNICEF) must always carefully consider their capacity for taking on the GBV coordination leadership role. If one agency does not have the capacity to assume a leadership role they should openly acknowledge this so that appropriate action can be taken by the other global lead entity or other relevant actor.

2. Where neither UNFPA nor UNICEF have the capacity to assume this leadership role, both **UNFPA and UNICEF** have equal responsibility to work together with the Humanitarian Coordinator, the Protection Cluster lead (where relevant), the Humanitarian Country Team and relevant NGOs, Red Cross/Red Crescent and Government actors to identify and support an agency to take on a leadership role in the coordination of inter-agency GBV interventions. This could be a UN entity, international or national NGO, or the Government.
3. Where there is no Protection Cluster but GBV has been identified as a priority area of concern to the Humanitarian Country Team and the cluster system is in place, **UNFPA and UNICEF** should coordinate with other relevant entities and NGOs to support and/or establish an inter-agency GBV coordination body, in line with the actions outlined in this Guidance Note. *See Table 1: Determining Leadership.*

¹ Funding is used here to mean financial resources for organizing and conducting the GBV AoR coordination activities including holding regular meetings, obtaining information from and transmitting information to field actors, and capacity building for coordination group members (e.g. resources for email, phone calls, printing, training materials etc.).

Pre-Existing Forum for Addressing GBV

Where an inter-agency group already exists to coordinate GBV prevention and response activities, this body should always be considered first as a potential forum for coordinating GBV in a cluster context. Do not establish parallel structures unless absolutely necessary; make what exists stronger and sustainable.

Potential situations when setting up a parallel structure might be considered include:

- A gender coordination body exists, but this forum does not allow for sufficient focus on the issue of GBV in emergencies, and within this body are too many organizations focusing on gender more broadly. Possible solution: Creation of a GBV Task Force that includes institutions working directly on GBV prevention and response that reports to both the existing gender coordination body and the Protection Cluster.
- A GBV coordination structure already exists, but the group does not specifically address the issue of GBV in emergencies. Possible solution: Creation of a GBV in Emergencies Sub-working Group.
- A national, Government-led GBV coordination structure already exists, but a gap analysis highlights that this group is not as effective as it could be. Possible solution: Development of a joint UNCT and NGO program to bolster the activities of this coordination structure.

Considering Co-Leadership

Where feasible, it is often preferable to have two entities in a co-lead role for coordinating GBV interventions, e.g. both UNFPA and UNICEF or either UNFPA or UNICEF plus an NGO, Government or other UN partner. In all cases – whether co-leading with a UN agency, NGO, the Government or other relevant entity – the roles and responsibilities of each actor, as well as their limitations, must be clearly articulated and widely disseminated.

When considering co-leadership with the Government, it is important to think about the potential security concerns for frontline NGOs and impact on participation. For example, in contexts where the State is implicated in the perpetration of incidents of sexual violence, it may not be in the best interests of those we are seeking to support (those who have been abused and those at risk of experiencing abuse) to engage the Government in a co-leadership capacity.

Indeed, in many such contexts, Government actors are often not invited to participate in Protection Cluster working groups. Determination of Government participation in a GBV AoR must be made by the GBV AoR (co-)leads together with UNHCR, NGOs and other relevant field actors on a case-by-case basis.

Both the potential benefits and challenges to partnering with a non-UN entity (e.g. Government or NGO) for GBV coordination in an emergency must be considered. Potential benefits include:

- Enhanced Government ownership that leads to more responsive and sustainable action over the long term.
- The GBV AoR working group is more reflective of the humanitarian community as a whole, e.g. by being less UN centric and by being able to better represent and discuss operational issues; and
- In certain areas where the designated UN lead is not present, a Government or NGO lead can ensure that GBV AoR coordination continues at field level.

The decision to have an NGO or Government entity play a co-leadership role within the GBV AoR should be related to its strategic positioning within the Protection Cluster (where relevant) and/or

amongst other country-level GBV actors. The Government or NGO's choice of role within the GBV AoR should be in line with its programme capacity, relations with other relevant GBV actors, and experience addressing GBV in the country. Additionally, consideration of a Government actor or NGO for the AoR co-lead role must be based on the presence of (or intention to hire) a suitable staff member to effectively meet the co-lead requirements, as further outlined in this Guidance Note.

In the event that an appropriate NGO or Government body is identified as the primary AoR lead entity, but this institution does not feel as though they can dedicate a staff person to take on this role, or if they feel as though it might have negative outcomes for their institution, UNFPA and UNICEF should work together to identify an alternative solution. This might include ensuring that there is at minimum short-term GBV coordination leadership capacity through the ProCap or GenCap standby personnel rosters.

Establishing and Formalizing Leadership

Once leadership has been determined and agreed upon, in all cases – whether co-leadership with a UN agency, NGO, Government or other relevant entity – it is imperative that the division of labour between the co-leads is clearly articulated and communicated to relevant stakeholders. This should include drafting, and finalizing/agreeing upon TORs for the coordination body and possibly developing a Memorandum of Understanding between the co-leads. Annex 1 (Co-Lead/Co-Chair Responsibilities) can be used as a guide for developing TORs.

Provider of Last Resort

The IASC has designated global cluster leads in eleven areas of humanitarian activity. The “provider of last resort” concept represents a commitment of these cluster leads and global focal points to ensure an adequate and appropriate response. Where there are critical gaps, it is the responsibility of cluster leads to call on all relevant humanitarian partners to address these. If this fails, the cluster lead as provider of last resort may need to fill the gap. For GBV-related protection issues, the provider of last resort is UNHCR, and for GBV-related health issues the provider of last resort is WHO. How this concept is applied should be clearly defined and outlined in the GBV AoR Terms of Reference. Note that if cluster leads and global focal points do not adequately discharge their responsibilities, actors on the ground should consult with the UN Humanitarian Team for trouble shooting purposes.

Minimum Actions to be Undertaken by an Inter-agency GBV Coordination Body

- a. Mapping² all relevant actors (e.g. identifying who is doing what and where) and existing relevant coordination bodies or working groups (including in fields such as gender, health, etc.) that could be supported and/or mobilized to form a GBV AoR working group.
- b. Allocating a full-time, usually mid- to senior-level staff person to the role of GBV Coordinator, with distinct functions for GBV coordination over agency-specific programme management (see Annex 2 for sample TOR). This person must have relevant organizational support, including adequate funds and support staff.
- c. Mobilizing participation by UN, NGO, Red Cross/Red Crescent, and (as appropriate) donors and Government actors in the GBV AoR working group.
- d. Drafting an AoR ToR, strategic framework and time-bound work plan, drawing upon existing models.

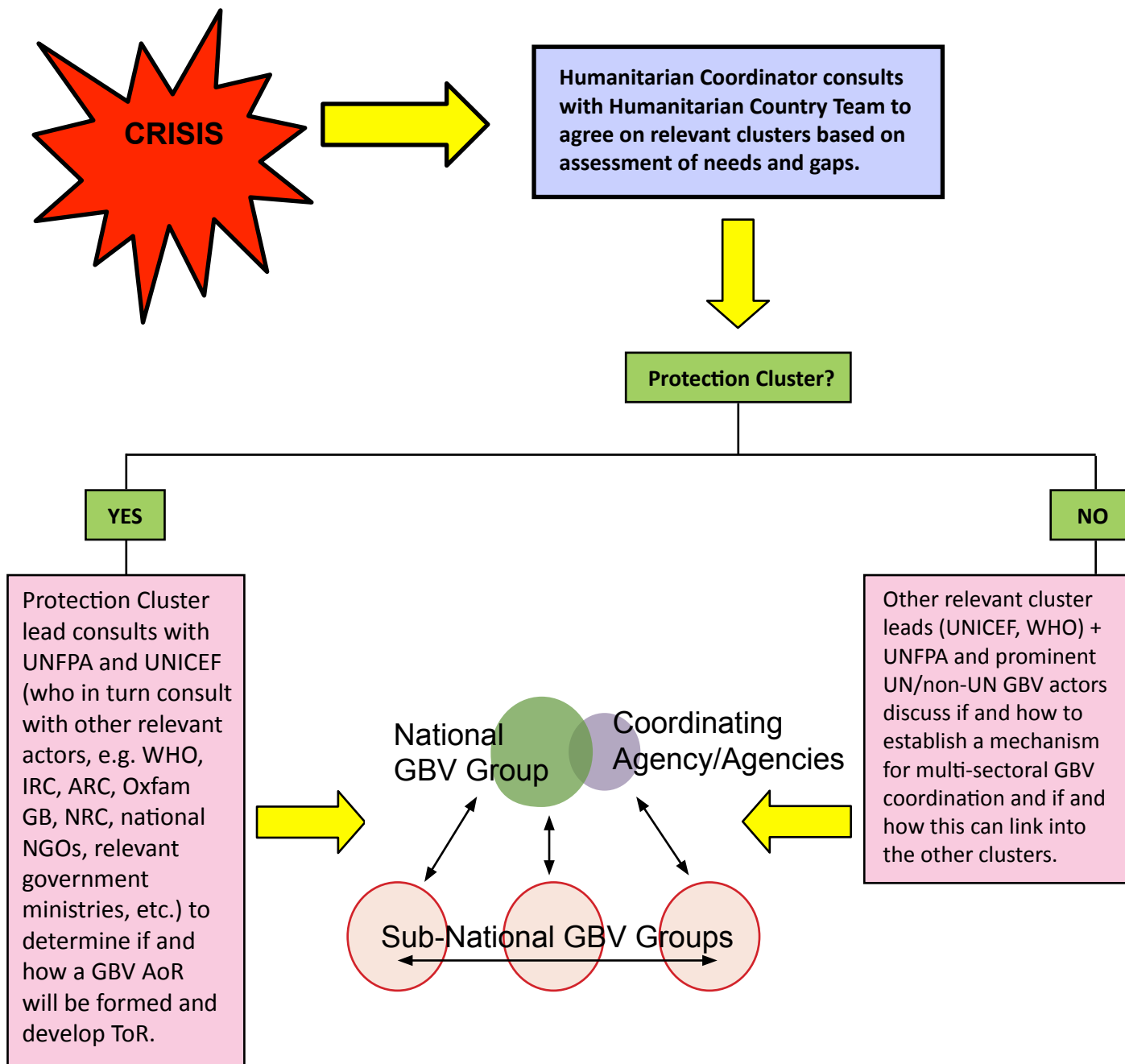
² Mapping is used here to refer to identifying exactly what key actors are doing with regard to GBV-related prevention and response activities as opposed to the mapping of services that are available to survivors.

- e. Developing Standard Operating Procedures (SOP) using the IASC GBV SOP template.
- f. Disseminating and ensuring comprehension and use of the IASC *Guidelines for Gender- Based Violence Interventions in Humanitarian Settings* (IASC, 2005).
- g. Ensuring inclusion of GBV in all relevant humanitarian funding processes (CAP, CERF, Flash and other appeals, etc.) and humanitarian action plans.
- h. Representing the GBV AoR working group in the Protection Cluster and ensuring that GBV issues are given adequate attention and consideration in that forum.
- i. Ensuring cross-cluster coordination by interacting with other relevant cluster leads (e.g. Health, Water and Sanitation, Nutrition, Education etc.) and working group meetings and by identifying GBV AoR working group focal points for participation in other relevant clusters and working groups.
- j. Where relevant, catalyzing and supporting sub-national structures for GBV coordination.

Table 1: Determining Leadership

The Inter-Agency Standing Committee (IASC) agreed in 2006 that all countries with Humanitarian Coordinators should use the cluster approach.

The IASC has also agreed that it should be used in major “new” emergencies requiring a multi-sectoral response with participation of a wide range of international humanitarian actors. In such situations, the cluster approach should be used from the start to plan and organize the international response.³



³ <http://www.humanitarianreform.org/humanitarianreform/Default.aspx?tabid=202?tabid=202>

Annex 1: Co-Lead/Co-Chair Roles and Responsibilities

CO-LEADS AT GLOBAL LEVEL (UNFPA and UNICEF)

1. Develop multi-year strategic framework as a component of the PCWG framework: a. In consultation with co-chair and members, develop overall vision and projected outputs over time to advance the work of the AoR; b. Monitor progress toward achieving outputs and modify strategic vision and framework as necessary; c. in consultation with co-chair develop annual workplan and budget
2. Management/Coordination: a. Rotate co-chair responsibilities on an annual basis; b. Review and provide input to all meeting agendas (monthly and annual/bi-annual planning and review meetings) and review/approve draft meeting minutes prior to distribution; c. Participate in all AoR meetings; d. represent AoR at relevant cluster meetings as necessary
3. Capacity development / Technical assistance: a. Support development of standard templates, training materials and guidance notes for: strategic planning and standard operating procedures roll-out; training and capacity development; field-level identification of AoR lead agency; data collection; monitoring and evaluation, etc; b. provide technical guidance to field-level GBV Working Groups on all of the above as requested and with field missions when necessary
4. Information Sharing: a. Facilitate information-sharing within the group and with external stakeholders on events, news articles, documents, etc.; b. Gather and share good practices, data collection methodologies and tools, and other information of interest to AoR members and the Protection Cluster Working Group; c. Maintain AoR website including reviewing all documents for posting and reviewing site for revision; d. Maintain stocks of all relevant guidelines and distribute to field-level GBV working groups as requested
5. Fundraising: a. Liaise directly with donors to solicit funds to support inter-agency AoR activities; b. Develop (multi-year) funding proposals that reflect strategic framework and annual work plan; c. Manage all grants received and report to donors and AoR members
6. Advocacy/Outreach: a. Lead on global advocacy priorities identified by the AoR; b. Liaise with UN Action and the IASC SWG on Gender in Humanitarian Action (including the GenCap Secretariat) to keep those groups engaged in AoR developments, solicit input/feedback, and identify areas for collaboration; c. Gather and share good practices, data collection methodologies and tools, and other information of interest to AoR members and the Protection Cluster Working Group
7. Representation: a. Represent GBV AoR in global inter-agency fora (IASC, UN Action) and with donors

CO-CHAIRS AT GLOBAL LEVEL (1 INGO & 1 UN on rotational basis)

1. Develop, monitor and advance annual workplan as a component of the PCWG framework: a. Develop workplan and budget in consultation with AoR stakeholders; b. Monitor workplan implementation and provide quarterly updates to AoR; c. Assist to develop, review and endorse GBV AoR documents (e.g. guidance notes, website materials) related to workplan
2. Management/Coordination: a. Facilitate meetings on a bi-monthly basis; b. Set meeting agendas, organize meeting logistics, manage minutes, follow-up on action points; c. Participate in all AoR meetings; d. Represent AoR at relevant events and meetings as necessary
3. Capacity development / Technical assistance: a. Support development of standard templates, training materials and guidance notes for: strategic planning and SOP roll-out; training and capacity development; field-level identification of AoR lead agency; data collection; monitoring and evaluation, etc; b. provide technical guidance to field-level GBV Working Groups on all of the above as requested
4. Information Sharing: a. Facilitate information-sharing within the group and with external stakeholders on events, news articles, documents, etc.; b. Gather and share good practices, data collection methodologies and tools, and other information of interest to AoR members and the Protection Cluster Working Group; c. Work with co-lead to maintain AoR website including reviewing, editing and regularly updating site with documents and relevant information
5. Fundraising: a. Review and endorse GBV AoR funding proposal(s); b. Assist to secure necessary financing; c. Assist with developing donor reports and communicating with AoR members on expenditures

6. **Advocacy/Outreach:** a. Support development and implementation of AoR advocacy strategy; b. [NGO] Facilitate outreach to NGOs (e.g. through relevant groups such as InterAction and ICVA) to keep members engaged and solicit input on AoR outputs. [UN] Liaise with UN Action and the IASC SWG on Gender in Humanitarian Action (including the GenCap Secretariat) to keep those groups engaged in AoR developments, solicit input/feedback, and identify areas for collaboration; c. Gather and share good practices, data collection methodologies and tools, and other information of interest to AoR members and the Protection Cluster Working Group

7. **Representation:** a. [NGO] Represent GBV AoR to NGOs, including within bodies such as InterAction and ICVA. [UN] Represent GBV AoR in inter-agency meetings, e.g. within the Clusters, the IASC Gender SWG, and other relevant bodies

CO-LEADS AT REGIONAL LEVEL WITH CLUSTERIZED COUNTRIES

1. **Develop multi-year strategic framework:** a. Develop GBV strategy/workplans that address common issues, needs and regional gaps; b. Monitor progress toward achieving outputs and modify strategic framework and workplans as necessary

2. **Management/Coordination:** a. Review and provide input to all meeting agendas (monthly and annual/bi-annual planning and review meetings) and review/approve draft meeting minutes prior to distribution; b. Participate in all Regional WG meetings; c. represent WG at relevant regional meetings; d. submit regular updates to global-level GBV AoR and participate in global-level AoR forums as necessary

3. **Fundraising:** a. Liaise with donors to solicit funds to support inter-agency WG activities; b. Develop (multi-year) funding proposals that reflect strategic framework and workplans; c. Manage all grants received and report to donors and WG members

4. **Information Sharing:** a. Facilitate information-sharing within the group, with the global-level GBV AoR, with field-level GBV coordination bodies and with external stakeholders on events, news articles, documents, etc.; b. Gather and share good practices, data collection methodologies and tools, and other information of interest to WG members and country-level field colleagues; c. Contribute to WG website including reviewing all documents for posting and reviewing site for revision

5. **Advocacy/Outreach:** a. Develop joint advocacy messages based on regional priorities identified by the WG; b. Liaise with regional bodies and solicit new partnerships; c. Gather and share good practices, data collection methodologies and tools, and other information of interest to WG members, field-colleagues and the global-level GBV AoR

6. **Technical Assistance:** a. Promote/support joint missions and capacity development programmes in clusterized countries for GBV coordination and multi-sectoral prevention and response; b. Identify/share good practices

CO-LEADS WITHIN A CLUSTERIZED COUNTRY

1. **Identify GBV AoR Lead:** a. Determine capacity of either global co-lead for field-level GBV AoR/sub-cluster/working group coordination to ensure predictable leadership and multi-sectoral prevention and response programming; b. Determine other relevant UN or NGO partner for co-leadership/leadership (the latter if neither of the global co-leads is able/willing to coordinate); c. Allocate existing agency resources and mobilize additional urgent resources (e.g. through CAP, CERF, Flash Appeals, other resources) to support GBV coordination staff and functions (personnel, programming, assessments, training, etc.)

2. **Establish/Support Working Group(s):** a. Support and coordinate with existing groups and/or catalyze the formation of inter-agency, multi-sectoral GBV coordination groups at national, zonal, and provincial levels; b. Develop ToR and strategic framework; c. Facilitate meetings, manage minutes, and follow-up on action points; d. Feed into and coordinate with national Protection Cluster and other AoRs, e.g. Child Protection (where they exist) as well as other relevant clusters

3. **Strategic Planning and Management:** a. Consolidate existing field assessments and/or participate in inter-agency assessments (or carry out GBV-specific field assessments) to identify urgent needs and available assets/resources; b. Lead the effort to develop a multi-sectoral and inter-agency prevention and response programme to include referral and reporting mechanisms, information sharing, coordination, and monitoring/evaluation; c. Facilitate rapid development of agreed-upon standard operating procedures and related policies and practices
4. **Advocacy and Communication:** a. Represent the GBV AoR at all relevant cluster and other meetings to ensure adequate consideration of GBV issues; b. Communicate as necessary with global- and regional- level AoR and working groups
5. **Fundraising:** a. Actively solicit funds from existing humanitarian and other funding mechanisms through both inter-agency (e.g. Flash Appeals, CAPs, CERF) and individual agency resource mobilization channels; b. Coordinate the GBV inputs to the Protection Cluster Appeal and advocate with donors to fund GBV actors to carry out priority activities in the sector concerned; c. Monitor funding levels for GBV and consolidate reports; d. Explore alternative funding mechanisms
6. **Capacity Development:** a. Disseminate GBV Guidelines and ensure all agencies understand their role in preventing and responding to GBV; b. through the Protection Cluster, inform the HC and HCT on all relevant GBV issues in line with the ToR and strategic framework; c. Work with partners to develop and/or adapt training materials according to local context, as necessary, and carry out relevant training sessions
7. **Establish Information Management System:** a. Use global-guidance to revise GBV intake forms and other relevant forms as needed for the setting; b. Collect, compile, and analyze monthly GBV report data with an emphasis on identifying trends and patterns and feedback information to AoR members; c. Develop monthly report formats that capture relevant information and that support the analysis and evaluation of program progress and outcomes

Annex 2: Sample GBV Coordinator Terms of Reference

JOB DESCRIPTION

The GBV Coordinator facilitates and coordinates rapid implementation of GBV programming in an acute humanitarian emergency setting in accordance with the *IASC Guidelines for GBV Interventions in Humanitarian Settings*. 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 Coordinator's duties include liaison and coordination with other organizations (coalition building), training and sensitization, strategic planning, monitoring and evaluation. The Coordinator will use the *IASC Guidelines for GBV Interventions in Humanitarian Settings* and companion materials (orientation and training guides, planning worksheets, etc.) to facilitate planning, coordination, monitoring and evaluation of GBV initiatives.

MAJOR DUTIES AND RESPONSIBILITIES

Partnerships and Coordination

1. Catalyze the formation of and/or strengthen and assist in the facilitation of inter-agency, multi-sectoral GBV coordination groups at national, regional, and local levels, as necessary.
2. Liaise with Humanitarian Coordinators, Country Representatives, cluster leads, GBV managers, SEA focal points, and gender advisers in other agencies and organizations (including governments, national and international NGOs and women's groups) and in peacekeeping missions.
3. Lead efforts to develop a coordinated multi-sectoral and inter-agency prevention and response program to include referral and reporting mechanisms, information sharing, coordination, and monitoring/evaluation. Facilitate rapid development of agreed-upon standard operating procedures and related policies and practices.

Technical Leadership

1. In line with WHO's *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*, consolidate existing assessments on the GBV situation and/or work with relevant agencies and the displaced and host populations to conduct relevant participatory analyses of GBV.
2. Promote and facilitate the inclusion of GBV into CAP, Flash and other humanitarian appeal processes and documents.
3. Work with partners to develop new and/or adapt existing training materials to the local context and implement relevant training sessions for multi-sectoral prevention and response actors.
4. Provide technical support to the development of relevant advocacy and policy documents to address GBV in the context of broader gender (inequality) issues.

Monitoring and Evaluation

In line with WHO's *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*:

1. Work with the GBV coordination groups to revise GBV Incident Report and other relevant forms as needed for the setting. Train partner organizations and other sectors in use of this form with particular emphasis on the Guiding Principles for Working with GBV Survivors.
2. Collect, compile, and analyze monthly GBV report data with an emphasis on identifying trends and patterns. Develop monthly report formats that capture relevant information and that support the analysis and evaluation of program progress and outcomes.

Administrative and Miscellaneous Duties

1. Write monthly work plans, monthly reports, and other reports as needed or requested.
2. Assist in writing proposals and other fundraising efforts to support joint programming.
3. Other duties as required.

DESIRED QUALIFICATIONS:

Education and Training

1. University degree in social work or other social sciences, public health, community health, international relations, international law, human rights or related field.
2. Master's degree recommended (in similar fields).
3. Prior training in gender issues and their application in international humanitarian or development settings.

Experience and Knowledge

1. Awareness and demonstrable knowledge of gender issues and their relevance in humanitarian emergency settings.
2. Awareness and demonstrable knowledge of gender-based violence issues.
3. Demonstrable knowledge of reproductive health issues and/or protection issues in humanitarian settings.
4. Knowledge of humanitarian emergency operations and roles/responsibilities of humanitarian actors.
5. Knowledge, skill, and experience in participatory methods for community development and mobilization.
6. Group facilitation skills and experience.
7. Training skills.
8. Counselling skills and experience (recommended).
9. Coalition-building skills.
10. One year of experience in program management (in NGO preferred).
11. Experience working in humanitarian settings - preferably in an acute emergency.

Skills and Philosophical Orientation

1. Belief in and commitment to a survivor-centred approach to addressing GBV.
2. Belief in and commitment to gender equality.
3. Belief in and commitment to human rights.
4. Diplomacy and assertiveness; the ability to respectfully and carefully confront and discuss sensitive issues with a wide range of actors, groups, and individuals.
5. Sensitivity to and respect for a range of cultural beliefs.
6. Fluency in the national language preferred.

Annex 3: Terminology

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. While GBV can take many forms in an emergency context, during the early stages – when communities are first disrupted, populations are moving, and systems for protection are not fully in place – most reported GBV incidents are sexual violence involving female survivors/victims and male perpetrators.⁴

A Cluster is a sector of humanitarian response. GBV is an Area of Responsibility of the Protection Cluster – not a cluster in and of itself. Other AoRs in the Protection Cluster include: Child Protection; Housing, Land and Property Issues; Mine Action; and Rule of Law and Justice. Launched by the Emergency Relief Coordinator in 2005, the intention of the cluster approach is to ensure predictability and accountability in international responses to humanitarian emergencies by clarifying the division of labor among organizations, and better defining their roles and responsibilities within the different sectors of the response.

The inter-agency working group that coordinates multi-sectoral interventions to address GBV in a humanitarian context may be referred to as any of the following: sub-cluster, working group, area of responsibility, task force, consortium, etc. In a cluster context, the most common (unofficial) designation for this body is “GBV Sub-Cluster”.

Coordination in the context of addressing GBV is the operationalisation of multi-sectoral, inter-agency action – the process of moving from theory to practice. In a humanitarian emergency, coordination means: promoting participation; sharing and synthesizing information; identifying and filling gaps; advocating for action (all levels), including by mainstreaming GBV prevention and response actions into all sectors/clusters of humanitarian response; prioritizing urgent needs as defined by the beneficiary population (especially survivors and those most at risk for experiencing GBV); and assigning roles and responsibilities – ensuring accountability for action on specific tasks while fostering a group identity.

Accountability is the obligation of power-holders to take responsibility and to answer for their actions. In coordinating GBV interventions, we are first accountable to our beneficiaries and especially to the survivors themselves and those most at risk for experiencing GBV. Ultimate accountability for ensuring inter-agency action to address GBV in a humanitarian context lies with the designated GBV sub-cluster lead agency (or agencies). When this responsibility is assumed by an NGO, accountability and responsibility (e.g. to the global GBV AoR lead entities and/or to the Protection Cluster lead in country) must be clearly articulated and outlined in a MoU between the NGO and the relevant UN entities.

A GBV Coordinator may be responsible either for coordinating all GBV programmes within a single agency or may be charged with overseeing inter-agency, multi-sectoral coordination, e.g. in the context of a GBV sub-cluster. While in most cluster contexts the inter-agency GBV Coordinator will be at a senior level and will be employed by a United Nations entity, inter-agency GBV coordinators may also represent Government, NGO or other relevant actors depending on the context. Annex 2 provides a full sample Terms of Reference (ToR) for an inter-agency GBV Coordinator in a humanitarian emergency.

⁴ *Guidelines for Gender-Based Violence Interventions in Humanitarian Settings*. IASC, 2005

WHO WHAT WHERE FORM OF GENDER-BASED VIOLENCE PREVENTION AND RESPONSE ACTIVITIES

Please provide specific information under the health, psychosocial, legal and security columns

WHO	WHERE		WHAT				CONTACT				
	Organisation	Province	Location	Health	Psychosocial	Legal	Security	Training	Other	Name	Tel/Email
Provide your organisation name in full	specify the province	specify the location	provide details of activities related to health	provide details of activities related to psychosocial / counselling services	provide details of activities related to legal services	provide details of activities related to security				Full name of contact person	

GBV and Gender Trainings--Completed and Planned

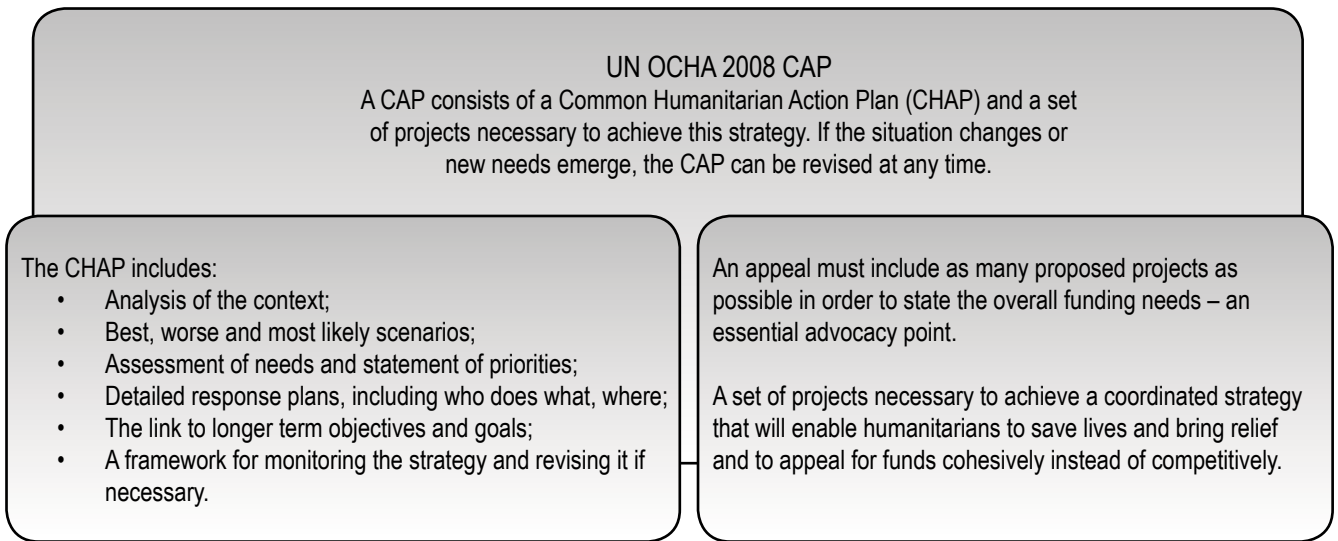
WHO	WHERE		TRAINING ISSUES	WHEN	CONTACT	
Organisation	Province	Location			Name	Tel/Email

CONSOLIDATED APPEAL PROCESS (CAP) GUIDANCE

The Consolidated Appeal Process (CAP) is a tool used by aid organizations to plan, coordinate, fund, implement and monitor their activities. The CAP fosters a more thoughtful and thorough approach to humanitarian action.

A Consolidated Appeal is usually developed through **a month of consultations** between government agencies, UN agencies, NGOs, donors, IOM and the Red Cross and Red Crescent Movement. It may be compiled **up to six months after the onset** of an emergency. A Consolidated Appeal presents a snapshot of the situation and response plans; if the situation or people's needs change, any part of the appeal can be revised at any time. In complex emergency situations, the CAP may be prepared on an annual basis.

The Consolidated Appeal Process



A10

FAQs on FLASH, CERF, CAP and CAP Template

Who prepares a CAP / CHAP?

The HC leads a one-month (approximately) consultation exercise with the Humanitarian Country Team (or CAP sub-group) to consider detailed assessments, priorities and appropriate strategies for a longer-term response. Selected projects form the basis of the Common Humanitarian Action Plan (CHAP).

What do you need to do?

1. Expand the inter-agency assessment and GBV strategy (consider that the CHAP may be adopted as your GBV inter-agency strategy).
2. Coordinate/solicit proposals (proposals and priorities can be modified as situations evolve) and submit, in the CAP format, information about all ongoing or planned projects under the GBV coordination mechanism – whether funded by other donors or not.
3. Develop the GBV part of the Consolidated Appeal.
4. Advocate for GBV prevention and response to be recognized in the Appeal – within cluster and with HC/RC.
5. Prepare for monitoring and reporting.

It is important to list all projects, regardless of whether they are likely to be funded by other donors. This helps to highlight funding shortfalls and reinforce advocacy messages. NGO projects can be listed separately, rather than under the umbrella of a UN agency (e.g., UNFPA), which can help to overcome funding delays and NGO concerns about autonomy.

Appealing agency	<i>Name(s) of appealing organisation(s) in bold and capital letters, followed by acronym in parenthesis () e.g., WORLD HEALTH ORGANIZATION (WHO)</i>
Project title	<i>Be very concise. Capture the essence of the project.</i>
Project code	<i>(Leave blank – code number is assigned by OCHA’s FTS)</i>
Sector	<i>Choose one of the agreed clusters or sector working groups in this CAP.</i>
Objective	<i>What does the project aim to achieve? This should relate directly to one of the sector objectives.</i>
Beneficiaries	TOTAL: persons Children: Women: Other group (specify): <i>Disaggregate numbers as much as possible.</i>
Implementing partners	<i>List partners <u>only</u> in the sense of those you will sub-contract – not those with whom you will coordinate. It is assumed you will coordinate with others in the cluster. e.g., Ministry of Health, Oxfam</i>
Project duration	January – December 2009 <i>Change the above if necessary. Note that a project’s duration can exceed one year. In that case, “total project budget” covers the entire project, while “funds requested” should be the portion needed for 2009 only.</i>
Total project budget	\$ <i>(Optional, if different from funds requested for 2009)</i>
Funds requested for 2009	\$ <i>Bottom line amount appealed for in the CAP for 2009 only.</i>
Contact e-mail	
Priority	<i>The priority level assigned by the cluster or HC, based on previously described criteria.</i>

Needs

(What is the evidence for the needs that this project addresses? Be specific-do not simply repeat the sectoral response plan’s needs analysis. State the evidence for needs for this project’s particular target group (e.g., to propose a water and sanitation project for Bulungu, give the statistics for water supply and water-related disease for Bulungu). Also, how does the project support overall strategic priorities and sector objectives?)

Activities

(What are the project’s main activities?)

This section should be in bullet format whenever possible.

-
-
-

Outcomes

(What are the expected outcomes?)

Also in bullet format.

-
-
-

FINANCIAL SUMMARY	
Budget items	\$
TOTAL	

Values should be rounded off to the nearest thousand. Budget item lines can include items such as staff costs, input costs, administrative costs, etc. The value in the “total” line of the financial summary should match exactly the “funds requested for 2009” line in the box at the top of the page.

“Do’s and Don’ts” for project sheets

Please DO NOT send project sheets longer than one page (nor should you shrink the standard margins and font). Such modifications will result in the project sheet being returned to the agency and not included in the appeal until shortened to one page. Remember that a project sheet is an “advertisement” for a project and that interested donors will contact the agency if they require additional information.

DO NOT send joint or multi-agency projects without specifying the funding breakdown per agency. Otherwise, FTS will have to split the project funding requirement equally among the joint appealing agencies. You can add columns to the budget summary box as shown below:

FINANCIAL SUMMARY				
Budget items	UNFPA	UNICEF	WHO	\$
Rehabilitation of youth-friendly spaces and equipment	45,000	0	0	45,000
Technical assistance (staff cost and supervision)	40,000	70,000	35,000	145,000
IEC/BCC activities and non-formal training activities	60,000	70,000	0	130,000
Training and refresher training at basic services level	50,000	50,000	40,000	140,000
Condoms, oral contraceptives, STI kits, treatment, etc.	80,000	60,000	30,000	170,000
Adaptation/production of training modules and materials	30,000	0	30,000	60,000
Monitoring and evaluation	30,000	25,000	13,500	68,500
Sub-total	335,000	275,000	148,500	758,500
Administrative costs (7%)	23,450	19,250	10,395	53,095
Total	358,450	294,250	158,895	811,595

DO NOT forward incomplete project sheets. They will not be published in the CAP.

CENTRAL EMERGENCY RESPONSE FUND (CERF) GUIDANCE

The CERF is a UN standby fund for timely, effective and reliable humanitarian assistance for victims of natural disasters, complex emergencies and time-limited responses to deteriorating situations in protracted emergencies. CERF application is initiated, and submission has to be endorsed, by the HC/RC.

CERF aims and principles

- CERF is a startup fund – very initial, immediate response, limited duration of **three months**
- CERF aims to mitigate against or avert loss of life, physical harm or threats to the population (it essentially focuses on the life-saving criteria)
- CERF aims to enhance response to time-critical needs (intervention to reduce escalation)
- CERF adheres to basic humanitarian principles of humanity, neutrality and impartiality and is consistent with principle of ‘Do No Harm’
- CERF should contribute to the improvement, durability and sustainability of solutions
- CERF recognizes the special vulnerability of children and women

Life-saving criteria

Sexual violence programmes can be funded under CERF as part of an agency’s provision of core humanitarian needs. Field-based actors are encouraged to liaise with the Humanitarian Coordinator’s office to submit projects incorporating GBV prevention and response elements. SGBV can be incorporated into the following sectors for CERF responses: **Education, Health, Protection/Human Rights/Rule of law, and Water and Sanitation.**

What do you need to do?

1. Lobby and advocate for life-saving SGBV function with HC/RC, IASC, clusters
2. Collate available evidence / information on SGBV (assessed/demonstrable needs)
3. Identify and agree on priorities on SGBV emergency humanitarian needs with your cluster (partnership)
4. Develop the SGBV part of CERF proposal
5. Follow up and continue advocating for SGBV recognition in the proposal– with HC/RC and other clusters
6. Prepare for monitoring and reporting.

- Evidence or demonstrable needs in SGBV are crucial (make direct link between concerns and remedy – i.e., mitigation of direct physical harm or threat)
- No recurrent, running and sectoral coordination costs allowed
- No activities if not directly linked to life-saving criteria – i.e., capacity building only in relation to life-saving functions
- NGOs can access funding only through UN agencies – including IOM

FLASH APPEAL GUIDANCE¹

The Flash Appeal is a tool for structuring a coordinated humanitarian response for the **first three to six months** of an emergency.

The Flash Appeal is issued within one week of an emergency. It provides a concise (**maximum 10 pages**) overview of urgent life-saving needs within one week of the onset of an emergency. It addresses acute needs and recovery projects that can be implemented within the Flash Appeal timeframe (up to six months), based on the best available information at the time of writing.

Who prepares a Flash Appeal?

The UN Humanitarian Coordinator triggers the Flash Appeal in consultation with all stakeholders. The overall content is coordinated and compiled by the Humanitarian Coordinator and UNOCHA, with input from the Humanitarian Country Team, usually within five to 10 days of the onset of an emergency.

What do you need to do?

1. Lobby and advocate for GBV prevention and response function with HC/RC, IASC, clusters
2. Collate available information on GBV
3. Identify and agree on priorities on GBV emergency humanitarian needs with your cluster (partnership)
4. Develop the GBV part of the Flash Appeal (one page) – this normally would be based on early response planning
5. Follow up and continue advocating for GBV recognition in the proposal – within the cluster, with HC/RC and other clusters
6. Prepare for monitoring and reporting.

- The Flash Appeal may be developed into a Consolidated Appeal if the emergency continues beyond six months.
- The Flash Appeal can be used as the basis for the Central Emergency Response Fund (CERF).
- Funds are not channeled through the Protection Cluster or GBV Coordination mechanisms but should be counted as funding towards meeting GBV needs within the cluster approach.
- UN agencies and NGOs are eligible to submit projects under the Protection Cluster/ GBV coordination mechanism, and government activities may be considered if incorporated under a UN or NGO project.
- The Protection Cluster/GBV coordination mechanism may also submit projects, including proposals to support funding for cluster coordination activities.

Revised Flash Appeal

Given that Flash Appeals necessarily are based on early estimates, they and their projects can be revised at any point after the launch as more information emerges. A revised Flash Appeal may be made – usually approximately one month after the initial appeal. This follows the same format but will be based on more detailed assessment data and new or revised response projects.

¹ Adapted from Wash Cluster handbook and IASC Guidelines for Flash Appeal:

[http://www.humanitarianreform.org/humanitarianreform/Portals/1/Resources & tools/Guidelines for Flash appeals.pdf](http://www.humanitarianreform.org/humanitarianreform/Portals/1/Resources%20&%20tools/Guidelines%20for%20Flash%20appeals.pdf)

**Education Cluster
CAP 2010**

Reflecting Gender & GBV in Education Project Sheets

1. CAP 2010 project selection criteria:

In order for the projects to be selected for the CAP, they need to meet several 'selection criteria', which were determined at the CAP Workshop and confirmed by the UN Country Team. If a project does not meet one of the selection criteria, it will be **DESELECTED** and will not be submitted as one of the CAP projects for submission.

One of the selection criteria for the 2010 CAP projects is:

“The project reflects the cross-cutting issues of gender, HIV/AIDS, protection, and age, unless otherwise justified.”

2. Subsequent to the selection criteria for the projects is the prioritization process, during which the cluster determines which of their project sheets should take priority over others. One of the prioritization criteria for the 2010 CAP projects is:

“gender is reflected throughout the project”

Exclusion of gender could result in lower prioritization of the project.

Strategies for ensuring project selection and high prioritization:

Zimbabwe-specific issues to consider	Gender/GBV in the needs analysis	Gender strategies GBV mitigation strategies
<ul style="list-style-type: none"> • Gender balance of teaching and administrative staff • Exploitation in schools <ul style="list-style-type: none"> ◦ Inappropriate relationships between male teachers and female students ◦ Forced labour by teachers on male students • Coping strategies for shortage of money to cover school-related costs <ul style="list-style-type: none"> ◦ Coping by families (selective removal of children from school) ◦ Early marriage for girls ◦ Boys having to leave school to work ◦ Transactional sex between students and teachers to cover costs 	<ul style="list-style-type: none"> • Enrollment ratio between boys and girls • Sex-disaggregation by grade level • Sex-disaggregation school attendance rates • Sex- and age-disaggregation of drop-out rates • Sex disaggregation of reports of exploitation and abuse • Sex-disaggregated achievement measures • % and disaggregation of teachers trained on codes of conduct 	<ul style="list-style-type: none"> • Raise awareness on any disparity on drop-out rates and need for education for ALL children • Minimize any gender disparity of teaching staff to mitigate potential for exploitation and abuse • Provision of life skills training, with emphasis on mitigation of GBV, exploitation and exposure to HIV/AIDS • Teacher training on codes of conduct • Mechanisms for reporting issues of exploitation and abuse • Awareness-raising on risks to children when not in school or when conducting basic chores inside and outside the home (water and firewood collection, traveling long distances, working in the fields, etc.) • Advocacy for girls' education (to minimize risk of early marriage)

Reflecting Gender & GBV in Health Project Sheets

1. CAP 2010 project selection criteria:

In order for the projects to be selected for the CAP, they need to meet several ‘selection criteria’, which were determined at the CAP Workshop and confirmed by the UN Country Team. If a project does not meet one of the selection criteria, it will be **DESELECTED** and will not be submitted as one of the CAP projects for submission.

One of the selection criteria for the 2010 CAP projects is:

“The project reflects the cross-cutting issues of *gender, HIV/AIDS, protection, and age, unless otherwise justified.*”

2. Subsequent to the selection criteria for the projects is the prioritization process, during which the cluster determines which of their project sheets should take priority over others. One of the prioritization criteria for the 2010 CAP projects is:

“Does the project, where appropriate, include gender aspects, and a component preventing or reducing the impact of gender-based violence”

Exclusion of gender could result in lower prioritization of the project.

Strategies for ensuring project selection and high prioritization:

Zimbabwe-specific issues to consider	Gender/GBV in the needs analysis	Gender strategies GBV mitigation strategies
<ul style="list-style-type: none"> • Gross shortage of data by sex and age on cholera-affected populations • Impact of cholera on various groups (past and future) <ul style="list-style-type: none"> ○ Exposure to cholera through treatment of the dead (who is responsible for treating the bodies?) ○ Vulnerability through transiting from one location to another (Men for work? Women for work? Children for school? IDPs, cross-border activities, CSWs, etc.) ○ Primary caregivers when someone is sick. Impact on vulnerability/exposure ○ Exposure to less hygienic locations 	<ul style="list-style-type: none"> • Gender and age-breakdown of health issues (priority placed on cholera) • Sex- and age-disaggregation of barriers to accessing various forms of healthcare (Dem Health Survey, 2005) • GBV assessments or situation analyses (Joint IOM/UNICEF/UNFPA GBV Assessment, 2009) 	<ul style="list-style-type: none"> • Distribution of rape treatment kits and other relevant commodities • Training on appropriate treatment and interaction with survivors of GBV (taking into consideration experiences and needs of various age groups) • Programmes increasing women's access to healthcare (primarily maternal healthcare) • Increased psychosocial support programmes for GBV survivors • Sex- and age-disaggregated database on health issues (especially cholera) • Targeted GBV-response strategies for rural health facilities

<ul style="list-style-type: none"> • Problems in access to healthcare: <ul style="list-style-type: none"> ◦ Over 83% of women (age 35-49) list one or more problems in accessing healthcare (cost, transport, permission, etc.) ◦ No data on problems with MEN accessing healthcare • Gender implications of cost of healthcare (access to maternal care, etc.) • Over 36% of women have reported experiencing some form of physical violence • 25% of women report having experienced sexual violence (highest between ages of 20 and 39) • Limited availability of rape treatment kits • Limited capacity among rural health actors on administration of rape treatment kits 		
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**Nutrition Cluster
CAP 2010**

Reflecting Gender & GBV in Nutrition Project Sheets

1. CAP 2010 project selection criteria:

In order for the projects to be selected for the CAP, they need to meet several 'selection criteria', which were determined at the CAP Workshop and confirmed by the UN Country Team. If a project does not meet one of the selection criteria, it will be **DESELECTED** and will not be submitted as one of the CAP projects for submission.

One of the selection criteria for the 2010 CAP projects is:

“The project reflects the cross-cutting issues of gender, HIV/AIDS, protection, and age, unless otherwise justified.”

2. Subsequent to the selection criteria for the projects is the prioritization process, during which the cluster determines which of their project sheets should take priority over others. One of the prioritization criteria for the 2010 CAP projects is:

“Does the project, where appropriate, include gender aspects, and a component preventing or reducing the impact of gender-based violence”

Exclusion of gender could result in lower prioritization of the project.

Strategies for ensuring project selection and high prioritization:

Zimbabwe-specific issues to consider	Gender/GBV in the needs analysis and among project strategies
<ul style="list-style-type: none"> • Children under five classified as malnourished higher among boys than girls (31.2% of boys, 27.6% of girls) • 4+ times fed per day lower among girl children over 23 months than among boy children over 23 months <ul style="list-style-type: none"> ○ 26.1% for girls ○ 34.9% for boys • According to 2009 IDP assessment (preliminary data), adult females in the HH more likely to consume less food than adult males when there is a food shortage • According to IDP assessment (preliminary data), some reports of girl children being forced into marriage as a coping strategy during food shortages • Very little gender- and age-specific data on nutritional issues for over 5s 	<ul style="list-style-type: none"> • Sex and age breakdown of various nutritional issues for children over age five, and adults • Sex and age disaggregation of feeding practices (and relevant trends) among children over age five and adults • Address any inequalities in nutritional rates at the HH level • Awareness-raising activities about any disparities in food consumption and the implications of such activities • Establish sex-balanced nutrition committees in communities

**Protection Cluster
CAP 2010**

Reflecting Gender & GBV in Protection Project Sheets

1. CAP 2010 project selection criteria:

In order for the projects to be selected for the CAP, they need to meet several ‘selection criteria’, which were determined at the CAP Workshop and confirmed by the UN Country Team. If a project does not meet one of the selection criteria, it will be **DESELECTED** and will not be submitted as one of the CAP projects for submission.

One of the selection criteria for the 2010 CAP projects is:

“The project reflects the cross-cutting issues of *gender, HIV/AIDS, protection, and age, unless otherwise justified.*”

2. Subsequent to the selection criteria for the projects is the prioritization process, during which the cluster determines which of their project sheets should take priority over others. One of the prioritization criteria for the 2010 CAP projects is:

“Does the project, where appropriate, include gender aspects, and a component preventing or reducing the impact of gender-based violence”

Exclusion of gender could result in lower prioritization of the project.

Strategies for ensuring project selection and high prioritization:

Zimbabwe-specific issues to consider	Gender/GBV in the needs analysis	Gender strategies GBV mitigation strategies
<ul style="list-style-type: none"> • IDP <ul style="list-style-type: none"> ○ Women overly represented in displaced populations ○ Higher rates of GBV among IDPs <ul style="list-style-type: none"> □ SV, CSW, transactional sex ○ Safety issues for men transiting for work; safety issues for those who remain in the home • Child protection <ul style="list-style-type: none"> ○ Reports of inappropriate sexual relationships between girl children and teachers ○ How do families deal with economic challenges? <ul style="list-style-type: none"> □ early marriage for girls □ forced into work for boys (in fields, on streets) ○ reports of girls being raped while on the way to school, at water points 	<ul style="list-style-type: none"> • Gender breakdown of IDP populations (IDP assessment) • GBV assessments/ situation analyses • Gender disaggregation of CP issues • Gender breakdown of teaching and education administration staff • Situation analysis of access to services for survivors (health, PS support, legal aid) • Sex disaggregation of reports of exploitation and abuse • Sex and age disaggregation of school attendance and/ or drop out rates 	<ul style="list-style-type: none"> • Increased access to services for IDP women and other survivors of GBV • Distribution of and training on rape treatment kits • Training of police and health actors on survivor-centred approaches • Integration of GBV mitigation strategies across other clusters <ul style="list-style-type: none"> ○ Education (life skills in schools) ○ WASH (safety measures at water points, in transit to water points) ○ Health (increased access to healthcare, training for health actors on use of rape treatment kits)

<ul style="list-style-type: none"> o Street children (different experiences of each gender when 'on the street') • GBV <ul style="list-style-type: none"> o GBV occurs most commonly when crossing borders, when in transit, when collecting water, in schools (joint assessment) o IPV reportedly very high (see DHS as reference) o SV rates high among IDP populations o Removing children from school for economic reasons: <ul style="list-style-type: none"> □ marriage for girls □ work for boys • Human rights/rule of law <ul style="list-style-type: none"> o Legal aid for survivors <ul style="list-style-type: none"> □ Prioritizing confidentiality □ Informed consent o Gender breakdown among police force, especially VFUs o CSWs (especially marginalized and difficult to target for support) 		<ul style="list-style-type: none"> • Awareness-raising on risks to children when not in school or when conducting basic chores inside and outside the home (water and firewood collection, traveling long distances, working in the fields, etc.) • Advocacy for girls' education (to minimize risk of early marriage)
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Resources:

- Gender Scoping Study (2007)
- DHS (2005)
- Joint UNFPA/UNICEF/IOM GBV Assessment (undertaken in Mberegwa, Mudzi, Mutare)
- HIV/AIDS and GBV Needs of Cross-Border Mobile Populations...(IOM, et. al)
- Protection in the Cholera Response (SC-Alliance)

**WASH Cluster
CAP 2010**

Reflecting Gender & GBV in WASH Project Sheets

1. CAP 2010 project selection criteria:

In order for projects to be selected for the CAP, they need to meet several ‘selection criteria’, which were determined at the CAP Workshop and confirmed by the UN Country Team. If a project does not meet one of the selection criteria, it will be **DESELECTED** and will not be submitted as one of the CAP projects for submission.

One of the selection criteria for the 2010 CAP projects is:

“The project reflects the cross-cutting issues of *gender*, HIV/AIDS, protection, and age, unless otherwise justified.”

2. Subsequent to the selection criteria for the projects is the prioritization process, during which the cluster determines which of their project sheets should take priority over others. One of the prioritization criteria for the 2010 CAP projects is:

“*gender* is reflected throughout the project”

Exclusion of gender could result in lower prioritization of the project.

Strategies for ensuring project selection and high prioritization:

Zimbabwe-specific issues to consider	Gender/GBV in the needs analysis	Gender strategies GBV mitigation strategies
<ul style="list-style-type: none"> • Gross shortage of data by sex and age • Impact of cholera on various groups (past and future) <ul style="list-style-type: none"> ○ Exposure to cholera through treatment of the dead (who is responsible for treating the bodies?) ○ Vulnerability through transiting from one location to another (Men for work? Women for work? Children for school? IDPs, cross-border activities, CSWs, etc.) ○ Primary caregivers when someone is sick. Impact on vulnerability/exposure ○ Exposure to less hygienic locations 	<ul style="list-style-type: none"> • Gender breakdown of cholera-affected populations <ul style="list-style-type: none"> ○ water collection locations and practices ○ hygiene promotion activities ○ waste-disposal practices ○ vulnerabilities/ risk factors (disposal of bodies, caretaking, high- risk areas and locations, etc.) • Sex and age disaggregation of hygiene practices and vulnerabilities • Impact of water collection and practices on GBV (identify safety and security risks) 	<ul style="list-style-type: none"> • Raise awareness on any disparity between cholera-affected age and gender groups • Hygiene promotion activities specifically targeting men and not only women • Placement of water points in safe areas; ensure water points are well-lit, etc. • Adapt hand pumps and water collection containers appropriate for children and women • Ensure water collection times are realistic, convenient and safe

<ul style="list-style-type: none"> • Unequal knowledge of hygiene promotion activities <ul style="list-style-type: none"> ○ Do they follow social norms (e.g., only target women, thereby making men more vulnerable)? • Water and sanitation responsibilities in the home <ul style="list-style-type: none"> ○ What age/gender group(s) responsible for water collection ○ What age/gender groups responsible for sanitation responsibilities ○ Water collection times not always realistic for working men – result in collecting water at unsafe points • Reports of sexual violence most often occurring when collecting water (especially for young girls/ young women) <ul style="list-style-type: none"> ○ Assessment from Mberengwa and Mudzi) 		
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WHAT MAKES A STORY NEWSWORTHY?

Every news day is different and media coverage greatly depends on what else is happening. In most cases, reporters are looking for an interesting and timely story - one that will captivate the majority of their readers, viewers or listeners. This can come in the form of a breaking news event, the issuing of credible new data, compelling stories about ordinary or extraordinary people, conflict, devastation, etc.

In the case of our work, much of what we do and why we are doing it can generate news coverage if it is presented to the right person, at the right time and in an interesting and appealing way. If you have an idea about an upcoming event, a programme, or a situation that you think may attract news coverage, discuss it with your manager or communications department. But first, here are 10 qualities that make a story newsworthy. The first six apply to our work in particular.

Timeliness

The word *news* means exactly that - things that are *new*. Topics that are timely are good newsworthy. Events that happened last week are no longer interesting. When it comes to our work, there are certain “pegs”, or calendar tie-ins or reasons a story should be told *now*: International Women’s Day, the anniversary of a war ending, six months after an election. Develop a calendar of newsworthy pegs and pitch stories *in advance* of them.

Significance

The number of people affected by the story is important. An earthquake in which hundreds of people died is more significant than a quake killing a dozen. An organisation’s ability to continue aiding hundreds of thousands of women in North Kivu, DRC, despite mounting violence is more significant than its ability to do so in more peaceful times.

Proximity

A story that seems near to an audience, either in regard to geographic location or personal relevance, is newsworthy. So, a story from a Francophone country in Africa will probably have a better shot at receiving coverage by French press. A story about a woman working to help rape survivors might be of particular interest to an editor at a women’s magazine.

Prominence

A story featuring a topic or person who is considered important or well-known is newsworthy. If Secretary-General Ban Ki Moon is visiting your region, and there is a tie-in with your work, capitalize on his visit and pitch a story.

Human interest

These stories are designed to arouse the audience’s emotions, based on the people and problems described in the story. A human-interest story highlights the extraordinary troubles or triumphs of a person or group of people. Audiences can better relate to an issue when they see how it has affected another.

Consequence

A story that shows the effect or result of an event or action. Example: a school built in the aftermath of war has graduated X classes of children and sent Y onto college.

Novelty

A story that is about something new or that examines an issue in a new way.

Suspense

A story with an uncertain outcome.

Conflict

A story where there is opposition, disagreement or controversy.

Sensationalism

A story intended to have a startling or scandalous effect.

DEVELOPING AN EFFECTIVE MESSAGE

An effective message will include:

- 1) The problem/issue that we want to address
- 2) Our solution to the problem/issue
- 3) The action we are taking to achieve this solution
- 4) Our overarching vision

Example One: In Liberia, Helping Vulnerable Women Advance with Small Businesses

Problem/issue:

The bodies and spirits of women and girls are the forgotten frontline in conflicts throughout the world. Sexual violence is not just a by-product of war; it is a strategy of combat systematically used to terrorize and humiliate.

Our solution to the problem/issue:

Around the world, the International Rescue Committee helps survivors heal and works with communities and institutions to break the cycle of violence. As first-responders in emergencies such as in Central African Republic, the IRC works hands-on to deliver urgent care and referrals for victims of assault. In longstanding crises, such as Darfur, we provide safe spaces for women to come together for support and to build skills at our women's centers. And in the aftermath of war, such as in West Africa, the IRC addresses the root causes of violence against women by helping them gain greater economic independence and play a more meaningful role in decision-making.

Action we are taking:

In Lofa County, Liberia, the IRC has provided seed money and training to vulnerable women, many of them rape survivors. The IRC reached out to women, asked them what types of businesses they believed would succeed, assisted women in putting those plans into action, and provided support as their businesses took off.

Our overarching vision:

The recovery of communities devastated by war relies heavily on the participation of women and girls. Being able to provide for themselves, and oftentimes their children, means women are less likely to fall prey to violence. The IRC works to foster conditions in which women and girls not only survive the effects of conflict, but ultimately thrive.

Example Two: The Road from Child Soldier Back to Child

Problem/issue:

Children are the first victims of war and other humanitarian emergencies. During Sierra Leone's decade-long civil war, many children were abducted and forced to become child soldiers. Now that war has ended...but for children stripped of their childhoods, they lack the support they need to thrive.

Our solution to the problem/issue:

The International Rescue Committee sees education as one of the primary strategies for protecting children. In the places where we work, this means using education as a way of mitigating the worst effects of war, mass displacement and natural disaster. “Normalcy” doesn’t exist. But developing a safe and nurturing environment where children can be children again and resume their education is critical.

Action we are taking:

The IRC has established schools and vocational training programmes for former child soldiers across Sierra Leone. We work together with the government Ministry of Education, Youth and Sports to support former child soldiers’ general psychosocial well-being through educational programming.

Our overarching vision:

Education is the key to helping young people develop. It prepares them for a constructive adulthood and active participation in the rebuilding of their countries. In Sierra Leone and around the world, helping children become what they are capable of being is our way of encouraging a better tomorrow.

THE PRESS RELEASE

Here are some basic guidelines to assist you in developing a press release:

1. At the top, include your organization's logo, office address, phone number, the words "For Immediate Release" and the release date.
2. Type the name and phone number of the one or two people who should be contacted for more information or interviews. These people must be easily reachable by telephone for at least two days after the release is distributed.
3. Create a powerful headline that conveys the essential message of the release.
4. Write the release like a news story, with the information in descending order of importance.
5. Emphasize the 'newsiest' elements of your story and include one or two quotes from staff members who can be interviewed.
6. Make sure that the release answers ALL of the key elements of any statement - who, when, where, why and what?
7. Keep the sentences and paragraphs short and avoid insider jargon and acronyms.
8. Limit the release to one or two pages.
9. Conclude with a brief general description of your organization.
10. At the end, include the statement, "For more information, visit our web site, www.ourorganization.org."

GENDER-BASED VIOLENCE SUB-CLUSTER GROUP

Press release: **DRAFT**

Date: 13th March 2008

A DECLARATION AGAINST SEXUAL VIOLATION AND ABUSE OF WOMEN IN THE KENYAN HUMANITARIAN CRISIS

Throughout the Kenyan post-election crisis, many forms of gender-based violence have been recorded in individual testimony and field-based assessments. Rape and torture were the most immediate and dangerous types of gender-based violence occurring in this humanitarian crisis. Statistics from the Nairobi Women's Hospital indicate that 90 percent of the cases the hospital has received since the violence began have been gang rapes. The gangs involved range from groups of two men to as many as 11.

The GBV sub-cluster group, made up of organizations that are focused on gender-based violence, wish to strongly condemn these sexual violations and demand that sexual violence stops, including sexual exploitation and abuse.

For the purposes of this statement 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. Similarly, the term "sexual abuse" means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

The sexual exploitation and abuse issues of particular concern for us are related to reports of aid workers abusing their positions of authority within IDP camps. There is an explicit mandate about the role of aid workers in camps to promote and protect human rights. According to the UN Secretary-General's Bulletin of 2003, sexual exploitation and sexual abuse violate universally recognized international legal norms and standards.

Preliminary findings of a rapid assessment report done in mid-January by the UN suggests that perpetrators within communities across Kenya have exploited the conflict in order to commit sexual violence with impunity, and efforts to protect or respond to the needs of women and girls are remarkably insufficient.

We further note that risks of sexual violence are ongoing for women and young girls seeking sanctuary in IDP settlements. We therefore recommend that measures be put in place to stop the violence, to offer protection to women and children, to investigate the crimes that have already been committed and to prosecute the perpetrators.

We also demand that displaced persons in the camps be provided accessible information about standards, laws and appropriate responses to such violations as well as the establishment of a report-back mechanism.

We call upon His Excellency the President Mwai Kibaki and Honorable Raila Odinga and members of Parliament to aggressively and proactively deal with this social injustice by supporting the agreements of disarming and demobilizing the militia, who as we know have been responsible for a good number of the gang rapes. In the long-term we call upon them to establish elaborate systems of preventing, protecting and responding to all forms of gender-based violence and respect of women's rights.

"A gender perspective should be integrated into all disaster risk management policies, plans and decision-making processes..."

Hyogo Framework for Action, adopted by 168 countries at the World Disaster Reduction Conference, Kobe, January 2005

Signing organizations

List of organizations attached

A15

Sample Press Release

ETHICS AND SENSITIVITY

The interests of refugees are to be protected over any other consideration, including advocacy and promotion of refugee issues. Here are some tips to help you when working with the press (recommendations adapted from UNICEF's media guidelines on refugee protection):

- 1. Privacy and confidentiality:** Remind reporters to pay attention to the refugee's right to privacy and confidentiality and the need to protect the refugee from any harm and retribution, including the potential for harm and retribution.
- 2. Sensitivity and safety:** Ask the reporter to avoid questions, attitudes or comments that are insensitive to cultural values, that place a refugee in danger or expose a refugee to humiliation, or that reactivate a refugee's pain and grief from traumatic events.
- 3. Comfort level:** Ask the reporter to pay attention to where and how the refugee is interviewed and try to make certain that the refugee is comfortable and able to tell his or her story without outside pressure, including from the reporter.
- 4. Comprehension:** Ensure that the refugee knows he or she is talking to a reporter and understands what it means.
- 5. Permission:** Secure permission from the refugee for all interviews, videotaping and documentary photographs. This permission must be obtained in a manner that ensures the refugee is not coerced in any way; the refugee must also understand the implications of being part of a story that might be disseminated locally and globally.
- 6. Identity protection:** Change the name and obscure the visual identity of any refugee who is:
 - A current or former child combatant, regardless of whether he or she is accused of violence or atrocities
 - A survivor of sexual abuse or exploitation, unless it is an adult who wants to tell his/her story publicly,
 - A perpetrator of physical or sexual abuse,
 - HIV positive or living with AIDS, unless the adult refugee or the guardian of the refugee child gives fully informed consent,
 - Charged or convicted of a crime,
 - Or who asks not to be identified for personal reasons.

Ask the reporter not to publish a story or image if doing so may put the refugee at risk even if identities are changed, obscured or not used.

In certain cases, using a refugee's identity – his or her name and/or recognizable image - is in the refugee's best interests. However, when the refugee's identity is used, he or she must still be protected against harm and supported through any stigmatization or reprisals. Some examples of these special cases are:

- When a refugee initiates contact with the reporter, wanting to exercise his or her right to freedom of expression.
- When a refugee is part of a sustained programme of activism or social mobilization and wants to be so identified.

7. Children: In addition to applying the same principles described above, the following steps should be taken when it comes to refugee children:

- Make sure those closest to the child's situation and best able to assess it are consulted about the political, social and cultural ramifications of any reportage.
- Secure permission for all interviews of the refugee child from his or her parents or a guardian.

THE SOLICITED INTERVIEW

(The one you can prepare for)

BEFORE THE INTERVIEW

Prepare your core message

Have it ready and emphasize it throughout the interview.

Develop supporting points

These are sentences that back up each of your key messages.

Anticipate what will be asked

And get the information ahead of time. Think about any negative angles that might surface... and ways to respond positively.

Study up on the reporter!

If you can, get to know the reporter and his or her programme/publication ahead of time. This will give you a sense of what s/he may ask you.

Read recent articles on the subject

This will ensure you are up-to-date on what is being said or written about on the subject. Note the types of questions asked and consider the effectiveness of the varied responses.

Be ready with numbers

About the situation you will be discussing, your organization's programmes and its history.

...and possibly images

Often, your communications department will handle this. Still, if you have cleared images that you can offer reporters at the time of the interview or afterwards, all the better.

Practice beforehand

Use the bathroom mirror!

Wear a logo

Wearing a T-shirt or hat with your organization's logo is good advertising.

DURING THE INTERVIEW

Name recognition

Remember to tell the reporter the name of your organization.

Avoid 'NGO speak'

Acronyms and industry jargon are a no-no.

Use anecdotes

Stories say it all. Anecdotes are a great way to humanize complex subjects and illustrate your main points.

Take control of the interview

(see The Unsolicited Interview)

Be honest and open

If you always tell the truth, there is nothing to remember!

Be courteous

Bear in mind who your audience is. The reporter is just the conduit. Do not get upset if he/she is trying to provoke you.

Remember that 90% of what you say will not be used

A reporter will not print or air your entire interview...just a soundbite or two.

AFTER THE INTERVIEW**Never assume that the interview is over**

The best quotes are taken after the official interview has stopped.

Offer follow-up

Say, "If you would like me to review anything or provide you with additional information, I'm happy to help."

Always provide contact details

Provide a business card if you can.

Advertise your website

Encourage the reporter to mention/post your organization's URL if you can.

THE UNSOLICITED INTERVIEW

(Being prepared...for the one you didn't prepare for!)

Stay calm

You know what you are talking about. You are the expert.

Ask the reporter the angle of his/her story

This will give you an idea of what type of questions s/he will ask

Take control of the interview:

- **Remember: the reporter need not run the show.** Think of every response to a question as an opportunity to talk about your organization's mission and programmes and provide positive information.
- In addition to the story the reporter wants to tell, **stay focused** on the story *you* want to tell.
- If a reporter's questions are moving in an inappropriate or uncomfortable direction, **do not stonewall** -- saying "no" or "I can't answer that" just sounds defensive. Instead, **change course** with a transitional phrase to get the interview back on track. Some suggestions:

"But the key issue is ..."

"But what I'd really like to emphasize is ..."

"I can't speak about that but what I can tell you is ..."

"I think what you're really asking is ..."

"I think this speaks to a larger issue ..."

Or in the case of GBV, "We respect the confidentiality of the women at our women's health centres."

- **And do not speculate.** Speculation or inaccurate answers can damage your credibility and that of your organization and undermine its programmes and policies. Offer to provide the information later in the day or to put the reporter in touch with a person who can answer the question. Never guess. The reporter will appreciate your efforts to provide factual information.
- "I'm not qualified to answer that but let me refer you to..."
- Do not be afraid to **advise a reporter** on what you think is an important or interesting angle to cover. This is a good opportunity to talk more about your programmes.
- If you cite figures that are not your own, make sure you **cite the source**.

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.

Ethical Journalism Initiative¹: Guidelines on Reporting of VAW

1. Identify violence against women accurately through the internationally accepted definition in the 1993 UN Declaration on the Elimination of Violence Against Women.
2. Use accurate, non-judgmental language. For instance, rape or sexual assault is not in any way to be associated with normal sexual activity; and trafficking in women is not to be confused with prostitution. Good journalists will strike a balance when deciding how much graphic detail to include. Too much may be sensationalist and can be gratuitous; too little can weaken the survivor's case. At all times, the language of reporting should avoid suggestions that the survivors may be to blame, or were otherwise responsible for the attack or acts of violence against them.
3. People who suffer in such an ordeal will not wish to be described as a 'victim' unless they use the word themselves. The use of labels can be harmful. A term that more accurately describes the reality of a person who has suffered in this way is 'survivor'.
4. Sensitive reporting means ensuring that the media interview meets the needs of the survivor. A female interviewer should be on hand and the setting must always be secure and private, recognizing that there may be a social stigma attached. Media 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 their standing in the community.
5. Treat the survivor with respect. For journalists this means respecting privacy, providing detailed and complete information about the topics to be covered in any interview, as well as how it will be reported. Survivors have the right to refuse to answer any questions or not to divulge more than they are comfortable with. Journalists should make themselves available for later contact; providing contact details to interviewees will ensure they are able to keep in contact if they wish or need to do so.
6. Use statistics and social background information to place the incident within the context of violence in the community or conflict. Readers and the media audience need to be informed of the bigger picture. The opinion of experts on violence against women such as the DART centre will always increase the depth of understanding by providing relevant and useful information. This will also ensure that media never give the impression that violence against women is an inexplicable tragedy that cannot be solved.
7. Tell the whole story: sometimes media identify specific incidents and focus on the tragic aspects, but reporters do well to understand that abuse might be part of a long-standing social problem, armed conflict or part of a community history.
8. Maintain confidentiality: as part of their duty of care, media and journalists have an ethical responsibility not to publish or broadcast names or identify places that in any way might further compromise the safety and security of survivors or witnesses. This is particularly important when those responsible for violence are the police, or troops in a conflict, or agents of the state or government, or people connected with other large and powerful organizations.
9. Use local resources: Media who contact experts, women's groups and organizations on the ground about proper interviewing techniques, questions and places will always do good work and avoid situations – such as where it is unacceptable for male camera workers or reporters to enter a secluded place – which can cause embarrassment or hostility. There is always virtue in reporters educating themselves on the specific cultural contexts and respecting them.
10. Provide useful information: reports that include details of sources and the contact details of local support organizations and services will provide vital and helpful information for survivors/witnesses and their families and others who may be affected.

¹ **The Ethical Journalism Initiative** is a global campaign of programmes and activities to support and strengthen quality in media. It was adopted by the World Congress of the IFJ in Moscow in 2007 and was formally launched in 2008. The Ethical Journalism Initiative is a global campaign of programmes and activities to support and strengthen quality in media. <http://ethicaljournalisminitiative.org/en/contents/ifj-guidelines-for-reporting-on-violence-against-women>

**COMMUNITY SERVICES/CAMP MANAGEMENT/CAMP COORDINATION SECTOR
GBV Key Actions**

TARGET: IMPLEMENT SAFE SHELTER AND SITE PLANNING PROGRAMMES

1. Establish information-sharing and coordination systems among organizations that register new arrivals and shelter/site planning organizations.

Key Actions:

- **Participate in a coordinated situation analysis and use this information for safe shelter and site planning programmes.**
- **During registration, identify individuals in need of shelter assistance (i.e., those most vulnerable to sexual violence (SV)).**

2. Select sites that allow sufficient shelter space for the population and that do not pose additional security and protection risks.

Key Considerations:

- **Proximity to borders (to reduce risk of cross-border attacks) or other specific high-risk areas.**
- **Proximity to fuel collection and other activities that involve movement outside the designated site.**

3. Establish shelter committees with equal female and male participation; monitor to ensure that women participate in the decisions and that their needs are met.

Key Actions:

- **Facilitate the participation of both women and men by reviewing their other roles and support community mechanisms to address barriers to women’s equal participation.**
- **Provide both women and men with the same benefits for their input and their work in construction.**

4. Plan the physical layout of the site in collaboration with the community shelter committee, incorporating prevention and response to SV.

Key Actions:

- **Plan location of shelter areas to promote a sense of community and reinforce community-based protection.**
- **Provide a common area for children to play where family members can watch them from the shelter.**
- **Carefully plan water and sanitation facilities.**
- **Make arrangements for lighting in communal areas and lighting for individual use.**

5. Designate space for community centers, safe spaces for women/girls, child-friendly spaces, confidential access to SV care at health centres, and other services and facilities related to prevention and response to SV (allow for physical access, privacy and confidentiality/ anonymity).

Key Actions:

- **Consult with women in the community to design a women’s centre. In most sites, the women’s centre will be the space for recreation, reproductive health (RH), and SV-related services.**
- **Establish child-friendly spaces where children can meet and share their experiences and concerns with staff and each other.**
- **Mobilize women and girls to participate in managing the spaces and activities.**

6. Design communal shelters to maximize safety and prevent SV. If communal shelters are to be used, even as temporary measures at the onset of the emergency:

Key Actions:

- **Provide adequate material for partitions between families.**
- **Accommodate single women and single men in separate communal booths.**
- **Seek ongoing input from women to ensure their needs and security concerns are addressed**
- **Inspect communal shelters regularly to monitor security and protection.**

7. Design and allocate shelters/plots to maximize safety and prevent sexual violence.

Key Actions:

- **Ensure that individual shelter allocation does not compromise protection.**
- **Establish clear, consistent and transparent systems for shelter allocation, distribution of any shelter materials and criteria for qualifying for shelter assistance.**
- **Provide materials that are necessary for shelter construction but are not easily available in the environment.**
- **Do not make women and girls dependent on men for shelter construction or shelter allocation.**
- **Conduct regular consultations with women, girls and groups with special needs on shelter issues.**

TARGET: IMPLEMENT SAFE FUEL-COLLECTION STRATEGIES

1. Assess and analyze information about the location(s), routes, means and personal safety for collecting cooking and heating fuel. Participate in a coordinated situational analysis.

Key Actions:

- Consult with women and children, community leaders and other relevant groups.
- Consult with the local community about their own safety during fuel collection and about allowing the displaced population safe access to collect fuel.

2. Reduce fuel consumption by implementing saving measures.

Key Actions:

- Provide fuel-efficient stoves to reduce the amount of fuel required.
 - Consult with women for selection of the type of energy-saving fuel stove.
 - Mobilize women and community leaders to promote the use of energy-saving stoves and to train women in their use.
 - Add milling or other means to reduce cooking times for food rations.

3. Implement strategies to increase safety and security during fuel collection.

Key Actions:

- Mobilize the community into mixed groups of men and women to collect fuel.
- Establish regular patrols with reliable security personnel to designated areas where organized firewood collection can be done by the population at specified times.

4. When feasible and appropriate, request and ensure adequate funding to meet temporary fuel needs during the early stages of an emergency and/or to provide fuel to community members who are unable to collect their own fuel.

Key Actions:

- Fuel that is distributed should be culturally acceptable and easy to use.
- Pay attention to the issue of displaced populations selling firewood as a source of income and risking exposure to violence while collecting fuel.
- Involve women and girls in any distribution of fuel.
- Identify priority groups that should receive fuel if fuel distribution is not available for everyone.

1. Coordinate with the GBV Working Group on incidents that occur during firewood collection. Information-sharing must be done in accordance with the guiding principle of confidentiality and anonymity for survivors.

Key Actions:

- If the survivor does not give consent to refer her case to police/security, then incident information can be compiled anonymously into data reports that give no identifying information.
- Use this information to inform and problem-solve with the community about security risks.

TARGET: PROVIDE SANITARY MATERIALS TO WOMEN AND GIRLS

5. Provide individual sanitary packs for all women and girls from at least 13 to 49 years.

Key Actions:

- Estimate the number of menstruating women and girls at 25% of the total population.
- Consult with women and girls to identify materials most culturally appropriate.
- The following can be used as a guide in preparing the first sanitary packs, with changes made later after consultations with women and girls. A basic sanitary pack for one person for six months:
 - i. 2 square metres absorbent cotton per six months OR 12 disposable sanitary towels per month
 - ii. 3 underpants
 - iii. 250 grams of soap per month (in addition to any other soap distribution)
 - iv. 1 bucket (can last for 1 year)
- Distribute sanitary packs at regular intervals throughout the emergency and distribute to any new arrivals.

6. Actively seek participation from relevant groups in the distribution of sanitary packs.

Key Actions:

- Consult with and facilitate the participation of women and girls.
- Seek input and participation from community-based health providers (e.g., health promoters, animators).

7. If there is an accurate database with disaggregated age and sex data, use that database to develop the distribution list for sanitary packs. If there is no database, or if it is uncertain, inaccurate or incomplete, collaborate with women and girls and community health providers to develop a distribution list. Avoid using family ration or registration cards unless there is a clear indication of sex and age breakdown.

TARGET: ENSURE BOYS' AND GIRLS' ACCESS TO SAFE EDUCATION

1. Plan education programme using guidance from the Minimum Standards for Education in Emergencies.
2. Keep children, particularly those at the primary school level, in school or create new schooling venues when schools do not exist.

Key Actions:

- Link humanitarian services with schools.
- Monitor drop-out lists to determine if and why children are leaving school.
- If children are dropping out of school because of lack of food, provide school feeding.
- Provide assistance with school fees, materials and uniforms.
- Offer flexible school hours to accommodate children who cannot attend school all day due to other responsibilities.

3. Prevent sexual violence (SV) and maximize child survivors' access to services by raising awareness among students and teachers about SV and implementing prevention strategies in schools.

Key Actions:

- Inform teachers about SV, prevention strategies, potential after-effects for children and how to access help and SV services in the community.
- Actively recruit female teachers.
- Include discussion of SV in life skills training for teachers, girls and boys in all educational settings.
- Ensure all teachers sign codes of conduct.
- Establish prevention and monitoring systems to identify risks in schools and prevent opportunities for sexual exploitation and abuse (SEA).
- Provide materials to assist teachers (i.e., "School in a box" and recreation kits that include information on gender-based violence and care for survivors).
- Provide psychosocial support to teachers who are coping with their own psychosocial issues as well as those of their students.

4. Establish community-based activities and mechanisms in places where children gather for education to prevent abuses like SV and recruitment by armed groups.

Key Actions:

- Provide facilities for recreation, games and sports at school and ensure access and use by both boys and girls.
- Gain community support for school-based SV programming.
- Ensure parents and the community know about teachers' codes of conduct.

TARGET: IMPLEMENT SAFE FOOD SECURITY PROGRAMMES

1. Collect sex-disaggregated data for planning and evaluation of food security strategies.
2. Incorporate strategies to prevent sexual violence (SV) in food security and distribution programmes at all stages of the project cycle (including design, implementation, monitoring and follow-up), giving special attention to groups in the community that are more vulnerable to SV.

Key Actions:

- **Target food aid to women- and child-headed households. Registering household ration cards in the names of women rather than men can help to ensure that women have greater control over food and that it is actually consumed.**
- **For polygamous families, issue separate ration cards for each wife and her dependents. Carefully consider how to assign the husband's food ration and give clear information to all members of the family (i.e., all wives).**

3. Involve women in the entire process of implementing food security strategies. Establish frequent and consistent communication with women in order to understand the issues that need to be addressed and resolved.

Key Actions for women's participation:

- **The assessment and targeting process, especially in the identification of the most vulnerable.**
- **Discussions about the desirability and appropriateness of potential food baskets.**
- **Decisions about the location and timing of general food distributions.**
- **The assessment of cooking requirements and additional tools, their availability within the community and the strategies in securing access to those non-food-items. Special attention should be given to this point since women could be exposed to SV in the process of collection of these items**

4. Enhance women's control of food in food distributions by making women the household food entitlement holder.

Key Actions:

- Issue the household ration card in a woman's name.
- Encourage women to collect the food at the distribution point.
- Give women the right to designate someone to collect the rations on their behalf.
- Encourage women to form collectives to collect food.
- Conduct distributions at least twice per month to reduce the amount of food that needs to be carried from distribution points.
- Introduce funds in project budgets to provide transport support for community members unable to carry rations from distribution points.

5. Include women in the process of selecting the location of the distribution point. Consideration should be given to the following aspects:

Key Actions:

- The distance from the distribution point to the households should not be greater than the distance from the nearest water or wood source to the household.
- The roads to and from the distribution point should be clearly marked, accessible and frequently used by other members of the community.
- Locations with nearby presence of large numbers of men should be avoided, particularly those where there is liberal access to alcohol, or where armed persons are in the vicinity.

6. Establish sex-balanced food distribution committees that allow for the meaningful and equal participation of women. Attention should be given to the following aspects:

Key Actions:

- Make sure food distribution is done by a sex-balanced team.
- Provide packaging that facilitates handling and can be re-used for other domestic activities.
- Select the time of distribution according to women's activities and needs, to permit the organization of groups that can travel together to and from the distribution point.
- Distribute food during the day. Leave enough time for women to return to their homes during daylight.

7. Provide enough and sufficient information about distributions using a variety of methods to ensure communication to everyone, especially women and girls.

Key Information:

- The size and composition of the household food rations.
- Beneficiary selection criteria.
- Distribution place and time.
- The fact that they do not have to provide services or favours in exchange for receiving the rations.
- The proper channels available to them for reporting cases of abuse linked to food distribution.

8. Reduce security risks at food distributions. Create “safe spaces” for women at distribution points.

Key Actions:

- Appeal to men in the beneficiary community to protect women and ensure safe passage of women from distribution sites to their homes.
- Ensure sex balance of those carrying out the distribution.
- If necessary, segregate men and women receiving rations, either by having distributions for men and women at different times, or by establishing a physical barrier between them during the distribution.
- Assure that food distribution teams and all staff of implementing agencies have been informed about appropriate conduct, avoidance of sexual exploitation and abuse (SEA) and mandatory reporting.
- Create ‘safe passage’ schedules for child household heads.
- Begin and end food distribution during daylight hours.
- Consider placing two women guardians (with vests and whistles) to oversee off-loading, registration, distribution and post-distribution of food.

9. Monitor security and instances of abuse at the distribution point as well as on departure roads.

Key Actions:

- Ensure there are women staff present during food distributions.
- Establish a community-based security plan for food distribution sites and departure roads in collaboration with the community.
- Establish a security focal point at each of the distribution sites.
- Monitor security on departure roads and ensure that women are not at an increased risk for violence by having the food commodity.

TARGET: ENSURE THAT SURVIVORS OF SV HAVE SAFE SHELTER

1. When helping a survivor of sexual violence (SV), all actors must discuss safety/security issues and ensure that either there is no immediate threat or that she has a realistic safety plan. She should be referred - with her consent - to the system for safe shelter.
2. Mobilize the community to establish a system where survivors of SV can access safe shelter if it is not safe to return to their place of residence.

Key Actions:

- **Work with women in the community to form action groups.**
- **Consult with leaders, men's groups and women's groups.**
- **Set up structures so that survivors can stay with a family member or community leader.**

3. When family- or community-based solutions cannot be found for temporary housing, a short-term safe shelter may be the only option. 'Safe shelters' should be considered as a last resort because they are difficult to manage, especially in the early stages of a humanitarian emergency.

Key Actions:

- **Establish confidential referral systems.**
- **Plan for the safety and security for the family/individual/staff providing or managing the safe shelter.**
- **Develop clear guidelines and rules for managing safe shelters to prevent misuse and security problems. As soon as a survivor is referred, a longer-term arrangement should be developed.**
- **Coordinate with all key SV response actors, especially psychosocial services and security/protection staff.**
- **Liaise with camp management and/or shelter organizations at the site to incorporate shelter allocation as a longer-term security solution.**
- **Ensure that survivors have access to their food and non-food rations while they live in the safe shelter.**
- **Ensure that survivors can be accommodated with their children in the shelter if they so wish.**
- **Child survivors/victims should remain in their family shelters when possible. When this is not possible, ensure that child survivors receive extra attention and care at safe shelters.**

TARGET: PROVIDE COMMUNITY-BASED PSYCHOSOCIAL SUPPORT

1. Identify and mobilize appropriate existing resources in the community, such as traditional birth attendants (TBAs), women's groups, religious leaders and community services programmes.

Key Actions:

- Discuss issues of SV, survivors' needs for emotional support and evaluate the individuals, groups and organizations available in the community to ensure they will be supportive, compassionate, non-judgmental, confidential and respectful to survivors.
- Establish systems for confidential referrals among and between community-based psychological and social support resources, health and community services.

2. At all health and community services, listen and provide emotional support whenever a survivor discloses or implies that she has experienced sexual violence. Give information, and refer as needed and agreed by the survivor.

Key Actions:

- Listen to the survivor and ask only non-intrusive, relevant and non-judgmental questions for clarification only. Do not press her for more information than she is ready to give (i.e., do not initiate a single-session psychological debriefing).
- If the survivor expresses self-blame, care providers need to gently reassure her that SV is always the fault of the perpetrator and never the fault of the survivor.
- Assess her needs and concerns, giving careful attention to security; ensure that basic needs are met; encourage but do not force company from trusted, significant others; and protect her from further harm.
- Ensure safety; assist her in developing a realistic safety plan, if needed.
- Give honest and complete information about services and facilities available.
- Do not tell the survivor what to do, or what choices to make. Respect her choices and preferences about referral and seeking additional services.
- Discuss and encourage possible positive ways of coping, which may vary with the individual and culture.
 - i. Stimulate the re-initiation of daily activities.
 - ii. Encourage active participation of the survivor family and community activities.
- When feasible and appropriate, raise the support of family members, but recognize that families can contribute to increased trauma if they blame the survivor for the abuse, reject her or are angry at her for speaking about SV.

3. Address the special needs of children.

Key Actions

- **Persons interviewing and assisting child survivors should possess basic knowledge of child development and SV.**
- **Use creative methods to help put young children at ease and facilitate communication.**
- **Use age-appropriate language and terms.**
- **When appropriate, include trusted family members to ensure that the child is believed and supported in returning to normal life.**
- **Do not remove children from family care in order to provide treatment (unless it is done to protect from abuse or neglect).**
- **Never coerce, trick or restrain a child whom you believe may have experienced SV. Coercion and force are often characteristics of the abuse, and using those techniques will further harm the child.**
- **Always be guided by the best interests of the child.**

4. Organize psychological and social support, including social reintegration activities.

Key Actions

- **Always adhere to the guiding principles for action:**
 - **Safety and security.**
 - **Confidentiality.**
 - **Respect the choices and dignity of the survivor.**
 - **Non-discrimination.**
- **Advocate on behalf of the survivor with relevant health, social, legal and security agencies if the survivor provides informed consent.**
- **Initiate community dialogues to raise awareness that SV is never the fault of the survivor and to inform community about SV and the availability of services.**
- **Provide material support as needed via health or other community services.**
- **Facilitate participation and integration of survivors in the community.**
- **Encourage use of appropriate traditional resources. Many such practices can be extremely beneficial; however, ensure that they do not perpetuate blaming-the-victim or otherwise contribute to further harm to the survivor.**
- **Link with other sectors.**

TARGET: ENSURE WOMEN'S ACCESS TO BASIC HEALTH SERVICES

1. Implement the Minimum Initial Service Package of reproductive health in emergency situations (MISP).

Key Actions:

- Identify an organization(s) and individual(s) to facilitate the coordination and implementation of the MISP.
- Prevent and manage the consequences of sexual violence.
- Reduce HIV transmission by:
 - i. Enforcing respect for universal precautions
 - ii. Guaranteeing the availability of free condoms.
- Prevent excess neonatal and maternal morbidity and mortality by:
 - i. Providing clean delivery kits for use by mothers or birth attendants to promote clean home deliveries
 - ii. Providing midwife delivery kits to facilitate clean and safe deliveries at the health facility
 - iii. Initiating the establishment of a referral system to manage obstetric emergencies.
- Plan for the provision of comprehensive reproductive health (RH) services, integrated into primary health care as the situation permits.

2. Conduct or participate in rapid situational analyses to address the accessibility for women and the availability and capacity of health services to respond to the needs of women.

Key Actions should address:

- The number, location, and care level of functioning health facilities.
- Numbers of health staff at the different levels, disaggregated by sex.
- The range of services provided related to reproductive health.
- Obstructions to women's and children's access to the services: discrimination, security, costs, privacy, language, cultural.
- Known reproductive health indicators and existing challenges to women's health.

3. Ensure health services are accessible to women and children.

Key Actions:

- **Make basic health care services available to all affected populations.**
- **Locate health services within walking distance of communities and on safe access roads.**
- **Make opening times convenient for women and children (household duties, water and wood collection, school times).**
- **Set up a private exam room for women and girls.**
- **Recruit female staff where possible.**
- **Provide 24-hour access for pregnancy and SV services.**
- **Ensure that all languages in the ethnic sub-groups are represented among health providers or that there are interpreters for each ethnic sub-group.**
- **Establish evacuation plans for medical reasons, or mobile clinical services where otherwise not available.**
- **Carefully consider access for girls, taking into consideration cultural issues. For example, girls of a certain age, or who are unmarried, may not be permitted to participate in reproductive health services, so girls' presence in those areas of a health centre will be noted and questioned, which prevents anonymity, confidentiality and access.**

4. Motivate and support staff.

Key Actions:

- **Ensure all staff are aware of and abide by medical confidentiality.**
- **Provide staff at health centres and hospitals with clear protocols and sufficient supplies and equipment.**
- **Inform health staff on FGM, which may affect the health of women and girls, and make protocols available on how to manage.**
- **Put in place an efficient and supportive supervisory system.**

5. Involve and inform the community.

Key Actions:

- **Involve women in decisions on accessibility and on an appropriate, non-offensive, non-stigmatizing name for SV services.**
- **Make the community aware of services available at the health centre.**
- **Ensure men's access to health care and counseling, and provide them with information about women's RH and about the health risks to the community of SV.**

TARGET: PROVIDE SV-RELATED HEALTH CARE

1. Prepare the survivor.

Key Actions:

- Before starting a physical examination, prepare the victim/survivor. Insensitive examinations may contribute to the emotional distress of the victim/survivor.
- Introduce yourself and explain key procedures (e.g., pelvic exam).
- Ask if she wants to have a specific support person present.
- Obtain the consent of the victim/survivor or a parent if the victim is a minor.
- Reassure the victim/survivor that she is in control of the pace of the examination and that she has the right to refuse any aspect of the examination she does not wish to undergo.
- Explain that the findings are confidential.

2. Perform an examination.

Key Actions:

- At the time of physical examination, normalize any somatic symptoms of panic or anxiety, such as dizziness, shortness of breath, palpitations and choking sensations that are medically unexplained.
- Conduct the medical examination only with the survivor's consent. It should be compassionate, confidential, systematic and complete, following an agreed upon protocol.

3. Provide compassionate and confidential treatment.

Key Actions should include:

- Treatment of life-threatening complications and referral if appropriate.
- Treatment or presumptive treatment for STIs.
- Post-exposure prophylaxis for HIV (PEP), where appropriate.
- Emergency contraception.
- Care of wounds.
- Supportive counseling (community-based, if and when appropriate).
- Discuss immediate safety issues and make a safety plan.
- Make referrals, with survivor's consent, to other services such as social and emotional support.

4. Checklist of supplies.

Supplies should include:

- **Written medical protocol in language of provider.**
- **Trained health care professionals (on call 24 hours a day).**
- **A ‘same language’ female health worker during examination.**
- **Room (private, quiet, accessible, with access to a toilet or latrine).**
- **Light, preferably fixed (a torch may be threatening to children).**
- **Sterilized equipment and materials.**
- **‘Rape kit’.**
- **Set of replacement clothes.**
- **Needles, syringes.**
- **Cover (gown, cloth, sheet) for the survivor during the examination.**
- **Sanitary supplies (pads or local cloths).**
- **Medication for treatment of STIs as per country protocol.**
- **PEP drugs, where appropriate.**
- **Pain relief (e.g., paracetamol)**
- **Local anaesthetic for suturing.**
- **Antibiotics for wound care.**
- **Medical chart with pictograms.**
- **Consent forms.**
- **Information for post-rape care and support (for survivor).**
- **Safe, locked filing space to keep confidential records.**
- **Emergency Contraception**

TARGET: RECRUIT STAFF IN A MANNER THAT WILL DISCOURAGE SEXUAL EXPLOITATION AND ABUSE (SEA)

1. Designate appropriate personnel to be responsible for recruitment and hiring of employees and consultants (trained in human resources, knowledgeable about the risks of staff misconduct with regard to sexual violence (SV) and SEA, and must be held accountable for implementing internationally recognized standards in hiring practices).
2. When recruiting local/national and international staff, including short-term consultants, interns and volunteers, careful hiring practices should include reference checks for all categories of employee.

Key Actions

- Reference checks should specifically include questions seeking information about the candidate related to any prior acts, personnel actions or criminal history.
- Careful reference checks can filter out those candidates with a history of exploitative behaviour.

3. Do not hire any person with a history of perpetrating any type of gender-based violence, including sexual exploitation, sexual abuse or domestic violence.
4. Coordinate with other organizations to establish systems for sharing information about (names of) employees terminated for engaging in SEA. Any such system must be established in accordance with relevant laws governing employers and employees.
5. Recruit more women employees at all levels.

Key Actions

- Human Resources must endeavour to increase the numbers of women staff, including management and leadership positions.
- Identify, understand and address obstacles to employing women. Consider the following ideas, depending on feasibility in the setting:
 - Meet with community leaders to discuss the importance of having women work for the organization.
 - Establish a day care or cooperative among mothers to share child care
 - Establish job-sharing arrangements.
 - Provide arrangements for lunchtime meals for employees and their families.
 - Enroll new staff in literacy and numeracy training, linking progress with increasing job responsibilities and compensation.
 - Hire husband-wife or brother-sister teams to fill positions.

6. Ensure that hiring practices prohibit and prevent sexual exploitation from occurring during hiring.

Key Actions

- All personnel involved in recruitment and hiring must be held accountable for their behaviour and practices.
- Checks must be put into place to ensure transparency in hiring practices and that staff do not abuse their position of differential power in the hiring process.

TARGET: DISSEMINATE AND INFORM ALL PARTNERS ON CODES OF CONDUCT

1. All humanitarian actors must agree to abide by the code of conduct and must sign a document to indicate their agreement and commitment. Humanitarian organizations are responsible and accountable for ensuring this occurs among all staff at all levels.

Key Actions

- All humanitarian organizations must have procedures in place to implement a code of conduct that incorporates the six principles outlined in the Secretary-General's Bulletin and governs all staff, consultants and other workers.

2. Each sector must establish systems of accountability for community members engaged in humanitarian activities (e.g., teachers, food distributors, camp management committees, etc.). These community members must understand and agree to abide by the code of conduct, sign an appropriate document and be held accountable for her/his behaviour.
3. Inform all new and incoming staff about the code of conduct and standards for behaviour through orientation and information sessions.

Key Actions

- Allow sufficient time and opportunity to discuss and clarify aspects of the standards that staff may find confusing (A frequent staff concern relates to the obligation to report suspicions of SEA. Stress that the standards of conduct are non-negotiable and there is a policy of zero tolerance for noncompliance.).
- The code(s) of conduct and any accompanying policies or statements must be translated into local languages so that local/national staff fully understand all aspects of these standards.

TARGET: IMPLEMENT CONFIDENTIAL COMPLAINTS MECHANISM

1. Establish clear and transparent procedures, including follow-up.

Key Actions

- Clear and transparent procedures must be in place for receiving and following up on complaints.
- The safety, health and welfare of the survivor are the foremost priority.
- At all times, preserve the anonymity of the complainant.
- Complainant must be consulted and kept informed of the progress of the investigation and all actions taken.
- Referrals for support services for the complainant may be indicated.

2. Use standard investigation protocols.

Key Actions

- All investigations must comply with gender and age-specific good practice as well as other standards outlined in the IASC Model Complaints and Investigation Procedures and Guidance Related to Sexual Abuse and Sexual Exploitation.
- Investigations should be undertaken by experienced and qualified professionals in the field of GBV.

3. Appropriate disciplinary action must be taken against perpetrators.
4. Designate a sexual exploitation and abuse Focal Point and an alternate among the staff.

Key Actions

- Focal points and managers must be trained on how to receive, document and respond to complaints of SEA.
- At least one of these focal points must be a woman.

5. Inform all staff about complaints/reporting mechanisms for suspected sexual exploitation and abuse, including contact persons/focal points.
6. Inform the community about standards of behaviour and complaints mechanisms.

Key Actions

- Inform about the right to protection against SEA.
- Inform about the complaints procedures and specifically how to make a complaint, and to whom, and what they can expect afterward.
- Inform about available survivor assistance, including confidentiality of services.

7. Integrate record-keeping with documentation systems for other forms of sexual violence although additional documentation may be needed within the organization in which the staff member is employed (e.g., internal investigation notes, reports to headquarters).

8. Ensure coordinated action in response to reports of SEA.

Key Actions

- **Confidential complaints mechanisms should be implemented in close cooperation with other agencies and with the GBV Working Group to avoid confusion or duplication and to simplify the process for survivors.**
- **It is crucial that organizations work together in receiving and investigating complaints. Note that some survivors may not wish to - or be able to - contact the organization in which the perpetrator is employed. Their only option to report the abuse may be through another organization in the setting.**

TARGET: IMPLEMENT SEA FOCAL GROUP NETWORK

1. Participate in the GBV Working Groups.

Key Actions

- **Integrate SEA reporting mechanisms with the systems to prevent and respond to all forms of sexual violence.**
- **Participate in documentation, monitoring and evaluation activities.**

2. Establish regular focal point network meetings, at least once every two months.

Key Actions

- **Share information about lessons learned and best practices.**
- **Never share information about cases that could jeopardize the confidentiality of the complainant.**
- **Coordinate activities to prevent and respond to SEA.**
- **Provide support to delegated focal points and alternates.**

3. Participants of focal point networks must never discuss details of cases/reports that are not involved in investigative or disciplinary processes. This information must remain strictly confidential to protect survivors/victims, witnesses and the alleged perpetrator.
4. Develop, coordinate and monitor training, sensitization and community-information campaigns in collaboration with others. (See Action Sheet 10.1, Inform community about sexual violence and the availability of services.)
5. Report to headquarters on prevention and best practice.
6. Ensure availability and distribution of the IASC materials and other resources.

TARGET: IMPLEMENT SAFE NUTRITION PROGRAMMES

1. Collect sex-disaggregated data for planning and evaluation of nutrition strategies.
2. Incorporate strategies to prevent sexual violence (SV) in nutrition programmes at all stages of the project cycle (including design, implementation, monitoring and follow-up), giving special attention to groups in the community that are more vulnerable to SV.

Key Actions:

- **Target nutrition and food aid to women- and child-headed households.**
- **Give special attention to pregnant women and lactating mothers, addressing their increased nutritional needs.**

3. Involve women in the entire process of implementing nutrition strategies. Establish frequent and consistent communication with women in order to understand the issues that need to be addressed and resolved.

Key Actions for women's participation:

- **The assessment and targeting process, especially in the identification of the most vulnerable.**
- **Discussions about the desirability and appropriateness of potential food baskets.**
- **The assessment of cooking requirements and additional tools, their availability within the community and the strategies in securing access to those non-food-items. Special attention should be given to this point because women could be exposed to SV in the process of collecting these items**

4. Enhance women's control of food and nutrition access in the household.

Key Actions:

- **Ensure the household ration card is issued in a woman's name.**
- **Encourage women to form collectives to determine contents of food baskets.**
- **Conduct distributions at least twice per month to maintain appropriate levels of nutrition and access to food.**

TARGET: ASSESS SECURITY AND DEFINE PROTECTION STRATEGY

1. Become familiar with protection and security issues related to sexual violence; participate in the coordinated situation analysis.

Key Actions

- Identify high-risk areas in the setting: where sexual violence (SV) occurs and where women and girls perceive safety and security risks, etc.
- Identify factors in the setting that place women and children at high risk of harm.
- Identify individuals who may be targeted for abuse.
- Assess and evaluate existing security response and legal follow-up mechanisms.
- Identify relevant national laws and policies.
- Identify traditional systems in the community for problem-solving or justice.
- Identify availability of legal aid services for survivors.
- Identify assets and resources in the community, which may contribute to providing protection/prevention and response to SV.
- Determine the intent of political and military actors to comply with international legal standards.

2. Build alliances and establish a network of contacts in-country among individuals, organizations, institutions and groups that can contribute to protection from sexual violence.

Key Actions:

- Expand from contacts in the GBV Working Groups.
- Include police, armed forces, judiciary, traditional leaders, women's leaders, women's groups, traditional healers, diplomats, donors, peacekeepers, etc.

3. Coordinate with authorities and the GBV Working Group to establish strategies to remove or reduce obstacles to arrests and prosecution. Consider the following:

Key Considerations:

- Police/security may lack information about relevant laws and procedures.
- Lack of reporting (to police) by survivors.
- Impediments to prosecution, such as impunity, long distances to courts, lack of transport and/or overnight accommodation for witnesses.
- Peacekeeping presence may present an opportunity for capacity-building and training with local authorities.

4. Establish systems for compiling anonymous incident data so that any trends and protection issues can be identified and addressed.

Key Actions:

- Establish coordination mechanisms and orient partners on reporting and referral system and guiding principles for all actors.
- Compile and analyze data about SV incidents.

TARGET: PROVIDE SECURITY IN ACCORDANCE WITH NEEDS

1. Encourage authorities to strengthen security, as well as law and order arrangements, in the affected areas.

Key Actions:

- Ensure there are adequate numbers of properly trained police and security personnel who are accountable for their actions.
- Capacity-building measures for police.

2. Establish short-term security objectives and indicators for minimum prevention and response to sexual violence.
3. Establish strategies for improving security, combining a targeted, proactive presence around specific hotspots’.

Key Actions:

- Community-watch programmes and/or security groups, preferably with trusted female and male members of the community. Be aware of the need to provide training and to monitor to prevent abuse by members of the teams.
- Security patrols.
- Community centres/women’s centres.
- Regular and frequent presence of international protection staff in communities (camps, villages).

4. Advocate with police/security forces and promote confidence-building between police/security forces and the community.

Key Actions:

- Increase numbers of female police.
- Meetings and information-sharing between police and the community.
- Information sessions about laws and protections from police to women and girls in the community.
- Regular contact and communication with the local authorities.

5. Coordinate with appropriate partners to disseminate information on the availability and value of SV response services. Inform the community, especially women and girls, about SV.

Key Foci:

- **Potential consequences of SV.**
- **Survivors' need for help and support, not blame and social stigma.**
- **How and where survivors can go for help that is confidential.**

6. Provide security when survivors/victims report incidents to the police and/or security staff.

Key Actions:

- **Always respect the confidentiality, rights, choices, dignity and confidentiality of the survivor; involve her in all decisions.**
- **All interviews with the survivor must be conducted in private spaces and, preferably, by female staff.**
- **Some survivors may want and need a safe place to go either temporarily or for the longer term.**
- **Work in conjunction with cultural leaders, authorities and women's groups to counter the perception that survivors are culpable.**

7. Establish mechanisms to maximize safety and security of all who provide help and assistance to survivors, including humanitarian staff and community members.

8. Monitor security to identify high-risk areas and security issues, within the constraints of the security situation.

Key Actions:

- **Consistently review SV data.**
- **Meet regularly with network of contacts to share information and coordinate for security improvements.**
- **Consult members of the community, ensuring that women and girls are fully included in private consultations.**

9. Provide guidance to the GBV Working Group on how to prevent future incidents of SV: monitor and analyze security through anecdotal information and reported data on SV.

Key Actions:

- **Evaluate incidents and response actions, identify patterns and nature of violations**
 - **Assess acts of commission or acts of omission.**
 - **Find out if there is a particular pattern connected with the abuses, and gauge if there are any factors that may put people more at risk.**
 - **Clarify exactly who is responsible for these violations.**
 - **Identify critical factors that facilitate violations**
- **Learn who is orchestrating, encouraging, permitting and colluding in the perpetration of violations.**
- **Attempt to anticipate or predict perpetrators' next steps.**

TARGET: ADVOCATE FOR COMPLIANCE AND IMPLEMENTATION OF INTERNATIONAL INSTRUMENTS

1. Participate in a multi-sectoral, coordinated situational analysis and compile information relevant to legal redress for SV (e.g., national laws, legal procedures and practices for sexual violence crimes, numbers and circumstances of successful prosecutions, etc.).
2. Develop a sub-working group within the GBV Working Group related to legal redress for SV. Ensure local representation, including women, in the sub-working group.
3. Designate personnel within the UN and/or humanitarian institutions to provide legal advice to the State and direct legal assistance to survivors who wish to pursue legal justice for SV crimes. Ensure these personnel participate in the sub-working group.
4. Designate members within the sub-working group responsible for tracking the State's investigation and resolution of SV cases.
5. Build networks with judges, prosecutors, police and traditional systems to ensure that existing laws relating to SV are upheld.
6. Wherever necessary, develop coordinated action to pressure states to ratify and/or implement the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and other instruments and to more effectively investigate and prosecute sexual assault crimes.
7. Designate members of the sub-working group to provide training on international and human rights as they relate to prohibitions of rape and other forms of SV to community, police, national and traditional courts, and national and international humanitarian actors.

TARGET: IMPLEMENT SAFE WATER/SANITATION PROGRAMMES

1. Identify safety and security risks for women and girls that are relevant to water and sanitation systems to ensure the location, design and maintenance programmes maximize safety and security of women and girls.

Key Actions:

- **Participate in a coordinated situational analysis to gather relevant information about the community and situation related to sexual violence (SV).**
- **Pay special attention to the needs of vulnerable groups of women and girls, such as single female-headed households, adolescents, unaccompanied girl children.**

2. Mobilize women and men to participate in the location, design and maintenance of water and sanitation facilities.

Key Actions

- **Do not let women be overburdened.**
- **Ensure all users, and particularly women and girls, participate in identifying risky hygiene practices and conditions, and that all users share responsibility to measurably reduce these risks.**
- **Establish water and/or sanitation committees comprised of 50% women.**

3. Locate water points in areas that are accessible and safe for all, with special attention to the needs of women and children.

Key Actions

- **Discuss the location of the pumps with all members of the community.**
- **As a guide, no household should be more than 500 m from a water point.**

4. Design or adapt hand pumps and water-carrying containers for use by women and children.
5. In situations where water is rationed or pumped at given times, plan this in consultation with all users, but especially with women.

Key Actions

- **Times should be set which are convenient and safe for women and others who have responsibility for collecting water.**
- **All users should be fully informed of when and where water is available.**

6. Design communal bathing and washing facilities in consultation with women and girls to ensure that users have privacy and maintain dignity.

Key Actions

- **Determine numbers, location, design, safety, appropriateness and convenience of facilities in consultation with the users, particularly women and adolescent girls.**
- **Facilities should be central, accessible and well-lit in order to contribute to the safety of users.**
- **Bathing facilities should have doors with locks on the inside.**

7. Design latrines in consultation with women and girls to maximize safety, privacy and dignity.

Key Actions

- **Consider preferences and cultural habits in determining the type of latrines to be constructed.**
- **Use sex-disaggregated data to plan the ratio of women's cubicles to men's. A rough guide is 3:1.**
- **Install latrines with doors that lock from the inside.**
- **Location of latrines should ensure that women and girls feel - and are - safe using them.**
- **Communal latrines should be provided with lighting, or families provided with torches.**

8. Distribute suitable materials for the absorption and disposal of menstrual blood for women and girls who menstruate.

9. Inform women and men about the maintenance and use of water and sanitation facilities.

Key Actions

- **Women and men should be fully informed on how to repair facilities and how to make/where to find spare parts.**
- **Determine timings of information sessions in consultation with the intended users, particularly women, so as not to conflict with their other responsibilities.**
- **Use/adapt information and promotional materials to ensure they are culturally acceptable and accessible to all groups.**
- **Use participatory materials and methods that allow all groups to plan and monitor their own hygiene improvements.**

10. Maintain awareness of involvement of women and men in hygiene promotional activities and ensure continuous sex balance on committees and among hygiene promoters.

Key Actions

- **Ensure that women are not overburdened with the responsibility for hygiene promotional activities or management of water and sanitation facilities.**
- **Ensure that women and men have equitable influence in hygiene promotional activities and that any benefits or incentives are distributed equally among women and men.**

CAMP COORDINATION/CAMP MANAGEMENT – GENDER CHECKLIST**Analysis of gender differences**

1. Information is gathered from women, men, boys and girls about:
 - household composition by sex and age
 - gendered division of labour and power distribution
 - social organizational structures and cultural practices, including possible obstacles to women's, girls', boys' or men's participation in decision-making and camp management
 - local justice and community governance structures and their possible differential impact on women, girls, boys and men
 - the skills, capacities and needs of women, girls, boys and men
2. The gender analysis is reflected in planning documents and situation reports

Design

1. Women, girls, boys and men meaningfully participate in camp planning
2. Women, girls, boys and men are consulted and participate in the development of camp policy
3. Women and men representatives share their views and opinions with the camp managing agency for their negotiation of new camp sites with the national authorities and host governments
4. The views and knowledge of women, girls, boys and men are consulted and reflected in camp design

Access

1. Information and awareness-raising about camp and security management are provided equally to women, girls, boys and men
2. Information on camp closure is disseminated through the most appropriate means so as to reach all groups in the community
3. Women, girls, boys and men equally access camp services and assistance
4. Obstacles to equal access are promptly addressed

Participation

1. There is 50% participation of women in camp governance structures
2. Women and men are fully engaged in the management of camp facilities
3. Women and men are fully engaged in the decision-making process for camp closures

Training/Capacity-building

1. Equal numbers of men and women are receiving training on camp management issues, including participatory assessments with the affected population
2. 50% of camp management staff members are women

Actions to address GBV

1. There is a comprehensive understanding of the specific risk factors faced by women, girls, boys and men in camp settings, and this analysis is incorporated in security provisions within the camps (e.g., appropriate lighting in areas frequently used by women and girls, patrols of fuel-wood collection routes, monitoring of school routes)
2. Police officers (female and male) patrol the camps
3. Women participate directly in decision-making on local security arrangements for the camp community
4. Regular observation visits are undertaken on food distribution points, security check points, water and sanitation facilities and service institutions (e.g., schools and health centres)
5. High-risk security areas are monitored regularly at different times of the day, such as the route to school for girls, video clubs at night, bars, etc.

Targeted actions based on gender analysis

1. Appropriate arrangements are in place to address the needs of groups, including women, girls, boys and men living with HIV/AIDS or disabilities, single heads of households, separated and unaccompanied children, elderly women and men, etc.
2. Support is provided to women and adolescent girls and boys to strengthen their leadership capacities and facilitate their meaningful participation as necessary

Monitoring and evaluation based on sex- and age-disaggregated data

1. Sustainable structures and mechanisms are established for meaningful dialogue with women, girls, boys and men
2. Camp managers routinely collect, analyze and report on data by age and sex to monitor and ensure that women and men are using camp facilities as needed
3. Plans are developed and implemented to address any gaps or inequalities

Coordinate actions with all partners

1. Actors in your sector liaise with actors in other sectors to coordinate on gender issues, including participating in regular meetings for the gender network
2. The sector/cluster has a gender action plan, has developed and routinely measures project-specific indicators based on the checklist provided in the IASC Gender Handbook

EDUCATION – GENDER CHECKLIST**Community Participation**

1. Number of women and men involved in community education committees on a regular basis
2. Number of women and men involved in community education plans
3. Number and type of gender-specific issues in education plans
4. Percentage of girls involved in child/youth participation activities
5. Number of community members provided with gender training

Analysis

1. Percentage of relevant and available sex- and age-disaggregated data collected
2. Number and type of references to gender-specific issues in assessment planning, tools design and data analysis
3. Number of women, girls, boys and men consulted in assessment, monitoring and evaluation processes

Access and learning environment

1. Net enrollment ratio of girls and boys
2. Sex-disaggregated enrollment rates by grade level
3. Sex-disaggregated school attendance rates
4. Sex-and level-disaggregated dropout rates
5. Number of reported incidents of sexual abuse and exploitation
6. Existence of a 'safe school' policy with clear implementation actions

Teaching and learning

1. Percentage of teachers who demonstrate attempts to create girl-friendly classroom environments and use teaching strategies to engage girls
2. Number of gender-specific lessons and topics in the school curriculum
3. Sex-disaggregated achievement measure (e.g., exam results)
4. Percentage of teachers (women/men) involved in in-service training
5. Number of women/men involved in pre-service teacher programmes
6. Percentage of teachers (women/men) provided with gender training

Teachers and other education personnel

1. Number of male and female teachers, head teachers, teacher trainers/supervisors and other education personnel (disaggregated by ethnic/caste groups)
2. Percentage of women teachers who feel safe and respected in school and in the community and are fully involved in education decision-making
3. Percentage of teachers (women/men) trained on and have signed a code of conduct

Education policy and coordination

1. Number and type of references to gender-specific issues in coordination meetings
2. Number and type of references to gender-specific issues in coordination statements/agreements
3. Development of materials that address/challenge gender stereotypes and reflect new realities in society

FOOD DISTRIBUTION – GENDER CHECKLIST

Analysis of gender differences

1. Participatory assessments with women, girls, boys and men gather information on:
 - roles of women, girls, boys and men in food procurement
 - cultural and religious food restrictions/preferences for women and men
 - differences in women’s and men’s control over and access to food resources
 - cultural, practical and security-related obstacles women, girls, boys and men could be expected to face in accessing services
2. Reasons for inequalities between women, girls, boys and men are analyzed and addressed through programming
3. The gender analysis is reflected in planning documents and situation reports

Design of services

1. Services are designed to reduce women’s and children’s time spent getting to, at and returning from food distribution points (e.g., distribution organized at different time intervals to avoid crowds and long waiting time, to ensure timely distribution, and to avoid long waits for food delivery)
2. Services are designed to reduce the burden that the receipt of food aid may pose on women beneficiaries
 - food distribution points established as close to beneficiaries as possible
 - weight of food packages manageable for women (e.g., 25 kg vs. 50 kg bags, etc.)

Access

1. Women’s, girls’, boys’ and men’s access to services is routinely monitored through spot checks, discussions with communities, etc.
2. Obstacles to equal access are promptly addressed

Participation

1. Women and men take part equally (in numbers and consistency) in decision-making, planning, implementation and management of food aid programmes
2. Committees with equal representation of women and men are formed for targeting, monitoring and distributing of food items and for determining the needs of vulnerable/marginalized groups

Training/capacity-building

1. An equal number of women and men are employed in food distribution programmes and have equal access to trainings

Actions to address GBV

1. Both women and men are included in the process of selecting a safe distribution point
2. Food distribution is done by a sex-balanced team
3. ‘Safe spaces’ are created at the distribution points and ‘safe passage’ schedules created for women and children heads of households
4. Distribution is conducted early in the day to allow beneficiaries to reach home during daylight
5. Security and instances of abuse are monitored

Targeted actions based on gender analysis

1. Women are targeted as the initial point of contact for emergency food distribution
2. Women are the food entitlement holders
3. Positive measures are adopted to redress the discrimination in allocation of food resources (e.g., ensure that children under 5, the sick or malnourished, pregnant and lactating women and other vulnerable groups are given priority for feeding)

Monitoring and evaluation based on sex- and age-disaggregated data

1. Sex- and age-disaggregated data on food distribution coverage is collected, analyzed and routinely reported on
2. Monitoring and evaluation tools are developed in consultation with women and men in the target population to specifically look at the impact of food distribution on women's and men's vulnerability, including in the design of questionnaires that examine how the food needs of women and men have been addressed
3. The impact of the food aid programme on women and men (needs, access and control over resources, physical and human capital, income and livelihood options, etc.) is assessed
4. Women, girls, boys and men are consulted in the identification of remaining gaps and areas of improvement
5. Plans are developed and implemented to address any inequalities and ensure access and safety for all of the target population

Coordinate actions with all partners

1. Actors in your sector liaise with actors in other sectors to coordinate on gender issues, including participating in regular meetings for the gender network
2. The sector/cluster has a gender action plan, has developed and routinely measures project-specific indicators based on the checklist provided in the IASC Gender Handbook

FOOD SECURITY – GENDER CHECKLIST

Analysis of gender differences

1. A participatory needs assessment is undertaken, consulting an equal number of women and men, to gather information on:
 - short- and long-term losses of livelihood assets of women and men (e.g., single season's harvest or permanent loss of land)
 - changes in women's and men's access to and control over land or other critical productive resources
 - literacy level and employment rates of female- and male-headed households
 - the coping strategies of women and men in the crisis situation
 - malnutrition rates for girls and boys in terms of stunting, wasting and underweight
 - micronutrient deficiencies
2. The data is analyzed and used for programming to ensure activities will benefit women, girls, boys and men directly and indirectly

Design

1. The operation is designed to address the different effects of the disaster on women and men and to build on existing/available capacities of women, girls, boys and men in the community

Access and control

1. Women's, girls', boys' and men's access to services, as well as control over productive resources, is routinely monitored through spot checks, discussion with communities, etc.
2. Obstacles to equal access and control are promptly addressed

Participation

1. Women and men are systematically consulted and included in good security interventions
2. Women and men participate equally and meaningfully in decision-making and management of livelihood assets
3. Women and men participate equally and meaningfully on registration and distribution committees

Training/capacity-building

1. Training and skills development is made available to balanced numbers of women, men and adolescent girls and boys based on a needs assessment
2. Training and skills development activities are organized at a time and venue convenient for both women and men
3. Training and information materials are developed based on the education level and knowledge of different socio-economic groups

Actions to address GBV

1. Training on GBV-related issues and potential risk factors is conducted for an equal number of female and male humanitarian workers to enable them to provide support to affected persons and direct them to adequate information and counselling centers
2. Programmes are in place to ensure income-generation activities and economic options for women and girls so they do not have to engage in unsafe sex in exchange for money, housing, food or education – or are exposed in other ways to GBV because they are economically dependent on others
3. Women and men in the community, including village leaders and men's groups, are sensitized on violence against women and girls, including domestic violence

Targeted actions based on gender analysis

1. Public awareness campaigns on women's and children's rights (e.g., right to food) are organized
2. Vulnerable groups are taught about their property rights (e.g., land) to increase their negotiating power and diminish abusive relationships
3. Social mobilization is supported to raise awareness on the main (practical and strategic) needs of the most vulnerable groups as part of their empowerment process
4. Gender disparities are addressed in basic and productive infrastructures to ensure food security for the most vulnerable communities

Monitoring and evaluation based on sex- and age-disaggregated data

1. The perceptions of women and men regarding changes in their lives (positive and negative) as a result of food security interventions are recorded and the implications are addressed in programming
2. Assessments are conducted of the specific changes occurring in the livelihood systems of beneficiary female-, male- and child-headed households
3. An analysis of how women's and men's different needs could have been met more efficiently is prepared and informs future programming

Coordinate actions with all partners

1. Actors in your sector liaise with actors in other sectors to coordinate on gender issues, including participating in regular meetings for the gender network
2. The sector/cluster has a gender action plan, has developed and routinely measures project-specific indicators based on the checklist provided in the IASC Gender Handbook

HEALTH – GENDER CHECKLIST**Analysis of gender differences**

1. Balanced ratio of women and men assessors and translators
2. Balanced ratio of women, girls, boys and men who participate in assessments
3. Balanced ratio of women and men consulted about their health needs
4. The following data are available and a gender analysis applied:
 - age- and sex-disaggregated cause-specific mortality rates
 - age- and sex-disaggregated case fatality rates
 - female-, male- and child-headed households
 - social structures, including positions of authority/influence, and the roles of women and men
 - groups with specific needs (including physically and mentally handicapped) by age and sex

Design of services

1. The timing, staffing and location of health services ensure equal opportunity for women and men to access them
2. Health care delivery strategies and facilities address the health needs of women, girls, boys and men equitably
3. Percentage of health care facilities with basic infrastructure, equipment, supplies, drug stock, space and qualified staff for reproductive health services, including delivery and emergency obstetric care services (as indicated in the MISP)
4. Percentage of health facilities providing confidential care for survivors of sexual violence according to the IASC Guidelines
5. Ratio of health care providers disaggregated by profession, level and sex
6. Ratio of community-based psychosocial care disaggregated by sex and age

Access

1. Proportion of women, girls, boys and men with access to sanitary materials (including household-level sanitary disposal facilities for women)
2. Proportion of women, girls, boys and men with access to safe water supply
3. Proportion of women, girls, boys and men with access to food aid
4. Proportion of women, girls, boys and men with access to health services

Participation

1. Balanced ratio of women and men participating in the design, implementation, monitoring and evaluation of humanitarian health responses
2. Balanced ratio of women and men in decision-making positions
3. Balanced ratio of local women and men hired/deployed in health sector
4. Balanced ratio of international women and men hired/deployed in health sector
5. Women and men participate regularly in group meetings or activities

Training/capacity-building

1. Balanced/proportionate number of women and men from the community trained to provide health care
2. Balanced/proportionate number of women and men from the community given employment opportunities in the health sector after training

Actions to address GBV

1. 24-hour access to sexual violence services
2. Staff are aware of and abide by medical confidentiality
3. Staff are trained on the clinical management of rape
4. Confidential referral mechanisms for health and psychosocial services for rape survivors
5. Information campaigns for men and women about the health risks to the community of sexual violence

Targeted actions based on gender analysis

1. Men, active and recently demobilized members of armed/security forces, displaced persons and refugees are targeted with HIV/AIDS messages
2. Communication strategies are developed and implemented to highlight the specific health risks affecting women and men, as well as targeting adolescent girls

Monitoring and evaluation based on sex- and age-disaggregated data

1. Data on demographics, mortality, morbidity and health services are routinely collected and are disaggregated and reported by age and sex and a gender analysis is applied
2. Percentage of participatory assessment reports addressing the needs of women, girls, boys and men equally
3. Formal monitoring and participatory evaluation mechanisms reporting the health impact of humanitarian crises on women, girls, boys and men

Coordinate actions with all partners

1. Actors in your sector liaise with actors in other sectors to coordinate on gender issues, including participating in regular meetings for the gender network
2. The sector/cluster has a gender action plan, has developed and routinely measures project-specific indicators based on the checklist provided in the IASC Gender Handbook

LIVELIHOODS – GENDER CHECKLIST
Analysis of gender differences
<ol style="list-style-type: none"> 1. Information is gathered from women, girls, boys and men about: <ul style="list-style-type: none"> • different skill sets, needs, vulnerabilities and responsibilities of affected women and men and adolescent girls and boys, including women-headed and child-headed households • gender division of labour, responsibilities and coping strategies within the household • inequalities in access to and control of resources • obstacles women, girls, boys and men could be expected to face in accessing or devoting time to income generation activities (e.g., child care or other household responsibilities) 2. The gender analysis is reflected in planning documents and situation reports
Design
<ol style="list-style-type: none"> 1. The livelihood programmes that are developed do not discriminate against women or men – for example, construction projects traditionally targeted only to men should be reviewed to ensure access by both women and men 2. Women, girls, boys and men benefit equally from livelihood alternatives (e.g., receive equal compensation for equal labour)
Access
<ol style="list-style-type: none"> 1. Women and adolescent girls have equal access to livelihood programmes and livelihood services as do men and adolescent boys 2. Women’s, girls’, boys’ and men’s access to livelihood programmes is routinely monitored through spot checks, discussions with communities, etc. 3. Obstacles to equal access are promptly addressed
Participation
<ol style="list-style-type: none"> 1. Women and men are participating in consultative meetings/discussions in equal numbers and with regular frequency 2. Child care or family care provisions are in place to allow women and girls access to programmes, trainings and meetings
Training/capacity-building
<ol style="list-style-type: none"> 1. Vocational training and non-formal education programmes target the specific needs of adolescent girls and boys and provide them with practical skills that they can use, including non-traditional skills 2. Employment opportunities are equally open and accessible to both women and men
Actions to address GBV
<ol style="list-style-type: none"> 1. Programmes are monitored for possible negative effects of changes in power relations (e.g., rise in domestic violence as a reaction to women’s empowerment) 2. Workplaces are monitored and instances of discrimination or GBV are addressed
Targeted actions based on gender analysis
<ol style="list-style-type: none"> 1. Livelihood programmes are tailored to the unique needs of the various segments of the affected community (e.g., female heads of households, adolescent girls and boys, displaced women and men, elderly person, survivors of GBV, etc.)
Monitoring and evaluation based on sex- and age-disaggregated data
<ol style="list-style-type: none"> 1. Sex- and age-disaggregated data on programme coverage and impact are collected, analyzed and routinely reported on 2. Livelihood programmes are monitored for improvements in self-reliance as well as beneficiary satisfaction for both women and men 3. Plans are developed and implemented to address any gaps or inequalities

Coordinate actions with all partners

1. Actors in your sector liaise with actors in other sectors to coordinate on gender issues, including participating in regular meetings for the gender network
2. The sector/cluster has a gender action plan, has developed and routinely measures project-specific indicators based on the checklist provided in the IASC Gender Handbook

NFIs – GENDER CHECKLIST

Analysis of gender differences

1. Information is gathered from women, girls, boys and men about family structures and NFI needs based on age and sex, and the distribution system is set up accordingly

Design

1. Family entitlement cards and ration cards are issued in the name of the primary female and male household representatives
2. Women, girls, boys and men have at least two sets of clothing in the correct size, appropriate to the culture, season and climate
3. People have access to a combination of blankets, bedding or sleeping mats to keep them warm and to enable separate sleeping arrangements as required
4. Women and girls have sanitary and hygiene kits, including soap and underwear
5. Training or guidance in the use of NFIs is provided where necessary

Access

1. The programme is routinely monitored to ensure that women and men benefit equally if there is payment for NFI distribution, including a gender balance in employment
2. Obstacles to equal access and benefits are promptly addressed

Participation

1. Women and men are involved in planning and implementing NFI selection and distribution
2. Women and men are informed and aware of their individual entitlements; the quantity and variety of items they should receive; and the place, day and time of distribution

Training/capacity-building

1. An equal number of women and men are employed in NFI distribution programmes and have equal access to trainings

Actions to address GBV

1. Both women and men participate in the identification of safe and accessible distribution sites
2. Distribution points are monitored to ensure they are safe and accessible

Monitoring and evaluation based on sex- and age-disaggregated data

1. Sex- and age-disaggregated data on programme coverage are collected, analyzed and routinely reported on
2. Plans are developed and implemented to address any gaps or inequalities and ensure access and safety for all of the target population

Coordinate actions with all partners

1. Actors in your sector liaise with actors in other sectors to coordinate on gender issues, including participating in regular meetings for the gender network
2. The sector/cluster has a gender action plan, has developed and routinely measures project-specific indicators based on the checklist provided in the IASC Gender Handbook

NUTRITION – GENDER CHECKLIST

Analysis of gender differences

1. Information on the nutritional needs, cooking skills and control over resources of women, girls, boys and men is gathered through participatory assessments
2. Reasons for inequalities in malnutrition rates between women, girls, boys and men are analyzed and addressed through programming
3. Information is collected on the cultural, practical and security-related obstacles women, girls, boys and men could be expected to face in accessing nutritional assistance and measures taken to circumvent these obstacles
4. The gender analysis is reflected in planning documentation and situation reports

Design of services

1. Nutritional support programmes are designed according to the food culture and nutritional needs of the women (including pregnant or lactating women), girls, boys and men in the target population

Access

1. Women's, girls', boys' and men's access to services is routinely monitored through spot checks, discussions with communities, and obstacles to equal access are promptly addressed

Participation

1. Women and men are equally and meaningfully involved in decision-making and programme design, implementation and monitoring

Training/capacity-building

1. Training courses on nutrition and gender issues are held for women, girls, boys and men
2. An equal number of women and men from the communities are trained on nutrition programming
3. An equal number of women and men are employed in nutrition programmes

Actions to address GBV

1. Both women and men are included in the process of selecting a safe distribution point
2. Food distribution is done by a sex-balanced team
3. 'Safe spaces' are created at the distribution points and 'safe passage' schedules created for women and children heads of households
4. Special arrangements are made to safeguard women to and from the distribution point (e.g., armed escort if necessary)
5. Security and instances of abuse are monitored

Targeted actions based on gender analysis

1. Unequal food distribution and nutrition rates within the household are addressed through nutritional support as well as programmes to address underlying reasons for discrimination and to empower those discriminated against

Monitoring and evaluation based on sex- and age-disaggregated data

1. Sex- and age-disaggregated data on nutrition programme coverage is collected:
 - percentage of girls and boys aged 6-59 months who are covered by vitamin A distribution
 - percentage of girls and boys under 5, pregnant and lactating women in the target group who are covered by supplementary feeding programmes and treatment for moderate acute malnutrition
 - percentage of girls and boys under 5 who are covered by nutrition surveillance
 - percentage of women, girls, boys and men who are still unable to meet their nutritional requirements in spite of ongoing nutritional programming
 - exclusive breastfeeding rates for girls and boys
2. Plans are developed and implemented to address any inequalities and ensure access and safety for all of the target population

Coordinate actions with all partners

1. Actors in your sector liaise with actors in other sectors to coordinate on gender issues, including participating in regular meetings for the gender network
2. The sector/cluster has a gender action plan, has developed and routinely measures project-specific indicators based on the checklist provided in the IASC Gender Handbook

REGISTRATION – GENDER CHECKLIST
Analysis of gender differences
1. Information is gathered on cultural, practical and security-related obstacles that women, girls, boys and men could be expected to face in accessing registration services
Design
1. Registration procedures are designed to minimize discrimination on gender or age 2. Women and men participate equally in the design of the registration process and in information-sharing meetings 3. Registration is done by a sex-balanced team, allowing for same-sex interviews 4. The registration site is set up to ensure privacy and confidentiality for all 5. Data is stored in secure places to ensure confidentiality
Access
1. Women's, girls', boys' and men's access to registration is routinely monitored through spot checks, discussions with communities, etc.
Participation
1. Women and men participate equally in informing the community about registration processes and concerns 2. Women and men participate equally in monitoring registration sites 3. Women and men participate equally in registration
Training/capacity-building
1. Equal numbers of women and men are trained to provide guidance and timely referrals regarding safety and groups with specific needs
Actions to address GBV
1. A mechanism is in place for monitoring security and instances of abuse 2. A referral system for reporting of security and abuse incidents is operational
Targeted actions based on gender analysis
1. Obstacles to women's, girls', boys' and men's equal access to registration services and documentation are addressed
Monitoring and evaluation based on sex- and age-disaggregated data
1. Percentage of populations of concern in the country for whom age/sex breakdowns are available 2. Percentage of women and men for whom the basic registration data have been collected 3. Percentage of women and men interviewed and registered individually 4. Availability of information by age and sex of individuals and groups with specific needs requiring specific protection services and assistance 5. Percentage of population of concern by sex and age issued with documentation conforming to the standards 6. Frequency with which existing data are updated to record births, new arrivals, deaths, and departures, marriages and other changes 7. Frequency of use of demographic profile of the population of concern in planning and implementing protection and assistance activities, and in distribution of non-food items
Coordinate actions with all partners
1. All actors involved in registration are fully aware of the agreed registration process 2. All actors involved in registration are fully aware of the categories and criteria for those with specific needs 3. Actors in your sector liaise with actors in other sectors to coordinate on gender issues

SHELTER – GENDER CHECKLIST

Analysis of gender differences

1. Focus group discussions on shelter construction, allocation and design conducted with women, girls, boys and men of diverse backgrounds and results fed into programming.

Design

1. Single people, young and old, have access to dignified shelter
2. Public spaces for social, cultural and informational needs of women, girls, boys and men are provided and used equitably

Access

1. Male and female heads of households and single women and men have the same access to housing and shelter supplies
2. Obstacles to equal shelter are promptly addressed

Participation

1. Women and men are equally represented and participate in the design, allocation and construction of shelters and camp facilities
2. Women and men, adolescent girls and boys have equal opportunity for involvement in all aspects of shelter construction, receiving equal pay for equal work

Training/capacity-building

1. Equal opportunities exist for training for women, girls, boys and men in construction skills training
2. Percentage of women and men trained in shelter construction
3. Percentage of women and men involved in shelter construction

Actions to address GBV

1. Routine spot checks and discussions with communities to ensure people are not exposed to sexual violence due to poor shelter conditions or inadequate space and privacy
2. Mechanisms put in place to ensure people can report any harassment or violence

Targeted actions based on gender analysis

1. The specific needs of girl- and boy-headed households are met
2. Where construction materials are supplied, female-headed households have direct access to materials and have construction skills training support

Monitoring and evaluation based on sex- and age-disaggregated data

1. Sex- and age-disaggregated data on programme coverage are collected, analyzed and routinely reported on
2. Plans are developed and implemented to address any inequalities and ensure access and safety for all of the target population

Coordinate actions with all partners

1. Actors in your sector liaise with actors in other sectors to coordinate on gender issues, including participating in regular meetings for the gender network
2. The sector/cluster has a gender action plan, has developed and routinely measures project-specific indicators based on the checklist provided in the IASC Gender Handbook

WASH – GENDER CHECKLIST

Analysis of gender differences

1. Information is gathered from women, girls, boys and men about:
 - cultural beliefs and practices in water and sanitation use
 - hygiene habits
 - needs and roles in operation, maintenance and distribution
 - methods and time spent in water collection
2. Data disaggregated by sex and age are used to develop a profile of at-risk populations with special water requirements

Design

1. Water sites, distribution mechanisms and maintenance procedures are accessible to women, including those with limited mobility
2. Communal latrine and bathing cubicles for women, girls, boys and men are sited in safe locations, are culturally appropriate, provide privacy, are adequately illuminated and are accessible to those with disabilities

Access

1. Women's, girls', boys' and men's access to services and facilities is routinely monitored through spot checks, discussions with communities, etc.
2. Obstacles to equal access are promptly addressed

Participation

1. Women and men are equally and meaningfully involved in decision-making and programme design, implementation and monitoring
2. Women and men are involved in safe disposal of solid waste

Training/capacity-building

1. Women and men are trained in the use and maintenance of facilities
2. Women and men are sensitized/trained to protect surface and groundwater

Actions to address GBV

1. Both women and men participate in the identification of safe and accessible sites for water pumps and sanitation facilities
2. Facilities and collection points are monitored to ensure they are safe and accessible (locks, lighting)

Targeted actions based on gender analysis

1. Unequal knowledge levels on hygiene and water management are addressed through trainings
2. Women's and men's access to and control over resources for collecting/carrying water, containers and storage facilities are monitored and inequities are addressed
3. Discriminatory practices hindering women's participation in water management groups are addressed through empowerment programmes

Monitoring and evaluation based on sex- and age-disaggregated data

1. Sex- and age-disaggregated data on programme coverage are collected, analyzed and routinely reported on
2. Plans are developed and implemented to address any inequalities and ensure access and safety for all of the target population

Coordinate actions with all partners

1. Actors in your sector liaise with actors in other sectors to coordinate on gender issues
2. The sector/cluster has a gender action plan, has developed and routinely measures project-specific indicators based on the checklist provided in the IASC Gender Handbook

Brief description of gender in emergencies

In the words of John Holmes, Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator:

“Effective humanitarian response addresses the needs and concerns of all groups in an affected population. This means understanding how conflicts and disasters affect women, men, boys and girls differently and basing programming on their differential needs and capacities. This is what gender equality programming is all about.”

In a letter to Humanitarian Coordinators, April 2007

Ignoring or being blind to these different needs can have serious implications for the protection and survival of people caught up in humanitarian crises.

What is expected of you in your role as Cluster/Sector lead in the field?

Sector [cluster] leads in the field have a particular responsibility for ensuring that humanitarian actors working in their sectors remain actively engaged in addressing cross cutting concerns such as gender equality. Experience of recent crises suggests that these important dimensions to ensuring appropriate responses have too frequently been ignored.

Sector/cluster leads at the country level are accountable to the Humanitarian Coordinator for facilitating a process aimed at ensuring the following:

Ensure integration of agreed priority cross-cutting issues in sectoral needs assessment, analysis, planning, monitoring and response (e.g., age, diversity, environment, **gender**, HIV/AIDS and human rights); contribute to the development of appropriate strategies to address these issues; ensure gender sensitive programming and promote gender equality; ensure that the needs, contributions and capacities of women and girls as well as men and boys are addressed.

Field challenges related to integrating gender in the clusters

Gender equality or equality between women and men refers to the equal enjoyment by females and males of all ages of rights, socially valued goods, opportunities and resources. Equality does not mean that women and men are the same but that their enjoyment of rights, opportunities and life chances are not governed or limited by whether they were born female or male. Protecting human rights and promoting gender equality must be seen as central to the humanitarian community's responsibility to protect and provide assistance to those affected by emergencies. As sector leaders the job is to make sure that the assistance and protection we provide meets the needs of **all the population equally, that their rights are protected** and that those most affected by a crisis receive the support they need.

Recurrent challenges in integrating gender concerns in clusters are:

- Data is not disaggregated by sex and age, thus impairing targeting assistance in accordance with the particular needs of each group of a given community.
- Needs assessments are seldom truly participatory in nature, meaning that many community members' concerns are not taken into consideration. A gender analysis is almost entirely dependent upon a participatory approach to needs assessments and planning and implementation of programmes, and needs to be an analysis of the needs and capabilities of women, girls, men and boys – not just women.
- Gender is perceived to be something that is not vital to take into consideration in the rush to provide immediate humanitarian relief, something that can wait until things calm down. Instead, gender, age, ethnicity and other diversities in the affected population should be recognised as the key to designing and setting priorities for humanitarian response. Sector programming should not be based on assumptions about the needs and social structure of the community.

What can you do to ensure gender equality programming in humanitarian action? Tips, tool application and best practices.

Conflict and disaster affects women, girls, boys and men differently, and they have different coping strategies. To mainstream gender equality programming in emergencies, it is essential to understand the roles, capacities and constraints of women, girls, boys and men, and the power relations between them. Their differing needs and capabilities must be identified to make sure all have access to services and information, and can participate in the planning and implementation of relief programmes. Go through the **ADAPT** and **ACT** Collectively steps to ensure your sector is taking gender issues seriously.

Analyse: Analyse the impact of the humanitarian crisis on women, girls, boys and men. Be certain, for example, that all needs assessments include gender issues in the information gathering and analysis phases, and that women, girls, boys and men are consulted in assessment, monitoring and evaluation processes.

Design Services: Design services to meet the needs of women and men equally. Each sector should review the way they work and make sure women and men can benefit equally from the services, for example there are separate latrines for women and men; hours for trainings, food or non-food items distribution are set so that everyone can attend, etc.

Ensure access: Make sure that women and men can access services equally. Sectors should continuously monitor who is using the services and consult with the community to ensure all are accessing the service.

Ensure participation: Ensure women, girls, boys and men participate equally in the design, implementation, monitoring and evaluation of humanitarian response, and that women are in decision-making positions. If it is problematic to have women in committees, put in place mechanisms to ensure their voices are brought to the committees

Train: Ensure that women and men benefit equally from training or other capacity-building initiatives offered by the sector actors. Make certain that women and men have equal opportunities for capacity building and training, including opportunities for work or employment.

Address gender-based violence: Make sure that all sectors take specific actions to prevent and/or respond to gender-based violence. The IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings should be used by all as a tool for planning and coordination.

Disaggregate data by age and sex: Collect and analyse all data concerning the humanitarian response by age and sex breakdown, with differences analysed and used to develop a profile of at-risk populations and how their needs are being met by the assistance sector.

Targeted Actions: Based on the gender analysis, make sure that women, girls, boys and men are targeted with specific actions when appropriate. Where one group is more at-risk than others, special measures should be taken to protect that group. Examples would be safe spaces for women and measures to protect boys from forced recruitment.

Coordinate: Set up gender support networks to ensure coordination and gender mainstreaming in all areas of humanitarian work. Sector actors should be active in coordination mechanisms.

Framework for Gender Equality Programming

Analyse gender differences.
Design services to meet needs of all.
Access ensured for all.
Participate equally.
Train women and men equally.
and
Address GBV in sector programmes.
Collect, analyse and report sex/age disaggregated data.
Target actions based on a gender analysis.
Coordinate actions with all partners.

ADAPT and ACT

Collectively to ensure gender equality

ADAPT and ACT Collectively to ensure gender equality

Section A in the **IASC Gender Handbook in Humanitarian Action** includes four chapters covering the basics of gender equality, including sample activities and indicators for the **ADAPT and ACT** framework represented above – as well as specific chapters on participation, coordination and protection.

Tips, checklists and case examples for integrating gender into the clusters can be found in Section B of the IASC Gender Handbook in Humanitarian Action. For each cluster, see the following pages in the handbook:

Gender and Camp Coordination and Camp Management in Emergencies	41
Gender and Education in Emergencies	49
Gender and Food Issues in Emergencies	57
a. Gender and Food Security in Emergencies	59
b. Gender and Food Distribution in Emergencies	65

c. Gender and Nutrition in Emergencies	71
Gender and Health in Emergencies	77
Gender and Livelihoods in Emergencies	83
Gender and Non-food Items in Emergencies.....	89
Gender and Registration in Emergencies	93
Gender and Shelter in Emergencies.....	97
Gender and Water, Sanitation and Hygiene in Emergencies.....	105

Some examples of good practice from the field

Integration of gender equality and GBV programming into the work planning process

“Gender was identified as one of 4 cross-cutting issues to be incorporated into sector priorities and objectives. The mainstreaming process was as consultative and inclusive as possible; the gender adviser collaborated not only with the sector leads in each of the states, but with many of their implementing partners. The structure of the mainstreaming methodology emphasized creating sector-specific reference worksheets itemizing tangible, realistic, practical strategies which could subsequently be incorporated into the Workplan project sheets, without creating any additional work or parallel workplan structures for the sectors. Though the development of the gender mainstreaming and GBV-prevention strategies proved to be most challenging for those sectors not traditionally associated with a protection mandate (particularly WASH and Food Security/Livelihoods), it was these sectors that were the most innovative in their approaches for gender mainstreaming and GBV-prevention. Actors’ understanding of the strategies and activities increased with the provision of concrete and tangible examples (activities that mitigated violence against women seemed more comprehensible and practical than general strategies such as “creating a gender balance among sector staff.”).”

Food security assessment in the West Bank and Gaza Strip

In 2003, FAO and WFP undertook a comprehensive food security and nutrition assessment across all districts of the West Bank and Gaza Strip. A key objective was to understand the factors and conditions affecting livelihoods and food security and nutritional vulnerability of women, girls, boys and men. In addition to reviewing secondary data, the mission conducted a primary data collection and analysis exercise in urban, camp and remote/rural locations. This involved extensive field visits, focus group discussions, pairwise comparison ranking, household observations and interviews using a gender focus.

Participation in camp management, Sierra Leone

In Sierra Leone, UNHCR instituted a system of refugee participation in eight refugee camps to ensure that the views and concerns of all refugees were expressed to UNHCR, government and implementing partners. UNHCR invited its partners to solicit refugees’ views on how they could best participate in camp management. As a result, sub-committees on specific areas of concern were set up, increasing women’s participation in camp administration and other sector activities increased to 45% in most camps.

Practical and strategic needs

Women, girls, boys and men have immediate, “practical” survival needs particularly in humanitarian crises. They also have longer-term “strategic” needs linked to changing the circumstances of their lives and realizing their human rights. Practical needs of women may include needs associated with their roles as caretakers, needs for food, shelter, water and safety. Strategic needs, however, are needs for more control over their lives, needs for property rights, for political participation to help shape public decisions and for a safe space for women outside the household, for example women’s shelters offering protection from domestic violence. Practical needs focus on the immediate condition of women and men. Strategic needs concern their relative position in relation to each other; in effect strategic needs are about resolving gender-based inequalities.

Critical Resources for Gender in Emergencies:

The IASC Gender Handbook: Women, Girls, Boys and Men – Different Needs Equal Opportunities (IASC, 2006). The Handbook provides humanitarian field practitioners with a basic understanding of gender equality programming in humanitarian settings as well as specific activities for the different sectors of humanitarian response. It has been produced under the auspices of the Cluster Approach, the different clusters producing the chapters relevant to their work, making the final product an IASC-wide tool.

It will also be available in Arabic, French, Russian and Spanish on <http://humanitarianinfo.org/iasc/gender>



The IASC Guidelines on Gender-based Violence Interventions in Humanitarian Settings - with a focus on Prevention and Response to Sexual Violence (IASC, 2005) is a field-friendly tool on how to set up a multi-sectoral GBV programme stressing the need for a coordinated approach. It is has been rolled out with extensive capacity building support in Colombia and Uganda, and more capacity building/ roll-out efforts are planned. (Languages: Arabic, English, French, Spanish, Bahasa. It will also be available in Russian).

Available on <http://humanitarianinfo.org/iasc/gender>



TERMS OF REFERENCE

Focal Points for Child Protection and Gender-Based Violence in Clusters

Background

In 2007 and 2008, Mozambique has experienced several humanitarian crises that have required an emergency response from government institutions together with national and international organizations. When disaster strikes, humanitarian actors move quickly to save lives, meet basic needs and protect survivors. In this rush to provide a humanitarian response, vulnerable groups, especially women and children and chronically ill people, risk being overlooked. The level of gender-based violence, including sexual violence, tends to increase in emergency situations, as does the risk of children being harmed, abused or neglected. Furthermore, the perpetrators of sexual and gender-based violence are sometimes the humanitarian workers on whom the affected population depends to assist and protect them. It is thus of utmost importance to provide guidance to actors involved in emergencies to prevent protection violations from occurring in emergency situations and when they do, to respond to the needs of the victim as rapidly and effectively as possible. Also mechanisms need to be in place to ensure that people who are too ill or weak to acquire food and materials that are rightfully theirs are being assisted.

As Save the Children, UNICEF and UNFPA wish to strengthen the capacity of actors involved in Mozambican emergencies in terms of Child Protection and Gender-Based Violence, a training event was organised in Maputo, in August 2007. A similar training event was also rolled out to the eight most emergency-prone provinces between November 2007 and April 2008.

One outcome of the Maputo training was the establishment of Child Protection and Gender-based Violence focal points for each of the clusters. This was viewed as a way of ensuring that child protection and gender-based violence checks and controls would be integrated into all clusters. In 2008, two additional protection elements have been included into the focal points ToR which are (i) advocating for the integration of HIV prevention, mitigation and care; and (ii) the promotion of the Secretary General's Bulletin on Special Measures for Protection from Sexual Abuse and Exploitation.

Timeframe

The protection focal point attends all the relevant cluster meetings and ensures that a substitute is sent if he/she is not able to participate. For example, a protection focal point in the WASH Cluster attends all the WASH Cluster meetings or ensures that a substitute is able to participate. During emergencies, there are cluster meetings several times a week whereas during the remainder of the year, clusters are either dormant or meet on a monthly or bi-monthly basis.

The protection focal point will make a commitment to the relevant cluster for one year.

Objective

To ensure that child protection, gender-based violence and HIV are integrated into the cluster work plan and activities during an emergency and during the remainder of the year (if the relevant cluster is meeting).

Duties and responsibilities of Protection Focal Points

- Focal Points represent the interests of children, women and men in terms of child protection and gender-based violence in the relevant cluster.
- Focal Points promote the prevention of HIV and protection of People Living with HIV and/or AIDS in the relevant cluster through cluster activities.
- Focal Points will apply a child protection/gender-based violence 'lens' to each decision taken by the relevant cluster. It will consider how the decision will impact people living with, or vulnerable to, HIV. A check-list has been developed to this purpose and is attached to this ToR.
- If the Focal Point has protection colleagues who attend the Protection Cluster, the Focal Point will liaise accordingly to share information and communicate child protection/gender-based violence and HIV issues between the relevant cluster and the Protection Cluster.
- The Focal Point will be expected to disseminate tools of relevance for child protection, gender-based violence and HIV to members of the relevant cluster.
- The focal point will be expected to disseminate and promote the Secretary General's Bulletin on Special Measures for Protection from Sexual Abuse and Exploitation to cluster members.
- The Focal Point will ensure that child protection, gender-based violence and HIV are integrated into all debates and initiatives undertaken in the relevant cluster.
- The Focal Point will maintain regular contact with Protection cluster.
- The Focal Point is always welcome to attend the protection cluster meetings and might be specifically invited to do so on occasion.

Support

- A ½ day training on Child Protection, Gender-based Violence and HIV in emergencies will be held once a year.
- Specific follow-up meetings every 4 months. The purpose of these meetings is to give continuity to the focal points' work, share information about HIV, Gender-based Violence and Child Protection in emergencies, as well as give room for discussion amongst the focal points. This will be co-ordinated by the Protection Cluster.
- Continuous support when needed from Save the Children, UNICEF, UNFPA and UNAIDS through technical support in the area of Child Protection, Gender-based Violence and HIV.

(Updated and Approved on 07 Oct 08)

EDUCATION

1. Location of the school (short and safe distance from home)
2. Make sure that all children have access to school, included separated children, orphans, disabled children and street children.
3. Make sure that attendance lists include name of the child, sex (male-female) and age.
4. Make sure that there are separate latrines for boys and girls.
5. Make sure that there is a mechanism for reporting cases of sexual abuse or exploitation and that actions are taken to prevent and treat such cases.
6. Make sure that there exists a "safe school" policy with clear implementation actions.
7. Make sure that there are both male and female teachers, head teachers, teacher trainers/supervisors and other educational personnel in the schools and that female teachers are active in decision making.
8. Equal access to school material for all children.
9. Check if teachers had training on Child Protection, Gender-based Violence and HIV.
10. Make sure that parents are given a voice in the school functioning.

Food Security and Nutrition

1. Both women and men participate in the selection of safe distribution points.
2. Women, child-headed households and separated children must be given ration cards in their names.
3. To the extent possible ensure that distribution teams consist of both Men and Women
4. No children or women should be victims of violence, abuse and exploitation during or after the food distribution.
5. Women and children should know and understand that they are not expected to give anyone anything in return for food.
6. Support and protect food security of HIV-affected and at-risk households and communities.
7. Food should be kept in hygienic condition and it should be explained how to prepare and store dry rations.
8. Everybody should be informed about food distribution sites, days and times.
9. The following people should receive food first: children under 5, the sick or malnourished, elderly, disabled people, pregnant and lactating women. Ensure that community members help those that are too weak to carry the food away from distribution sites.
10. Food distribution is done by a team of both men and women that will ensure no vulnerable child or person is left out from registration or left without food.
11. Security and instances of abuse are monitored, reported and thorough investigation by concerned authorities is undertaken.
12. Make sure that no child is lost or separated during food distribution and that children are not left at home alone when the mothers collect food.
13. Make sure that lists for food distribution include the sex (female – male) and age of all people receiving food.

HEALTH

1. Make sure that all the affected population has access to health facilities including: orphans, child-headed households, street children, young girls, people with disabilities and elderly people.
2. Make sure that women have the same access as men to basic health services (including delivery services, reproductive health services, emergency obstetric care services, access to Anti Retroviral treatment and Prevention of Mother-to-Child transmission)
3. Make sure that all the affected population knows where the health services are and how to access them.
4. Make sure that women victims of sexual violence receive appropriate and confidential treatment (including the option of emergency contraception, treatment for Sexually Transmitted Diseases, PEP)
5. Women, girls, boys and men have access to sanitary materials and condoms
6. Groups of adolescents and youth are trained to give their families and communities information on health and good hygiene behaviour.
7. Health workers should be sensitive to the psychological needs of the affected population
8. Make sure that people with HIV/AIDS receive appropriate and confidential care.

SHELTER

1. All affected population has equal access to registration process.
2. Children and women are active in all decisions about shelter and can express their opinion.
3. Single people, male and female heads of households, young and old have the same access to adequate housing and shelter supplies.
4. Public spaces are available for the community living in the camps, where they are given information about camp management, food distribution, where family members are and where they can meet and socialize.
5. A safe play area is available for all children to participate in recreational activities. Children and the shelter residents are involved from the beginning in the designing, administering and maintenance of the Safe Play Area.
6. Prevent use of poisonous insecticides, chemicals, explosive substances, restricted and careful use of inflammable items like match boxes, candles, mosquito coils, etc.
7. Check that service providers and camp leaders have been given training on Child Protection issues and HIV with a specific focus on sexual abuse and exploitation.
8. Check there is a complaint mechanism for the affected population as well as reporting and investigating protocols for problems (e.g., cases of abuse and exploitation, discrimination in service delivery etc.)
9. Make sure that victims of sexual violence have safe shelter.
10. Check that numbers on the population living in the camps specifies the sex (male and female) and age.

WASH

1. Make sure that safe water use and good hygiene practices exist and are promoted.
2. Make sure that children and adolescents are involved in water & sanitation campaigns to pass the message about clean, safe water and adequate sanitary habits on to other children and to their own families.
3. Ensure that water and sanitation activists are balanced in terms of gender and age.
4. Advocate for the inclusion of HIV information when training water and sanitation activists.
5. Make sure that all these people have access to safe water use: people with disabilities and illnesses, children, pregnant and lactating women and elderly people.
6. Communal latrine and bathing cubicles for women and children are in safe locations identified by both men and women, are culturally appropriate, provide privacy, are adequately illuminated and are accessible for those with disabilities.
7. A community protection structure, including women, should protect girls, minority groups, etc., after dark so they can feel safe and access services.
8. Small children should be provided with a potty and taught how to use it.
9. Long queues and other burdens pose a risk to women and children and should be avoided. Water collection containers should not be too big for children or elderly to carry and there should be sufficient taps to ensure there are not long queues.
10. Make sure that adolescent girls, women, vulnerable children, PLHA have sufficient sanitary materials, soap or washing materials.
11. Make sure that numbers related to the affected population includes sex (male and female) and age.

NORTH DARFUR INTER-AGENCY WORKING GROUP ON GBV

(Overall Coordination by UNFPA)

Referral Pathway for GBV Cases

Always Observe the Guiding Principles:

- SAFETY**
- CONFIDENTIALITY**
- RESPECT**
- NON-DISCRIMINATION**

No Action should be taken without the express permission of the survivor, if and when appropriate!

Keep the number of people informed of the case to an absolute minimum, to ensure client confidentiality. The fewer people involved, the easier to ensure client confidentiality.

*Explain role of **primary point of contact** - to provide her with support and to inform her of her choices/available resources*

ACCESS TO HEALTH CARE

INFORM THE SURVIVOR OF AVAILABLE HEALTH RESOURCES, AND THE BENEFITS TO SEEKING HEALTH CARE
(If survivor is under 18, she must be accompanied by an adult, and if possible a member of her family)

Always inform the survivor of the importance of accessing health care within 72 hours of the incident, if possible and if she chooses.

IF SHE CHOOSES

Refer survivor to available medical clinic or facility with capacity for appropriate clinical management/post rape care

ACCESS TO LEGAL AND JUSTICE

Focal point informs survivor of legal/justice resources; including both the possible benefits **AND** possible consequences of pursuing legal action

Benefits

- Document cases
- Hold perpetrators accountable
- Assist in later court proceedings
- Important for evidence gathering
- Provide support in interaction with police

Consequences

- May increase her profile
- Compromise her confidentiality and safety
- Possible inappropriate treatment by officials

IF SHE CHOOSES

Report to **UNDP, UNAMID HR, UNPOL or FCPU** as appropriate. Avoid multiple interviews. **Only information necessary for the service requested should be gathered.**

Legal support/aid and coordination is led by UNDP,

(Non-medical) Documentation of case: interviewing, if agreed on/requested by the survivor, will be conducted by **UNAMID HR** or **UNAMID CP** in case of minors.

PSYCHOSOCIAL SUPPORT

Focal point informs survivor of available psychosocial and emotional support services available to her. Inform her of benefits **AND** consequences.

IF SHE CHOOSES

Refer her to the emotional support and psychosocial activities at **women's centres, child-friendly spaces, outreach programmes,** or traditional mechanisms of support available.

IMMEDIATE RESPONSE

AT ALL TIMES IN THE REFERRAL PROCESS, PRIORITIZE SURVIVOR AND STAFF SAFETY AND SECURITY!

ADDITIONAL LIFE-SAVING SUPPORT

LONG TERM SUPPORT

Health
Medical complications/indications

Psychosocial
Support, counselling, social integration, community follow-up

Safety and Security

Legal Assistance

Multi-Sectoral Support
Food, NFI, Shelter, WASH, FAO, etc.

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Darfur Referral Pathway

NORTH DARFUR GBV WORKING GROUP

Referral Pathway for GBV Cases

Overall coordination of GBV programming and support structures in North Darfur is coordinated by UNFPA. This role may be taken on by another agency or organization, depending on the location and context.

When a survivor comes to any Agency or NGO staff member, service center or community member and says that she/he is a victim of sexual violence you must act immediately. Prior to following the steps listed below, always remember these key points:

- **Always observe the basic guiding principles:**
 - Safety
 - Confidentiality
 - Respect
 - Non-discrimination
- **Keep the number of people informed of the case to an absolute minimum, to ensure client confidentiality. The fewer people involved, the easier to ensure client confidentiality.**
- **At all times in the referral process, prioritize survivor and staff safety and security.**
- **NO ACTION SHOULD BE TAKEN WITHOUT THE EXPRESS PERMISSION OF THE SURVIVOR, IF AND WHEN APPROPRIATE.**

The primary role of the ‘focal point’ is to provide the survivor with support and to inform her of her choices and available resources.

1. Assess urgent medical needs. If an emergency medical situation, immediately refer the survivor to the nearest medical clinic or hospital. Otherwise, keep survivor comfortable in safe and secure setting. Only provide medical treatment to ensure stabilization.
2. Survivor information (including name, address, details of the incident, etc.) will not be necessary at this point. **DO NOT** record any information on the incident or write anything down without the permission of the survivor.
3. Once the survivor is comfortable and has given her consent, inform her of available health resources and the benefits to seeking health care. If the survivor is under 18, she **must be accompanied by an adult, and, if possible, a member of her family**. Provide a safe and confidential space in which the survivor can be treated or support her in accessing medical services.

ALWAYS INFORM THE SURVIVOR OF THE IMPORTANCE OF ACCESSING HEALTH CARE WITHIN 72 HOURS OF THE INCIDENT, IF POSSIBLE, AND IF SHE CHOOSES.

4. **If she chooses**, refer the survivor to the available medical clinic or facility with capacity for clinical management/post-rape care.

The respect and care you show as health and service providers is important and can contribute greatly to the survivor's healing process.

- Throughout the entire process be respectful and non-judgmental.
- The individual has already suffered a very traumatic event prior to making the decision to seek help. It takes courage and trust for an individual to seek help and disclose such a frightening and traumatic experience.

If and when the survivor chooses psychosocial and/or legal support, follow these steps:

AT NO POINT SHOULD ANYONE TRY TO CONVINCE OR COERCE THE SURVIVOR INTO REPORTING OR SEEKING ADDITIONAL SUPPORT. THIS CAN OFTEN DO MORE HARM IF THE SURVIVOR IS ALREADY IN A FRAGILE STATE AND FEELS THAT SHE HAS NOT BEEN ABLE TO MAKE THE DECISION HERSELF.

PSYCHOSOCIAL SUPPORT:

1. Inform the survivor of available psychosocial and emotional support services available to her. Inform her of both the benefits and challenges to pursuing emotional support.
2. Refer the survivor to the emotional support and psychological activities (such as emotional support, literacy classes, RH classes, and income generation) at **women's centres, child- friendly spaces, outreach programmes or traditional mechanisms of support.**

LEGAL AND JUSTICE SUPPORT:

Legal support and aid for survivors is provided by UNDP

1. Inform the survivor of the access she has to legal and justice resources, including both the possible benefits and possible consequences of pursuing legal action.
2. **If she chooses, and with the survivor's consent,** contact UNDP.

If or when the survivor chooses to have her case documented (UNAMID HR or CP, CivPol):

1. The survivor may agree to have her case documented without being willing to report to law enforcement authorities. **These are two different processes, with two different objectives.**
2. During documentation, interlocutors will be keeping a record of evidence of the incident to testify that such acts have been perpetrated. The interview can be used as evidence whenever any compensation mechanism is implemented. This process will also be used to measure trends and patterns, and as a tool for advocacy, if and when appropriate.
3. All information will be kept confidential. Reports should **NOT** have the name or **any other information** that can be used to identify the survivor. **At no time should the identity of the survivor be disclosed without her consent.**
4. **Under no circumstances should child survivors of GBV be interviewed for case documentation. Documentation of cases involving minors should be done with the parents or guardian of the child, following the parent's or guardian's approval.**

GUIDE FOR TRAINING AND CAPACITY-BUILDING WITH GBV PROGRAMME STAFF

A number of GBV-related training resources have been developed by UNICEF, IRC, Raising Voices, Oxfam and others working on GBV and should be used as the basis of training.

Suggested # of Days	Topic	Training Objectives/Post-Test Ideas (By the end of the training, participants will be able to ...)	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 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	Gender-based violence	<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 	
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	Guiding principals	<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 counseling 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 	
1 day	Sexual 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 Form Demonstrate ability to complete all case management forms correctly Demonstrate ability to explain the Consent Form to the survivor Describe the procedure for emergency response and reporting a GBV incident – during the day, at night Identify five stakeholders who will need to be included in the GBV coordination team at camp level Describe the difference between giving information and giving advice Explain empowerment & confidentiality as key concepts in assisting survivors of GBV 	
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 	
½ 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 psycho-social 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 two roles/responsibilities of the police in GBV response Demonstrate general understanding of relevant laws in northern Uganda 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 	

Talking Points for Helping Survivors of GBV¹

These messages were developed by the GBV Working Group. They are intended for anyone who comes into contact with GBV survivors in their work. They could be government, NGO or UN staff from any discipline- psychosocial, health, policing, legal/justice. The information here is very basic and does not replace training for working with survivors of GBV. It is intended to give survivors basic information that will help them get to services that can help them further.

Very important things to always say (not necessarily in this order):

- "I'm very sorry this happened to you."
- "You are not alone. Help is available for you."
- "It is not your fault." (That she/he was raped.)
- "How can I help you?"
- "I can give you some important information that will help you make decisions about what you want to do next, but the decisions and choices are yours."
- "If you have questions that I cannot answer, I will do my best to find the information and speak to you again very soon."²

About health

- "It is very important for you to get medical care after a sexual assault, as soon as possible."
- "It is possible to get medication to prevent pregnancy, sexually transmitted infections, and other harmful diseases, in addition to treating injuries."
 - "The medication to prevent pregnancies **must be taken as soon as possible, within 5 days**³ of the incident. "
 - "There is medication to prevent HIV. This **must be taken as soon as possible, within 72 hours/3 days** of the incident."
- "If the incident happened more than 5 days ago, it is still important for you to seek medical care."
- "I can help you find a health clinic that can give you the health treatment you need and answer your questions."⁴
- "You do NOT need a Form 8 to receive medical care, only if you want to report the crime to Police."

About emotional support, counseling and follow up

- "It is normal to feel very emotional after rape. Many survivors cannot stop thinking about it, have nightmares about it, and cannot eat and sleep normally. You are not crazy. These are normal reactions to a terrible event."
- [*In some locations*] "There are people who can help you heal emotionally and get the help that you need. I can help you contact these people."⁵

About legal/justice

- "If you are interested in seeking justice or reporting to the police, there are groups that can help you report your case and get a lawyer. It is helpful and important to get advice before reporting to the police."
- "If you think you want to report the crime to the police, you will need a Form 8. You can fill in the Form 8 first and then decide whether to report or not. Filling in the form doesn't mean you have to report, but will help you if you do. If you have questions about this, I can try to help you get answers."

About safety

- "Do you feel in danger or need help with safety?"

¹ This information sheet focuses on sexual violence/rape, but it is relevant to survivors of all types of gender-based violence (GBV).

² It is OK if you don't have all the information! The important thing is to ask questions to get the information the survivor needs, and then give it to her immediately.

³ Emergency contraception to prevent pregnancy is most effective the sooner it is taken (within 72 hours is best). However, it can be taken up to 120 hours (5 days) after the incident. Reference: <http://www.who.int/mediacentre/factsheets/fs244/en/>

⁴ Not all health clinics are prepared to provide GBV survivors with post-rape care. Make sure you send the survivor to a clinic that can give her the right treatment. Contact UNFPA for information about health clinics that provide this treatment in your area.

⁵ Psychosocial support and counselling services are critical in helping survivors heal after the trauma of rape and return to a normal life. If these services are available in your area, be sure to help the survivor contact them.

Available services

- Different services and resources are available in different locations in Darfur. It is important to know what resources are available in the area where you are working.
- Check whether a referral pathway for GBV is available for the area. This can indicate what services are available and who is there to respond.
- If you do not know what services are available, contact UNFPA for information. They can help you find the right services to refer the survivor to in that area.

Questions?

- UNFPA has information about what services are available in different areas in Darfur. Contact UNFPA for more information.
- Contact UNDP for information about free legal services for survivors of GBV and the telephone number for the nearest lawyer in the Legal Aid Network (LAN).

Remember- the act of rape is an act of control. It is important to give control back to the survivor by giving her information and respect, and allowing her to make her own choices based on good information. **Do not push a survivor to do what you think is right.** If we push her, she may end up being more harmed. Our role is to give good, honest information and allow her to make choices about her life. She will live with those choices.

STANDARDS FOR QUALITY PREVENTION AND RESPONSE ACTIVITIES

GUIDING PRINCIPLES

- The guiding principles on gender-based violence are understood and used by all staff

TRAINING FOR ALL ACTORS

- Trainings and sensitizations are conducted on topics of human rights, relevant national and international laws and policies, gender, gender-based violence for actors in all sectors, all organizations
- ‘Refresher’ workshops and activities are regularly scheduled for all actors to continue influencing knowledge, attitudes and behaviour toward gender equity, appropriate response to survivors and prevention of gender-based violence

THE COMMUNITY

- Women and men leaders, influential community members and any other interested people actively participate in programmed planning, monitoring and evaluation – including decisions, activities, meetings, discussions and training events
- The community establishes and maintains volunteer networks for crisis response, peer counselling and advocacy, community education and awareness-raising. NGOs, UNHCR, and host government authorities support these efforts through regular training and ongoing assistance

PREVENTION

- Awareness campaigns promote changes in community attitudes, knowledge and behavior concerning gender
- Multi-sectoral actors continuously assess risk factors and review incident data to identify and resolve specific contributing factors to gender-based violence in the setting

HEALTH RESPONSE

- Easily accessible healthcare is provided
- Treatment is administered by trained staff using appropriate protocols and with adequate equipment, supplies and medicine
- All patients are actively screened for gender-based violence
- Patients are referred (and provided transport) to appropriate levels of care when needed
- Follow-up care is provided to all survivors of gender-based violence
- Healthcare professionals testify in court about medical findings, if survivor chooses to pursue police action
- Healthcare professionals collaborate with traditional health practitioners in their response activities
- All data on gender-based violence is collected, documented and analyzed
- Healthcare services are continuously monitored, including access and quality of services
- The health needs of survivors are consistently monitored
- Strategies are identified and designed to address contributing factors, such as alcoholism and drug abuse
- Healthcare professionals advocate on behalf of survivors for protection, security, safety to address laws and policies that may conflict with survivor rights and/or survivor needs
- Regular collaboration, trainings and sensitizations occur among health staff, traditional practitioners and the community

PSYCHOSOCIAL RESPONSE

- Sensitization and awareness-raising activities are conducted on protection, human rights, gender and gender-based violence to raise awareness about assistance available
- A designated place or places are established where survivors can go to receive compassionate, caring, appropriate and confidential assistance
- Crisis counselling for survivors and families is provided with referrals for ongoing emotional support if needed
- Traditional healing or cleansing practices that survivors perceive as helpful and useful in their recovery are used to respond to traumatic or painful events
- Advocacy and assistance for survivors is provided with healthcare, police and security forces, the legal and justice system and other services
- Group activities are planned for survivors and other women that focus on building support networks, community reintegration, building confidence and skills, and promoting economic empowerment

LEGAL AND JUSTICE RESPONSE

- Gender-based crimes are rigorously prosecuted with minimal delays and disruptions to the process
- Legal advice and support is provided for survivors and witnesses
- Transportation, meals, overnight accommodation are provided as needed for survivor and witness attendance at court
- Court proceedings are monitored and key legal actors advocate as necessary to prevent delays and dismissals in criminal proceedings

SECURITY & SAFETY RESPONSE

- Plans, strategies and options are in place for immediate protection of survivors
- Incident data and communication is analyzed with all actors and the community concerning security risks and issues
- Security workers are present, especially after dark and in high-risk areas

If survivor chooses to report the incident to the police:

- Interviews are conducted in private space
- Investigations are immediate and alleged perpetrators apprehended as soon as possible
- Laws, policies and procedures for forwarding the case to the legal/justice system are used appropriately

COORDINATION, REFERRALS, REPORTING, MONITORING & EVALUATION

- Methods for reporting and referrals among and between different actors are established and continuously reviewed.
- An Intake and Assessment Form is agreed upon and used consistently by all actors receiving referrals of cases of gender-based violence.
- Written reports, especially monitoring and evaluation reports and incident data, are shared among actors and stakeholders
- Regular meetings of key actors and stakeholders are convened to share information, analyze activities for improvement, provide guidance and assistance, problem-solve particularly complex or difficult cases, coordinate activities and build shared ownership of gender-based violence programmes.

GUIDELINES FOR CREATING COMMUNICATION MATERIALS ON VIOLENCE AGAINST WOMEN¹

Designing communication materials can be fun and exciting; it need not be a daunting task. The following are several key ideas that can help you develop engaging, positive and effective communication materials.

KEY IDEAS

Maintain the dignity of the characters

When creating communication materials about violence against women, it is tempting to use images that show women being abused. While sometimes this may be necessary (particularly in booklets), this approach needs to be used carefully, if at all. Avoid showing women in undignified positions (e.g., naked, laying on the ground, in the middle of experiencing rape, etc.). Explicit images of acts of violence show women in powerless and exposed situations and, while they may accurately reflect reality, they are rarely effective in helping change people's attitudes.

Similarly, avoid showing men being highly aggressive or violent; these are undignified portrayals of men. Women and men viewing explicit images such as these rarely want to identify with the characters or the issue that is being represented. Many people may feel ashamed to look at the image and, as a result, will either ignore it or make jokes to diminish feelings of shame and embarrassment. The use of explicit images can further marginalize the issue, keeping it taboo instead of encouraging people to discuss it. Try instead to maintain the dignity of the characters by showing women and men as reasonable and thoughtful characters who are able to make positive decisions.

Portray the positive

When discussing violence, instead of telling people that violence is bad, show how non-violent resolution of conflict and non-violent relationships are positive. For example, instead of showing a picture of a woman being beaten that reads "Stop Domestic Violence", it may be more effective to show a picture of a woman and man sitting together discussing a problem with the male character saying, "I respect my wife, we talk about our problems together. Do you?" Materials that portray the positive and role model respectful and alternative ways of thinking and behaving are more engaging and can help facilitate a process of change, more so than just showing the violence.

Help viewers engage

When viewers see themselves in the materials and characters, they are more likely to think about the issue and reflect on how it affects them. Materials that show 'regular' women and men will help more people identify with the characters. Avoid stereotypes. Take care in how you show the man who is being violent. Making this man into a 'monster' (i.e., making him very scary, ugly or mean) will prevent men from identifying with the character. Showing a man who is not out of control or looking too crazy will help others identify with him and his behaviour. Similarly, when showing women, try to make the characters look just like women in your community. Make them different ages and sizes, from different economic levels, or having a disability. The characters should represent the range of people in your community.

Avoid blame and accusations

Communication materials should avoid blaming women or men for domestic violence. This does not mean that the issue of male responsibility for domestic violence should not be explored, but accusing men of violence and publicly shaming men in materials often only increases resistance and backlash. It is important to hold men accountable yet not to insult, demean or demonize them. This will only make them defensive and disengaged.

Get people talking!

Materials that tell people what to think rarely have a meaningful impact on the attitudes or behaviour of their viewers. Try to make materials controversial, inject new ideas, ask questions, encourage people to think and feel

¹ From *Mobilizing Communities to Prevent Domestic Violence: A Resource Guide for Organisations in East and Southern Africa*, Raising Voices 2003.

something about the issue being portrayed. Don't be afraid to raise taboo or hidden topics; materials that tell people what they already know are rarely useful. Be willing to stir things up!

STEPS

1. With a small group (e.g., staff members, community volunteers/members, resource persons, etc.), brainstorm specific topics and issues you want to address in the material, record them on a flipchart.
2. Discuss the ideas as a group. Ask yourselves:
 - Which are most compelling?
 - Which are most appropriate for the audience?
 - Which should be avoided?
3. In a smaller group (no more than four), further discuss the group brainstorm and discussion. Decide which ideas are most appropriate for the current communication material. Make sure to save the other interesting ideas, as you may want to use them later.
4. With this smaller group, brainstorm images and words for the communication material. For many people, it helps to make pencil sketches (even of stick people) to get a sense of what type(s) of image(s) you may use. Note: when designing booklets, you may choose to first develop a general outline of the story and then add detail and images after.
5. Once you have an idea, discuss it with an artist. Get her/his feedback on the design and layout. You may choose to show your pencil sketches. Note: when designing murals, you may want to show the artist the proposed site for the mural as this may affect the types of image(s) used.
6. Once you and the artist have discussed the communication material, ask for a pencil prototype. It is best to give the artist a general sense of what you imagine the material to look like before the pencil sketch is started, this can save lots of time later on. Give feedback on the prototype and ask her/him to make the appropriate changes.
7. Pre-test the design with members of the primary audience. Consider the suggested changes and incorporate feedback as you feel is appropriate. If the changes are significant, you may have to go through a second, detailed pre-test.
8. Discuss the changes with the artist and supervise through all stages of drawing. Make sure you check the final pencil design before the ink/color is applied. This can save considerable time and money!

COMMUNICATION MATERIAL CHECKLIST

Content

Does your communication material:

- raise a controversial or thought-provoking issue?
- avoid telling people what to think and encourage people to think differently?
- avoid stereotyping?
- maintain the dignity of the characters?
- encourage viewers to think for themselves?
- avoid showing women as powerless victims?
- reinforce the concept of human/women's rights?
- encourage personal reflection?
- use characters and situations that viewers can identify with?

Language

Does your communication material:

- avoid blaming or accusations?
- use language that is informal and familiar to the community?
- have a design that is accessible to low-literacy viewers?
- use language and images that are thought-provoking but not confrontational?
- use language that is simple and straightforward?
- make provocative statements or ask provocative questions to the viewer?
- keep language as non-technical as possible?

- respond to the reading level of the group you are reaching?
- use an attention-grabbing caption, slogan or question?

Illustrations

Does your communication material:

- use pictures of a scene and characters that community members can and want to identify with?
- show characters being active and thoughtful?
- use diagrams and pictures to enhance the information?
- use images to help low-literate viewers understand the ideas?

Design

Does your communication material:

- have information organized on the page (not too crowded or wordy)?
- have large enough writing to be read at a distance?
- use an attention-grabbing caption, slogan or question in a prominent place to help viewers get the main idea?
- use creative and easy to read fonts?
- avoid using all capital letters and underlining?
- use bright and vibrant colors?
- use a consistent style?
- identify your organization's contact information and logo?

What if your Friend tells you she has been hurt and abused?

Let us go to the Clinic immediately

Let her know:

- You believe Her
- It is not Her fault
- She is not alone

WHERE TO GET HELP

NAKURU
KICS
MCH
Map International

SHOWGROUND
Map International

AFRAHA STADIUM
KICS
MCH

NAKURU NORTH
Merlin

NAWASHA
KICS
MOM
St. Mary's Hospital

MOLO
KICS
MSF
Map International

KIP KELLION
MSF
KICS
MOM

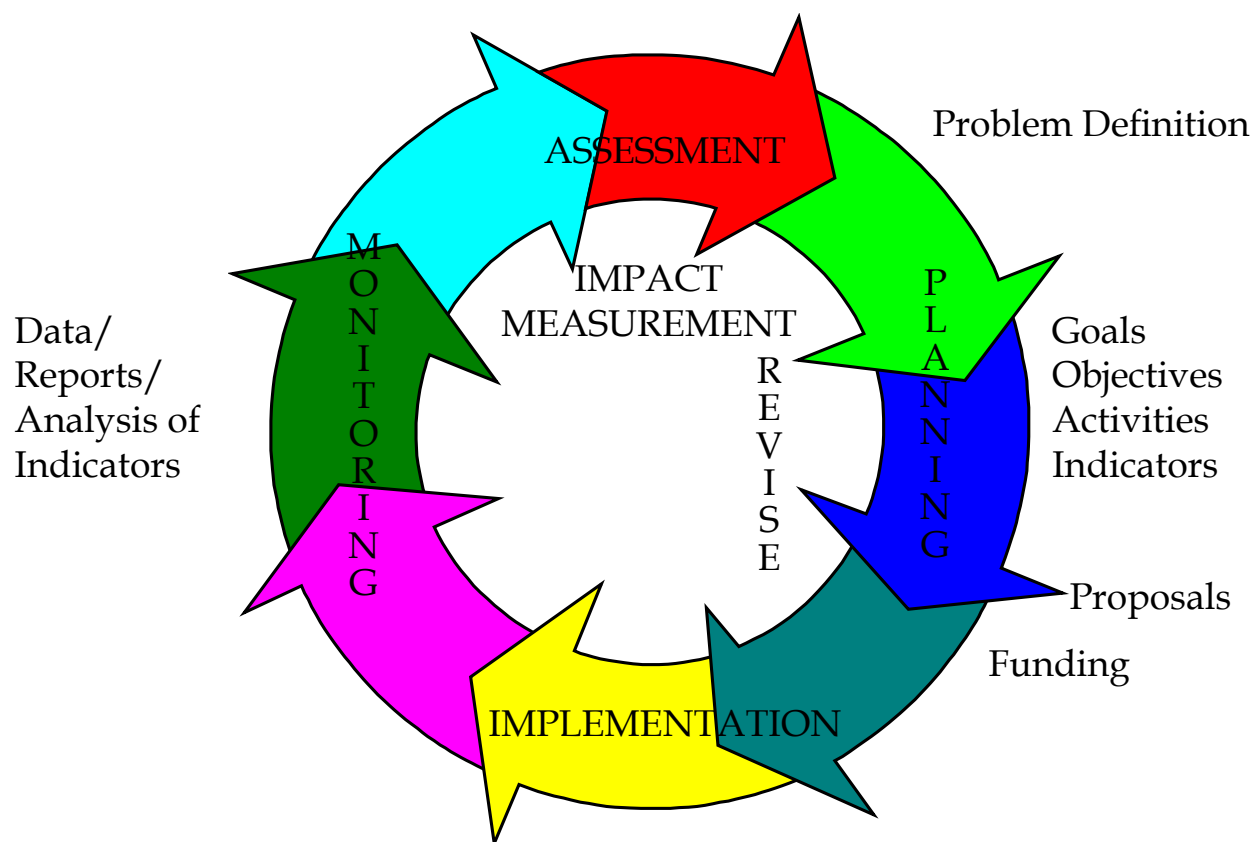
PSYCHO-SOCIAL SUPPORT
Faith Based Organizations
Counseling Groups

LEGAL AID
Law Society of Kenya
FIDA

This resource was developed for the Survivors' Alliance of Kenya (SAK) with funding from the United Nations Development Programme (UNDP).
www.survivorsalliancekenya.org | info@sakkenya.org | Tel: 020 22 11 780 | Nairobi & Kisumu City Office (14)
Main number of the SAKE is 020 22 11 780

UNEPA	KENYA RED CROSS	NATIONAL AIDS CONTROL BOARD	GOVWA	KCS
UNHCR	WORLD VISION	KENYA'S HEALTH PROMOTION BOARD	FIDA	BOB
UNICEF	ACT UP	NATIONAL WOMEN'S HOSPITAL	FEMNET	MANUCHEMINT
UNICOF	SAFE THE GIRLS	WOMEN'S SHARED MINDSET	KODIA	UNEP/POD VCT
CARE	PELVICAL MULTIFUND	CELEBRATING HER VOICE	MEMBERS ORGANIZATION	MEMBER'S EMOTIONAL SUPPORT

THE ACTION PLAN CYCLE¹



When developing an action plan in an emergency, the first key step is to conduct an inter-agency GBV assessment. Building from the assessment, the GBV coordination mechanism should identify goals and objectives of the action plan, which should in turn be linked to activities and indicators. After the action plan has been approved, the GBV coordination mechanism will need to solicit funding (through joint appeals processes as well as individual coordination partners) for activities identified in the action plan. After implementation begins, activities should be monitored according to the key indicators in order to evaluate the extent to which the action plan has been put in place, as well as to determine additional needs. This monitoring and evaluation process will lead to revisions in the action plan and result in a new phase of funding solicitation, followed by implementation of new activities. This cycle of assessment, planning, implementation, and monitoring should be on-going through the emergency, according to a timeline identified in the action plan itself.

¹ Adapted from GBV Technical Support Project, RHRC Consortium, JSI Research and Training Project

REPORTING AND INTERPRETING DATA ON SEXUAL VIOLENCE FROM CONFLICT-AFFECTED COUNTRIES THE “DOS AND DON’TS”

INTRODUCTION

Information on the nature and scope of sexual violence during and immediately after conflict is increasingly demanded by governments, NGOs, UN bodies (such as the Security Council) and humanitarian workers. When collected, analysed and reported correctly, data on sexual violence can serve many purposes, including drawing political attention to the issue and mobilizing resources for comprehensive gender-based violence (GBV) prevention and response programmes. Data can also help shape the mandates of international peacekeepers and rule of law actors. This Note is intended to assist staff from UN Country Teams and Integrated Missions to improve data collection, analysis and reporting on sexual violence in conflict. Any data collected on sexual violence must respect established ethical and safety principles, such as security, confidentiality, anonymity, informed consent, safety and protection from retribution, and protection of the data itself (see Key Resources).

DOS AND DON’TS FOR COLLECTING, ANALYSING AND REPORTING ON SEXUAL VIOLENCE

A. GENERAL

- o **Do seek advice from data experts** to agree on what information to collect, share and report and how to do so safely and ethically.
- o **Do verify the information wherever possible.** Obtain data from at least three different sources and always inquire about the methodology used to collect this data.

B. ANALYSING DATA

- o **Do examine how the data match** other information coming from the field and consider how contextual factors influence data quality.
- o **Do assess the quality of the data.** Have the data been collected and analysed in methodologically sound ways? Are they generalizable to a larger population? If so, to which population?

C. REPORTING

- o **Do keep in mind the audience and possible use.** If the data are being shared with the media, donors or policy-makers, make sure that guidance is offered on the interpretation of the data. Briefing notes may help.
- o **Do provide the context for all data reported.** If known, and safe to do so, provide information on the camps/clinics/districts from where cases are reported. Be specific, e.g., “reported cases from x number of health facilities”.
- o **Do provide a comprehensive description of the incident** as long as this cannot be linked back to individual survivors (precise date and location, information on the victims and perpetrators, ethnicity, age, sex should be included when safe to do so)
- o **Do provide additional information that may have contributed to changes in the number of reported cases.** For example, more services available, public information campaigns, upsurge in violent attacks. Whenever possible, information on when incidents took place should be collected and the information reported along with aggregated numbers.
- o **Do label all tables, charts and maps appropriately** to avoid being taken out of context and clearly state the sources for any data cited.

- o **Don’t share data that may be linked back to an individual or group of individuals.**
- o **Don’t take data at face value:** assess original sources, including their quality/reliability.
- o **Don’t assume that reported data on sexual violence or trends in reports represent actual prevalence and trends in the extent of sexual violence.**

DATA SOURCES ON SEXUAL VIOLENCE

A. CASE REPORTS

Case reports on sexual violence are often collected by health service providers, social workers, police, courts or humanitarian/human rights workers. In addition to specific descriptions of the nature of the crime, case reports include information on who reported the case, when s/he reported and to whom, the perpetrator(s), the place and time the incident took place and the survivor's support network.

Strengths of Case Reports (when aggregated and properly contextualized):

- o May be used to **alert actors to issues of concern** for further investigation and action.
- o Can **help identify the services survivors report to** and whether these or other services need to be strengthened.
- o Can **help inform prevention and response programming.**
- o Can **support efforts to ensure accountability for sexual crimes.**

Limitations of Case Reports

- o Case reports **represent only specific cases that have been reported** and do not reflect the totality of those affected. A very small percentage of those who experience sexual violence actually report the crime because of stigma, shame, fear of retribution or lack of services or confidence in available services. It is not possible to make accurate assessments about the number of cases of sexual violence from case reports alone. **It is inappropriate to make assumptions about trends from case reports.**
- o **Those who report their experiences of sexual violence may not be the 'average' victim** in terms of personal characteristics, type/severity of attack, impact, characteristics of perpetrator and likelihood of further violence if the perpetrator is identified.
- o Aggregated data drawn from case reports do not provide accurate picture of trends. For example, an increase in the number seeking services for sexual violence may follow public awareness campaigns to reduce stigma and alert to services; if not contextualized, an increase may be misinterpreted as representing a sudden increase in sexual violence incidence.
- o Data on case reports may **combine cases from multiple years, obscuring the magnitude of the problem.** There is often a time lapse between the time a sexual violence crime occurs and when it is reported.

Data from case reports:

Do not tell us the totality of those affected: likely to be tip of the iceberg

Do not tell us who is globally affected: those reporting may not be the 'average' victim

Do not tell us temporal or location trends: at most they tell us who is reporting when

B. CASE NARRATIVES

Case narratives are first-person accounts, which detail personal experiences of sexual violence. Case narratives are generally collected by journalists.

Strengths of Case Narratives:

- o Case narratives contextualize and **put a human face on the data.**

Limitations of Case Narratives

- o Case narratives are **limited by their individuality** and cannot be used to infer a trend. Those who choose to tell their stories may differ significantly from those who do not (in terms of personal characteristics, type/severity of attack, impact, characteristics of perpetrator and likelihood of further violence if the perpetrator is identified).
- o Journalists will edit for length and clarity, and often **the most shocking narratives will be published.**

IV. KEY RESOURCES

1. Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies. Geneva, World Health Organization, 2007 www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

2. Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies. Inter-Agency Standing Committee. Geneva, 2005 www.humanitarianinfo.org/iasc/content/products/docs/tfgender_GBVGuidelines2005.pdf

ETHICAL AND SAFETY RECOMMENDATIONS

for researching, documenting and monitoring sexual violence in emergencies

A major challenge to addressing sexual violence is the absence of data on the nature and extent of the problem. Sexual violence is usually underreported even in well-resourced and stable situations. During emergencies, it is unlikely that there will be any reliable data about sexual violence. In most situations planning for prevention and response to sexual violence will be based on anecdotal evidence obtained through a variety of sources. Although current projects are being tested to increase the reliability of reported data, **rarely if ever is reported data a reliable source for understanding the nature and extent of sexual violence in emergencies.**

Data on sexual violence in emergency settings may be collected for a number of reasons and to support various activities including: needs assessments and situation analyses; as testimonies for human rights documentation and/or for criminal justice purposes; human rights monitoring and protection; research on sexual violence in emergencies; to document incidence of sexual violence in the context of providing direct services for survivors; monitoring and evaluation of interventions; and health surveys (especially those focusing on reproductive health or HIV/AIDS).

The highly sensitive nature of sexual violence poses a unique set of challenges for any data-gathering activity that touches on this issue. A range of ethical and safety issues must be considered and addressed prior to the commencement of any such inquiry. Failure to do so can result in harm to the physical, psychological and social well-being of those who participate and can even put lives at risk. It is essential therefore to ensure that the case for collecting data is legitimate. Furthermore, when collecting and using information about sexual violence, it must be done in such a way so as to avoid further harm to those who are part of the process.

The benefits to respondents or communities of documenting sexual violence must be greater than the risks to respondents and communities.

The purpose of, rationale for and intended end use of the data to be collected, as well as the methodology and target audience, should always be clearly defined and justified prior to engaging in any information-gathering exercise. Questions that project planners should consider when planning and designing a data collection activity include:

- What is the purpose of the data-collection activity?
- Is the information to be gathered already available and/or does it exist in another form?
- How likely is it that collecting this information in this manner will achieve the intended purpose?
- What are the possible physical, psychological, social and legal risks to survivors, their families and supporters and to communities?
- What are the possible physical, psychological, social and legal risks to those involved in collection of the data?
- How can the above risks be minimized?
- Is it fair to the individuals and the community to ask them to be involved in this activity? Must this population be used? Will they benefit directly?
- Have all measures been considered to ensure that data are 'de-identified'? Have all identifiers that could link the data back to the individual survivors (e.g., the person's name, place of residence and location and date of the incident) been removed from the data set or record?

Basic care and support for survivors must be available locally before commencing any activity that may involve individuals disclosing information about their experiences of sexual violence.

At a minimum, basic care and support includes medical care (treatment for injuries, prevention of disease and unwanted pregnancy), emotional support (as outlined in the IASC Guidelines for GBV interventions, Action Sheet 8.3, number 2) and protection from further violence (e.g., provision of options for safe shelter, police investigation). Good practice dictates that those persons wishing to engage in sexual violence data collection should either already represent or be affiliated with a social- service-providing agency. If the information collection involves children, basic care and support must include services designed to meet the needs of children.

The confidentiality of individuals who provide information about sexual violence must be protected at all times.

Any personal information that an individual discloses in an information-collection exercise should be considered to be confidential. This means that there is an implicit understanding that the disclosed information will not be shared with others, unless the person concerned gives explicit and informed consent to do so. The requirement to maintain confidentiality governs not only how the data are collected (e.g., ensuring a private space in which to conduct an interview), but also how the data are stored (e.g., without names and other identifiers) and how, if at all, the data are shared.

Anyone providing information about sexual violence must give informed consent before participating in the data-gathering activity.

The role of informed consent is to ensure that respondents are aware of and understand the purpose of the data-collection exercise, the procedures that will be followed during the course of the exercise, the risks and the benefits to themselves of participating, and also their rights, including the right to refuse to answer specific questions or to take part in sections of the interview. The informed consent process is two way, and goes far beyond simply providing a form for participants to read and sign.

All members of the data collection team must be carefully selected and receive relevant and sufficient specialized training and ongoing support.

Every aspect of information collection about sexual violence in emergencies is sensitive. All members of the information gathering team may encounter a range of safety and ethical issues throughout the process and must be prepared and trained accordingly. The composition of the information gathering team in any sexual violence inquiry will vary depending on many factors. In some cases the team might include a team leader, supervisors, interviewers, researchers, translators, information-gatherers, drivers, data entry staff, members of advisory or oversight committees and individuals engaged in dissemination and publication of results. In other cases, there may be only one person involved.

Additional safeguards must be put into place if children (i.e., those under 18 years) are to be the subject of information gathering.

Particular care should be taken when engaging in an information-collection activity that involves children as respondents. Every effort must be made to anticipate and prevent or minimize harmful consequences. The following suggested good practice guidance should be considered:

- Seek advice from experts in collecting information from and working with children, as well as people familiar with the culture and the setting in which the inquiry is to take place.
- Draw on the emerging body of literature and experience regarding how best to work with children and young people.
- Consult with community members and parents, guardians or caregivers to anticipate all possible consequences for children involved in the information-gathering process.
- Advise children, as well as their parents, guardians or caregivers, of the referral services and protection mechanisms that are available to them.
- Be prepared to deal with very serious or complex issues and needs that may arise during the information-gathering process.

Camp GBV Safety Audit¹

Purpose: To audit _____ camp to assess and address risk factors regarding protection of women and girls from gender-based violence.

Camp: _____ **Date completed:** _____

Camp Population: _____

Persons/Organizations conducting this audit: _____

PART I. To ask Community Members

A. CAMP LAYOUT	YES	NO	Don't Know
1. How many people live in each house? Total number: _____ <i>Divide the standard size for a dwelling in the camp by the total number of people in the house:</i> _____ Do you feel there are too many people living together in your house? (To assess overcrowding and perception of overcrowding)			
2. Are you living in the house with people who are not part of your family? (To assess whether non-related families housed together)			
3. Do you know any single mothers in this community? <i>If no, do not indicate anything in the boxes to the right and skip to question #7.</i> <i>If yes, ask the following:</i> Do the single mothers and their children you know live with people who are not part of their own family? <i>Indicate answer in box.</i> (To assess female-headed households accommodated separately)			
4. Do the single mothers you know in this camp all live in a special area in the camp? <i>If yes, ask the following:</i> Do you think this reduces the risk of violence for women? <i>Describe very briefly below in the comments section.</i> (To assess whether female-headed households are located together and to assess people's perceptions about whether this improves safety)			
Registration			
5. Are married women in this camp registered separately from their husbands?			
6. Are girls or single women without family members registered as individuals?			
Facilities			
7. Are men's and women's latrines and bathhouses separated?			
8. Are women's latrines and bath houses easily accessible to women and girls?			
9. Are women's latrines and bath houses secure for women and girls?			
B. SERVICES & FACILITIES	YES	NO	Don't Know
Food, NFI and Fuel			
10. What is the food scale that your household receives? Total _____ (Take total amount and divide by people in household.) Is this enough for your household? (To assess whether full food rations distributed regularly and to assess perceptions about adequacy of food allotment)			
11. Is food distributed specifically to women (as opposed to male family members)?			
12. Do you think food should be distributed specifically to women? <i>(Add comments below.)</i>			

¹ October 2007. Adapted from materials developed by Sophie Read-Hamilton and Uganda Camp Safety Audit

13. Are women involved in food distribution?			
14. Are women involved in monitoring food distribution?			
15. Are NFI distributed specifically to women?			
16. Do you think NFI should be distributed specifically to women? <i>(if necessary, add comments below)</i>			
17. Are firewood and charcoal collection points safely and easily accessible to women?			
Water			
18. Is adequate water available in this camp?			
19. Are women involved in water distribution and monitoring?			
20. Are water collection points safely and easily accessible to women?			
Security			
21. Are there known danger zones in the camps or near the camps where women and girls are at increased risk for violence? <i>If yes, describe below in comments section.</i>			
22. Are there security personnel patrolling outside this camp? <i>If no, indicate at right and then skip to question 29.</i>			
23. Does this camp have a protection focal point? <i>If yes, name which organization(s) have a protection focal point below:</i>			
24. Do camp watch teams patrol inside this camp? <i>If no, indicate at right and skip to question 33. If yes, ask the following:</i> How many people in a camp watch team are regularly on patrol at the same time inside this camp? Total on patrol at the same time _____			
25. Are women represented in the camp watch teams patrolling inside this camp?			
26. If you heard about a case of sexual violence against a woman or girl occurring inside or near the camp, would you report the case? <i>If no, skip to next question. If yes, ask the following:</i> Who would you report the case to? _____ (To assess whether community is aware of how to report cases)			
Survivor Support			
27. Are health workers in this camp's health center trained to treat women and girls who have experienced sexual violence?			
28. Are there female health workers available in the health center to treat women and girls who have experienced sexual violence?			
29. Are there other services available in this camp to assist women who have experienced sexual or domestic violence? <i>If yes, ask the following:</i> What services are available? _____			
30. Have you heard about or participated in community education activities that are focused on sexual and domestic violence against women and girls?			
C. DECISION MAKING	YES	NO	Don't Know
31. Are women represented in Camp Management Committees? <i>If yes, ask the following:</i> How many women? _____			
D. COMMENTS AND OBSERVATIONS			

PART II. To ask Camp Authorities Representative

Position (Job Title) of Camp Authorities representative interviewed: _____

Sex of Camp Authorities representative interviewed: _____

A. CAMP LAYOUT	YES	NO	Don't Know
<i>Permanent Housing</i>			
1. How many dwellings are there in this camp? _____			
2. How many total people are there in this camp? _____			
3. Is overcrowding a problem in this camp?			
4. Are non-related families housed together in this camp?			
5. Are female-headed households accommodated in their own dwellings in this camp?			
6. Are female-headed households located together in a special area in the camp?			
<i>Registration</i>			
7. Are married women in this camp registered separately from their husbands?			
8. Are girls or single women without family members registered?			
B. SERVICES	YES	NO	Don't Know
<i>NFI & Fuel</i>			
9. Are NFI distributed specifically to camp women?			
10. Are firewood and charcoal collection points safely and easily accessible to camp women?			
<i>Security</i>			
11. Are there known danger zones in the camps or near the camps where women and girls are at increased risk for violence? <i>If yes, describe below in comments section.</i>			
12. Does this camp have a protection focal point? <i>If yes, name which organization(s) have a protection focal point below:</i>			
13. Are camp members aware of how to report a case of sexual violence against a woman or girl living in the camp? <i>If yes, ask the following: Who would they report the case to?</i>			
<i>Survivor Support</i>			
14. Are health workers in this camp's health center trained to treat women and girls who have experienced sexual violence?			
15. Are there female health workers available in the health center to treat women and girls who have experienced sexual violence?			
16. Are there other services available in this camp to assist women who have experienced violence? <i>If yes, ask the following: What services are available? _____</i>			
C. DECISION MAKING	YES	NO	Don't Know
17. Is there an interagency GBV Committee in the camp?			
18. Does camp management participate in this Committee?			
19. Are women represented in Camp Management Committees?			
D. COMMENTS AND OBSERVATIONS			

PART III. To ask Water/Sanitation Agency Representative

Position (Job Title) and Organization of Water/Sanitation representative interviewed: _____

A. CAMP LAYOUT	YES	NO	Don't Know
Facilities			
1. Are men's and women's latrines and bathhouses separated enough?			
2. Are women's latrines and bath houses safely accessible to women and girls?			
3. Are women's latrines and bath houses secure for women and girls?			
B. SERVICES			
Water			
4. Is adequate water available in this camp?			
5. Are camp women involved in water distribution and monitoring?			
6. Are water collection points safely and easily accessible to women?			
Security			
7. Are there known danger zones in the camps or near the camps where women and girls are at increased risk for sexual violence? <i>If yes, describe below in comments section.</i>			
C. DECISION-MAKING			
8. Do women participate in water sanitation committees?			
D. COMMENTS AND OBSERVATIONS			

PART IV. To ask Food Distribution Agency Representative

Position (Job Title) of Food Distribution Agency representative interviewed: _____

Sex of Food Distribution Agency representative interviewed: _____

A. SERVICES	YES	NO	Don't Know
Food			
1. Are full food rations distributed regularly?			
2. Is food distributed specifically to camp women (as opposed to male members)?			
3. Are camp women working in food distribution?			
4. Are camp women involved in monitoring food distribution?			
B. COMMENTS AND OBSERVATIONS			

PART V. To ask Camp Security Representative

Position (Job Title) of Camp Security Representative interviewed: _____

Sex of Camp Security Representative interviewed: _____

A. SERVICES	YES	NO	Don't Know
<i>Security</i>			
1. Are there known danger zones in the camp or near the camp where women and girls are at increased risk for violence? <i>If yes, describe below in comments.</i>			
2. Do security personnel patrol inside this camp? <i>If no, indicate at right and skip to question 5. If yes, ask the following:</i> How many security personnel are regularly on patrol at the same time inside this camp? Total on patrol at the same time _____			
3. Are security personnel working inside this camp equipped and trained to investigate cases of violence against women and girls?			
4. Are women represented in the security services patrolling inside this camp?			
5. Are there security personnel patrolling outside this camp? <i>If no, indicate at left and skip to question 7.</i>			
6. Are the security personnel patrolling outside the camp equipped and trained to investigate cases of violence against women and girls?			
7. Does this camp have a protection focal point? <i>If yes, which organization: _____ Name of person: _____</i>			
8. Are camp residents aware of how to report a case of violence against a woman or girl living in the camp? <i>If yes, ask the following: Who would they report the case to? _____</i> (To assess whether community is aware of how to report cases)			
B. COMMENTS AND OBSERVATIONS			

PART VI. To ask Camp Management Representative

Position (Job Title) of Camp Management Representative interviewed: _____

Sex of Camp Management Representative interviewed: _____

A. CAMP LAYOUT	YES	NO	Don't Know
<i>Facilities</i>			
1. Is there adequate lighting at night in this camp?			
B. SERVICES			
<i>Water</i>			
2. Are water collection points safely and easily accessible to women?			
<i>NFI & Fuel</i>			
3. Are firewood collection points safely and easily accessible to camp women?			
<i>Security</i>			
4. Are there known danger zones in the camps or near the camps where women and girls are at increased risk for violence? <i>If yes, describe below in comments</i>			
5. Does this camp have a protection focal point? <i>If yes, which organization(s):</i>			

6. Do camp watch teams patrol inside this camp? <i>If no, indicate at left and skip to question 9. If yes: How many people in a camp watch team are on patrol at the same time inside this camp?</i> Total on patrol at the same time _____			
7. Are camp watch teams working inside this camp equipped and trained to investigate cases of violence against women and girls?			
8. Are women represented in the camp watch teams patrolling inside this camp?			
9. Are camp members aware of how to report a case of violence against a woman or girl living in the camp? <i>If yes, Who would they report the case to?</i>			
Survivor Support			
10. Have you heard about or participated in community education activities that are focused on violence against women and girls?			
C. DECISION-MAKING			
11. Are the Interagency GBV Coordination meetings held at this camp? <i>If yes, ask the following:</i> How many women? _____			
12. Do representatives from the Camp Management Committee participate in Interagency GBV Coordination meetings?			
13. Do women's community representatives participate in GBV coordination meeting?			
D. COMMENTS AND OBSERVATIONS			

PART VII. To ask the Health Center Representative

Position (Job Title) of Health Center Representative interviewed: _____

Sex of Health Center Representative interviewed: _____

A. SERVICES	YES	NO	Don't Know
Survivor Support			
1. Are health workers in this camp's health center trained to treat women and girls who have experienced sexual and domestic violence? <i>If yes, ask the following: What services are they trained to provide?</i>			
2. Are there female health workers available in the health center to treat women and girls who have experienced violence?			
3. Are there other services available in this camp to assist women who have experienced violence? <i>If yes, ask the following: What services are available?</i>			
B. COMMENTS AND OBSERVATIONS			

GBV Sample Situation Analysis Questions

General information & GBV basics

Information needed	Sample questions
<ul style="list-style-type: none"> <input type="checkbox"/> Demographics (desegregation by age and sex is a must) <input type="checkbox"/> Types of gender-based violence <input type="checkbox"/> Extent of gender-based violence <input type="checkbox"/> Contributing factors <input type="checkbox"/> Survivor profiles <input type="checkbox"/> Perpetrator profiles <input type="checkbox"/> Survivor needs 	<ul style="list-style-type: none"> • How many refugees are living in this setting? Numbers of women, men, children, female of monoparental household, separated children, etc. • What forms of gender-based violence are occurring in the camp? Near the camp? • In what circumstances do they occur? When? Where? How often? • What forms of gender-based violence did refugees experience prior to arrival in the camp? (Nature of the conflict, use of rape as weapon of war, risks during flight, etc.) What problems/needs do they have as a result of these experiences? • Who are the survivors of gender-based violence? Sex? Age? Marital status? Female head of monoparental household? Children? Religious/ethnic background? How many? • Who are the perpetrators? Fellow refugees? Members of staff? Members of security? Family members? Same clan/tribe/village? Host country nationals? Humanitarian workers? Soldiers/combatants?

Community profile

Information needed	Sample questions
<ul style="list-style-type: none"> <input type="checkbox"/> Community knowledge, attitudes and practices about gender issues and gender-based violence <input type="checkbox"/> Traditional/religious beliefs and practices <input type="checkbox"/> Level of women's participation in decision-making <input type="checkbox"/> Status of women <input type="checkbox"/> Community strengths 	<ul style="list-style-type: none"> • What is the perception of gender-based violence among the refugee population? Are the victims perceived as responsible? What stigma is attached that may cause attacks to go unreported? What other reasons may cause non-reporting of incidents? • How do women and girls themselves perceive and define gender-based violence in this community (rape, domestic violence, harmful traditional practices, abuse and discrimination, other forms)? How do men perceive and define gender-based violence? • Is female genital mutilation (FGM) a common practice among the refugees in their country of origin? Is it carried out in the camp? Who are the practitioners? What do they gain by the practice (financial reward, status)? Are there refugees against the practice? If so, how are they perceived by the community? • What is the status of women and girls in the place of origin and in the host country? What are the gender differences in education, job skills, employment opportunities, economic independence, marriage and family decision-making? Is polygamy commonly practiced? Are all wives treated the same? • Are women involved in the community leadership structures (formal and informal)? Are they equal participants and decision-makers? • Do formal or informal women's groups or supportive networks exist? How many and what types? What is the purpose of these groups? • Do formal or informal men's groups exist? How many and what types? What is the purpose of these?

Accessibility and safety of camp layout, services and facilities

Information needed	Sample questions
<ul style="list-style-type: none"> □ Camp services and facilities: locations, organisation □ Inclusion or exclusion of women in planning and decision-making 	<ul style="list-style-type: none"> • Are women involved in decisions about services and facilities in this setting? Which women? How many? Are they representative? Are they equal participants with their male counterparts? • What effect do the physical design and the location of the camp have on the types and incidence of gender-based violence? What security measures are in place? How far away are water, fuel needs, communal showers, washing places and latrines located? Are they isolated? How is food aid distributed? Do women have access to the channels of distribution? Is food distributed through male or female leaders? Do distribution points use the women as distributors? • How many women have proper identification and documents? How many are reliant on male family members and thus vulnerable to abuse? • How many female protection officers are available in your camp? What is the ratio of female to male officers? Are UNHCR and other UN staff, NGOs and host government officers familiar with GBV guidelines? Are they familiar with relevant national and international instruments? • Has the safety of vulnerable populations (female heads of monoparental household, children, separated children, others) been assessed? What are specific plans for the safety of each vulnerable group? Were refugee women and men included in this planning and decision-making? Were adolescents consulted?

Security measures

Information needed	Sample questions
<ul style="list-style-type: none"> □ Types and numbers of police and security staff/ volunteers in and around the setting □ Methods used for identifying security threats and risks □ Involvement of community 	<ul style="list-style-type: none"> • Are host country police present in the camp? How many? How many women officers? How often do they patrol? Does their presence enhance the refugees' sense of security or does the population feel threatened by this presence? Have they been trained in gender-based violence prevention and response? Are they familiar with human rights instruments? • Is there an organised refugee security system? Volunteers? What are the incentives? How many are women? What training have they received? Which organisations provide support and training to these security workers? • How is the camp organised – divided into blocks or quarters? Are there refugee security workers in each section? • What security threats have been identified? Who identified them? What action was taken to address these threats? How are decisions made on assessing threats and taking action? Are women and men equally involved? • Are there community awareness-raising campaigns addressing security? Do they specifically address gender-based violence? Who is involved? • What is the system for reporting security problems? Who can make reports?

Reporting and referral

Information needed	Sample questions
<ul style="list-style-type: none"> □ Survivor options for making reports □ Referral mechanisms □ Confidentiality and information-sharing □ Involvement of community in reporting and referrals □ Involvement of UNHCR or other UN protection staff 	<ul style="list-style-type: none"> • How many incidents of gender-based violence were reported and documented this past month? Did survivors make these reports? To whom did they make the initial report? • What referrals were made? Health care? UN? Security or police? Community services? Safe shelter? Was the survivor accompanied when referred? How many times did the survivor need to repeat her description of the incident? How is information shared among different actors? • What was the documentation of these reports and referrals? Who was responsible for the documentation - medical staff (specify - doctors, nurses, other), protection officers, field officers, community services workers, local leaders (specify), others? Does the documentation include the health, psychosocial, security, legal and community-based actions taken? Where is this documentation stored? Who has access to it? • What methods were used to guard confidentiality and ensure survivor's informed consent for info sharing?

Response services

Information needed	Sample questions
<ul style="list-style-type: none"> □ Availability, accessibility: <ul style="list-style-type: none"> Health care Psycho-Social Legal/Justice Security and Safety <ul style="list-style-type: none"> □ Include: traditional practitioners, community-based groups, services provided by NGOs, UN's, host government institutions □ Sensitivity and awareness of staff and volunteers □ Involvement of refugee community in response action 	<p>For all actors, sectors, functional areas:</p> <ul style="list-style-type: none"> • What sensitisation and training programmes are in place? Are these programmes ongoing? Who is responsible for training? Do all staff, volunteers, community members participate? Has the training been effective? How is this measured? • Are all actors familiar with national laws and policies related to gender-based violence and the work of their sector or functional area (e.g., documentary evidence requirements, mandatory reporting, abortion, special laws relating to children, domestic violence, rape, sexual harassment)? • Are refugees aware of the services available? Do the refugees trust the service providers to respect confidentiality? Do refugees perceive that services are easily accessible and helpful? Can survivors come forward and seek help in a safe, secure, anonymous and confidential environment? Are survivors coming forward to request help from services available? If not, why not? • What are the methods for information-sharing, coordination, feedback and system improvements among and between the various service providers? Are all actors/organisations aware of each other's activities? Are there regular coordination meetings? How often? Who facilitates the meetings? Who attends? How are gaps in services and problems in service delivery identified and resolved? • What documentation does each service provider complete? Is there a central or 'lead' organisation compiling data and leading inter-organisational planning and coordination? • Are there consistent and systematic monitoring and evaluation mechanisms for each service provider? What are these mechanisms?
	<p>Health care:</p> <ul style="list-style-type: none"> • Are medical protocols in place and in use for different types of gender-based violence? Is the health care facility adequately equipped and staffed with trained staff to provide help? Which medical staff? How many female medical staff (specify doctors, nurses, other) are available for examinations and counseling? • Do health care staff actively screen for gender-based violence? How? • How many rape survivors have been counselled and treated for AIDS and other STDs in the last month? Is pregnancy testing available? What is the legal status of abortion? Is on-site abortion or referral available? How many tests/referrals in the last month? • Do community health workers provide outreach to the refugee community?
	<p>Psychosocial:</p> <ul style="list-style-type: none"> • Are psychosocial counselling services available? What is 'counseling' in this setting? • Who are the counsellors? Refugees? National staff? Volunteers? Women? Men? • What training have they received? What ongoing supervision, support and continuing training do they receive? • What is the role of the counsellor in referral, advocacy, followup, coordination and information-sharing with other organisations? • Are there community awareness-raising activities in place to address community knowledge, attitudes and practices concerning gender and gender-based violence? What are these activities? How often do they occur? Who is involved? Refugees? Which refugees? Are the activities effective? How is effectiveness measured? • What types of socioeconomic alternatives are offered to survivors? What programmes in place?

	<p>Legal/justice:</p> <ul style="list-style-type: none"> • How many cases of gender-based violence (need to define and count specific types of cases) were submitted to the court in the past year? Of these, how many perpetrators were tried, convicted and sentenced? How many were found not guilty? How many cases were dismissed? What were the reasons for dismissals? • What are the host country laws and policies related to various forms of gender-based violence?
	<p>Security and safety:</p> <ul style="list-style-type: none"> • How many reports of gender-based violence were made to the police in the past year? (Need to define and count specific types of cases.) Of those, how many alleged perpetrators were arrested and forwarded to the judicial system? Of cases with no arrests, what were the reasons? • Have police and security workers received training in national laws related to gender-based violence? Training and sensitisation for interviewing survivors? • What is the police procedure for receiving reports of gender-based violence, conducting investigations and apprehending alleged perpetrators? • Is private interview space available in the police post? • How many female police officers are available?

Women/Men Focus Group Discussion Guide

Location:

Date of FGD:

Duration (start time and end time):

Name of moderator:

Name of note-taker:

Participant summary (include # of women or men):

Age range of respondents:

Introduction:

My name is _____ and this is my colleague _____. I work for _____ and she/he works for _____. We would like to ask you some questions about the issues affecting women and children in your community so that we can better understand your needs and concerns about these groups.

We are not asking for your specific stories; please do not use any names. We are asking about things that you have heard of or know to be happening. The questions we are going to be asking you today are about the way that you live every day. If you feel uncomfortable at any time you can leave. Participation in the discussion is completely voluntary and you do not have to answer any questions that you do not want to answer.

We have nothing to offer other than listening; there will be no other direct benefits related to this time we spend together today.

We do not want your names and will not be writing your names down. We also will not present any other potentially identifying information in anything that we produce based on this conversation. We will treat everything that you say today with respect, and we will only share the answers you give as general answers combined with those from all the people who speak to us.

We ask that you keep everything confidential, too. Please do not tell others what was said today.

_____ is taking notes to make sure that we do not miss what you have to say. I hope that this is OK with you?

We really want to hear what you have to say, and I want you to answer my questions however you want. There is no wrong answer to any question.

I expect our discussion to last for a maximum time of one hour to one-and-a-half hours.

Do you have any questions before we begin?

First I would like to ask you some general questions about life, or the way you live in your community or in this area.

How do women spend their time in this community? Are they working?

What about girls? Are they in school? Are they working?

What are the problems/challenges that women and girls face when they move around in this community?

(Ask for specific examples)

PROBE: What are the known danger zones in this community (or in this area) where women and girls are at increased risk for violence (water points, taxi terminus, homes, going to the field, going to and from school, or in schools, etc.)? Are there different danger zones for women than for girls? If yes, what are they?

How safe are women and young girls when they leave the community? What kinds of things might put women at risk when they leave the community? What about girls? (PROBE: going to and from school, crossing borders, going to town, visiting another area)

What about boys, are there specific types of violence that they experience? What examples can you provide? Where does it happen?

[If the issue of GBV has not come up use the following, if it has come up skip to the next relevant question]

Without mentioning any names or indicating anyone, can you tell me what kinds of incidents of violence against women and girls take place in your community? *(Ask for specific examples.)*

PROBE: When and where does sexual violence occur in this community/area?

PROBE: How is the problem of sexual violence now? How is it different from last year and previous years?

Without mentioning any names or indicating anyone specific, who are the perpetrators of this kind of violence? (PROBE: people in authority, family members, others)

Without mentioning any names or indicating anyone specific, which groups do you think are most at risk for sexual violence? And, why do you think these groups are more at risk? *(Ask for specific examples.)*

Who is considered powerful in this community? What gives people power in this community? (PROBE: property, spiritual leadership, position of authority, money, having a job...)

Are there ever times when women or girls (or boys or men) have to provide sexual favours to meet their basic needs (school fees, protection, food, housing, health care, etc.)?

Can you give any examples of young girls engaging in sexual relationships with people who are influential/powerful in the home or in this community? *(If needed, you can probe for other individuals such as the omalayisha or magumagama.)*

What about boys -- can you describe situations when this might happen to them?

PROBE: When this type of thing happens are girls or boys ever pushed into doing this by anyone (their family, etc.)?

[If the following issues have not come up use the following questions to explore areas that have been mentioned]

What other types of violence affect women and girls in this community/area?

PROBE:

- *What about violence between married couples or intimate partners?*
- *Can you describe any situations when men and boys say things to girls that make them uncomfortable?*
- *What kinds of cultural practices exist that you think might be harmful to women and girls in this community?*
- *At what age/stage do girls and boys get married in this community? Has this changed this year as compared to previous years?*
- *Can you describe times when girls or women are forced or made to leave the community to find new work or other opportunities?*

Now I want to ask you a few questions about what happens after violence takes place.

If a woman or young girl suffers violence (use the different forms/types that were mentioned) is she likely to tell anyone about it? Who is she likely to talk to (family members, other women, health workers, community leaders, police/security or other authorities or anyone else)?

What about violence experienced by a woman?

If violence is perpetrated against a boy, would he tell anyone? Why or why not?

How comfortable are women and girls in seeking help from service providers (PROBE: health workers, police, etc...)?

If you were going to seek health services in this area where would you go? (PROBE: health centre, traditional healer, faith healer) Please describe any barriers that someone might face.

Without mentioning any names, how are girls or women that are affected by violence treated in this community? Is there ever a situation where girls or women might be blamed for what has happened to them (through their behaviours, dress, etc.)?

What is done to help survivors of sexual violence in this community? What community structures exist to do this? What do you think would improve the safety of women and girls in this community?

What groups are there that women, girls, men or boys can go to for support in this community? How could these services be improved?

What do you think is the most important thing for a person to do after they experience sexual violence and especially rape (female or male)?

Right now, if a person from your community wanted the perpetrator punished, would they be able to do this? Please describe any barriers that they might face.

What could be done to prevent sexual violence from occurring in this community?

What are some things that you could do?

Closing

That is all of my questions for now. Do you have anything you would like to add? Do you have any questions for us? Do you have any questions that you think should be asked of other groups?

As I told you in the beginning, our discussion today is meant to help us learn about the concerns that you have for women and children in your community.

Please remember that you agreed to keep this discussion to yourself. If anyone would like to speak to me or _____ (person taking notes) in private we are happy to talk to you.

THANK YOU FOR YOUR HELP

Adolescent Girls Focus Group Discussion Guide

Location:

Date of FGD:

Duration (start time and end time):

Name of moderator:

Name of note-taker:

Participant summary (include # of women or men):

Age range of respondents:

Introduction:

My name is _____ and this is my colleague _____. I work for _____ and she/he works for _____. We would like to ask you some questions about the issues affecting boys, girls, women and men in your community so that we can better understand your needs and concerns.

We are not asking for your specific stories; please do not use any names. We are asking about things that you have heard of or know to be happening. The questions we are going to be asking you today are about the way that you live every day. If you feel uncomfortable at any time you can leave. Participation in the discussion is completely voluntary and you do not have to answer any questions that you do not want to answer.

We have nothing to offer other than listening; there will be no other direct benefits related to this time we spend together today.

We do not want your names, and we will not be writing your names down. We also will not present any other potentially identifying information in anything that we produce based on this conversation. We will treat everything that you say today with respect, and we will only share the answers you give as general answers combined with those from all the people who speak to us.

We ask that you keep everything confidential, too. Please do not tell others what was said today.

_____ is taking notes to make sure that we do not miss what you have to say. I hope that this is OK with you?

We really want to hear what you have to say, and I want you to answer my questions however you want. There is no wrong answer to any question.

I expect our discussion to last for a maximum time of one hour to one-and-one-half hours.

Do you have any questions before we begin?

First I would like to ask you some general questions about life, or the way you live in your community or in this area.

How are young people spending their time in this community? Are they in school? Are they working?

What problems do young girls face in this community? (*Ask for specific examples.*)

<p>What are the challenges that young girls face when they move around in this community?</p> <p>PROBE: What are the known danger zones in this community (or in this area) where girls are at increased risk for violence? (water points, taxi terminus, homes, going to the field, going to and from school, or in schools, etc.)</p>
<p>How safe are young girls when they leave the community? What kinds of things might put girls at risk when they leave the community? (PROBE: going to and from school, crossing borders, going to town, visiting another area, taxi terminus)</p> <p>What about boys -- are there specific types of violence that they experience? What examples can you provide? Where does it often happen?</p>
<p>[If the issue of GBV has not come up use the following, if it has come up skip to the next relevant question]</p> <p>Without mentioning any names or indicating anyone, can you tell me what kinds of incidents of violence against girls take place in your community? (<i>Ask for specific examples.</i>)</p> <p>PROBE: When and where does sexual violence occur in this community/area?</p> <p>PROBE: How is the problem of sexual violence now? How is it different from last year and previous years?</p>
<p>Without mentioning any names or indicating anyone specific, who are the perpetrators of this kind of violence? (PROBE: people in authority...?)</p>
<p>Without mentioning any names or indicating anyone specific, which groups do you think are most at risk for sexual violence? And, why do you think these groups are more at risk? (<i>Ask for specific examples.</i>)</p>
<p>Who is considered powerful in this community? What gives people power in this community? (PROBE: property, spiritual leadership, position of authority, money, having a job...)</p>
<p>Are there ever times when girls (or anyone else) have to provide sexual favours to meet their basic needs (school fees, protection, food, housing, health care, etc.)?</p> <p>Can you give any examples of young girls engaging in sexual relationships with people who are influential/powerful in the home or in this community? (<i>If needed you can probe for other individuals such as the omalayisha or magumaguma.</i>)</p> <p>What about boys -- can you describe situations when this might happen to them?</p> <p>PROBE: When this type of thing happens are girls or boys ever pushed into doing this by anyone (their family, etc.)?</p>

[If the following issues have not come up use the following questions to explore areas that have been mentioned]

What other types of violence affect women and girls in this community/area?

PROBE:

- *What about violence between married couples or intimate partners?*
- *Can you describe any situations when men and boys say things to girls that make them uncomfortable?*
- *What kinds of cultural practices exist that you think might be harmful to women and girls in this community?*
- *At what age/stage do girls and boys get married in this community? Has the marriage pattern changed this year as compared to previous years?*
- *Can you describe times when girls are forced or made to leave the community to find new work or other opportunities?*

Now I want to ask you a few questions about what happens after violence takes place.

If a young girl suffers violence (use the different forms/types that were mentioned) is she likely to tell anyone about it? Who is she likely to talk to (family members, other women, health workers, community leaders, police/security or other authorities or anyone else)?

PROBE: What might keep a girl from getting help?

How comfortable are girls in seeking help from service providers (PROBE: health workers, police, etc...)?

If you were going to seek health services in this area where would you go? (PROBE: health centre, traditional healer, faith healer) Please describe any barriers that someone might face.

Without mentioning any names, how are girls or women who are affected by violence treated in this community? Is there ever a situation where a girl might be blamed for what has happened to her (through her behaviour, etc.)?

What do you think is the most important thing for a person to do after rape/sodomy?

Right now, if a person from your community wanted the perpetrator punished after rape/sodomy, would they be able to do this? Please describe any barriers that they might face.

What is done to help survivors of sexual violence in this community? What community structures exist to do this? What do you think would improve the safety of girls in this community?

What groups are there that women, girls, men or boys can go to for support in this community? How could these services be improved?

What could be done to prevent violence? What role do you think young people should play in preventing the violence that we have been talking about?

Closing

Thank you. That is all of my questions for now. Do you have anything you would like to add? Do you have any questions for us? Do you have any questions that you think should be asked of other groups?

As I told you in the beginning, our discussion today is meant to help us learn about the concerns that you have for women and children in your community.

Please remember that you agreed to keep this discussion to yourself. If anyone would like to speak to me or _____ (person taking notes) in private we are happy to talk to you.

THANK YOU FOR YOUR HELP

Adolescent Boys Focus Group Discussion Guide

Location:

Date of FGD:

Duration (start time and end time):

Name of moderator:

Name of note-taker:

Participant summary (include # of women or men):

Age range of respondents:

Introduction:

My name is _____ and this is my colleague _____. I work for _____ and she/he works for _____. We would like to ask you some questions about the issues affecting boys, girls, women and men in your community so that we can better understand your needs and concerns.

We are not asking for your specific stories; please do not use any names. We are asking about things that you have heard of or know to be happening. The questions we are going to be asking you today are about the way that you live every day. If you feel uncomfortable at any time you can leave. Participation in the discussion is completely voluntary and you do not have to answer any questions that you do not want to answer.

We have nothing to offer other than listening; there will be no other direct benefits related to this time we spend together today.

We do not want your names, and we will not be writing your names down. We also will not present any other potentially identifying information in anything that we produce based on this conversation. We will treat everything that you say today with respect, and we will only share the answers you give as general answers combined with those of all the people who speak to us.

We ask that you keep everything confidential, too. Please do not tell others what was said today.

_____ is taking notes to make sure that we do not miss what you have to say. I hope that this is OK with you?

We really want to hear what you have to say, and I want you to answer my questions however you want. There is no wrong answer to any question.

I expect our discussion to last for a maximum time of one hour to one-and-one-half hours.

Do you have any questions before we begin?

First I would like to ask you some general questions about life, or the way you live in your community or in this area.

How are young people spending their time in this community? Are they in school? Are they working?

What are the problems/challenges that young girls and boys face when they move around in this community?

(Ask for specific examples.)

PROBE: What are the known danger zones in this community (or in this area) where girls are at increased risk for violence? (water points, taxi terminus, homes, going to the field, going to and from school, or in schools, etc.)

<p>How safe are young girls and boys when they leave the community? What kinds of things might put girls at risk when they leave the community? (PROBE: going to and from school, crossing borders, going to town, visiting another area, taxi terminus)</p> <p>What about boys, are there specific types of violence that they experience? What examples can you provide? Where does it often happen?</p>
<p>[If the issue of GBV has not come up use the following, if it has come up skip to the next relevant question]</p> <p>Without mentioning any names or indicating anyone, can you tell me what kinds of incidents of violence against girls take place in your community? (<i>Ask for specific examples.</i>)</p> <p>PROBE: When and where does sexual violence occur in this community/area?</p> <p>PROBE: How is the problem of sexual violence now? How is it different from last year and previous years?</p>
<p>Without mentioning any names or indicating anyone specific, who are the perpetrators of this kind of violence? (PROBE: people in authority...?)</p>
<p>Without mentioning any names or indicating anyone specific, which groups do you think are most at risk for sexual violence? And, why do you think these groups are more at risk? (<i>Ask for specific examples.</i>)</p>
<p>Who is considered powerful in this community? What gives people power in this community? (PROBE: property, spiritual leadership, position of authority, money, having a job...)</p>
<p>Are there ever times when girls (or anyone else) have to provide sexual favours to meet their basic needs (school fees, protection, food, housing, health care, etc.)?</p> <p>Can you give any examples of young girls engaging in sexual relationships with people who are influential/powerful in the home or in this community? (<i>If needed you can probe for other individuals such as the omalayisha or magumaguma.</i>)</p> <p>What about boys -- can you describe situations when this might happen to them?</p> <p>PROBE: When this type of thing happens are girls or boys ever pushed into doing this by anyone (their family, etc.)?</p>
<p>[If the following issues have not come up use the following questions to explore areas that have been mentioned]</p> <p>What other types of violence affect women and girls and boys in this community/area? PROBES:</p> <ul style="list-style-type: none"> • <i>What about violence between married couples or intimate partners?</i> • <i>What kinds of cultural practices exist that you think might be harmful to women and girls in this community?</i> • <i>At what age/stage do girls and boys get married in this community? Has the marriage pattern changed this year as compared to previous years?</i> • <i>Can you describe times when girls are forced or made to leave the community to find new work or other opportunities?</i>

Now I want to ask you a few questions about what happens after violence takes place.

If a young boy suffers violence (use the different forms/types that were mentioned) is he likely to tell anyone about it? Who is he likely to talk to (family members, other women, health workers, community leaders, police/security or other authorities or anyone else)?

PROBE: What might keep a boy from getting help?

How comfortable are boys in seeking help from service providers (PROBE: health workers, police etc...)?

If you were going to seek health services in this area where would you go? (PROBE: health centre, traditional healer, faith healer) Please describe any barriers that someone might face.

Without mentioning any names, how are boys who are affected by sexual violence treated in this community?

What is done to help survivors of sexual violence in this community? What community structures exist to do this? What do you think would improve the safety of girls in this community?

What groups are there that women, girls, men or boys can go to for support in this community? How could these services be improved?

What do you think is the most important thing for a person to do after rape/sodomy?

Right now, if a person from your community wanted the perpetrator punished after rape/sodomy, would they be able to do this? Please describe any barriers that they might face.

What could be done to prevent violence? What role do you think young people should play in preventing the violence that we have been talking about?

Closing

Thank you. That is all of my questions for now. Do you have anything you would like to add? Do you have any questions for us? Do you have any questions that you think should be asked of other groups?

As I told you in the beginning, our discussion today is meant to help us learn about the concerns that you have for women and children in your community.

Please remember that you agreed to keep this discussion to yourself. If anyone would like to speak to me or _____ (person taking notes) in private we are happy to talk to you.

THANK YOU FOR YOUR HELP

Legal Services Structured Interview Guide

(As the interviewer, introduce yourself, explain the objectives of the interview and request the respondent's consent to be interviewed. Note the respondent's name and job title; describe his or her duties; and enter the institution's name and location and the date of the interview.)

Date of interview: _____

Name of the institution/agency: _____

Name of person interviewed and contact details if they will provide it: _____

Their position in the institution/agency: _____

1. What do the words gender-based violence mean to you? *(If the respondent does not seem to know what GBV is, ask What about sexual violence or domestic violence? to see if they encounter these things.)*

2. What types of cases of gender-based violence do you handle? *(If the respondent lists something other than sexual violence, ask him/her what is the most frequent type of violence against women and girls that he/she handles?)*

3. How often do you handle sexual violence cases? How many per week or month?

4. How often do you handle domestic violence cases? How many per week or month?

5. From what individuals or organizations do you typically receive reports of sexual violence?
(PROBE: victims/survivors, family members, health professionals, etc.)

Who are the main victims/survivors of sexual violence? *(PROBE: who are the main perpetrators, survivors, what are their ages, sex...?)*

6. What legal facilities or personnel exist for victims/survivors of sexual violence or other forms of gender-based violence and punish perpetrators? (e.g., court, local/traditional, or civil authorities)

7. Has anyone in your institution received training on sexual violence or other forms of gender-based violence? If so, what was the training about, who received it, who provided it, and how many days did it last? Are the individuals who were trained still in their post?

8. What services do you provide to victims/survivors of sexual violence or other forms of gender-based violence? *(Try to get the respondent to be as specific as possible, e.g., provision of information on court process, roles and responsibilities of different actors, time frames, etc.)*

9. What kind of documentation is required to facilitate legal proceedings and investigations? What are the major challenges experienced? What is the time period that it takes to finalize a case, and why?
10. Does anyone from this institution accompany, advocate for and support the victim/survivor during any meetings with the police or court officials? <i>(If yes, ask the respondent to describe how this process works and who is responsible for doing this.)</i>
11. Who is responsible for providing support to the victim/survivor during the legal proceedings? <i>(PROBE: Liaison with the police? Legal or trial proceedings? Psychosocial support? Logistical support/accommodation and food?)</i>
12. Which laws are used in addressing gender-based violence and how are they enforced, and by whom?
13. How do you ensure the survivor's confidentiality and protection (during pre-trial, trial and post-trial)?
14. Do you ever refer survivors to other services such as counselling or healthcare? If yes, where are these services located? How do they provide the referral? How do you ensure that the service is provided?
15. How do you work with other service providers (NGOs, government departments, health facilities, legal, law enforcement, psychosocial (social welfare)) on the issue of gender-based violence?
16. What other structures, activities and forums (or other coordination system) is your institution involved in to address the needs of victims/survivors of sexual violence or other types of gender-based violence?
17. What are some of the challenges that you face in responding to sexual violence or other form of gender-based violence? How do you think these challenges could be addressed?

District Authorities Structured Interview Guide

(As the interviewer, introduce yourself, explain the objectives of the interview and request the respondent's consent to be interviewed. Note the respondent's name, position and job title; describe his or her duties; and enter the institution's name and location and the date of the interview.)

Date of interview: _____

Name of the institution/agency: _____

Name of person interviewed and contact details if they will provide it: _____

Their position in the institution/agency: _____

1. What does gender-based violence mean to you?
(If the respondent does not seem to know ask: What kinds of incidents of sexual violence, or domestic violence between intimate partners do you hear about?)

2. What types of GBV do you think are most prevalent in this community?

What types of cases of gender-based violence are you involved in as a DA? *(If they list something other than sexual violence, ask them what is the most frequent type of violence against women and girls that they handle.)*

How often (if ever) do you see sexual violence cases or other forms of gender-based violence?
How many per week or month?

How often (if ever) do you see domestic violence cases? How many per week or month?

3. What are the commonly used channels for reporting gender-based violence? From what individuals or organizations do you typically receive reports of sexual violence? *(PROBE: victims/survivors, family members, health professionals, etc.)*

4. Have you been trained on sexual violence or other forms of gender-based violence? How long did the training last and who provided it?

5. How do you respond to cases of sexual violence or other forms of sexual violence? For what services do you refer (psychosocial, medical, legal)?

6. Are there places for victims/survivors of gender-based violence (or specifically sexual or domestic violence) to go to when their life is in danger? Where can you refer such clients (shelters, etc.)?

7. Does your police station have the ability to transport or accompany victims/survivors for further services? If no, how do victims/survivors access the services? *(PROBE: sexual violence survivors)*

8. What kind of documentation is required to initiate legal proceedings and investigations (rape kit, medical affidavit)?

How many rape kits do you keep in stock at this station?

9. How would you describe the relationship between this police station and NGOs over rape cases?

10. What policies or laws (national, county-level) are in place for cases of sexual violence or other forms of gender-based violence? How do you use these policies?

Are cases of sexual violence ever handled by village heads/leaders? How do they intervene in these cases?

11. What other structures, activities and forums (or other coordination system) is your institution involved in to address the needs of victims/survivors of sexual violence or other types of gender-based violence?

12. What other challenges are there related to ensuring that survivors of gender-based violence have access to services and in preventing gender-based violence? How do you think some of these challenges could be addressed?

Health Services Structured Interview Guide

(As the interviewer, introduce yourself, explain the objectives of the interview and request the respondent's consent to be interviewed. Note the respondent's name, position and job title; describe his or her duties; and enter the institution's name and location and the date of the interview.)

Date of interview: _____

Name of the health care facility: _____

Level of the health care facility:

Rural Health Facility (level 1)

City Council Clinics (level 1)

District (level 2)

Provincial (level 3)

Other _____

Name of person interviewed and contact details if they will provide it: _____

Their position in the health facility: _____

Service provision

1. What are the most frequent reasons given by women and girls for coming to this health facility?

2. What do the words gender-based violence mean to you?
3. Does your facility treat survivors of gender-based violence (e.g., survivors of sexual violence)? Probe: What are the most common types of violence that women and girls receive services for? Probe: What kinds of services are provided?
4. Is post-exposure prophylaxis (PEP) provided to survivors? If yes, ask: What PEP regimen is prescribed? Is the full course of PEP drugs given all at once? <input type="checkbox"/> three- day starter pack then all of remaining drugs <input type="checkbox"/> All drugs given at one time <input type="checkbox"/> seven-day supply given
5. Does the survivor have to consent to getting an HIV test in order to receive PEP? Do you obtain consent from survivors/victims or parent/guardians of child survivors prior to starting the examination or collecting evidence? If yes, ask how do you obtain consent? <i>Ask them to describe the process and make sure to determine if it is written or verbal. Request a copy of the forms.</i>
6. What pregnancy-related services do you routinely offer the patient after rape? <input type="checkbox"/> None <input type="checkbox"/> Emergency contraceptives (or morning-after pill) <input type="checkbox"/> Pregnancy test <input type="checkbox"/> Abortion counselling/information <input type="checkbox"/> Other _____
7. What STI-related services do you offer the survivor after rape? <input type="checkbox"/> None <input type="checkbox"/> Give prophylactic treatment (Ask what the treatment is) <input type="checkbox"/> Refer to an STD/STI clinic <input type="checkbox"/> Send swab to lab to test for STIs
8. How often do you refer rape survivors/victims for trauma/psychological counselling? Is it possible for survivors/victims to receive counselling in this facility? Do you refer to other service providers, police and courts? Where are the people referred to (NGOs, support groups)? <i>(Try to get the names of the institutions.)</i> How do you follow-up on survivors once they have left the health facility?
9. Do you collect physical evidence from survivors/victims (e.g., clothing, footwear, hair, fibers, or debris, etc.)? If so, where do you store it?

10. Do you use a pre-packaged rape kit when conducting the exam?

If so, do you have a steady supply?

Where do the kits come from? Do you get them from the police?

Where are the kits kept after use?

Protocols/clinical management guidelines

11. Do you keep records of patients who have been examined after rape?

If yes, ask: Where do you keep the files related to cases of sexual violence?

Who keeps the key to these areas?

Are there specific forms that you use? *(Request a copy of all of the forms that they use, including referral forms.)*

12. Does this facility have protocols/guidelines for the management of rape survivors?

If yes, ask: Where do you keep them? And ask to see them.

13. Who makes the decision when reporting a case of sexual violence to the police *(health care providers, the survivors/victims of the violence, parent/guardian)?*

14. What do you do if you have a suspicion that a parent or guardian is involved in the sexual abuse of a child? How do you proceed with managing the safety needs of that child?

Cases of sexual violence

15. How many adult survivors/victims (18 years and older) were examined/treated after sexual violence during the last five months?

of males: _____ # of females: _____

Or, on average, how many adult survivors/victims do you see each month?

If they have records, ask them about the periods of 2007 and 2008.

16. How many child survivors/victims (17 years and younger) were examined/treated after child sexual abuse in the last five months?

What were the ages of the child survivors:

<5 _____

5-9 _____

10-14 _____

15 and > _____

Or, on average, how many child survivors/victims do you see each month?

If they have records, ask them about the periods of 2007 and 2008.

Training

17. Have you or anyone else at this facility received formal training on the management of sexual violence/ rape?

If yes, ask: how many different trainings have you attended, and who provided the trainings? How many days did the training last?

18. What kinds of things were covered in the trainings that you attended? Check anything that applies and/or use list to help you probe.

- Medical treatment
- PEP
- Using an evidence collection kit
- Completing the medico-legal form
- Laws (covering rape and sexual offences)
- Referrals to other services
- Giving evidence in court
- Counselling
- Did your training include meeting the needs of male survivors/victims?
- Did the training include meeting the needs of child survivors/victims?

Attitudes

19. How does the staff know if a woman has been raped?

20. Do you think it is important to treat survivors/victims of rape as urgent?

21. Do you think rape always leaves obvious signs of injuries?

22. Do you think a woman's prior sexual relationships have anything to do with rape? Does rape hurt women who are sexually experienced?

Multi-sectoral services

23. How would you describe the relationship between this health facility and the closest police station over rape cases?

24. How would you describe the relationship between this health care facility and NGOs over rape cases?

25. What other structures, activities and forums (or other coordination system) is your institution involved in to address the needs of victims/survivors of sexual violence or other types of gender-based violence?

Giving evidence in court

26. Are you aware of any of any cases from this facility that have gone to court in the past year?

27. Have you ever given evidence in court?

Other

28. Where do the examinations take place? Is there a private room (with four walls and a door)? How does the staff ensure confidentiality?

29. What are the hours of operation of the facility?

30. How much do the services for sexual violence cost?

Protection Services Structured Interview Guide

(As the interviewer, introduce yourself, explain the objectives of the interview and request the respondent's consent to be interviewed. Note the respondent's name, position and job title; describe his or her duties; and enter the institution's name and location and the date of the interview.)

Date of interview: _____

Name of the institution/agency: _____

Name of person interviewed and contact details if they will provide it: _____

Their position in the institution/agency: _____

1. What does gender-based violence mean to you?
(If they do not seem to know, ask What kinds of incidents of sexual violence or domestic violence between intimate partners do you hear about?)

2. What types of GBV do you think are most prevalent in this community?

What types of cases of gender-based violence do you handle? *(If they list something other than sexual violence, ask them what is the most frequent type of violence against women and girls that they handle.)*

3. How often (if ever) do you handle sexual violence cases or other forms of gender-based violence? How many per week or month?

4. What are the commonly used channels for reporting gender-based violence? From what individuals or organizations do you typically receive reports of sexual violence? *(PROBE: victims/survivors, family members, health professionals, etc.)*

5. Is there someone at the police station specifically trained to provide victim-friendly services? Have they been trained to handle sexual violence or other forms of gender-based violence? How long did the training last and who provided it?

6. Are victims/survivors attended to by same-sex officers? If not, why?

7. How do you respond to cases of sexual violence or other forms of sexual violence? For what services do you refer (psychosocial, medical, legal)?
8. Are you able to help victims/survivors of gender-based violence (or specifically sexual or domestic violence) relocate when their life is in danger? Where can you refer such clients (shelters, etc.)?
9. Does your police station have the ability to transport or accompany victims/survivors for further services? If no, how do victims/survivors access the services? (PROBE: sexual violence survivors)
10. How do you document the victim's statement? Are there specific forms that you use? (<i>Request a copy of all of the forms that they use, including referral forms</i>). How much do the forms cost?
11. What kind of documentation is required to initiate legal proceedings and investigations (rape kit, medical affidavit)? How many rape kits do you keep in stock in this station?
12. Do you or others in your station ever testify in court about investigation findings, if the victim/survivor chooses legal action?
13. Are there any cases where investigating or following-up on cases seems impossible? What are the challenges? How would you describe the relationship between this police station and the closest health facility over sexual violence as well as gender-based violence? How do you work together?
14. How would you describe the relationship between this police station and NGOs over rape cases?
15. What policies or laws (national, county-level or traditional) are in place for cases of sexual violence or other forms of gender-based violence? How do you use these policies?
16. What other structures, activities and forums (or other coordination system) is your institution involved in to address the needs of victims/survivors of sexual violence or other types of gender-based violence?
17. How do you think some of these challenges you face could be addressed?

Psychosocial Services Structured Interview Guide

(As the interviewer, introduce yourself, explain the objectives of the interview and request the respondent's consent to be interviewed. Note the respondent's name, position and job title; describe his or her duties; and enter the institution's name and location and the date of the interview.)

Date of interview: _____

Name of the institution/agency: _____

Name of person interviewed and contact details if they will provide it: _____

Their position in the institution/agency: _____

1. What do the words gender-based violence mean to you? *(If the respondent does not seem to know what GBV is, ask What about sexual violence or domestic violence? to see if they encounter these things.)*
2. What types of cases of gender-based violence do you handle? *(If they list something other than sexual violence, ask what is the most frequent type of violence against women and girls that they handle.)*
3. How often (if ever) do you handle sexual violence cases? How many per week or month?
4. From what individuals or organizations do you typically receive reports of sexual violence? (PROBE: victims/survivors, family members, health professionals, etc.)
5. Is there someone in this organization who is specifically trained to work with sexual violence or other forms of gender-based violence?

What kind of training did they receive, who provided it, and what did it focus on? How many days did it last?
6. How does your organization ensure the survivor's confidentiality?
7. Can you tell me how you document the survivor's statement? Are there specific forms that you use? *(Request a copy of all of the forms that they use, including referral forms.)*
8. Where do you keep the case files for incidents of gender-based violence?
9. What if any, follow-up and/or referral do you provide? Where do you make referrals?
10. What policies or laws (national, provincial, district or traditional) are in place for cases of sexual violence or other forms of gender-based violence?

11. What measures does your organization have in place to protect survivors and their families?
12. How would you describe the relationship between this organization and other service providers (police, courts, health facilities)? What about the relationship between the police and the health care facility?
13. How would you describe the relationship between the closest police station and NGOs over rape cases?
14. What other structures, activities and forums (or other coordination system) is your institution involved in to address the needs of victims/survivors of sexual violence or other types of gender-based violence?
15. What are some of the challenges you face in responding to sexual violence or other forms of gender-based violence? How do you think these challenges could be addressed?

Structured Interview Guide: NGOs Not Engaged Directly in GBV

(As the interviewer, introduce yourself, explain the objectives of the interview and request the respondent's consent to be interviewed. Note the respondent's name, position and job title; describe his or her duties; and enter the institution's name and location and the date of the interview.)

Date of interview: _____

Name of the institution/agency: _____

Name of person interviewed and contact details if they will provide it: _____

Their position in the institution/agency: _____

1. What kinds programmes is your agency implementing? Where are you implementing your programmes? (Try to get specific information on province, districts, wards, etc.)

If they are engaged in food distribution, water and sanitation, etc., try to identify if they do anything to address gender concerns.

2. What types of GBV do you think are most prevalent in this community?

3. What do you think are the major gaps in terms of preventing and responding to gender-based violence?

4. If your staff came across a case of gender-based violence during their work what would they do? (*PROBE: victims/survivors, family members, health professionals etc.*)

5. What kind of mechanisms does your agency have in place to prevent sexual exploitation and abuse?

6. Do you know of any structures, activities and forums (or other coordination system) that exist to address the needs of victims/survivors of sexual violence or other types of gender-based violence?

7. How do you think some of these challenges you face could be addressed?

Key Informants Guide for Individuals Involved in Camp Coordination, Management, Site Planning, Registration, Shelter and Non-food Items

Analysis of gender differences

1. How is your organization gathering information to make decisions related to the setting up of camps, construction of shelters or NFIs? What groups are being consulted and how? Men, women, boys, girls?
2. Are there any specific cultural, practical or security obstacles that women, girls, boys and men might face in accessing registration services?

Design/access

1. What specific aspects of site planning are being considered for women and children?
2. Are public social spaces being considered for different groups where they can discuss issues that are important to them (spaces that might eventually be used for women's spaces, child-centred spaces, etc)?
3. What security issues are being considered (lighting, location of facilities and composition of structures)?
4. If there is an established camp, ask: How many dwellings are there in this camp? How many total people are in the camp? Do you think overcrowding is a problem?
5. How are families selected and placed into the shelters? Are non-related families housed in the same structure?

Registration and NFI

1. To what extent is the registration process designed to minimize discrimination based on gender or age?
2. If there is a process set up, ask: Can you take me through the steps of the registration process? [Try to see if issues of privacy and confidentiality are being considered.]
3. How will/are family entitlement cards/ration cards issued? Will/are women registered separately from their husbands?
4. What systems are in place to make sure that the various groups have equal access to housing and materials?
5. What do you think should be done in the long-term to ensure that everyone (women, men, boys and girls) will enjoy continued access to the registration process and NFI distribution?
6. What kinds of teams will be created for registration? Who will conduct interviews?
7. Where will your organization store registration data? Who will have access to the data?
8. What concerns have been raised by different groups? What concerns do you have for different groups (single-headed households, young group, unaccompanied minors, elderly) in relationship to:
 - Shelter
 - Site planning
 - Registration
 - NFI distribution?

Participation

1. How are women being consulted specifically in planning NFI selection and distribution, information-sharing about entitlements?
2. How will women be involved in camp governance structures? Will there be a target percentage for the participation of women?
3. What kinds of specialized support will be needed to ensure that women and adolescents can participate in decision-making?

<i>Training/capacity-building</i>
<ol style="list-style-type: none"> 1. What kinds of training have you received from your organization on gender issues? Or what kinds of training do you anticipate receiving? 2. What field tools does your organization commonly use in its work? [Try to see if they consult IASC guidelines etc.) 3. Who from the beneficiary community will be trained on camp management issues, registration, construction, NFI distribution or providing information and referral for different groups?
<i>Actions to address GBV/targeted actions</i>
<ol style="list-style-type: none"> 1. What kinds of actions/activities do you think are important in terms of reducing women's and children's vulnerability to violence? 2. How is the site planning process addressing the needs of any special groups differently? 3. What kind of system is in place or will be established to monitor security or instances of abuse or violence? 4. What kind of system is in place for reporting security issues or abuse? 5. What kinds of training and skills programmes are being considered for women and girls to reduce their trading sex for money or shelter?
<i>Monitoring and evaluation</i>
<ol style="list-style-type: none"> 1. What kinds routine data collection do you think will be prioritized?
<i>Coordination</i>
<ol style="list-style-type: none"> 1. What kinds of coordination activities is your organization engaged in? 2. What other organizations/civil society groups is your organization working with in this area?

Key Informant Guide for Individuals Working in Food Security and Distribution and Nutrition
<i>Analysis of gender differences</i>
<ol style="list-style-type: none"> 1. How is your organization collecting information on the roles of women and children in food procurement? 2. How is your organization gathering information to make decisions related to the short- and long-term loss of livelihood assets? What groups are being consulted? 3. What plans are in place to address the changes in women's and men's access and control over land or other resources? 4. Are there any specific cultural, practical or security obstacles that women, girls, boys and men might face in accessing nutritional assistance?
<i>Design/access</i>
<ol style="list-style-type: none"> 1. What steps are being taken to ensure that nutritional support programmes are appropriate to the food culture and nutritional needs of women (including pregnant or lactating women), girls, boys and men? 2. How will access of women, girls, men and boys be monitored to ensure equitable distribution?
<i>Participation</i>
<ol style="list-style-type: none"> 1. How have women, men and adolescent girls and boys been consulted about food security issues? 2. How will it be ensured that both men and women are well-informed and aware of their entitlements (quantity/variety, etc)? 3. How will women be engaged in decision-making, planning and management of food distribution? 4. What steps will be taken to ensure that women and adolescent girls and boys can participate in decision-making?
<i>Training/capacity-building</i>
<ol style="list-style-type: none"> 1. What kinds of training have you received from your organization on gender issues? Or what kinds of training do you anticipate receiving? 2. What field tools does your organization commonly use in its work? 3. Who from the beneficiary community will be trained and employed in food distribution programmes?
<i>Actions to address GBV/targeted actions</i>
<ol style="list-style-type: none"> 1. What should be done to reduce women's and children's vulnerability to violence as they try to access food distribution? 2. What kinds of actions are already being taken to ensure that food distributions are safe and accessible? 3. Which groups will need special assistance with collecting their food? What special mechanisms might be considered to address this? 4. What kind of system is in place or will be established to monitor security or instances of abuse or violence? 5. What kinds of training and skills programmes are being considered for women and girls to keep them from having to trade sex for money, food or education? 6. What kinds of plans are there for community awareness on violence against women and girls, child rights, property rights, etc.?
<i>Monitoring and evaluation</i>
<ol style="list-style-type: none"> 1. Who will be consulted in the process of creating the monitoring and evaluation tools/mechanisms around food distribution? How will gaps and areas for improvements be identified? Who will be consulted? 2. What kind of sex and age-related data will be collected?
<i>Coordination</i>
<ol style="list-style-type: none"> 1. What kinds of coordination activities is your organization engaged in? 2. What other organizations/civil society groups is your organization working with in this area?

Key Informant Interview Guide for Individuals working in Water, Sanitation and Hygiene
<i>Analysis of gender differences</i>
<ol style="list-style-type: none"> 1. How is your organization gathering information to make decisions related to the cultural beliefs and practices in water and sanitation use? What groups are being consulted? 2. What specific cultural, practical and security-related obstacles/issues that you are concerned about?
<i>Design/access</i>
<ol style="list-style-type: none"> 1. How are you ensuring that water sites and distribution systems are accessible to women and other groups that might have mobility limitations? 2. How will it be ensured that communal latrines and bathhouses for women, girls, boys and men are in safe locations, that they are culturally appropriate, that they ensure privacy and are accessible for persons with disabilities? 3. How will different groups be included in monitoring these facilities for safety, etc? 4. What concerns do you have in ensuring that everyone has access to these facilities in a safe way?
<i>Participation</i>
<ol style="list-style-type: none"> 1. How are women and children (adolescent girls especially) being involved in decision-making related to the location and design of water points, bathhouses and latrines? 2. [It if is not possible to observe directly, ask the following] Where are male and female latrines and bathhouses located? Are the facilities centrally located? Do doors have locks on the inside? Is there an adequate lighting system?
<i>Training/capacity-building</i>
<ol style="list-style-type: none"> 1. What kinds of training have you received from your organization on gender issues? Or what kinds of training do you anticipate receiving? 2. What field tools does your organization commonly use in its work? 3. Who from the beneficiary community will be trained on use and maintenance of facilities?
<i>Actions to address GBV/targeted actions</i>
<ol style="list-style-type: none"> 1. What should be done to reduce women's and children's vulnerability to violence as they access water and latrines? 2. What kind of system is in place or will be established to monitor security or instances of abuse or violence? 3. How will facilities and collection points be monitored to ensure that they are safe and accessible? 4. What will be done to ensure that women and adolescent girls and boys can participate in decision-making around water and sanitation issues? 5. How will access to and control over resources for collecting water, containers and storage facilities be monitored to ensure women's and girls' participation? 6. What kinds of training and skills programmes are being considered for women and girls to keep them from trading sex for access to water and sanitation resources?
<i>Monitoring and evaluation</i>
<ol style="list-style-type: none"> 1. What kind of routine data collection related to water, sanitation and hygiene will be prioritized?
<i>Coordination</i>
<ol style="list-style-type: none"> 1. What kinds of coordination activities is your organization engaged in? 2. What other organizations/civil society groups is your organization working with in this area?

Overview of the Gender Based Violence Information Management System (GBVIMS)

The GBVIMS is an inter-agency partnership between the United Nations Population Fund (UNFPA), the International Rescue Committee (IRC), and the United Nations High Commissioner for Refugees (UNHCR), and in consultation with the Inter-Agency Standing Committee Sub-Working Group on Gender and Humanitarian Action and the Gender-Based Violence Area of Responsibility Working Group of the Protection Cluster. The GBVIMS Project Manager is supported by UNFPA.

Introduction:

The Gender-Based Violence Information Management System (GBVIMS) is a multi-faceted initiative that enables humanitarian actors who are responding to GBV to safely collect, store and analyze reported GBV incident data. The GBVIMS includes: a practical, inter-active workbook that outlines the critical steps agencies and inter-agency GBV coordination bodies must take in order to implement the System; an Excel database (the "Incident Recorder") for data compilation and trends analysis; and a global team of GBV and database experts from UNFPA, UNHCR and the IRC for ongoing on-site and remote technical support.

Background:

As of today, the humanitarian community does not have an endorsed system that allows for the effective and safe storage, analysis and sharing of GBV-related data. This affects humanitarian actors' ability to obtain a reliable picture of the GBV being reported. It also minimizes the utility of collected data to inform program decisions for effective GBV prevention and care for survivors. Due to the sensitive nature of GBV data and concerns by many frontline GBV actors in how GBV data is used, there is also very limited information-sharing between key stakeholders. This hampers GBV coordination and limits a multi-sectoral response.

Purpose:

The GBVIMS was created to harmonize data collection on GBV in humanitarian settings, to provide a simple system for GBV project managers to collect and analyze their data, and to enable the confidential, safe and ethical sharing of aggregate and anonymous incident data on reported cases of GBV. The intention of the System is both to assist service providers to better understand the GBV cases being reported and to enable actors to share data internally across project sites and externally with agencies for broader trends analysis and to improve GBV coordination.

1. Data Compilation & Statistical Analysis

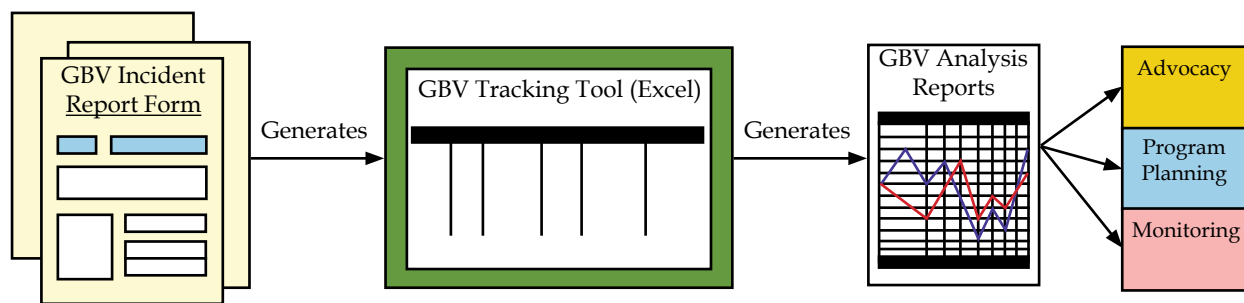
Using standardized incident report forms and a globally-standardized incident classification system, GBV primary service providers can enter general, unidentifiable data into the Incident Recorder and run instant analysis to identify correlations between data fields, revealing general trends in their reported data. These automatically generated, aggregate, and anonymous reports include general trend analyses on the incidents, survivors, and to a lesser extent on the alleged perpetrators. They also include a snapshot of referral actions taken. Examples of the types of information provided by the Incident Recorder include: the most-commonly reported types of GBV incidents; the most-affected age groups of survivors; and, the type of service that is most often the first point of entry for survivors (e.g. health, police, legal services, etc.).

2. Data Sharing

Providing a safe and ethical mechanism for primary service providers to share and access compiled GBV data is one cornerstone of good GBV coordination. At a minimum, actors should be clear on what data will be shared, for what purpose, who will compile the data, and how and when actors will be able to access the compiled statistics. The GBVIMS Incident Recorder anonymizes and standardizes reported GBV data in order to facilitate sharing of sensitive information between humanitarian actors in a safe manner¹.

Comprehensive guidelines for developing data-sharing protocols, as well as information on all of the ethical and safety issues that must be considered before sharing data are an integral part of the GBVIMS project.

Flow of data in GBVIMS



Limitations:

In its current format, the Incident Recorder is a trends-analysis tool that will let the user store and analyze good-quality statistical data on reported GBV incidents. The Incident Recorder cannot replace the existing case management systems used by service providers. The Incident Recorder is not an appropriate tool for Human Rights monitoring, nor is it appropriate for monitoring the quality of program interventions because it cannot capture this level of information. Furthermore, the data pertains only to reported incidents; thus it may not be a reflection of the actual prevalence of GBV in a given community. It is only one method of data collection in a situation that requires mixed-method analysis.

Expected results:

The expected outcomes of the GBVIMS project are:

- A standard tool and methodology for data collection and analysis
- Instructions for classifying GBV incidents
- More reliable information about reported GBV incidents in humanitarian settings
- Concrete guidelines for sharing GBV data based on key ethical and safety considerations

The GBVIMS is expected to have the following impact on GBV prevention and response:

- More informed programmatic decision-making for individual service providers (organizations) and inter-agency working groups
- Improved data-sharing and collaboration between humanitarian actors
- Improved donor reporting
- Bolstered advocacy efforts (i.e. policy development and fundraising)

¹ Please note that not all of the data gathered and entered into the Incident Recorder database will be shared. The information sharing protocol development includes agreement by all participating agencies on which data will be shared amongst all participating parties.

Gender-Based Violence Incident Classification System

to be used in conjunction with the GBV Information Management System (GBVIMS) developed by UNFPA, IRC, UNHCR

The humanitarian community has not been able to collect, classify and analyze GBV-related information in a way that produces comparable statistics. At present, it is nearly impossible to compile and analyze data across programs and field sites. This cannot be solved without taking a new approach to the classification of GBV incident types. To address this problem, the International Rescue Committee (IRC), the UN Population Fund (UNFPA) and the UN High Commissioner for Refugees (UNHCR) have developed a new incident classification system strictly for the purposes of improving data collection and analysis.¹

The criteria used to generate the list of incident types were:

- Universally-recognized forms of gender-based violence
- Mutually exclusive (they do not overlap)
- Focused on the specific act of violence; separate from the motivation behind it or the context in which it was perpetrated

Each of the definitions below refers to the concept of **consent**.² Consent is when a person makes an informed choice to agree freely and voluntarily to do something. There is no consent when agreement is obtained through:

- the use of threats, force or other forms of coercion, abduction, fraud, manipulation, deception, or misrepresentation
- the use of a threat to withhold a benefit to which the person is already entitled, or
- a promise is made to the person to provide a benefit.

Eight core incident types.³ The eight core incident types were created for data collection and statistical analysis of gender-based violence (GBV).⁴ Even though some may be applicable to other forms of violence that are not gender-based they should be used only in reference to GBV.

1. **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.
2. **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. This incident type does not include rape, i.e., where penetration has occurred.
3. **Physical assault**: physical violence that is not sexual in nature. Examples 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.
4. **Forced marriage**: the marriage of an individual against her or his will.
5. **Denial of resources, opportunities & 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. Reports of general poverty should not be recorded.
6. **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, destruction of cherished things, etc.
7. **Female genital cutting/mutilation**: 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. **Other GBV**: This category should be used only if any of the above types do not apply and should be avoided as much as possible. **Please note: This category does NOT include intimate partner violence and child sexual abuse, which is tracked using the perpetrator-survivor relationship data. For sex trafficking, sexual slavery, sexual exploitation and forced prostitution please see the explanation on page 3 of this document.**

¹ The Incident Classification System is part of the process of developing a GBVIMS initiated in 2006 by OCHA, UNHCR, and the IRC. The GBVIMS global team has counted on technical guidance from the Inter-Agency Standing Committee's (IASC) Sub-Working Group on Gender and Humanitarian Action, throughout the project.

² Many laws set an age of consent. These legal parameters do not apply to the incident types proposed for this system.

³ Case definitions used in the context of GBV programming are not necessarily the legal definitions used in national laws and policies. Many forms of GBV may not be considered crimes, and legal definitions and terms vary greatly across countries and regions.

⁴ Several resources were considered when preparing this document. Most importantly, the IASC Guidelines for Gender-based Violence Interventions in Humanitarian Setting, and Sexual and Gender-Based Violence against Refugees, Returnees, and Internally Displaced Persons, Guidelines for Prevention and Response (UNHCR)

When multiple incident types apply:

Any act of GBV can involve multiple forms of violence (i.e. a woman who is raped, beaten and psychologically abused during the course of one incident). To ensure valid and statistically comparable data, all those collecting data on GBV must use the same approach to classifying any given incident. **The incident types are listed in a specific order to ensure uniform collection of statistically comparable data.**⁵ The instructions below allow us to use a process of elimination to determine the most specific incident type to use in classifying a reported incident.

Instructions for choosing an incident type:

- ✓ To determine the appropriate incident type described to you by the survivor, ask yourself the questions below in their given order.
- ✓ The first incident on this list that matches the description of the case being reported should be the one used to classify the incident.⁶
- ✓ Before you start answering the questions below to determine the incident type, remember: only incidents reported directly by the survivor (or by the survivor's guardian if the survivor is a child or is unable to report due to a disability) in the context of receiving a service can be recorded, which automatically excludes recording an incident in which the victim has already died at the time the incident is being recorded.⁷

a. Was the reported incident a case of **FGM/C**?

- If yes classify the incident as "FGM/C".
- If no proceed to the next incident type on the list.

b. Did the reported incident involve **penetration**?

- If yes classify the incident as "rape".
- If no proceed to the next incident type on the list.

c. Did the reported incident involve **unwanted sexual contact**?

- If yes classify the incident as "sexual assault".
- If no proceed to the next incident type on the list.

d. Did the reported incident involve **physical assault**?

- If yes classify the incident as "physical assault".
- If no proceed to the next incident type on the list.

e. Was the incident an act of **forced marriage**?

- If yes classify the incident as "forced marriage".
- If no proceed to the next incident type on the list.

f. Did the reported incident involve the **denial of resources, opportunities or services**?

- If yes classify the incident as "denial of resources, opportunities or services".
- If no proceed to the next incident type on the list.

g. Did the reported incident involve

psychological/emotional abuse?

- If yes classify the incident as "psychological abuse".
- If no proceed to the next incident type on the list.

h. Is the reported incident a case of GBV that **does not fit into any of the above categories**?

- If yes classify the incident as "other GBV".
- If no provide services as appropriate but do not record the incident in this system

Service providers are encouraged to continue to capture all the information of reported incidents needed for service provision as described by their clients in their case notes. The type of information appropriate to collect and record may differ between services.

⁵ The order is NOT intended to express an implied 'value' of the incident (i.e. rape is worse than forced marriage).

⁶ For example, within this system, an incident where a woman reports having been beaten by her husband and also forced to have sex with him the incident would be classified as "rape".

⁷ This rule was established to avoid 3rd party reports outside of the context of service delivery.

The following were **not** included as core incident types. However, they can be analyzed by combining the incident type with the other incident information available.

1. Intimate Partner Violence (often referred to as “domestic violence”)⁸
2. Child Sexual Abuse
3. Early Marriage
4. Sexual Exploitation / Transactional Sex
5. Sexual Slavery
6. Harmful Traditional Practices

Explanation:

- **Intimate Partner Violence** is defined by the relationship between perpetrator and survivor and may include multiple forms of violence (rape, sexual assault, physical assault, and psychological / emotional abuse), which can lead to inconsistencies in the recording of incidents. By analysis of the type of incident together with the survivor’s relationship to the perpetrator, one is able to identify which incidents took place within the context of an intimate partner relationship and they can be easily analyzed as “intimate partner violence” cases.

<u>Incident Type</u>		<u>Accused Perpetrator</u>		<u>Analysis</u>
Rape, Sexual Assault, Physical Assault, Psychological / emotional abuse	+	Intimate Partner	=	Intimate Partner Violence

- **Child Sexual Abuse** is defined by the age of the survivor and may include multiple forms of sexual violence (sexual assault and rape), which can lead to inconsistencies in the recording of incidents. By analysis of the two possible incident types (sexual assault and rape) together with the age of the survivor, one is able to easily analyze which reported incidents were “child sexual abuse” cases.

<u>Incident Type</u>		<u>Accused Perpetrator</u>		<u>Adult/Child</u> ⁹		<u>Analysis</u>
Sexual Assault	+	Any	+	Child	=	Child Sexual Abuse
Rape	+	Any	+	Child	=	Child Sexual Abuse

- **Early marriage** is defined by the age of the survivor at the time of the incident of forced marriage. By analysis of the incident (forced marriage) and the age of the survivor, one is able easily to analyze which reported incidents were “early marriages”.

<u>Incident Type</u>		<u>Accused Perpetrator</u>		<u>Adult/Child</u>		<u>Analysis</u>
Forced Marriage	+	Any	+	Child	=	Early Marriage

- **Sexual Exploitation and Transactional Sex** are defined by the power relationship between survivor and perpetrator, as well as the circumstances surrounding the incident - not the actual act of violence (i.e. rape or sexual assault), which can lead to inconsistencies in the recording of incidents. To track these power relationships and circumstances it is useful to assign a question in the Intake/Initial Assessment form in which ‘yes / no’ can be indicated in response to “were money, goods, benefits and/or services exchanged in the context of the reported incident?” The analysis of this question in relation to the incident type can give a sense of whether the sexual violence being reported is exploitative in nature.

One sample analysis could be:

<u>Incident Type</u>		<u>Accused Perpetrator</u>		<u>Were money, goods, benefits and/or services exchanged</u>		<u>Analysis</u>
Sexual Assault	+	UN Peacekeeper	+	Yes	=	Sexual Exploitation

⁸ Intimate Partner Violence refers to violence perpetrated against an individual by her or his partner (whether legally married or cohabiting), boyfriend or girlfriend, or other sexual partner.

⁹ For the purposes of this system, all persons under 18 years of age are considered to be children

- **Sexual Slavery** is defined by the circumstances during which multiple acts and various forms of sexual violence are perpetrated over a period of time. Data collected should capture one unique incident at a time. To enable analysis that indicates the survivor may be under sexual slavery you may include in your data gathering and recording tools a column for indicating whether the incident was perpetrated while the survivor was: a) being forcibly transported (trafficked); b) conscripted; c) held against her/his will, abducted or kidnapped. The analysis would follow the logic used for the cases mentioned above. Additionally it is recommended that each person reporting an incident have a unique survivor code. If your analysis shows possible sexual slavery then by using the survivor code you can identify if it is the same survivor reporting multiple incidents.¹⁰

One sample analysis could be:

<u>Incident Type</u>	<u>Accused Perpetrator</u>	<u>Type of coercion, at the time of the incident</u>	<u>Analysis</u>
Rape +	ANY +	Yes =	Possible Sexual Slavery

- **Harmful Traditional Practices** are acts derived from social, cultural and religious values, that relate to age, gender and social class, which are harmful to the health, well-being and development of the person it is committed against. Most often they are practices affecting women and girls, such as female genital cutting/mutilation, early and forced marriage, son preference, and dowry demands. Many harmful traditional practices can be defined and tracked using the seven core incident types listed above (excluding “other GBV”). To distinguish those actions that are culture or religion-specific, you may wish to include a “yes/no” tick box to enable data recorders to mark the incident as a harmful traditional practice and to analyze the data accordingly. During your analysis you can then quantify how many instances were marked “yes” for Harmful Traditional Practice and adjust your programming accordingly if needed.

<u>Incident Type</u>	<u>Accused Perpetrator</u>	<u>Harmful Traditional Practice</u>	<u>Analysis</u>
FGC/M +	ANY +	Yes =	Harmful Traditional Practice

¹⁰ The survivor code should be stored in a separate locked location which only limited staff have access to.

CONFIDENTIAL INTAKE & INITIAL ASSESSMENT FORM

Instructions¹	1-Form must be filled out by a case manager, health practitioner or social worker.
	2-Attach additional pages with continued narrative, if needed.
	3-Note that questions followed by an asterisk* must be answered and should always remain on the form, as they are essential for populating the database that tabulates the data collected through this form. Those that are unmarked are customizable to your context and may be removed from this form if not necessary for your programme.

Case Number / Incident ID*:	Date of interview (day/month/year)*:	Date of incident (day/month/year)*:	Name of interviewer / interviewer code:
<input type="checkbox"/> Reported by the survivor* <input type="checkbox"/> Reported by someone other than the survivor*			

1-Referral Type

Was this client referred to you from somewhere or by someone else?* <input type="checkbox"/> No <input type="checkbox"/> Yes												
If 'Yes' to the above question, from which of the following was the client referred?* (select one)												
<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Health/Medical Services</td> <td><input type="checkbox"/> Teacher/School Official</td> </tr> <tr> <td><input type="checkbox"/> Psychosocial/Counselling Services</td> <td><input type="checkbox"/> Community or Camp Leader</td> </tr> <tr> <td><input type="checkbox"/> Police/Other Security Actor</td> <td><input type="checkbox"/> Safe House/Shelter</td> </tr> <tr> <td><input type="checkbox"/> Legal Services</td> <td><input type="checkbox"/> Other Humanitarian or Development Actor</td> </tr> <tr> <td><input type="checkbox"/> Livelihood Programme</td> <td><input type="checkbox"/> Other Government Service</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> </table>	<input type="checkbox"/> Health/Medical Services	<input type="checkbox"/> Teacher/School Official	<input type="checkbox"/> Psychosocial/Counselling Services	<input type="checkbox"/> Community or Camp Leader	<input type="checkbox"/> Police/Other Security Actor	<input type="checkbox"/> Safe House/Shelter	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Other Humanitarian or Development Actor	<input type="checkbox"/> Livelihood Programme	<input type="checkbox"/> Other Government Service		<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Health/Medical Services	<input type="checkbox"/> Teacher/School Official											
<input type="checkbox"/> Psychosocial/Counselling Services	<input type="checkbox"/> Community or Camp Leader											
<input type="checkbox"/> Police/Other Security Actor	<input type="checkbox"/> Safe House/Shelter											
<input type="checkbox"/> Legal Services	<input type="checkbox"/> Other Humanitarian or Development Actor											
<input type="checkbox"/> Livelihood Programme	<input type="checkbox"/> Other Government Service											
	<input type="checkbox"/> Other (specify) _____											
If there was no referral, how did your client find you:												

2-Survivor Information

Survivor Privacy Code:	Age:
Date of Birth* (day/month/year):	Tribe:
Sex*: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Country of Origin (Nationality)*: <input type="checkbox"/> Country name here <input type="checkbox"/> Other (specify) _____	
Religion:	
Marital status*: (Select ONE)	<input type="checkbox"/> Single <input type="checkbox"/> Married / Cohabiting <input type="checkbox"/> Divorced / Separated <input type="checkbox"/> Widowed
Number of children:	
Occupation:	
Displacement status at time of report*: (Select ONE)	
<input type="checkbox"/> IDP <input type="checkbox"/> Returnee <input type="checkbox"/> Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Stateless Person <input type="checkbox"/> Foreign National <input type="checkbox"/> N/A	
Is the client a Person with Disabilities*? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Sub-Section for Child Survivors (less than 18 years old)	
Is the client an Unaccompanied or Separated Child?* <input type="checkbox"/> No <input type="checkbox"/> Yes	
If the survivor is a child (less than 18 yrs) does he/she live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", answer the next three questions)	
If the survivor lives with someone, what is the relationship between her/him and the caretaker? (Select ONE)	
<input type="checkbox"/> Parent / Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Cohabiting <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____	
What is the caretaker's marital status (Select ONE)?	
<input type="checkbox"/> Single <input type="checkbox"/> Married / Cohabiting <input type="checkbox"/> Divorced / Separated <input type="checkbox"/> Widowed	
What is the caretaker's occupation: _____	

3-Detail of the Incident

Account of the incident/Description of the incident (summarize the details of the incident in client's words)

Stage of displacement at time of incident*: (Select ONE)

- Not Displaced / Home Community
 Pre-displacement
 During Flight
 During Return / Transit
 Post Displacement
 Other: _____

Time of incident*: (Select ONE)

- Morning (sunrise to noon)
 Afternoon (noon to sunset)
 Evening/night (sunset to sunrise)
 Unknown/not applicable

Location of incident*: (Customize and add new tick boxes according to your location, but please only select ONE option.)

- Bush / Forest
 Garden / Cultivated Field
 School
 Road
 Perpetrator's Home
 Other (give details) _____

District*:

Sub-County*:

Camp / Return Area / Village*:

Type of incident/violence*: (Select ONE)

- Rape (includes gang rape, marital rape)
 Sexual Assault (includes attempted rape and all sexual violence/abuse without penetration)
 Physical Assault (includes hitting, slapping, kicking, shoving, etc. that are not sexual in nature)
 Forced Marriage (includes early marriage)
 Denial of Resources, opportunities & services
 Psychological Abuse
 Female Genital Cutting / Mutilation
 Other GBV (specify) _____
 Non GBV (specify) _____

Is this incident a harmful traditional practice*?

- No
 Yes

Were money, goods, benefits and / or services exchanged in relation to this incident*?

- No
 Yes

Type of coercion at time of the incident*: Trafficked Forced Conscriptio None

Other Abduction / Kidnapping

Is this the first time the client has experienced gender-based violence? No Yes

Information on history of GBV (if any):

Has the client answered this questionnaire before regarding this same incident? * No Yes

4-Perpetrator Information

Number of perpetrator(s)*: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> More than 3 <input type="checkbox"/> Unknown					
Sex of perpetrator(s)*: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not applicable					
Nationality of perpetrator:			Tribe of perpetrator:		
Age group of perpetrator* (if known):					
<input type="checkbox"/> 0 – 11		<input type="checkbox"/> 12 – 17		<input type="checkbox"/> 18 – 25	
<input type="checkbox"/> 26 – 40		<input type="checkbox"/> 41-60		<input type="checkbox"/> 61+	
<input type="checkbox"/> Multiple Perpetrators of Multiple Age Groups			<input type="checkbox"/> Unknown		
Marital status of perpetrator:					
Perpetrator relationship with survivor (if any) *: (select ONE)					
<input type="checkbox"/> Intimate Partner / Former Partner		<input type="checkbox"/> Family Other Than Spouse		<input type="checkbox"/> Supervisor / Employer	
<input type="checkbox"/> Schoolmate		<input type="checkbox"/> Teacher		<input type="checkbox"/> Caregiver	
<input type="checkbox"/> Other Refugee / IDP / Returnee		<input type="checkbox"/> Unknown		<input type="checkbox"/> Other / Not Applicable	
<input type="checkbox"/> Other Resident Community Member					
Occupation of perpetrator (if known) *: (Customize and add new tick boxes according to your location, but please only select ONE option.)					
<input type="checkbox"/> Farmer		Trader / Business Owner		<input type="checkbox"/> Student	
<input type="checkbox"/> State Police		<input type="checkbox"/> State			
Military					
<input type="checkbox"/> Civil Servant		<input type="checkbox"/> Non-State Armed Actor		<input type="checkbox"/> Security Official	
<input type="checkbox"/> Religious Leader		<input type="checkbox"/> Teacher			
<input type="checkbox"/> UN Staff		NGO Staff		<input type="checkbox"/> CBO Staff	
<input type="checkbox"/> Camp or Community Leader		<input type="checkbox"/> Other			
<input type="checkbox"/> Community Volunteer		<input type="checkbox"/> Unknown			

5-Planned Action / Action Taken: Any action / activity regarding this report.

<p>Client referred to a safe house/safe shelter?*</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'No', why not?*</p> <p><input type="checkbox"/> Service Provided by Reporting Agency <input type="checkbox"/> Services Already Received <input type="checkbox"/> Service Not Applicable <input type="checkbox"/> Referral Declined by Survivor <input type="checkbox"/> Service Unavailable</p>	<p>Date Reported or Future Appointment Date (day/month/year)/ Time:</p> <p>Name and Location:</p> <p>Notes (including action taken or recommended action to be taken):</p>
<p>Client referred to health services?*</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'No', why not?*</p> <p><input type="checkbox"/> Service Provided by Reporting Agency <input type="checkbox"/> Services Already Received <input type="checkbox"/> Service Not Applicable <input type="checkbox"/> Referral Declined by Survivor <input type="checkbox"/> Service Unavailable</p>	<p>Date Reported or Future Appointment Date (day/month/year)/ Time:</p> <p>Name and Location:</p> <p>Follow-up Appointment Date (day/month/year) and Time:</p> <p>Notes (including action taken or recommended action to be taken):</p>

5-Planned Action: Any action / activity that should happen after this report is filled out. (Continued)

<p>Client referred to psychosocial services?*</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'No', why not?*</p> <p><input type="checkbox"/> Service Provided by Reporting Agency <input type="checkbox"/> Services Already Received <input type="checkbox"/> Service Not Applicable <input type="checkbox"/> Referral Declined by Survivor <input type="checkbox"/> Service Unavailable</p>	<p>Date Reported or Future Appointment Date (day/month/year)/ Time:</p> <p>Name and Location:</p> <p>Notes (including action taken or recommended action to be taken):</p>
<p>Client referred to legal services?*</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'No', why not?*</p> <p><input type="checkbox"/> Service Provided by Reporting Agency <input type="checkbox"/> Services Already Received <input type="checkbox"/> Service Not Applicable <input type="checkbox"/> Referral Declined by Survivor <input type="checkbox"/> Service Unavailable</p> <p><i>Note: Choose "Referral Declined by Survivor" if the client does not want legal services.</i></p>	<p>Date Reported or Future Appointment Date (day/month/year) / Time:</p> <p>Name and Location:</p> <p>Notes (including action taken or recommended action to be taken):</p>
<p>Client referred to the police?*</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'No', why not?*</p> <p><input type="checkbox"/> Service Provided by Reporting Agency <input type="checkbox"/> Services Already Received <input type="checkbox"/> Service Not Applicable <input type="checkbox"/> Referral Declined by Survivor <input type="checkbox"/> Service Unavailable</p>	<p>Date Reported or Future Appointment Date (day/month/year)/ Time:</p> <p>Name and Location:</p> <p>Notes (including action taken or recommended action to be taken):</p>
<p>Client referred to a livelihood programme?*</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'No', why not?*</p> <p><input type="checkbox"/> Service Provided by Reporting Agency <input type="checkbox"/> Services Already Received <input type="checkbox"/> Service Not Applicable <input type="checkbox"/> Referral Declined by Survivor <input type="checkbox"/> Service Unavailable</p>	<p>Date Reported or Future Appointment Date (day/month/year)/ Time:</p> <p>Name and Location:</p> <p>Notes (including action taken or recommended action to be taken):</p>

6 - Assessment Point		
Describe the emotional state of the client at the beginning of the interview:	Describe the emotional state of the client at the end of the interview:	
Will the client be safe when she or he leaves? Yes <input type="checkbox"/> No <input type="checkbox"/> If no give reason: What actions were taken to ensure client's safety?	If raped, have you explained the effects of rape to the client (if over 14 years of age)? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you explained the effects of rape to the client's caregiver (if the client is under the age of 14)? Yes <input type="checkbox"/> No <input type="checkbox"/>
Who will give the client emotional support?		

The statement below should be read to the client and/or guardian in her/his native language. It should be clearly explained to the client that she/he can choose to not allow information sharing. Have the clients tick "Yes" or "No"

____ (Client's name) gives permission for ____ (the name of your organization) staff to share general information about the incident reported to them. The information shared will not be specific in any way. Your name or any specific details of the incident will not be shared. There will be no way for someone to identify you based on the information that is shared.

You understand that the purpose of sharing this information is so you can receive the best possible protection and care. You understand that this shared information will be treated with confidentiality and respect, and shared only as needed for the purposes of preventing this from happening to others and in order to provide the best care possible to all our clients.

Authorization (to be marked by client/guardian):

Yes/Oui/Si/مَعْن No/non/no/ل

(day/month/year)

Before beginning the interview, please be sure to remind your client that all information given will be kept confidential, and that they may choose to decline to answer to any of the following questions.



INFORMATIONAL HANDOUT 11: GBV Information Management System Information-Sharing Protocol between Data-gathering Organizations

PURPOSE

The purpose of this information-sharing protocol is to set out the guiding principles and describe procedures for sharing anonymous consolidated data on reported cases of GBV. [INSERT NAME OF SELECTED NATIONAL CONSOLIDATION AGENCY] in its capacity as [INSERT coordinating organization name: can be the sub-cluster lead, GBV Working Group lead, lead NGO, etc.] lead for GBV prevention and response work in [INSERT THE NAME OF THE COUNTRY].

The data-gathering organizations recognize that sharing and receiving consolidated GBV data will contribute towards improved inter-agency coordination, identifying and targeting gaps, prioritization of actions and improved programming of prevention and response efforts. It may also result in improved advocacy efforts, increased leverage for fund raising and resource mobilization and improved monitoring.

GROUND RULES

Information submitted by data-gathering organizations to [NATIONAL CONSOLIDATION AGENCY] will only be submitted in the agreed-upon format and will not contain any identifying information of survivors or agencies.

The information shared by implementing agencies will be consolidated by [NATIONAL CONSOLIDATION AGENCY] into a report. This report can be shared externally, meaning with others outside those adhering to this information-sharing protocol, only with consent and agreement from all implementing agencies. All implementing agencies will have to agree in writing on a case-by-case basis before [NATIONAL CONSOLIDATION AGENCY] can share the consolidated report.

All survivor-specific information that can lead to identification of the survivor will not be shared, e.g., name, initials, sub-county, date of birth, etc.

When approval of data-sharing is attained, [NATIONAL CONSOLIDATION AGENCY] must share the data along with the following relevant caveats:

- **The data is only from reported cases, in limited areas of coverage, by limited data-gathering organizations.** The consolidated data is in no way representative of the total incidence or prevalence of GBV in any one location or group of locations.
- The aggregate data is based solely on monthly consolidated reports submitted from GBVIMS partners for the purposes of:
 - GBV prevention and response programme planning, monitoring and evaluation
 - Identification of programming and service delivery gaps
 - Prioritization of actions and next steps
 - Improved service delivery
 - Policy and advocacy¹
 - Resource mobilization

¹ [NATIONAL CONSOLIDATION AGENCY] should inform partners how they will use the data for advocacy, e.g., what policies they are seeking to reform, what activities they are seeking to fund.

MONTHLY REPORTS² and INFORMATION-SHARING PROCEDURE

1. TO WHOM: Data-gathering organizations will submit the monthly report to
2. The reports will be submitted [DAY] of each month.
3. The reports will include information defined in the Monthly Reporting Tables (see Annex)
4. Two (2) weeks after receipt of the reports from data-gathering organizations, [NATIONAL CONSOLIDATION AGENCY] will have consolidated all reports, including a brief analysis of the data received. The aggregate report will be sent back to all the data-gathering organizations, with all data-gathering organizations' identifying information deleted.
5. Areas of coverage: The aggregate reports will reflect the following geographical areas based on the data-gathering organizations providing data [INSERT COVERAGE AREAS]

DATA SECURITY

[NATIONAL CONSOLIDATION AGENCY] and the data-gathering organizations will ensure that all data is safe and secure and will implement appropriate procedures to maintain confidentiality of the data. Organizations will submit a Word document in 'read only' form and will employ password protection. The password for these submitted files has been agreed among all agencies.

[NATIONAL CONSOLIDATION AGENCY] has outlined during the creation of this protocol how the data will be:

- Received
- Stored/deleted
- Protected in the computer
- Used by whom (who has access to the data and the computer)

[NATIONAL CONSOLIDATION AGENCY]

The monthly reports are shared with [NATIONAL CONSOLIDATION AGENCY] in its capacity as lead GBV organization. In the event that the leadership changes hands, the information-sharing protocol will be reviewed by each of the data-gathering organizations. Submission of monthly reports to the new lead will not be automatic.

WHEN OTHERS REQUEST GBV INFORMATION

[NATIONAL CONSOLIDATION AGENCY] will issue a written request to each of the data-gathering organizations every time there is a request to receive the consolidated data, specifying the reason/purpose for the request for information, what the information will be used for, how the information will be used and how the information produced with the consolidated data and analysis will be fed back to the data-gathering organizations.

The consolidated data will be shared only after receiving written consent from the data-gathering organizations. In turn [NATIONAL CONSOLIDATION AGENCY] must create a written agreement with the data requesting party about the use, protection and caveats outlined above regarding the consolidated data and specifying that the data requesting party will not share the consolidated data any further.

A party that has had access to the consolidated data must direct any request for the shared data to [NATIONAL CONSOLIDATION AGENCY]. For example, if the Ministry of Gender receives the consolidated data from the consolidation agency and then the Ministry of Justice requests to receive that same information from the Ministry of Gender, then the Ministry of Gender needs to refer the Ministry of Justice back to [NATIONAL CONSOLIDATION AGENCY], who will be responsible for getting in touch with the data-gathering organizations before sending out the consolidated data to the Ministry of Justice.

When a request for data-sharing is submitted by the [NATIONAL CONSOLIDATION AGENCY], the data-

² See Annex for list and samples of reporting tables.

gathering organizations will respond the request within five (5) working days.

[NATIONAL CONSOLIDATION AGENCY] can only share consolidated data and no individual organization information.

By this information-sharing protocol, the data-gathering organizations understand that they can refer any request for information to [NATIONAL CONSOLIDATION AGENCY] who can then share the consolidated data after receiving a written request.

TIME LIMIT

Once agreed, this information-sharing protocol will take effect on [DATE], and will be on trial basis until [DATE], upon which the data-gathering organizations will review the effectiveness of, use of and adherence to the protocol.

Data-gathering organizations reserve the right to stop sharing data for any reason at any time and will inform [NATIONAL CONSOLIDATION AGENCY] in writing if/when they do so.

BREACHES

In cases of breach by any of those participating in this information-sharing protocol, information-sharing will cease until resolved, responsible parties will be held accountable and the information-sharing protocol will be reviewed.

The data-gathering organizations reserve the right to refuse to share information about reported GBV cases to any external actor.

**ANNEX
REPORTING TABLES**

Following are the reporting formats the data-gathering organizations agree to submit. These are automatically generated from the GBVIMS. The reports generated from the IMS Excel program will be transferred into a Word document.

Monthly Reports

1. Incident Type by Survivor Age Group

Sample Generated Table from Fictitious Data:

Count of Incident ID	Age Group			Grand Total
	Age 0-11	Age 12-17	Age over 18	
Other GBV	2	1	1	4
Denial of resources opportunities & services			4	4
Rape	2		1	3
Sexual Assault	1		1	2
Psychological/Emotional Abuse	1		1	2
Physical Assault			2	2
Female Genital Cutting/Mutilation		1		1
Forced Marriage	1			1
Grand Total	7	2	10	19

2. Incident Type by Sex and Adult/Child

Sample Generated Table from Fictitious Data:

Count of Incident ID	Sex of Survivor				Grand Total
	Adult		Child		
	F	M	F	M	
Sexual Assault	1		1		2
Rape	1		1	1	3
Psychological/Emotional Abuse		1		1	2
Physical Assault	2				2
Other GBV	1		2	1	4
Forced Marriage			1		1
Female Genital Cutting/Mutilation			1		1
Denial of Resources, Opportunities & Services	3	1			4
Grand Total	8	2	6	3	19

3. Incidents of Intimate Partner Violence by Survivor Sex and Adult /Child

Sample Generated Table from Fictitious Data:

Count of Incident ID	Sex of Survivor	
Adult/Child When Incident Took Place	F	Grand Total
Adult	2	2
Grand Total	2	2

4. Incidents Child Sexual Abuse by Survivor Sex

Sample Generated Table from Fictitious Data:

Count of Incident ID	Sex of Survivor		Grand Total
	F	M	
Total	2	1	3

5. Incidents Early Marriage by Survivor Sex

Sample Generated Table from Fictitious Data

Count of Incident ID	Sex of Survivor	
	F	Grand Total
Total	1	1

6. Incidents of Harmful Traditional Practices by Survivor Sex and Adult /Child

Sample Generated Table from Fictitious Data:

Count of Incident ID	Sex of Survivor	
	F	Grand Total
Adult/Child When Incident Took Place		
Child	1	1
Grand Total	1	1

REFERRAL PATHWAY TABLES

7. Referred from Service Provider

Sample Generated Table from Fictitious Data:

Incident Report Date (Month/Year)	Mar-2009
Incident Report Date (Year)	(All)
Incident Type	(All)
District	(All)
Sub-County	(All)
Count of Incident ID	
Referred from Service Provider	Total
First Point	2
Health/Medical Services	3
Legal Services	1
Livelihood Programme	1
Other	2
Other Gov't Service	1
Other Humanitarian or Dev. Actor	2
Police/Other Security Actor	2
Safehouse/Shelter	2
Teacher/School Official	1
Community or Camp Leader	1
Psychosocial/Counselling	1
Grand Total	19

Incident Report Date (Month/Year)	Mar-2009
Incident Report Date (Year)	(All)
Incident Type	(All)
District	(All)
Count of Incident ID	
Health / Medical Services	Total
Referred	6
Service already received	2
Service not applicable	2
Service provided by reporting agency	5
Referral declined by survivor	3
Service unavailable	1
Grand Total	19
Incident Report Date (Month/Year)	Mar-2009
Incident Report Date (Year)	(All)
Incident Type	(All)
District	(All)
Count of Incident ID	
Police / Other Security Actor	Total
Referral declined by survivor	3
Referred	6
Service already received	2
Service not applicable	2
Service provided by reporting agency	5
Service unavailable	1
Grand Total	19
Incident Report Date (Month/Year)	Mar-2009
Incident Report Date (Year)	(All)
Incident Type	(All)
District	(All)
Count of Incident ID	
Psychosocial / Counselling	Total
Referral declined by survivor	3
Referred	6
Service already received	2
Service not applicable	2
Service provided by reporting agency	5
Service unavailable	1
Grand Total	19
Incident Report Date (Month/Year)	Mar-2009
Incident Report Date (Year)	(All)
Incident Type	(All)
District	(All)
Count of Incident ID	
Legal Services	Total
Referral declined by survivor	3
Referred	6

Service already received	2
Service not applicable	2
Service provided by reporting agency	5
Service unavailable	1
Grand Total	19
Incident Report Date (Month/Year)	Mar-2009
Incident Report Date (Year)	(All)
Incident Type	(All)
District	(All)
Count of Incident ID	
Livelihood Programme	Total
Referred	6
Service already received	2
Service not applicable	2
Service provided by reporting agency	5
Referral declined by survivor	3
Service unavailable	1
Grand Total	19
Incident Report Date (Month/Year)	Mar-2009
Incident Report Date (Year)	(All)
Incident Type	(All)
District	(All)
Count of Incident ID	
Safe House / Shelter	Total
Referral declined by survivor	3
Referred	6
Service already received	2
Service not applicable	2
Service unavailable	1
Service provided by reporting agency	5
Grand Total	19

8. Perpetrator Age and Sex

Sample Generated Table from Fictitious Data:

Count of Incident ID		
Perpetrator Sex	Perpetrator Age	Total
F	Age 12 - 17	1
	Age 41 +	1
	Unknown	1
F Total		3
M	Age 12 - 17	2
	Age 18 - 25	1
	Age 26 - 40	2
	Multiple Perps of Multiple Age Groups	3
	Unknown	1
	Age 0 - 11	3
M Total		12
Grand Total		15

Quarterly Reports

1. Perpetrator Relationship

Sample Generated Table from Fictitious Data:

Count of Incident ID		
Alleged Perpetrator Relationship	Incident Type	Total
Intimate Partner / Former Partner	Physical Assault	1
	Sexual Assault	1
	Denial of Resources, Opportunities & Services	1
	Psychological/Emotional Abuse	1
	Female Genital Cutting/Mutilation	1
Intimate Partner / Former Partner Total		5
Supervisor / Employer	Forced Marriage	1
	Other GBV	1
	Rape	1
	Sexual Assault	1
	Denial of Resources, Opportunities & Services	1
Supervisor / Employer Total		5
Family Other Than Spouse	Forced Marriage	1
	Other GBV	1
	Physical Assault	1
	Rape	1
	Psychological/Emotional Abuse	1
Family Other Than Spouse Total		5
Teacher	Forced Marriage	1
	Other GBV	1
	Physical Assault	1
	Sexual Assault	1
	Psychological/Emotional Abuse	1
Teacher Total		5
Schoolmate	Physical Assault	1
	Rape	1
	Sexual Assault	1
	Denial of Resources, Opportunities & Services	1
	Psychological/Emotional Abuse	1
Schoolmate Total		5
Other / Not Applicable	Forced Marriage	1
	Other GBV	1
	Physical Assault	1
	Rape	1
Other / Not Applicable Total		4
Other Resident Community Member	Other GBV	1
	Physical Assault	1
	Sexual Assault	1
	Psychological/Emotional Abuse	1
Other Resident Community Member Total		4
Caregiver	Forced Marriage	1
	Other GBV	1
	Rape	1
	Denial of Resources, Opportunities & Services	1
	Psychological/Emotional Abuse	1
Caregiver Total		4
Unknown	Forced Marriage	1

	Rape	1
	Sexual Assault	1
	Denial of Resources, Opportunities & Services	1
Unknown Total		4
Other Refugee / IDP / Returnee	Rape	1
	Sexual Assault	1
	Denial of Resources, Opportunities & Services	1
	Psychological/Emotional Abuse	1
Other Refugee / IDP / Returnee Total		4
Grand Total		45

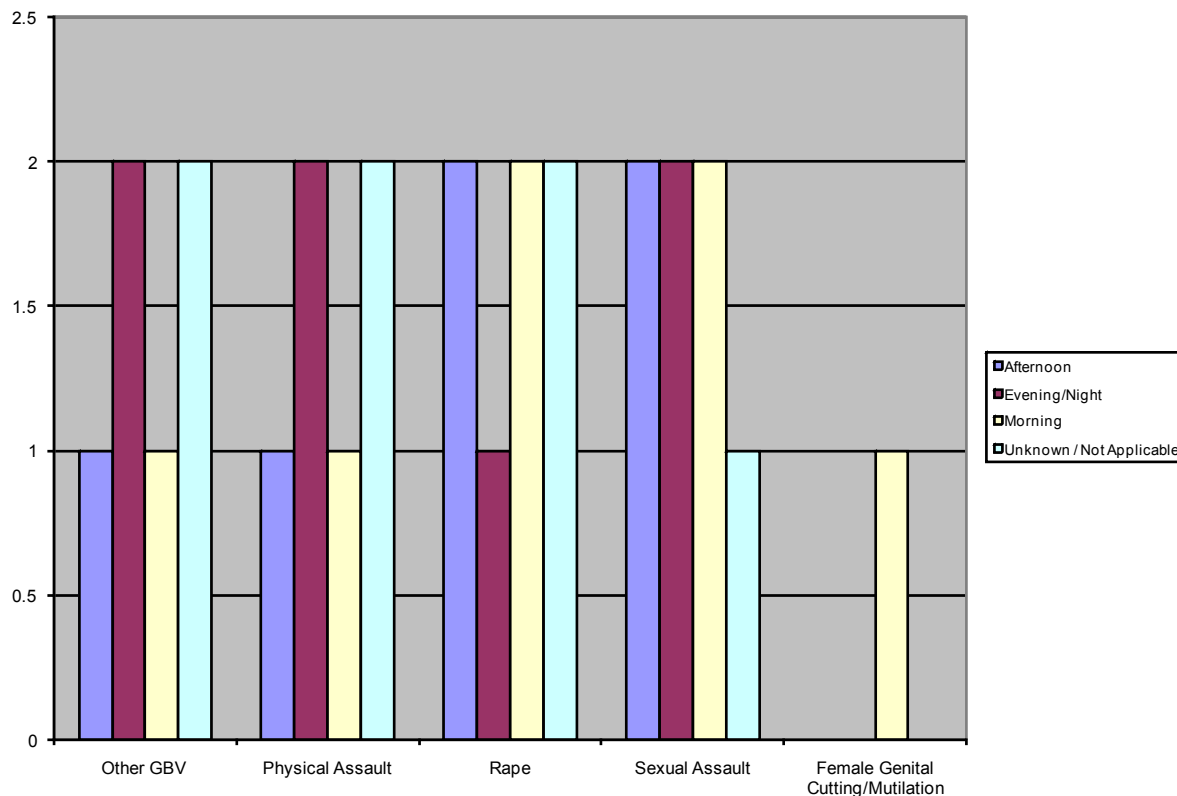
2. Number of Days Lapsed Between Incident Date and Incident Report Date in Incidents of Physical Assault, Rape and Sexual Assault

Sample Generated Table from Fictitious Data:

Count of Incident ID		
Incident Type	Range of Days Between Incident & Report	Total
Physical Assault	0 - 3 Days	1
	More than 2 weeks/under a month	2
	More than a month	3
Rape	0 - 3 Days	1
	6 - 14 Days	1
	More than a month	5
Sexual Assault	0 - 3 Days	2
	More than a month	5
Grand Total		20

3. Incident Time of Day (excluding Psychological Abuse, Economic Abuse and Forced Marriage)

Sample Generated Table from Fictitious Data:



DRAFT

Terms of Reference

Afghanistan Gender-Based Violence Working Group (AGBV WG)

Humanitarian Setting

The Afghanistan Gender-Based Violence Working Group (AGBV WG) was established as a national coordinating body to strengthen and enhance the efforts and activities of stakeholders in the country, in the prevention of and response to gender-based violence. Its Terms of Reference (TOR) are established within the framework of the TOR for the Afghanistan Protection Cluster (APC), version of 24 April 2008.¹

I Definition of gender-based violence within the context of the AGBV Working Group

In order to ensure a uniform understanding among the members of this working group, gender-based violence will be defined as any form of violence directed against women, girls, boys and men on the basis of socially attributed differences between males and females. It includes acts that inflict physical, mental, sexual harm or suffering, as well as threats of such acts, coercion and other deprivations of liberty.

GBV shall be understood to comprise, but not be limited to:

1. Physical, sexual and psychological violence occurring **in the family**, including battering, sexual exploitation, sexual abuse of children in the household, dowry-related violence, marital rape, traditional practices harmful to women, non-spousal violence and violence related to exploitation.
2. 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, as well as trafficking in women, girls, boys and men, and forced prostitution.
3. Physical, sexual and psychological violence **perpetrated or condoned by the State and institutions**, wherever it occurs.

II Objectives of the AGBV Working Group

1. To consolidate, coordinate, improve and support the activities of all relevant stakeholders in the prevention of and response to GBV within the context of humanitarian action in Afghanistan.
2. Within the humanitarian setting, the AGBV working group shall target and prioritize GBV issues relating to most vulnerable or affected groups. The AGBV working group recognizes that there will be different priorities in the different regions of Afghanistan and that these should be determined at field level with the active guidance of the Working Group.

III The structure and membership of the AGBV Working Group

1. Leadership

The AGBV Working Group will be chaired by UNDP, with a national NGO as Deputy Chair.

2. Membership

- a. In order to ensure a holistic and multi-sectoral approach in the prevention of and response to GBV, membership of the AGBV Working Group will be extended to international and national NGOs, international organizations, government representatives and other entities providing services in the health, psychosocial, legal and security sectors.
- b. Appointed cluster gender focal points will be members of the AGBV Working Group, in order to ensure the participation of each cluster.
- c. Membership of national NGOs and entities shall be encouraged, in order to ensure ownership and sustainability of the Working Group. Membership of national NGOs providing services in provinces,

¹ APC TOR, point IV, paragraph 10.

districts and/or at community level will be particularly encouraged.

- d. Focal points will be appointed in focus provinces where no GBV Working Group has been established. In focus provinces where a GBV Working Group has been established, the Chair of that particular working group will act as a focal point to the AGBV Working Group.

1. Provincial working groups established after the approval of these TOR will adopt the TOR but amend it as necessary to suit provincial circumstances. The working groups will define their own membership criteria, meeting timetables and elect their Chair.

2. Meetings

- a. The Working Group will meet on the last Tuesday of every month.
- b. Extraordinary meetings may be called by the Chair, Deputy Chair or at the request of three other members of the Working Group, when this is considered necessary to address an issue of urgent matter.
- c. A draft agenda will be circulated to members of the Working Group at least five days before the regular monthly meeting, giving the members the opportunity to suggest additional items for discussion.
- d. Draft minutes will be circulated within one week of the meeting. The final minutes will additionally be circulated to GBV working groups in the field.

3. Reporting

- a. Members of the Working Group will submit a monthly brief report to the Chair, at the latest one week before the regular meeting.
- b. The reports will highlight the protection issues the members and their field counterparts are addressing, the challenges they are facing and highlight any issues that require action by the AGBV Working Group. These issues will be discussed at the monthly meeting of the Working Group.
- c. For the same purposes, the Chairs of provincial and/or regional GBV working groups, as well as the field focal points, will submit monthly brief reports to the Chair of the AGBV Working Group, at the latest one week before the regular monthly meeting.
- d. The AGBV is a sub-working group of the Afghanistan Protection Cluster (APC) and, as such, the Chair of the AGBV Working Group will report monthly to the APC on the relevant issues raised in all received reports, as well as on any decisions and actions taken.

The Chair of the AGBV Working Group will participate in the meetings of the APC and may request the assistance of the APC on any particular issue.

4. Secretariat and staffing

- a. The AGBV Working Group will be coordinated by a UNDP Gender Officer, who will act as Chair and be assisted by an Assistant Gender Officer to provide substantive, administrative and logistical support.
- b. This team will serve as Secretariat of the AGBV Working Group and have the responsibility for preparing the agenda of the meetings, calling the meetings, drafting and circulating minutes and preparing reports.
- c. Minutes of the AGBV Working Group meetings will be shared with the APC.

IV Functions of the AGBV Working Group

1. In line with the TOR of the APC and identified responsibilities, the Working Group will consolidate, coordinate, improve and support the efforts and activities of all relevant stakeholders in the prevention of and response to GBV, within the context of humanitarian action in Afghanistan through:
 - a. Mapping and updating relevant GBV prevention and response actors in focus areas (who, what, where);
 - b. Ensuring that analyses are carried out on the GBV situations in focus areas and documented for all actors to use;
 - c. Establishing reporting and monitoring mechanisms to ensure coordination of efforts and activities of members and relevant stakeholders;
 - d. Assisting in the collection and analysis of age- and sex disaggregated data and train actors as needed;
 - e. Providing a forum for sharing information on activities, identifying needs and gaps in prevention and response, as well as for planning GBV inter-agency activities;
 - f. Engaging in inter-agency, multi-sectoral field missions to assess programming successes and challenges and identify gaps in GBV programming;
 - g. Providing technical support to national authorities and NGOs in the setting up of referral systems to

- respond to GBV;
- h. Facilitating and supporting awareness-raising initiatives, targeting government bodies and community structures for the prevention of GBV;
- i. Strengthening the capacity of governmental bodies, NGOs and humanitarian staff to prevent and respond to GBV by organizing trainings, providing technical support and tapping into existing training/capacity development opportunities;
- j. Active liaising with relevant cluster working groups to ensure that GBV issues are integrated into all humanitarian response efforts.

2. The work of the AGBV Working Group 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, nor during coordination or other public meetings, when reference is made to (specific) GBV cases;
- **Neutrality:** a non-partisan approach in providing services to survivors - not taking sides;
- **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;
- **Participatory approach:** ensuring, to the extent possible, consultation with all members of the community (women, girls and boys and men) throughout the GBV programming cycle;
- **Independence:** working without influence of States, government bodies, parties to a conflict or other political entities;
- **Respect:** actions and responses of all actors will be guided by respect for the choices, wishes, rights and the dignity of the survivor.

V. Amendments

This TOR is a working document and may be altered to meet the current needs of all members (at national level) by agreement of the majority of the members.

Terms of Reference for National GBV Sub-Cluster Working Group August 2006

I. Introduction

Protecting women and girls from gender-based violence in Northern Uganda requires both short and longer-term efforts and strategies and is dependent on the active commitment of all actors. In the short-term there is an immediate need to deliver emergency response for survivors of sexual violence and to minimize the risk of ongoing violence through humanitarian action. A second, but related, objective is to integrate emergency/humanitarian GBV interventions into national government and non-government structures to support longer-term, sustained structural, systemic and service interventions that protect all Ugandan women and girls from gender-based violence.

II. GBV Sub-Cluster Working Group at national level

Coordinated emergency prevention of and response to gender-based violence in Northern Uganda

In line with identified cluster-lead terms of reference and responsibilities and with the Protection of Persons Displaced in Northern Uganda strategy paper (June 06), the GBV Sub-Cluster Working Group at national level will strengthen emergency GBV response and prevention in Northern Uganda through:

1. Developing a joint action plan that delivers a set of minimum multisectoral interventions to prevent and respond to sexual and domestic violence in Northern Uganda.
2. Identifying and coordinating activities identified in the joint action plan with all partners at the national level, including delineating roles and responsibilities based on agency mandates and comparative advantages.
3. Supporting district-level implementation of the action plan.
4. Monitoring and reporting on progress towards implementation of the action plan.
5. Identifying and addressing capacity gaps and ensuring all actors are working in line with accepted GBV prevention and response standards (standard definitions, methodologies, protocols, etc.).
6. Acting as an information clearing house and advocacy forum for the purpose of
 - improving data collection and analysis of the nature and scale of sexual and other gender-based violence in Northern Uganda
 - identifying and addressing immediate GBV protection issues in IDP settings.
7. Providing technical support to all clusters for sector-specific service design and delivery to maximize protection of women and girls.
8. Mobilizing all partners around preventing sexual exploitation and abuse by humanitarian actors.
9. Linking with relevant national structures to enable transition between humanitarian and development actions to address gender-based violence in Uganda.

GBV TECHNICAL COORDINATION: GBV Core Group and UNFPA Terms of Reference

IDENTIFICATION

Region covered: National with particular emphasis on Darfur region including the three Darfurs
Sector covered: Protection/Gender Based Violence

RATIONALE / JUSTIFICATION

In an increasingly unpredictable and volatile security context, where perpetrators of violence against women and men operate with relative impunity, and socio-cultural attitudes towards rape survivors permit lifelong stigmatization, handling Gender Based Violence (GBV) within the Darfur context requires a well thought through, 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.

Response to GBV by the actors (NGOs, UN, GOS) has been constrained overall by a number of factors:

- A general lack of awareness throughout the humanitarian community (Sudanese and international) of the complex implications of GBV, particularly rape of women, within this cultural context. Our strategy must, therefore, be informed by analysis, understanding and best practice principles.
- The limited number of actors to respond with adequate, coordinated preventive and response services.
- The escalating insecurity, its unpredictability and lack of effective protective response
- The inadequacy of the Sudanese law enforcement and legal system to respond in a manner that is supportive of the survivor and pursues the perpetrators through due process.

Principle actors responding to date have included a number of key NGOs¹ and UN agencies². Coordination has recently become more action oriented and a GBV strategic framework, informed by a more in-depth cultural and contextual understanding, is in the process of being put in place by the Darfur GBV Coordination structure that confirms priorities and clarifies roles. Critical for an effective response will be increasing our capacity on the ground to provide needed services in a coordinated fashion. These include widespread awareness raising, clinical response, individual and family emotional support, community support, referral, law enforcement support, economic and social activity support, reporting and trends analysis, quality control monitoring, etc. At present, most players acknowledge that despite our dedicated responses to date we have only touched the tip of the iceberg. Donor and GOS support will be needed to considerably expand our response.

GENERAL OBJECTIVE: GBV Core Group

Through increasingly systematic coordination, provision of technical support, and advocacy at the State and Federal levels, expand and maximize existing NGO, UN and GOS capacities to respond to GBV.

¹ These include IRC, SCF/UK and USA, World Vision, MSFs, MDM, GRC, NRC, NCA, CARE.
This should not be taken as an exhaustive list as there may be others responding to GBV.

² UNMIS and UN agencies include UNICEF, UNHCR, UNDP, UNIFEM, FAO, OCHA, UNFPA.

SPECIFIC OBJECTIVES of the GBV CORE GROUP

1. Facilitate access and advocacy to the GOS at both State and Federal levels for problem solving, reducing barriers, clarifying, strategizing and increasing general awareness of GBV prevention and response mechanisms
2. Advocate to the relevant UN structures (UNCT, JIM³, Khartoum Protection Steering Group, etc.) and donors on behalf of the GBV Core Group on critical gaps and issues related to GBV response, e.g. security, impunity, legal policies, etc.
3. Improve access to relevant information⁴ to support operations, advocacy and awareness raising needs
4. Promote best practice in the emergence of a shared vision and strategic framework, integrated strategies, coordinated activities, and common protocols.

COORDINATION ACTIVITIES

The activities described below are specific to supporting effective coordination at both State and Khartoum levels, as well as between these levels and between the states.

Coordination with the GOS - Advocacy and coordination with Government of Sudan is critical since the IDP crisis is ultimately within the responsibility and sovereignty of the State.

- a. Provide technical support at all levels in the GoS, including State Committees, Wali Advisors, and the Unit to Combat Violence against Women and Children.
- b. Ensure a level of inclusion of all relevant parties in strategizing and planning for GBV response by inviting the GoS to meetings, calling for meetings, ensuring all the relevant parties are around the table.
- c. Assemble information and conduct briefings as required.
- d. Support general awareness-raising, particularly around international commemorative occasions (IWD, 16 Days of Activism, Human Rights Day).

Coordination with other Protection fora:

The GBV Core Group is a sub-group of the Khartoum Protection Steering Group (KPSG), while field-based GBV Working Groups are sub-groups of field-based Protection Working Groups (PWGs). The GBV Core Group shall report regularly to the KPSG, to make recommendations on how best to incorporate GBV into overall protection planning, programming and advocacy by broader protection actors, to provide analysis on patterns and trends and priority areas on GBV, and inform the KPSG of its activities. The KPSG will seek technical guidance and support from the GBV Core Group. The Chairs of both KPSG and GBV Core Group, as well as PWG and GBV Working Groups at field level, will ensure the regular exchange of meeting agendas, minutes and relevant documents.

Coordination within the UN system and with NGOs – The UN and NGOs working on GBV prevention and response have adopted a five pillar framework for programming and coordination, identifying pillar leads and developing clear work plans at the state level. This facilitates a clear division of responsibility amongst UN agencies addressing GBV that is complementary and responsive. Ongoing coordination entails:

- a. Coordinating the preparation of GBV related briefs on issues or positions related to key operational constraints to GBV response, persistent violations of human rights, rising insecurity, impunity, etc. for presentation and discussion within the Protection Steering Group and UN structures for intervention with the GOS.
- b. Assembling best practice guides, training manuals and other resources and ensuring access by GBV actors
- c. Advocating within the UN Country Team for resource allocations commensurate with the scope of the GBV problem

³ JIM is the UN, Donor and GOS Joint Implementation and Monitoring group focused on Darfur

⁴ Such information could include best practice guides and manuals, situation reports, studies, local technical resources, networks and institutes, directories, laws related to GBV, etc.

- d. Facilitating linkages between UN agencies and the field around GBV issues and ensuring guiding principles are respected and adopted.
- e. Ensuring priority gaps are identified and realistic priorities are set within the coordination structure
- f. Facilitating problem-solving and strategic decision-making on ways forward
- g. Supporting the roll-out and adoption of IASC guidelines on GBV
- h. Providing technical assistance and guidance as needed
- i. Providing resources to undertake critical studies or assessments needed to develop appropriate strategies and to inform the piloting and development of response models
- j. Preparing analytical situation reports on GBV topics for use in advocacy efforts

UNFPA's Role

UNFPA's response teams in the three Darfurs are currently convening GBV Working Groups, programming around GBV awareness-raising and prevention, as well as addressing reproductive health response to the needs of women through partners (NGOs and SMOH).

UNFPA's overall GBV roles and responsibilities include:

A. Coordination:

- 1) Mobilising technical support, guidance and information to the field in response to their operational and strategic needs and to ensure capacity building. UNFPA to work with each pillar lead according to their mandate and areas of comparative advantage and expertise to:
 - a. Identifying and making available best practice.
 - b. Identifying, recording, linking, formulating collaborations with appropriate local resources to address field needs
 - c. Identifying and linking appropriate external resources to address field needs
 - d. Assisting in the planning and facilitating of assessments, strategic planning sessions, evaluations, lessons learned exercises, etc
- 2) Through the Khartoum Protection Steering Group, raising priority areas of concern regarding GBV from the working group forums, and providing analysis and background information. At the Khartoum level, UNFPA coordinates with KPSG on issues related to GBV in Darfur, and in future on other regions as well.
- 3) On behalf of the GBV Working Groups, and as relevant, liaise with the Child Protection, Gender Theme Group, FGM Task Force on issues regarding GBV.
- 4) Liaising between State Committees, Wali Advisor office and GBV working group members, to organize joint activities, raise issues of concern and monitor progress. At the federal level, UNFPA also participates in the sub-JIM on policy related matters and coordinates with MoJ/Unit to Combat Violence against Women and Girls. UNFPA provides a direct link between the GBV field and the KPSG, the UNCT, JIM sub-committee on Rights and Protection to raise issues, inform strategies, and lobby support.
- 5) Assist in the preparation of field informed situation and analytical reports for informational and advocacy purposes. Produce annual situation analysis on GBV as well as maintain a quarterly updated state-level mapping of GBV prevention and response initiatives. By 2008, UNFPA should have capacity to produce regular reports based on analysis of trends and patterns of all forms of GBV in Darfur.
- 6) Assist in mobilizing resources from donors, within the UN system, and from others to support GBV activities in Darfur
- 7) Assist in the development and/or endorse protocols, guidelines, referral systems, model preventive or response mechanisms, etc to be used in Darfur
- 8) Capacity building through awareness raising, knowledge and skill development of all actors - GOS, NGO and community
- 9) Organize and support interagency missions on GBV.

B. Secretariat:

- 1) Ensure regular coordination meetings are held, minuted, and followed up at both Khartoum and field level, that all minutes of the CG are shared with the KPSG, and field-based WGs. This will ensure action points are fed through and picked up for quick response at the appropriate level within the GBV coordination system.
- 2) Distribute minutes in a timely fashion.
- 3) Ensure smooth communication between central and field levels, by collecting, consolidating and disseminating required information between Khartoum and the field.
- 4) Provide strategic and technical guidance to field-based WGs and ensure a consistent approach throughout Darfur.
- 5) Organize biannual strategy meetings and produce strategic planning reports and documentation for distribution.
- 6) Maintain website and/or burn CDs with key and current documents and reports related to GBV.

Terms of Reference

Gender-Based Violence Sub-Cluster

Kenya – Post-Election Crisis

Objectives

The Gender-Based Violence (GBV) Sub-Cluster in Kenya aims, in collaboration with and in support of the Government of Kenya, to consolidate and coordinate the activities of all relevant stakeholders to improve and support the prevention of and response to GBV amongst populations affected by Kenya's post-election violence.

Gender-based violence as defined in the IASC Guidelines for Addressing Gender-Based Violence in Humanitarian Settings "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 male and females".

The GBV Sub-Cluster aims to consider all types of gender-based violence in its coordination, planning and advocacy activities but will give special emphasis to addressing sexual violence in the current emergency.

Reporting – Protection Cluster and OCHA

Membership

Membership is open to all organizations, media representatives and donors working on or funding any aspects of gender-based violence prevention and response in relation to the Kenya post-election crisis. Membership will/should include government representatives, international and national nongovernmental organizations, the Red Cross movement, United Nations agencies and other international organizations.

Responsibilities

Cluster Chair

UNFPA, as Cluster Chair, will abide by the cluster lead mandate and responsibilities as outlined in the IASC TOR for cluster leads, including:

- Establish and maintain coordination mechanisms and chair coordination meetings and ensure that appropriate stakeholders are continuously engaged in the cluster meetings and activities (i.e., Ministry of Health, Justice, Gender, Gender Commission, Internal Affairs and Education)
- Ensure utilization of participatory and community-based approaches
- Ensure mainstreaming of HIV/AIDS and gender concerns
- Ensure effective and coherent sectoral needs assessments and analysis
- Ensure appropriate planning and strategy development (identification of gaps, etc)
- Ensure application of standards that exist (national protocols, existing policy guidance, etc)
- Monitoring and Evaluation
- Advocacy and resource mobilization with a special focus on meeting the needs of the most vulnerable, in particular people with disabilities
- Training and capacity-building as needed
- Act as a provider of last resort

Cluster Co-Chair (National Commission on Gender and Development)

- Will work with the Cluster Lead to complete the above responsibilities
- Will co-chair coordination meetings

Members

- Regularly attend GBV Sub-Cluster meeting
- Coordinate and share information about activities and the field challenges encountered
- Agree to follow guiding principles for ethical GBV programming

Confidentiality

Identifying information related to GBV cases will not be revealed in the GBV Sub-Cluster meetings to ensure the right to privacy of the survivor is respected, following the principles set out in the UNHCR

Priorities

- Coordination in order to strengthen and formalize GBV response efforts
- Information-sharing of programming activities to in order to identify gaps, build coalitions and reduce the likelihood of replication of programming
- Advocacy to stimulate support for GBV prevention and response activities
- Advocacy and capacity-building efforts to ensure that media activities are not harmful to efforts related to GBV prevention and response
- Sharing of tools, training resources, awareness raising materials, studies and available research
- Facilitate gender desegregated documentation in order to identify lessons learned and best practices
- Develop a standardized response to GBV for members of the cluster
- Coordination with provincial level GBV working groups, with an emphasis on information-sharing from meeting outcomes at the national level with provincial groups and vice versa.

Time and venue

Weekly meetings to be held on Thursdays, 11am-1pm at the OCHA Regional Office.

Further contact

Florence Gachanja, UNFPA Kenya Country Office
Jennifer Miquel, UNFPA Regional Emergency RH Coordinator
Queen Katembu, GBV Advisor and Chair

To be put on the GBV Sub-Cluster mailing list, please contact GBV Sub-Cluster secretary Evelyn Ongige

South Darfur GBV Operational Work Plan (February – December 2009)

Sector: Health

Sector Lead: UNFPA/WHO

Goal: GBV survivors have improved access to information and quality health services

Activites	Time Frame				Responsible Actors	Target Group	Geographic Location	Indicators
	Q1	Q2	Q3	Q4				
Priority: 1. Survivors of GBV have increased access to quality medical care								
Increased numbers of health providers are trained to recognize and provide treatment to GBV survivors		X	X	X	SMOH, NGOs, UNFPA	health providers	South Darfur	Six CMR trainings provided this year, including one TOT
Increased number of health facilities that provide treatment to GBV survivors		X		X	SMOH, NGOs, UNFPA	health providers	South Darfur	Number of health facilities that provide treatment to GBV survivors
Health facilities are well-equipped to provide quality health care for GBV survivors, including post-rape care and HIV PEP		X		X	SMOH, NGOs, UNFPA	health providers	South Darfur	Number of health facilities that have post-rape care medications in stock during periodic checks
Broaden cadre of health staff who can provide treatment to survivors (*not just medical doctors, also medical assistants, nurses, midwives, etc)		X	X	X	SMOH, NGOs, UNFPA	health providers	South Darfur	Number of health care providers -- other than doctors -- trained to provide GBV health care
Increase number of health providers in rural areas that are trained and able to provide CMR treatment for survivors		X	X	X	SMOH, NGOs, UNFPA	health providers	South Darfur	Number of health care providers from rural areas trained on CMR

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Sample GBV Workplan-South Darfur

Cadre of skilled trainers on GBV and CMRS issues developed in SD		X	X	X	SMOH, NGOs, UNFPA	health providers	South Darfur	List of skilled trainers who can facilitate training workshops on CMRS and GBV.
Priority: 2. Good information about services provided is available to survivors and service providers								
Update and disseminate referral pathways		X		X	GBV WG, UNFPA		South Darfur	Approved referral pathway disseminated to all partners periodically throughout year
Regularly update GBV services mapping and disseminate	X	X	X	X	GBV WG		South Darfur	GBV services mapping updated quarterly and disseminated as appropriate
GBV services mapping includes information about which health clinics provide treatment to survivors		X	X		SMOH, NGOs, UNFPA		South Darfur	Information about which health clinics provide treatment to survivors is included in the RH/GBV services mapping
Priority: 3. Awareness-raising about GBV and services available to GBV survivors								
Awareness-raising among NGOs, UN groups about GBV and GBV services available	X	X	X	X	GBV WG, NGOs			Intersectoral sessions held for NGO and UN groups where GBV & GBV services are addressed regularly
Awareness-raising sessions targeting key community groups: women's groups, community leaders, health workers, paralegals, etc	X	X	X	X				Number of awareness-raising sessions held Number of people reached in awareness sessions

Training for uniformed services about GBV services available		X		X				Number of people in uniform who receive training about GBV services and health treatment available
Priority: 4. Increased coordination with other sectors to improve comprehensive services for survivors								
Training and awareness-raising for other sectors about priority of health and psychosocial services for survivors		X	X					Number of intersectoral trainings about health and psychosocial services provided
Clear understanding about purpose of Form 8 -- when it is necessary, when it is not -- by survivors and service providers	X	X	X	X				Form 8 Advocacy Strategy key points utilized and disseminated regularly among sectors -- including as relates to health care
Identify problems and issues from case work, and discuss in GBV Working Group and information-sharing forums	X	X	X	X				Issues identified to address gaps and actions to follow up, documented in meeting minutes

I. Background

Gender-based violence takes many forms and includes rape, sexual exploitation, sexual assault and abuse, forced sex and other types of sexual violence, domestic violence, trafficking of women and girls, forced prostitution, sexual harassment and discrimination, and denial of rights. It also encompasses forms of violence that are specific to cultures and societies, such as female genital mutilation, widow inheritance and early and forced marriage. It is a gross violation of women and girl's human rights and is also a significant public health issue; the relationship between GBV and HIV/AIDS, for example, is clearly established and demands a concerted response in terms of both prevention and response. Gender-based violence is also increasingly being recognized as an inhibitor to development.

During armed conflict women and girls are particularly vulnerable to gender-based violence, including all forms of sexual violence. Recent assessments conducted in Kenya indicate that displaced women and girls not only fear sexual exploitation and assault but are experiencing other types of gender-based violence as well. Vulnerability to exploitation and abuse by virtue of their age and gender is further increased by the post-election conflict and the prevailing humanitarian and security conditions.² Conflict can also exacerbate harmful cultural practices, such as forced and early marriages, when parents do not have the resources to take care of their children. Understanding the causal relations between vulnerability of women and girls, types of gender-based violence and different phases of the conflict is therefore an essential pre-requisite for defining appropriate response.

In times of peace as well as in times of conflict, sexual violence, including rape, sexual assault and exploitation, is under-reported. Survivors do not speak out because of fear, risk of ongoing violence, shame, social stigma and lack of services that fully respect their confidentiality, rights, wishes, choices and dignity. For these reasons, available service data from displaced communities in Kenya likely reflect only a small percentage of incidents perpetrated.

Although the GBV Sub-Cluster is taking concrete steps to build a coordinated humanitarian response to GBV among IDP communities in Kenya, much still needs to be urgently done to scale-up and improve both protective and remedial mechanisms.

For effective short- and long-term protection from gender-based violence for women and girls in Kenya, interventions must take place at three levels in order that structural, systemic and individual protections are institutionalized.³ These levels are:

1. Structural level (primary protection): preventative measures to ensure rights are recognized and protected (through international, statutory and traditional laws and policies);
2. Systemic level (secondary protection): systems and strategies to monitor and respond when those rights are breached (statutory and traditional legal/ justice systems, health care systems, social welfare systems and community mechanisms);
3. Operative level (tertiary protection): direct services to meet the needs of women and girls who have been abused.

Addressing gender-based violence among IDP communities in Kenya therefore requires: measures to protect women's and girl's rights; actions for intervention when those rights are breached; and services and programmes to meet the needs of women and girls who have suffered violence.

Responding to sexual violence in particular requires significant sensitivity. Whilst there is a need for information on the scale and scope of sexual violence for advocacy and programme-planning purposes, there are significant ethical and programmatic constraints to the way in which incident-related data is collected and disseminated. Furthermore, women's reasons for not taking up certain services post-incident must be understood and respected by all actors, and all response interventions must be implemented in a manner which fully respects the confidentiality, rights, wishes, choices and dignity of survivors.

¹ Adapted from template provided by GBV colleagues in Uganda.

² Response programmes should also take into account the fact that men and boys can also be victims of sexual violence.

³ In Read-Hamilton (2004), adapted from A. Jamrozic and L. Nocella (1998) *The Sociology of Social Problems: Theoretical Perspectives and Methods of Intervention*, Cambridge University Press, Melbourne.

Successfully protecting internally displaced women and girls from gender-based violence in Kenya is dependent on the active commitment of, and collaboration between, all actors, including male and female community members. Gender-based violence is a cross-cutting issue, and no one authority, organization or agency alone possesses the knowledge, skills, resources or mandate to respond to the complex needs of survivors of violence or to tackle the task of preventing violence against women and girls, yet all have a responsibility to work together to address this serious human rights and public health problem.

II. Purpose of this document

This document outlines the strategy of the GBV Sub-Cluster to address GBV in conflict-affected districts of Kenya and details an interagency plan of action that reflects the different levels of protective intervention required as well as the roles, responsibilities and mandates of different actors.

The strategy reflects the short-term humanitarian imperative to deliver a response for survivors of sexual violence and to minimize the risk of ongoing violence through humanitarian action, as well as the need to transition programming approaches from humanitarian relief to integrated early recovery by strengthening national government and non-government structures (NGOs/FBOs/CBOs) to support medium to longer-term, sustained structural, systemic and service interventions that protect women and girls from gender-based violence in accordance with Kenyan law and international legal obligations.

III. Context of the strategy

Gender-based violence prevention and response intervention in IDP communities and return areas in Kenya must take into account the context both across and within conflict-affected districts and provinces, reflecting different population movement patterns and the related changing humanitarian and human rights situation. Therefore the GBV strategy is premised on a number of factors:

- ▶ Humanitarian interventions should target the most vulnerable populations. Due to their increased vulnerability by virtue of both their sex and particular circumstances that heighten vulnerability, certain groups of women and girls are more likely to need ongoing relief-oriented service delivery to reduce the risk of their exposure to gender-based violence (e.g., female-headed households, females with disabilities, elderly women and unaccompanied women and girls).
- ▶ GBV prevention and response interventions must link relief to early recovery programming, whilst not compromising the availability of services to women while they remain in IDP settings or during the return process – a time which can render women even more vulnerable to violence. Linked to the above is the assumption that certain groups of women are less likely to immediately benefit from population movements out of camps, and therefore service delivery in camps must continue whilst women are there.
- ▶ There is need for expanded delivery of humanitarian GBV prevention and response interventions in accordance with need, as well as directing efforts to support district and provincial administrative structures responsible for protecting women and girls from gender-based violence, including officers from the Ministries of Health, Justice, Gender and Education, the Gender Commission and Internal Affairs.
- ▶ Program planning and implementation must reflect each district's different circumstances vis-à-vis population movement, security, deployment and coverage of district and provincial authorities, etc.
- ▶ Efforts to address structural and systemic protection for women and girls must simultaneously be prioritized, including advocacy for enforcement of existing laws on GBV and for law reform.

IV. GBV Sub-Cluster strategy

The following strategy has been developed in line with the GBV Sub-Cluster responsibilities identified in the GBV Sub-Cluster terms of reference and should serve to reinforce key international and national guidelines for addressing gender and GBV, such as: the Kenyan National Guidelines on Medical Management of Rape/Sexual Violence, the IASC Gender Handbook for Humanitarian Action, the IASC

GBV Guidelines, and the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.

The strategy of the GBV Sub-Cluster is to address both immediate humanitarian service delivery and action to prevent and respond to GBV, as well as longer-term development of services, systems and structures to protect women and girls from gender-based violence. With regard to the latter objective, the strategy can reinforce the work of the Gender Commission on developing a GBV policy for Kenya.

The GBV Sub-Cluster will therefore establish linkages with the National Steering Committee, tasked to develop a National Strategic Framework to address GBV, and work with all relevant actors in Kenya to:

I. Deliver a set of minimum interventions to prevent and respond to sexual violence in line with the IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Settings and other international and national policies, resources and guidelines.

II. Transition humanitarian interventions to national government and non-government structures (NGOs/FBOs/CBOs) to enable the shift from humanitarian to development actions, as displaced populations move to transitional settlements in some areas and home in others.

In order to achieve the above, the following activities will be prioritized by GBV Sub- Cluster actors:

1. Coordination

- National level: with the aim of strengthening the coordination framework and building response capacity, addressing capacity gaps and ensuring all actors are working in line with accepted GBV prevention and response standards, ensuring linkages across and technical support to other clusters, mobilizing resources, advocating on GBV related issues;
- District level: with the aim of planning district-level structural, systemic and service level activities, including, as a priority, developing interagency agreements defining roles, responsibilities and mutual accountabilities for action on sexual violence and abuse and establishing a case management system;
- Camp/community level: with the aim of coordinating interagency case management and response service delivery and prevention actions;
- Inter-level: with the aim of facilitating coordination and information-sharing across national, district and camp/community level coordination mechanisms.

2. Assessment and monitoring

- Improving data collection, analysis and understanding of nature and scale of sexual and gender-based violence;
- Assessing and monitoring specific protection risks in relation to gender-based violence in displaced camps and communities;
- Human rights violations monitoring and information dissemination for advocacy and action;
- Collating and disseminating programming lessons-learned and good practice.

3. Protection through humanitarian action

- Addressing GBV-related protection issues in IDP camps and communities;
- Providing technical support to all clusters for sector-specific service design and delivery to maximise protection of women and girls including camp management, food, NFI, water and sanitation, education;
- Institutionalising actions for prevention of sexual exploitation and abuse by humanitarian workers;
- Advocacy to revise national laws in accordance with international standards.

4. GBV prevention and response

Providing interagency and multisectoral prevention and response including:

Response:

- Capacity-building of service providers and NGOs/FBOs/CBOs to respond to sexual violence by training community leaders, police, legal, medical, reproductive health and psychosocial service providers on systems and protocols for responding to sexual and domestic violence and on working with survivors;
- Case management of survivors, including provision of information, advocacy, safety and ensuring referral to services including: sexual violence health services, psychosocial support and legal advice;

Prevention:

- Community mobilization against sexual and domestic violence.

While prioritizing these activities, particular attention should be given to the following cross-cutting issues:

- Promoting gender equality and gender mainstreaming as key components of addressing GBV;
- Supporting participatory approaches;
- Engaging men and young males;
- Engaging girls;
- Mobilizing the media;
- Addressing GBV in schools;
- Conducting outreach to the most vulnerable, particularly those with disabilities.

V. GBV Sub-Cluster Action Plan for Kenya

The following table outlines activities that need to be undertaken in order to prevent and respond to GBV among IDP populations in Kenya. This framework will inform development of district-level action plans to address GBV.

	Activities During Displacement	Activities Supporting Early Recovery
STRUCTURAL LEVEL	<ul style="list-style-type: none"> <input type="checkbox"/> Support law-reform initiatives to promote adoption of laws that conform to international standards and promote and protect women and girl's rights <input type="checkbox"/> Ensure humanitarian actors and others with responsibility for protecting women and girls from violence act in accordance with international humanitarian law and standards that promote and protect women's rights, while taking into account the unique challenges faced by people with disability in relation to GBV <input type="checkbox"/> Interagency and inter-sectoral training on human rights, women's rights and GBV, international standards, national laws and practices <input type="checkbox"/> Awareness-raising on human rights and women's rights for traditional leaders and communities <input type="checkbox"/> Human rights violations monitoring and information dissemination for advocacy and action 	<ul style="list-style-type: none"> <input type="checkbox"/> Audit relevant national laws and practices to assess areas for possible reform <input type="checkbox"/> Support law-reform initiatives to promote adoption of laws that conform to international standards and promote and protect women and girl's rights <input type="checkbox"/> Technical assistance and support to develop national policies and mechanisms relating to violence against women in health, legal, judicial and social welfare sectors <input type="checkbox"/> Advocacy and technical support for substantive and procedural law reform <input type="checkbox"/> Prioritize areas for policy and guideline development with Ministries of Health, Justice, Social Services, Education and other relevant government agencies <input type="checkbox"/> Education on human rights and women's rights for traditional leaders, teachers and other 'duty bearers' to encourage change in practices that condone or perpetuate violence against women and girls <input type="checkbox"/> Rights violations monitoring and information dissemination for advocacy and action
SYSTEMIC LEVEL	<ul style="list-style-type: none"> <input type="checkbox"/> Establish integrated health, protection and psychosocial response to meet the immediate survival needs of survivors <input type="checkbox"/> Assess and address age and gender-related risks and vulnerabilities in camp settings <input type="checkbox"/> Technical support for sector-specific intervention design and delivery to maximize systemic safety for women and girls (shelter and site management, food and water distribution, social services, etc.), while taking into account unique challenges faced by people with disabilities in relation to GBV <input type="checkbox"/> Develop and disseminate Information, Education and Communication (IEC) guidelines to ensure that all awareness-raising materials meet appropriate ethical, technical and context-specific standards <input type="checkbox"/> Develop and disseminate case management guidelines that include a set of agreed-upon forms to facilitate appropriate response and data collection 	<ul style="list-style-type: none"> <input type="checkbox"/> Code of Conduct, reporting and investigation system in place to prevent sexual abuse and exploitation by humanitarian workers <input type="checkbox"/> Education and training for government and non-government (NGOs/FBOs/CBOs) service providers in health care, legal and protection systems, psychosocial care and education sector <input type="checkbox"/> Technical support and advocacy to health, social welfare, police and justice and education systems at both policy and practice levels <input type="checkbox"/> Coordinate and support integrated health, protection, psychosocial and legal/justice response <input type="checkbox"/> Monitor sector-specific interventions to ensure ongoing safety and protection, while taking into account unique challenges faced by people with disabilities in relation to GBV <input type="checkbox"/> Establish data-collection systems and monitor ongoing incidents

	Activities During Displacement	Activities Supporting Early Recovery
INDIVIDUAL.COMMUNITY LEVEL	<ul style="list-style-type: none"> <input type="checkbox"/> Information and sensitization for communities about available services <input type="checkbox"/> Engage communities in participatory processes to identify strengths, to help communities prevent violence, and identify positive coping mechanisms to support for survivors <input type="checkbox"/> Prevent and manage the consequences of sexual violence <input type="checkbox"/> Case management of survivors, including immediate emotional support, information, advocacy, safety and referral and plan for the provision of culturally appropriate psychosocial support 	<ul style="list-style-type: none"> <input type="checkbox"/> Community education and mobilization to promote and protect women's rights and to de-stigmatize survivors <input type="checkbox"/> Comprehensive case management care and support addressing physical, emotional, psychological and social consequences of GBV <p>Medical: Medical examination and treatment as per standardized rape protocols, forensic examination and documentation</p> <p>Psychosocial: Culturally-specific support for individual and groups of women to assist with coping and social integration</p> <p>Protection: Locally appropriate protection and safety options</p> <p>Legal/Justice: Access to legal recourse where requested, including linkage with police and courts and court support</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide services to specific vulnerable populations such as adolescent mothers <input type="checkbox"/> Training and development of practitioners and services in relevant disciplines <input type="checkbox"/> Economic and social empowerment activities for women and girls in areas of return

Indicators

- Protocols that are aligned with international standards have been established for the clinical management of sexual violence survivors within the emergency area at all levels of the health system
- A coordinated rapid situational analysis has been conducted and documented
- The proportion of sexual violence cases for which legal action has been taken
- The proportion of organizations with codes of conduct on SEA and referral and reporting mechanisms in place
- Establish coordination mechanisms and orientation of partners from all levels, including government and CBOs.
- Number of women/girls reporting incidents of sexual violence per 10,000 population
- Percent of rape survivors who report to health facilities/workers within 72 hours who receive appropriate medical care
- Proportion of sexual violence survivors who report 72 hours or more after the incident who receive a basic set of psychosocial and medical services
- Number of activities initiated by community members targeted at the prevention and response of sexual violence of women and girls
- Proportion of women and girls who demonstrate knowledge of available services, why and when they would be accessed
- SGBV data collection and monitoring and evaluation tools developed

Signed by: GBV Sub Cluster Member Organizations
March 6, 2008

Action Aid	Ministry of Justice and Constitutional Affairs (MOJCA)
Adventist Development & Relief Agency Kenya (ADRA)	MS-Kenya (Danish Association for International Cooperation)
African Academy of Sciences / Brookville Schools Children's Project	Nairobi Women's Hospital
African Family Health	National Commission on Gender and Development
African Women's Development and Communication Network (FEMNET)	Niche Marketing & Consultancy Agency (RCDA)
AfricaWoman	OCHA
Canadian International Development Agency (CIDA)	OCHA-IRIN
CARE International	Oxfam
Christian Children's Fund (CCF)	Population Council
Coalition on Violence on Against Women Concern Worldwide	Rural Community Development Agency (RCDA)
Economic and Development Centre (ECODEV)	Safer Cities Program UN-Habitat
Education Centre for Women in Democracy (ECWD)	Save the Children
Family Health Options Kenya (FHOK)	UNDP
FIDA Kenya	UNFPA
Food and Agriculture Organization of the United Nations (FAO)	UNHCR
GOAL Kenya	UNICEF
Grassroots Development in Action (GDIA)	UNIFEM
GTZ	Urgent Action Fund- Africa
Handicap International	USAID
Initiative for Inclusive Security	Women Empowerment Link
International Organization for Migration (IOM)	Women for Justice in Africa (WFJA)
International Relief and Development (IRD)	Women Shadow Parliament
International Relief Committee (IRC)	World Vision
Kenya Episcopal Conference (KEC) -Caritas Kenya	
Kenya Girls Guides Association and Concerned Women for Kenya	
Kenya Red Cross Society	
Liverpool VCT Care and Treatment	
Lutheran World Federation (LWF)	
Ministry of Gender	
Ministry of Health, Division of Reproductive Health	

GBV Sub-Cluster Strategy and Action Plan for Northern Uganda March 2008

I. Background

Gender-based violence takes many forms and includes rape, sexual exploitation, sexual assault and abuse, domestic violence, trafficking of women and girls, forced prostitution, sexual harassment and discrimination. It also encompasses forms of violence that are specific to cultures and societies, such as female genital mutilation, widow inheritance and early and forced marriage.

The most commonly reported form of GBV in Northern Uganda is domestic violence; although reports on cases of grave violence (rape, defilement and sexual assault) are of equal and serious concern.

Globally, sexual violence, including rape, sexual assault and exploitation, is under-reported. Survivors do not speak out because of fear, risk of ongoing violence, shame, social stigma and lack of services that fully respect their confidentiality, rights, wishes, choices and dignity. Therefore, all actors must assume and believe that sexual violence is under-reported in Northern Uganda.

For effective GBV prevention, response and coordination in Northern Uganda, systemic and individual protections are institutionalized.¹ These levels are:

1. Structural level: preventative measures to ensure rights are recognized and protected (through international, statutory and traditional laws and policies)
2. Systemic level: systems and strategies to monitor and respond when those rights are breached (statutory and traditional legal/ justice systems, health care systems, social welfare systems and community-based mechanisms)
3. Operative level: direct services to meet the needs of women and girls who have been abused

Addressing gender-based violence in Northern Uganda therefore requires: measures to promote and protect women's and girl's rights; actions for intervention when those rights are breached; and services and programmes to meet the needs of women and girls who have suffered violence.

Successful GBV prevention, response and coordination in Northern Uganda is dependent on the active commitment of, and collaboration between, all actors, including government; non-government; male and female community members.

II. Purpose of this document

This document outlines the strategy of the GBV Sub-Cluster at the national level and in districts of Northern Uganda. The strategy reflects the immediate humanitarian imperative to save lives and prevent further harm -- as well as the priority to transition programming and coordination from humanitarian to integrated recovery by strengthening national government and community-based structures. Recovery frameworks and priorities will support medium- to longer-term, sustained structural, systemic and service interventions that protect women and girls from gender-based violence in accordance with Uganda's obligations under international and national law.

III. Context of the strategy

Gender-based violence prevention, response and coordination in Northern Uganda must take into account the context both across and within conflict-affected districts, reflecting patterns of population movement and the related early recovery/recovery context. Therefore the GBV strategy is shaped by a number of policies and factors:

- Humanitarian/life saving interventions should target the most vulnerable populations – due to their increased vulnerability by virtue of both their sex and particular circumstances that heighten

¹ Adapted from A. Jamrozic and L. Nocella (1998) *The Sociology of Social Problems: Theoretical Perspectives and Methods of Intervention*, Cambridge University Press, Melbourne.

vulnerability, certain groups of women and girls are more likely to need ongoing relief-oriented service delivery to reduce the risk of their exposure to gender-based violence (e.g., female-headed households and unaccompanied women and girls, formerly abducted girls and women who have not been able to reintegrate into their communities of origin).

- ▶ GBV prevention and response interventions and coordination mechanisms shall be shaped by national and local government plans, guidelines and policies: including the Government of Uganda's Peace, Recovery, and Development Plan (PRDP) and the OPM's Parish Approach.
- ▶ Programme planning, implementation and coordination must reflect each district's different circumstances and capacity vis a vis population movement, security, deployment and coverage of district and sub-county level authorities, etc.

IV. GBV Sub-Cluster strategy

The following strategy has been developed in line IASC Cluster Policy and architecture in Uganda, the IASC GBV Guidelines, Uganda Protection Cluster Strategy, the Government of Uganda's PRDP, the OPM's Parish Approach, the National Gender Policy, the National IDP Policy and reflects the contextual issues identified above.

The strategy of the GBV Sub-Cluster is to both target actions to prevent GBV and to provide service delivery (response), as well as longer-term development of services, systems and structures to ensure GBV prevention, response and coordination is realized through central and local government counterparts.

The GBV Sub-Cluster will therefore work with all relevant actors to:

- I. Deliver a set of minimum interventions to prevent and respond to GBV in line with the IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Settings.
- II. Short/medium term: targeted capacity-building of central and local government systems and community-based structures.
Longer term: transfer multi-sectoral GBV prevention, response and coordination to central and local government systems and community-based structures.

In order to achieve the above, the following activities will be prioritized by GBV Sub-Cluster actors:

1. Coordination

Promote and support the expansion and strengthening of GBV systems from sub-county level and onwards, through:

- Development and roll-out of harmonised GBV standards, tools and guidelines across districts.
- Development and monitoring of IASC/MoGLSD capacity-building programme targeting multi-sectoral local government and community based structures addressing GBV.
- Technical support to clusters and sector working groups to maximise protection of women and girls and sector-specific service delivery/response including Gender, Health, Education; and Justice, Law and Order.
- Intra-cluster coordination and joint planning with Protection Cluster members; Child Protection and Human Rights/Rule of Law sub-clusters members.

2. Assessment and monitoring

- Improving data collection, analysis and understanding of nature and scale of sexual and gender-based violence.
- Collating and disseminating programming lessons-learned and good practice (national, regional and global).

3. GBV prevention and response

- Strengthening and harmonizing community-based prevention standards.
- National and district-level advocacy platform - addressing key challenges to reduce GBV and to improve access to health services and legal redress.
- Ongoing provision of case management for survivors, including: provision of information and referral to services, health services, economic/livelihood, psychosocial services and legal assistance.

V. GBV Sub-Cluster National Annual Work plan (2008) for Northern Uganda Appendix A.

NATIONAL GBV AWP 2008

MAIN OBJECTIVE

To prevent and respond to GBV in line with IASC guidelines and strengthen government and non-government structures, systems and services to promote and protect women's and girls' rights in relation to GBV.

OBJECTIVE	ANNUAL EXPECTED OUTPUTS		ACTIVITIES	QUARTERLY BENCHMARKS	RESPONSIBLE PARTIES*	LOCATIONS
	Output targets 2008	Output indicator	Planned and Actual Activities			
Strengthen GBV prevention and response capacity of duty-bearers and service providers at the district and sub-county levels	i) develop national training standards; a harmonized approach for multi-sectoral GBV stakeholders and duty bearers	i) one training toolkit (standards, references, etc) a joint IASC/GoU national training product	a) form a training sub-committee/ taskforce	1st quarter national level training manual	training sub-committee members, DSW, UNICEF, UNIFEM, Raising Voices, UNFPA, MoGLSD	Kampala
			b) identify the target audience for the training c) desk review and gaps assessments	3rd quarter	training sub-committee members, UNFPA, MoGLSD, DSW, Raising Voices, UNICEF, UNIFEM	Kampala
			c) Identify training materials to be used /reference materials	2nd quarter	training sub-committee members, UNFPA, MoGLSD, DSW, COW, UNIFEM	Kampala
			d) identify a pool of trainersd e) lead trainers/ consultants to develop standards and toolkit	3rd quarter	training sub committee members, UNFPA, MoGLSD, DSW	Kampala
			e) develop one M&E strategy	2nd - 3rd quarter	training sub-committee members, UNFPA, MoGLSD, DSW	Kampala
	ii) M&E plan for training developed	ii) training strategy / product M&E in place				

	iii) identify gaps in national duty-bearer training curriculum re: GBV	iii) relevant line ministries have increased awareness on gaps related to GBV in duty-bearer professional training curriculum	f) desk review of relevant duty bearers curricula/ in-service training material g) meetings/ conferences with multi-sectoral line ministries on integrating GBV into duty-bearer curriculum/in-service training	3rd quarter	training sub-committee members, UNFPA, MoGLSD, Raising Voices, DSW	Kampala
Develop or strengthen GBV coordination at national, district and sub-county levels	i) IASC GBV Sub-Cluster and MoGLSD Gender Reference Group are formally, explicitly linked/ integrated	i) ToR for MoGLSD GBV reference group reflects sub-cluster membership; ii) ToR for MoGLSD GBV reference group workplan includes Northern Uganda related activities; iii) Social Development Sector Coalition Group ToR and workplan include Northern Uganda GBV related activities/ priorities	i) conduct joint training with MoGLSD for multi-sectoral GBV focal points within identified sector coordinating bodies; identify lead agency/agencies to coordinate training for the relevant stakeholders	3rd quarter	UNFPA, UNDP, UNIFEM, OHCHR, UNICEF, MoGLSD, Oxfam G B	Kampala
	ii) integrate GBV into multi-sectoral working groups/ coordination forums		ii) adequately trained GBV focal points are 'acknowledged' in social development sector, health and JLOS coordinating bodies	3rd quarter	UNFPA, UNDP, UNIFEM, MoGLSD	Kampala
	iii) national GBV policy drafted/ developed	i) GBV policy drafted with input from multi-sectoral line ministries including MoFPAD, MoE, MoIA, MoLG, MoH, MoJ, MoGLSD; ii) funding to implement GBV policy allocated in relevant line ministry budgets	i) consultations held with relevant line ministries to seek input on national GBV policy	3rd quarter	UNFPA, UNDP, UNIFEM, MoGLSD	Kampala
	iv) Public Private Partnership(s) MoU drafted on GBV prevention/ response	i) draft MoU agreement developed with at least one private for profit on GBV prevention/ response	i) hold consultation with Uganda Private Sector Foundation	2nd quarter	UNFPA, MoGLSD	Kampala

	v) one GBV assessment tool developed for GBV interventions	i) one GBV assessment tool drafted with inputs from sub-cluster and relevant ministries; ii) quarterly assessments in selected locations using standardised assessment tool and format	i) compilation of current GBV assessment tools utilised in Uganda and in other countries; ii) draft interagency GBV assessment tool	3rd quarter	Subcluster members, UNFPA, MoGLSD, other line ministries	Kampala and Northern Uganda districts
Promote accountability and provide psychosocial, health, medical, legal and safety services for survivors who wish to access them	one workshop held for multi-sectoral government actors on GBV, including key gaps and recommendations	i) one two-to-three day inter-governmental, multi-sectoral (health, justice, law and order, social development, finance, local government) GBV workshop held with contributions from sub-cluster members to agenda, content and facilitation	i) assist with selecting invitees; ii) contribute to agenda and content; iii) co-facilitate relevant sections of the workshop and next steps	2nd - 3rd quarter	UNFPA, MoGLSD, Sub cluster members	Kampala
	GBV presentations/ consultations held with target audiences: MoH, JLOS sector, social development sector, SRH technical working group	i) at least one GBV sub-cluster presentation/ consultation on GBV held with MoH; ii) at least one GBV sub-cluster presentation/ consultation held with JLOS	i) decide on targeted multi-sectoral audiences; ii) develop GBV Sub-Cluster presentation for key sectoral audiences; iii) request invitation to present GBV; iv) conduct presentation/ consultation with identified multi-sectoral coordination bodies	2nd - 4th quarter	UNFPA, MoGLSD, Sub cluster members	Kampala

	GBV is integrated into multi-sectoral workplans (health, JLOS, social development)	i) GBV is addressed and resourced for in health workplans, CMR/PEP included; ii) GBV is addressed and resourced for in JLOS workplan; iii) GBV is addressed and resourced for in social development plan	i) identify calendar of events in multi-sector working groups; ii) attend multi-sector working groups sector reviews to be attended as lobby/entry points for GBV mainstreaming; iii) attend health workplan planning and budget meeting/entry points; vi) attend JLOS workplan planning and budget meeting/entry point; v) attend social development workplan planning and budget meeting/entry point	2nd - 4th quarter	UNFPA, MoGLSD, OHCHR, UNDP, UNIFEM, WHO, sub-cluster members	Kampala
	GBV issues are addressed adequately in MTR/ MYR frameworks	MTR and MYR framework documents include/integrate GBV specific issues, achievements obstacles and recommendations	i) hold special meeting on MTR and MYR frameworks purpose of ensuring GBV is addressed; ii) include GBV issues as needed throughout MTR/ MYR entry points; iii) share findings and recommendations to relevant MTR/ MYR lead agency	2nd - 3rd quarter	UNFPA, UNDP, OHCHR, UNICEF, UNIFEM, WHO, MoGLSD, sub-cluster members	Kampala
Conduct targeted advocacy at national, district and sub-county levels to increase prevention and response	advocacy platform developed targeting policy-makers and legislators	i) national subcluster advocacy platform developed; ii) 2 advocacy events are conducted on national level	i) form an advocacy taskforce and agree on members ;ii) set clear tasks for the task force and goals	2 nd quarter	UNFPA, MoGLSD, CEDOVIP, Advocacy task force members, DSW, UNIFEM, COWF, UNICEF	Kampala and Northern Uganda districts
Reduce social tolerance for GBV across various population groups	standardized approach/strategy to prevention of GBV developed	prevention strategy and action plan developed, including M&E component; key messages and targets	i) GBV Sub-Cluster members attending national-level Prevention Workshop; ii) key messages agreed/ developed; iii) key target audiences agreed; iv) key entry points identified	2nd - 4th quarter	UNFPA, MoGLSD, Raising Voices, Advocacy task force members, DSW, Oxfam GB, UNIFEM, UNICEF, CEDOVIP, NUMAT	Kampala

Strengthen and standardize a safe system to collect, store, analyse and share GBV-related data to inform programme planning and Advocacy	TOR for data collection and standardized data collection tool developed	hold one national consultation workshop on GBV data collection, data management and information-sharing	i) develop ToR for GBV data collection consultation/ workshop; ii) conduct three-day GBV data collection consultation; iii) agree as a sub-cluster on next steps	2nd - 4th quarter	UNFPA, MoGLSD, Oxfam, NUMAT, CEDOVIP, Advocacy task force members, DSW, UNIFEM, COWF, UNICEF	kampala
	KAP survey tool/guidelines standardized	one standardised MoGLSD/IASC KAP survey tool on GBV is developed and widely disseminated	i) currently used KAP formats are compiled ; ii) through one or two meetings -- working groups collectively agree on format and context for a standardized KAP survey; iii) standardised KAP survey is finalised and disseminated	3rd - 4th quarter	sub committee (task force) to take lead -- National GBV sub cluster & District GBV working groups MoGLSD, UNFPA	kampala and Northern Uganda districts
	existing GBV reports, assessments, research and data are compiled and accessible (library/ databank)	existing GBV related reports, research, assessments and data (collected to date) are collected and available/ accessible in one place	i) analyse existing data collected from 2006 to present; ii) collect reports, research and assessments; iii) decide/agree upon 'one' place for all GBV documents to live	3rd - 4th quarter	UNFPA, National GBV sub cluster & District GBV working groups	Kampala and Northern Uganda districts
KARAMOJA	broader, deeper understanding of GBV scope, magnitude and context in Karamoja is obtained	one baseline situational analysis on GBV in selected districts of Karamoja is conducted	i) develop ToR for GBV situational analysis;	2nd-4th quarter	UNFPA, UNICEF, UNIFEM, Oxfam GB, IRC, Coopi partners	Kampala and Karamoja based partners
			ii) identify partners of SitAn;			
			iii) develop methodology and FGD guides for SitAn;			
			iv) carry out SitAn in select districts			

Terms of Reference for District GBV Working Groups

- 1) To establish and coordinate set of minimum multi-sectoral interventions to prevent and respond to gender-based violence in IDP communities and return areas in xxxx District in line with the IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Settings.

This includes:

Response:

- i. To ensure a functioning referral and case management system are in place to enable access to services for survivors addressing physical, emotional, psychological and social consequences of GBV including:
 - *Medical*: Medical examination and treatment as per standardized WHO guidelines on clinical management of rape
 - *Psychosocial*: Support for individual and groups of women to assist with coping and social integration
 - *Protection*: Locally appropriate protection and safety options
 - *Legal/Justice*: Access to legal recourse where requested
- ii. Ensure all services are based on respect for the confidentiality, rights, wishes, choices and dignity of survivors

Prevention:

- i. Capacity-building of all humanitarian actors to prevent sexual violence and exploitation through awareness-raising and capacity-building for protective programming. This includes providing technical support to all clusters for sector- specific service design and delivery to maximize protection of women and girls.
 - ii. Coordinate community education and mobilization efforts to promote and protect women and girls rights and to de-stigmatize survivors
- 2) To ethically collect, analyze and disseminate data related to reported cases and use it to identify and address gender-based violence through action and advocacy
 - 3) To coordinate technical support and capacity-building to all response partners including police, security actors, health and psychosocial service providers

10 Tips for Effective & Active Listening Skills

Written by Susie Michelle Cortright

Available at <http://powertochange.com/students/people/listen/>

1. Face the speaker. Sit up straight or lean forward slightly to show your attentiveness through body language.
2. Maintain eye contact, to the degree that you all remain comfortable.
3. Minimize external distractions. Turn off the TV. Put down your book or magazine, and ask the speaker and other listeners to do the same.
4. Respond appropriately to show that you understand. Murmur (“uh-huh” and “um-hmm”) and nod. Raise your eyebrows. Say words such as “Really,” “Interesting,” as well as more direct prompts: “What did you do then?” and “What did she say?”
5. Focus solely on what the speaker is saying. Try not to think about what you are going to say next. The conversation will follow a logical flow after the speaker makes her point.
6. Minimize internal distractions. If your own thoughts keep horning in, simply let them go and continuously re-focus your attention on the speaker, much as you would during meditation.
7. Keep an open mind. Wait until the speaker is finished before deciding that you disagree. Try not to make assumptions about what the speaker is thinking.
8. Avoid letting the speaker know how you handled a similar situation. Unless they specifically ask for advice, assume they just need to talk it out.
9. Even if the speaker is launching a complaint against you, wait until they finish to defend yourself. The speaker will feel as though their point had been made. They won’t feel the need to repeat it, and you’ll know the whole argument before you respond. Research shows that, on average, we can hear four times faster than we can talk, so we have the ability to sort ideas as they come in...and be ready for more.
10. Engage yourself. Ask questions for clarification, but, once again, wait until the speaker has finished. That way, you won’t interrupt their train of thought. After you ask questions, paraphrase their point to make sure you didn’t misunderstand. Start with: “So you’re saying...”



Feedback Form

This handbook is a pilot version that will be finalized in 2012 after feedback from field-based actors. We would be very grateful if you would take a few minutes to complete the form below and return to gbv.coordination.handbook@gmail.com, or access and complete the form online at <http://gbv.oneresponse.info>. For any additional questions or comments about the handbook, please contact gbv.coordination.handbook@gmail.com.

Date:
Name:
Organization:
Job Title:
Address:
Phone:
Email:

1. Please indicate with a checkmark how you accessed this handbook.

- At the GBV AoR website (<http://gbv.oneresponse.org>)
- Through a training on the handbook
- Through your field office/organization
- Local GBV coordination mechanism (e.g., sub-cluster, working group)
- Other (please describe below)

2. Two versions of this handbook have been distributed during the pilot process. The first version has the annexes available both in hard copy within the handbook and on a CD. The second version does not include a hard copy of the annexes. Which version of the handbook do you have?

- Full version (with annexes included in the hard copy and on CD)
- Shortened version (with annexes available only on the CD, not in hard copy)

3. Do you have a preference for whether the annexes should be included in the hard copy of the handbook or only on the CD?

- No, I don't have a preference.
- Yes, I have a preference. (Please describe below)



4. Do you have any other recommendations regarding the overall design of the handbook? What would you change to make it more user-friendly?

5. Please indicate with a checkmark which sections of this handbook you have read.

- Introduction: About this GBV Coordination Handbook
- Section One: GBV Basics and How They Relate to GBV Coordination
- Section Two: GBV Coordination Structures
- Section Three: GBV Coordination Functions
- Section Four: Implementing a GBV Coordination Mechanism
- Section Five: Practical Coordination Skills
- Annexes

6. Please indicate with a checkmark which sections of this handbook were **most** useful to you.

- Introduction: About this GBV Coordination Handbook
- Section One: GBV Basics and How They Relate to GBV Coordination
- Section Two: GBV Coordination Structures
- Section Three: GBV Coordination Functions
- Section Four: Implementing a GBV Coordination Mechanism
- Section Five: Practical Coordination Skills
- Annexes. Please specify which one in particular:

Please describe why you found these **sections most** useful:

7. Please indicate with a checkmark which sections of this handbook were **least** useful to you.

- Introduction: About this GBV Coordination Handbook
- Section One: GBV Basics and How They Relate to GBV Coordination
- Section Two: GBV Coordination Structures
- Section Three: GBV Coordination Functions
- Section Four: Implementing a GBV Coordination Mechanism
- Section Five: Practical Coordination Skills
- Annexes. Please specify which one in particular:

Please describe why you found these sections least useful.



Global Protection Cluster
GBV Prevention and Response

8. What additional information would make the handbook more relevant and useful for your work?

9. What coordination tools and skills/tips have you and/or your organization learned and used from this handbook?

10. Do you have additional tools/references that you recommend to be included in the handbook?
(If yes, please describe below and forward the tools to gbv.coordination.handbook@gmail.com.)

11. Please provide any additional comments that will assist us in revising this handbook in order to more effectively meet your GBV coordination needs.

THANK YOU FOR YOUR FEEDBACK! IT WILL HELP US TO IMPROVE THIS HANDBOOK IN ORDER TO BETTER MEET YOUR NEEDS.