



FRAMEWORK TO ADDRESS GENDER-BASED VIOLENCE IN EMERGENCIES

Gender and Child Cell,
PDMA, Khyber Pakhtunkhwa



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"Framework to address Gender-Based Violence in Emergencies

Gender and Child Cell, **PDMA KP**"

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Foreword

Pakistan ranks 142 out of 146 countries in World Economic Forum's global gender gap report for 2023 with a 57.5 per cent gender parity. It is further ranked as the 5th most vulnerable country to climate change according to the Global Climate Risk Index. In the provincial context of Khyber Pakhtunkhwa, the humanitarian emergencies, are becoming increasingly complex and protracted, exacerbating the pre-existing GBV issues. As evidenced by the 2017-18



Pakistan Demographic and Health Survey, 28% of women experience physical or sexual violence, 34% of ever-married women experience spousal violence, whether physical, sexual, or emotional while, approximately 8 million women face some form of GBV in a year. The percentage of GBV is as high as 53% for KP and 66% for newly merged districts. Although demographic data are missing, programmatic work indicates that the situation is not better for the 1.4 million registered Afghan refugees with a large percentage of 52.6% refugees residing in KP.

In humanitarian settings the prevalence and risks of GBV increase as existing gender inequalities are exacerbated by the chaos and tensions within households, communities, and society. Gender-based violence not only violates basic human rights but traumatizes its survivors and undermines the resilience of the societies, making it harder to recover and rebuild. Despite the high risk of GBV in humanitarian settings, current policies and strategies at the provincial level do not adequately address GBV risk mitigation, prevention and response.

The Framework to address GBV in Emergencies is designed to address this gap and minimize the risk of GBV with clear preventive considerations, timelines, indicators and keys for responsible actors. This framework provides practical guidance and effective tools for all government and non-government actors to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of GBV, through all stages of preparedness and humanitarian response.

It is our collective responsibility to integrate GBV programming in every aspect of humanitarian action to protect the rights and long-term wellbeing of the most vulnerable at every stage.

Director General

PDMA, Khyber Pakhtunkhwa

Acknowledgement

Gender-Based Violence in Emergencies Framework is a comprehensive guideline for all government and non-government stakeholders to reduce the risk of GBV in Emergencies and Humanitarian settings in Khyber Pakhtunkhwa.

The content and design of the framework was informed by desk review of provincial, national and international documents, guidelines and tools. It involved consultative process with government and non-government actors in three disaster prone districts namely; Swat, Chitral Upper, Chitral Lower, and one provincial consultation meeting in Peshawar.

The draft framework was reviewed by a technical expert team of UNFPA Regional Office Bangkok, UNFPA Peshawar Office, Gender & Child Cell, POMA KP and detailed inputs and feedback were received from district and provincial government and non-government humanitarian actors and technical experts.

Gender & Child Cell, POMA KP would like to extend a sincere thanks to all government and non-government actors who contributed to the consultative process and validation of these guidelines.

We would also like to thank the UNFPA for its generous administrative support for developing and designing this framework.



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List of acronyms

CCCM	Camp Coordination and Camp Management
DEVA W	Declaration on the Elimination of Violence against Women
GBV	Gender Based Violence
GBViE	Gender Based Violence in Emergencies
GCC	Gender and Child Cell
HLP	Housing, Land & Property
IASC	Inter-Agency Standing Committee
IPV	Intimate Partner Violence
KP	Khyber Pakhtunkhwa
MHPSS	Mental Health and Psychosocial Support
PDMA	Provincial Disaster Management Authority
PFA	Psychological First Aid
SS&R	Shelter, Settlement and Recovery
WASH	Water, Sanitation and Hygiene

PART ONE
INTRODUCTION

1. Purpose of GBV in Emergencies Framework

The purpose of GBV in Emergencies Framework is to identify different sectors of humanitarian response and to able Provincial Disaster Management Authority (POMA) Khyber Pakhtunkhwa, humanitarian actors of government and non-government sector to play their vital role in prevention and mitigation of GBV in Emergencies and humanitarian situation in Khyber Pakhtunkhwa. The framework draws essential action points for reducing risks and promoting resilient Khyber Pakhtunkhwa. In the framework government line departments are identified to perform their role at provincial, regional and district level to minimize the risk of GBV in Emergencies and humanitarian response in the province. The framework also assigned some role to community and humanitarian agencies in emergencies and humanitarian situations in disaster prone regions and districts in the province.

Essential to Know

'Prevention' and 'Mitigation' of GBV

Throughout these Guidelines, there is a distinction made between '**prevention**' and '**mitigation**' of GBV. While there will inevitably be overlap between these two areas, **prevention** generally refers to taking action to stop GBV from first occurring (*e.g. scaling up activities that promote gender equality; working with communities, particularly men and boys, to address practices that contribute to GBV; etc.*). **Mitigation** refers to reducing the risk of exposure to GBV (*e.g. ensuring that reports of 'hot spots' are immediately addressed through risk-reduction strategies; ensuring sufficient lighting and security patrols are in place from the onset of establishing displacement camps; etc.*). Some sectors, such as health, may undertake activities related to survivor care and assistance. For these sectors, there are recommendations related to specialized response programming. Even so, the overarching focus of these Guidelines is on essential prevention and mitigation activities that should be undertaken within and across all sectors of humanitarian response.

2. How the Framework is Organized

This framework is mainly divided into five parts.

Part One explained the purpose of GBV in Emergencies Framework and target stakeholders to use this framework during all phases of emergency and humanitarian settings. This part also described the methodology of developing this framework.

Part Two described the phenomenon of GBV in patriarchal structure of society-male are the key decision makers in domestic and public sphere affairs. This part described the situation of GBV and various contributing factors of GBV during emergencies and humanitarian settings and explained its impact on individuals and communities. This part of the framework revealed about vulnerable and at-risk groups during emergencies and humanitarian settings.

Part Three revealed about some principles and approaches which can be applied to address GBV in Emergencies and humanitarian settings. These are included important humanitarian areas of operations, human rights-based approach, survivor centered approach, community based approach, and systems approach.

Essential to Know

Assume GBV Is Taking Place

The actions outlined in these Guidelines are relevant from the earliest stages of humanitarian intervention and in any emergency setting, regardless of whether the prevalence or incidence of various forms of GBV is 'known' and verified. It is important to remember that **GBV is happening everywhere. It is under-reported worldwide**, due to fears of stigma or retaliation, limited availability or accessibility of trusted service providers, impunity for perpetrators, and lack of awareness of the benefits of seeking care. Waiting for or seeking population-based data on the true magnitude of GBV should not be a priority in an emergency due to safety and ethical challenges in collecting such data. With this in mind, **all humanitarian personnel ought to assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening problem; and take actions based on sector recommendations in these Guidelines**, regardless of the presence or absence of concrete evidence

This part also discussed Dos and DON'Ts to address GBV in Emergencies and humanitarian settings. Elements of Programme Cycle Framework are also explained in this part of the framework.

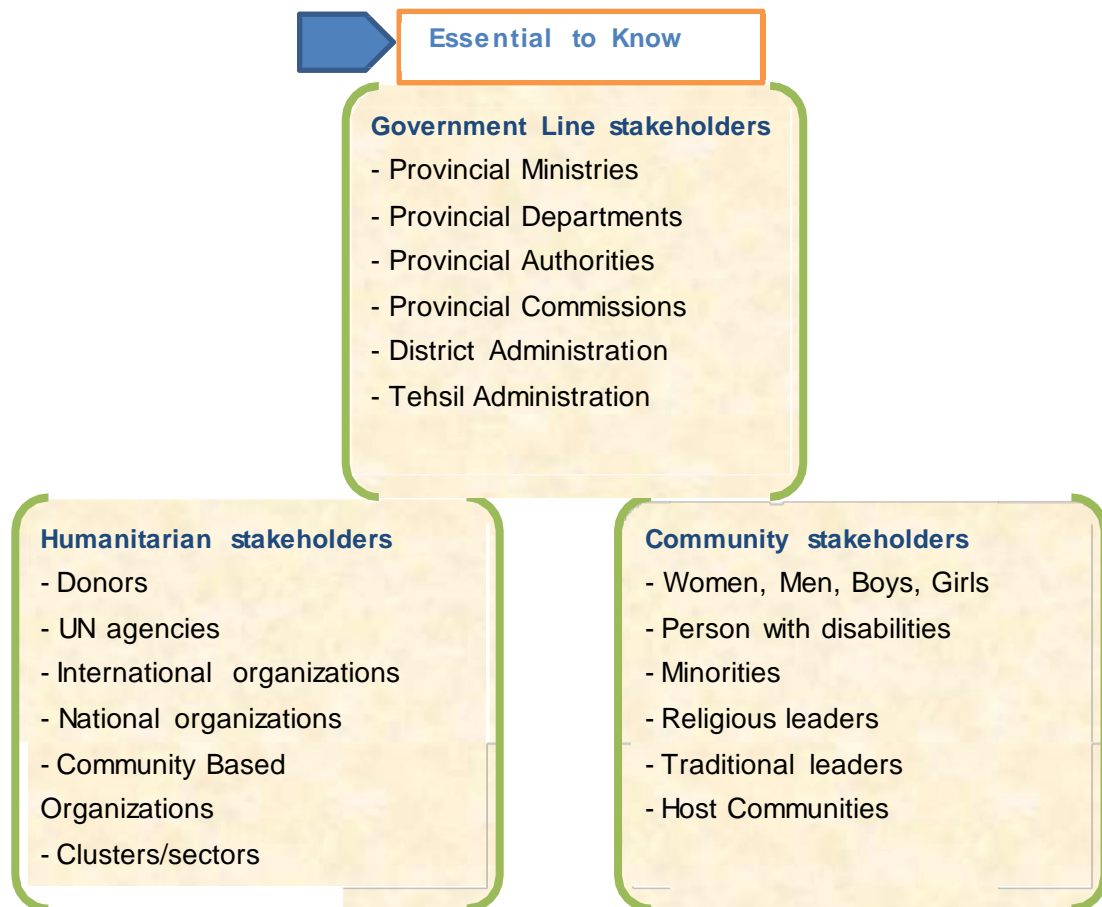
Part Four is the main part of the framework which discussed the critical concern of GBV in Emergencies and humanitarian settings. This part explained GBV key considerations with required actions, indicators and time line for each targeted thematic area. Key implementers are also mentioned for each thematic area to ensure timely implementation of required actions to prevent and mitigate the risk of GBV in Emergencies and humanitarian settings. The main thematic areas focused in this part of the framework are; Camp Coordination and Camp Management, Education, Health, Protection, Shelter, Settlement and Recovery, Livelihoods, Nutrition, Water, Sanitation & Hygiene, Housing, Land & Property, Food Security and Agriculture, and Humanitarian Operations Support Sectors.

Part Five of the framework explained minimum standards to address GBV in all stages of emergencies and humanitarian settings. These standards are included; foundational standards, programme standards, and process standards. This part also highlighted key actors and stakeholders with essential actions in all stages of emergencies and humanitarian settings; pre-emergency, preparedness, emergency, stabilized stage and recovery to development.

3. Target Stakeholders

This framework is designed for provincial and regional government departments and authorities operating in natural disasters and other humanitarian emergencies in the province of Khyber Pakhtunkhwa. The main responsibility of government stakeholders is to use this framework to incorporate GBV prevention and mitigation strategies into the design,

implementation, monitoring and evaluation of their sector-specific interventions in emergencies and humanitarian response.



4. Methodology of the Framework

This framework was developed after an extensive desk review of many international standards, tools, background materials and other resources developed by the United Nations, international non-governmental organizations and academic sources. Resources list is provided at the end of each thematic area in this framework and some other sources are mentioned in footnote. Furthermore, consultation meetings were conducted in three disaster prone districts namely; District Chitral Upper, District Chitral Lower, and District Swat. In consultation meetings participants were invited from district administration, civil society, and humanitarian organization

representatives. Similarly, a consultation meeting was conducted with provincial government line departments and humanitarian organizations representatives. In consultation meetings emergency and humanitarian situations were discussed and various thematic areas were identified with required actions. The participants shared the GBV in Emergencies key considerations and key implementers in each thematic area of the framework. At the end a provincial validation workshop will be held with provincial government line departments, humanitarian organizations representatives, UN agencies representatives, and GBV sub-working group members to present the draft GBV in Emergencies framework for consideration and feedback (if any). Once the study is validated from all the relevant stakeholders then the same will be shared with all line departments for its implementation in all phases of emergency; pre-emergency, emergency, post-emergency.

PART TWO

**OVERVIEW OF GENDER-BASED
VIOLENCE**

1. Defining GBV

Gender refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviors and roles associated with being a woman, man, girl or boy, as well as relationships with each other.

Gender-based violence (GBV)

Gender-based violence (GBV) is a global health, human rights, and protection issue, which often goes underreported and unaddressed¹. The Inter-Agency Standing Committee (IASC) defines GBV as "an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed

Essential to Know

Informed Consent

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

¹ Call to Action on Gender-Based Violence. Call to action on protection from gender-based violence in emergencies. 2013. <https://www.calltoactiongbv.com/>. Accessed 14 Oct. 2023.

(i.e. gender) differences between males and females². It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.

In patriarchal structure of societies men control all the resources both in domestic and public sphere due to which women and girls are experiencing more violence than men. The United Nations Declaration on the Elimination of Violence against Women (DEVAW, 1993) defines violence against women³ as *"any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women."*

2. GBV in Humanitarian Settings

Humanitarian emergencies, which are becoming increasingly complex and protracted⁴, can perpetuate GBV, as vulnerabilities and risks increase and family and community protections are stretched or collapse⁵. GBV takes many forms in humanitarian settings, with estimates that one in five refugees or displaced women experience sexual violence⁶. In camp settings for displaced people, intimate partner violence (IPV) is often the most common reported form of GBV. It is observed that the prevalence and risks of GBV increase as existing gender inequalities are exacerbated by the chaos and tensions within

² Inter-Agency Standing Committee. IASC guidelines for integrating gender-based violence interventions in humanitarian action: reducing risk, promoting resilience and aiding recovery. 2015. <https://gbvguidelines.org/en/>. Accessed 21 Oct. 2023. Inter-Agency Standing Committee.

³ United Nations Declaration on the Elimination of Violence against Women, 1993. <https://www.ohchr.org/en/instruments-mechanisms/instruments/declaration-elimination-violence-against-women> Accessed 05 Oct. 2023

⁴ UN Office for the Coordination of Humanitarian Affairs (OCHA). Global humanitarian overview 2021, United Nations. 2021. <https://reliefweb.int/report/world/global-humanitarian-overview-2021-enarfres>. Accessed: 15 Nov. 2023.

⁵ Rafferty, P., Howard, N., Palmer, J. *et al.* Gender-based violence (GBV) coordination in humanitarian and public health emergencies: a scoping review. *Confl Health* 16, 37 (2022). <https://doi.org/10.1186/s13031-022-00471-z>

⁶ Vu A, Adam A, Wirtz A, Pham K, Rubenstein L, Glass N, et al. The prevalence of sexual violence among female refugees in complex humanitarian emergencies: a systematic review and meta-analysis. *PLoS Curr.* 2014;6 :ecurrents.dis.835f10778fd80ae031aac12d3b533ca7.

households, communities, and society. Many studies highlighted that GBV in all forms are used primarily by males against females due to male dominant social structure and subordinate position of women in a particular community.

Essential to Know

Women, Girls and GBV

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

During humanitarian emergencies when formal control structure is broken and mechanisms are disturbed the vulnerability of women and girls towards violence are increased. It is stated that the gender of the perpetrator and the victim are central not only to the motivation for the violence, but also to the ways in which society condones or responds to the violence. The gender of the perpetrator and the victim are central not only to the motivation for the violence, but also to the ways in which society condones or responds to the violence. It is observed that in humanitarian emergencies all form of violence are increased including; sexual violence, sexual assault during displacement, child-early and forced marriages, denial of resources, increase in harmful traditional practices, Sexual exploitation and abuse by humanitarian aid workers, peace-keepers and security personnel.

3. Impact of GBV on Individuals and Communities

GBV survivors suffer devastating short-and long-term consequences to their physical and mental health. Women and girls may experience

severe physical injuries, unwanted pregnancies, and complications from unsafe abortions, while the possible mental health problems included depression, anxiety, harmful drug use, post-traumatic stress disorder and suicidality.

GBV can affect child survival and development by raising infant mortality rates, lowering birth weights, contributing to malnutrition and affecting school participation. It can further result in specific disabilities for children: injuries can cause physical impairments; deprivation of proper nutrition or stimulus can cause developmental delay; and consequences of abuse can lead to long-term mental health problems.

GBV is not only affecting the individuals in a community rather its negative impact is observed on whole community. In community GBV cases increase gender inequalities in the long-terms. The perpetrators (male) get courage to perform GBV due to lack of reporting the GBV occurrence during humanitarian settings. It is observed that many GBV survivors and their family members avoid reporting the incident of GBV due to social stigma and other vulnerabilities.

4. Contributing Factors to GBV

Contributing factors to GBV in Emergencies and humanitarian settings are mainly divided into different levels.

Society-Level Contributing Factors

The society-level contributing factors are lack of meaningful and active participation of women in leadership and decision-making process, gender inequalities in economic and social sphere, and failure to address factors that contribute to violence such as long-term loss of skills, livelihoods, independence and male dominance.

Community-Level Contributing Factors

The community-level contributing factors are poor camp/shelter/WASH facility design and infrastructure, lack of access to education for

females, lack of safe shelters for women, girls and other at-risk groups, lack of training for humanitarian staff, blaming the victim or other harmful attitude against survivors of GBV, lack of confidentiality for GBV survivors, community-wide acceptance of violence, lack of communal protection mechanisms, lack of psychological support, lack of reporting mechanisms for survivors and those at risk of GBV, as well as for sexual exploitation and abuse committed by humanitarian personnel.

Individual/Family-Level Contributing Factors

The individual/family-level contributing factors are lack of basic survival needs for individuals and families, age, gender, education, disability, family history of violence, witnessing GBV, lack of awareness about GBV among family members, family encourage violence against women, early and child marriage among girls, and men decision making authority in families.

5. At Risk Groups in Humanitarian Settings

At risk groups are included adolescent girls, elderly women, women headed households, child headed households, ethnic minorities, religious minorities, separated or unaccompanied girls, boys and orphans, persons with disabilities, women, girls and boys GBV survivors.

Essential to Know

What the Sphere Handbook Says:

Guidance Note 13: Women and girls can be at particular risk of gender-based violence. When contributing to the protection of these groups, humanitarian agencies should particularly consider measures that reduce possible risks, including trafficking, forced prostitution, rape or domestic violence. They should also implement standards and instruments that prevent and eradicate the practice of sexual exploitation and abuse. This unacceptable practice may involve affected people with specific vulnerabilities, such as isolated or disabled women who are forced to trade sex for the provision of humanitarian assistance.

(Sphere Project. 2011. *Sphere Handbook: Humanitarian charter and minimum standards in humanitarian response*, <www.sphereproject.org/resources/download-publications/?search=ok&language=English&category=22&subcat-22=23&subcat-29=O&subcat-31=O&subcat-35=O&subcat-49=O&subcat-56=O&subcat-60=O&subcat-80=O>)

PART THREE

PRINCIPLES AND APPROACHES TO ADDRESS
GBV IN HUMANITARIAN SETTINGS

1. Humanitarian Areas of Operations

In humanitarian emergencies, state is responsible to protect its people from any kind of violence. When state is unable to respond to humanitarian emergencies then humanitarian actors play an important role in supporting measures to prevent and respond to violence during humanitarian emergencies and response.

Worldwide some key humanitarian areas of operations are identified which need immediate response to address GBV-related issues. The key humanitarian areas of operations are Camp Coordination and Camp Management (CCCM), Protection,

Education, Food Security & Agriculture, Health, Housing, Land & Property (HLP), Humanitarian mine Action, Livelihoods, Nutrition, Shelter, Settlement and Recovery (SS&R), and Water, Sanitation and Hygiene (WASH).

2. Humanitarian Principles

The following principles are inextricably linked to the overarching humanitarian responsibility to provide protection and assistance to affected people. They serve as the foundation for all humanitarian actors

Essential to Know

Do No Harm

The concept of '**do no harm**' means that humanitarian organizations must strive to "minimize the harm they may inadvertently be doing by being present and providing assistance." Such unintended negative consequences may be wide-ranging and extremely complex. Humanitarian actors can reinforce the 'do no harm' principle in their GBV-related work through careful attention to the human rights-based, survivor-centred, community-based and systems approaches described below.

(Adapted from **Kahn, C., and Lucchi, E. 2009.** 'Are Humanitarians Fuelling Conflicts? Evidence from eastern Chad and Darfur', *Humanitarian Exchange Magazine*, No. 43, <www.odihpn.org/humanitarian-exchange-magazine/issue-43/are-humanitariansfuelling-conflicts-evidence-from-eastern-chad-and-darfur>)

when planning and implementing GBV related programming. These principles state that:

- ▶ GBV consist of human rights violation.
- ▶ Prevention and mitigation of GBV is promoting gender equality, respectful social position of women and girls in domestic and public sphere, and non-violent gender norms.
- ▶ GBV survivor's safety, respect, confidentiality, and easy access to all the required services must be considered at all the time.
- ▶ Context-specific GBV-related interventions should be introduced to prevent and mitigate the risk of GBV
- ▶ Participation and partnership with all relevant stakeholders including government line departments, humanitarian organizations, UN agencies, national and international organizations, women, men, boys, girls, persons with disabilities, ethnic minority people, and GBV survivors.

3. Human Rights Based Approach

A human rights-based approach seeks to analyse the root causes of problems and to redress discriminatory practices that impede humanitarian intervention. This approach views affected population as 'right holders', and recognizes that these rights can be realized only by supporting the long-term empowerment of affected populations through sustainable solutions. A human rights-based approach requires those who undertake GBV-related programming to^{7, 8}:

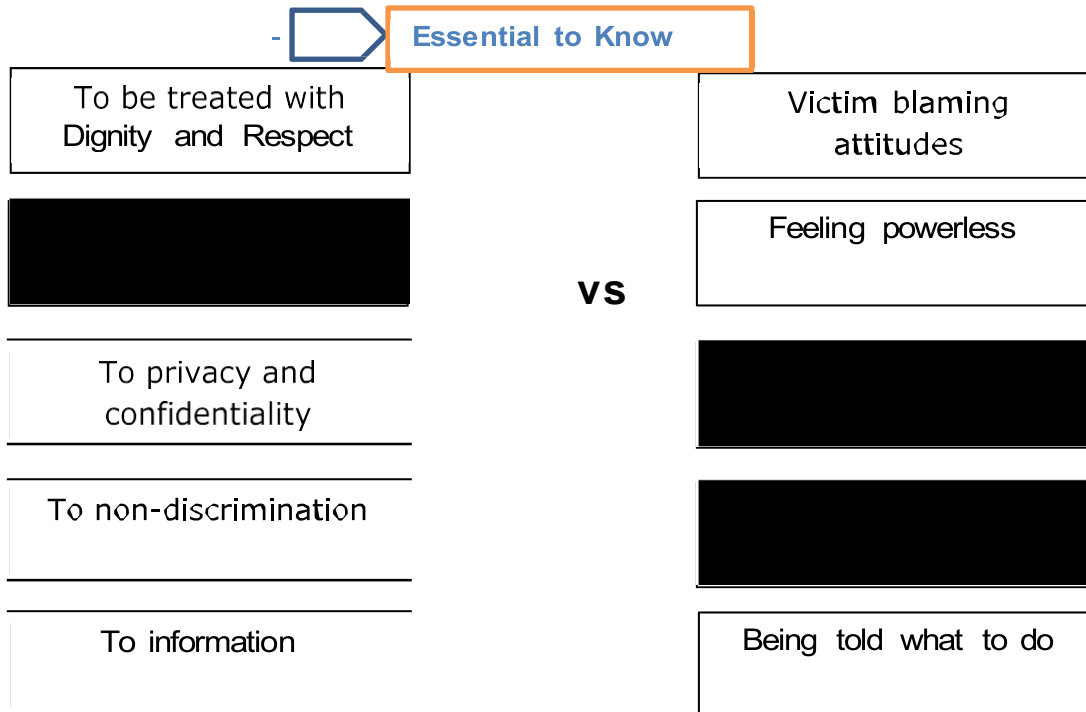
⁷Inter-Agency Standing Committee. IASC guidelines for integrating gender-based violence interventions in humanitarian action: reducing risk, promoting resilience and aiding recovery. 2015. <https://gbvguidelines.org/en/>. Accessed 21 Oct. 2023. Inter-Agency Standing Committee.

⁸Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies. UNFP, 2015. Accessed on September 10, 2023 <https://unfpa.org/GBViEStandards>.

- Assess the capacity of rights-holders to claim their rights (identifying the immediate, underlying and structural causes for non-realization of rights) and to participate in the development of solutions that affect their lives in a sustainable way.
- Assess the capacities and limitations of duty-bearers to fulfill their obligations.
- Develop sustainable strategies for building capacities and overcoming these limitations of duty-bearers.
- Monitor and evaluate both outcomes and processes, guided by human rights standards and principles and using participatory approaches.
- Ensure programming is informed by the recommendations of international human rights bodies and mechanisms

4. Survivor Centered Approach

A survivor-centred approach means that the survivor's rights, needs and wishes are prioritized when designing and developing GBV-related programming. The survivor-centred approach can guide professionals-regardless of their role-in their engagement with persons who have experienced GBV. It aims to create a supportive environment in which a GBV survivor's rights are respected, safety is ensured, and the survivor is treated with dignity and respect. The approach helps to promote a survivor's recovery and strengthen her or his ability to identify and express needs and wishes; it also reinforces the person's capacity to make decisions about possible interventions (adapted from IASC Gender SWG and GBV AoR, 2010).



Source: (Excerpted from GBV AoR. 2010. *GBV Coordination Handbook* (provisional edition), p. 20, <<http://gbvaor.net/tools-resources>>)

Essential to Know

Key Elements of the Survivor-Centred Approach for Promoting Ethical and Safety Standards

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

(Adapted from **United Nations Population Fund. 2012.** 'Module 2' in *Managing Gender-Based Violence Programmes in Emergencies-Learning Companion Guide*, <www.unfpa.org/sites/default/files/pub-pdf/GBV%20E-Learning%20Companion%20Guide_ENGLISH.pdf>)

5. Community Based Approach

A community-based approach insists that affected populations should be leaders and key partners in developing strategies related to their assistance and protection. From the earliest stage of the emergency, all those affected should "participate in making decisions that affect their lives" and have "a right to information and transparency" from those providing assistance.

The community-based approach;

- Allows for a process of direct consultation and dialogue with all members of communities, including women, girls and other at-risk groups.
- Engages groups who are often overlooked as active and equal partners in the assessment, design, implementation, monitoring and evaluation of assistance.
- Ensures all members of the community will be better protected, their capacity to identify and sustain solutions strengthened and humanitarian resources used more effectively (Adapted from UNHCR, 2008).

6. Systems Approach

Using a systems approach means analyzing GBV-related issues across an entire organization, sector and/or humanitarian system to come up with a combination of solutions most relevant to the context. The systems approach can be applied to introduce systemic changes that improve GBV prevention and mitigation efforts (and, for some sectors, response services)-both in the short term and in the long term.

- Humanitarian actors can apply a systems approach in order to: Strengthen agency/organizational/sectoral commitment to gender equality and GBV-related programming.
- Improve humanitarian actors' knowledge, attitudes and skills related to gender equality and GBV through sensitization and training.

- Reach out to organizations to address underlying causes that affect sector capacity to prevent and mitigate GBV, such as gender imbalance in staffing.
- Strengthen safety and security for those at risk of GBV through the implementation of infrastructure improvements and the development of GBV-related policies.
- Ensure adequate monitoring and evaluation of GBV-related programming (adapted from USAID, 2006).

7. **Dos and DON'Ts**

The term 'mental health and psychosocial support' (MHPSS) is used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder (IASC, 2007). As part of care and support for people affected by GBV, the humanitarian community plays a crucial role in ensuring survivors gain access to GBV-focused community-based care services and, as necessary and available, more targeted mental health care provided by GBV and trauma-care experts. Survivors may also wish to access legal/justice support and police protection. Humanitarian actors should work with GBV specialists to identify systems of care (i.e. referral pathways) that can be mobilized if a survivor reports exposure to GBV. Some humanitarian sectors-such as health and education -should have GBV-specialist staff integrated into their operations.

For all humanitarian personnel who engage with affected populations, it is important not only to be able to offer survivors up-to-date information about access to services, but also to know and apply the principles of psychological first aid.

Psychological first aid (PFA) describes a humane, supportive response to a fellow human being who is suffering and who may need support. Providing PFA responsibly means to:

1. Respect safety, dignity and rights.
2. Adapt what you do to take account of the person's culture.
3. Be aware of other emergency response measures.
4. Look after yourself.

Essential to Know

DOs

- Work collaboratively and support a coordinated response, including one overall coordination group on MHPSS.
- Tailor MHPSS assessment tools to the local context and collect and analyse information to determine the type of response required.
- Recognize that people are affected by emergencies in different ways. More resilient people may function well, whereas others may be severely affected and need specialized support.
- Pay attention to the different psychosocial and mental health needs of women, girls, boys and men and modify support services accordingly.
- Facilitate the development of community-owned and community-managed programmes that build local capacities and strengthen the resources already present in affected groups.
- As appropriate, use local cultural and social practices to support people's social well-being and mental health, supplemented by international approaches.
- Build government capacities and integrate mental health care for survivors into existing general health services.

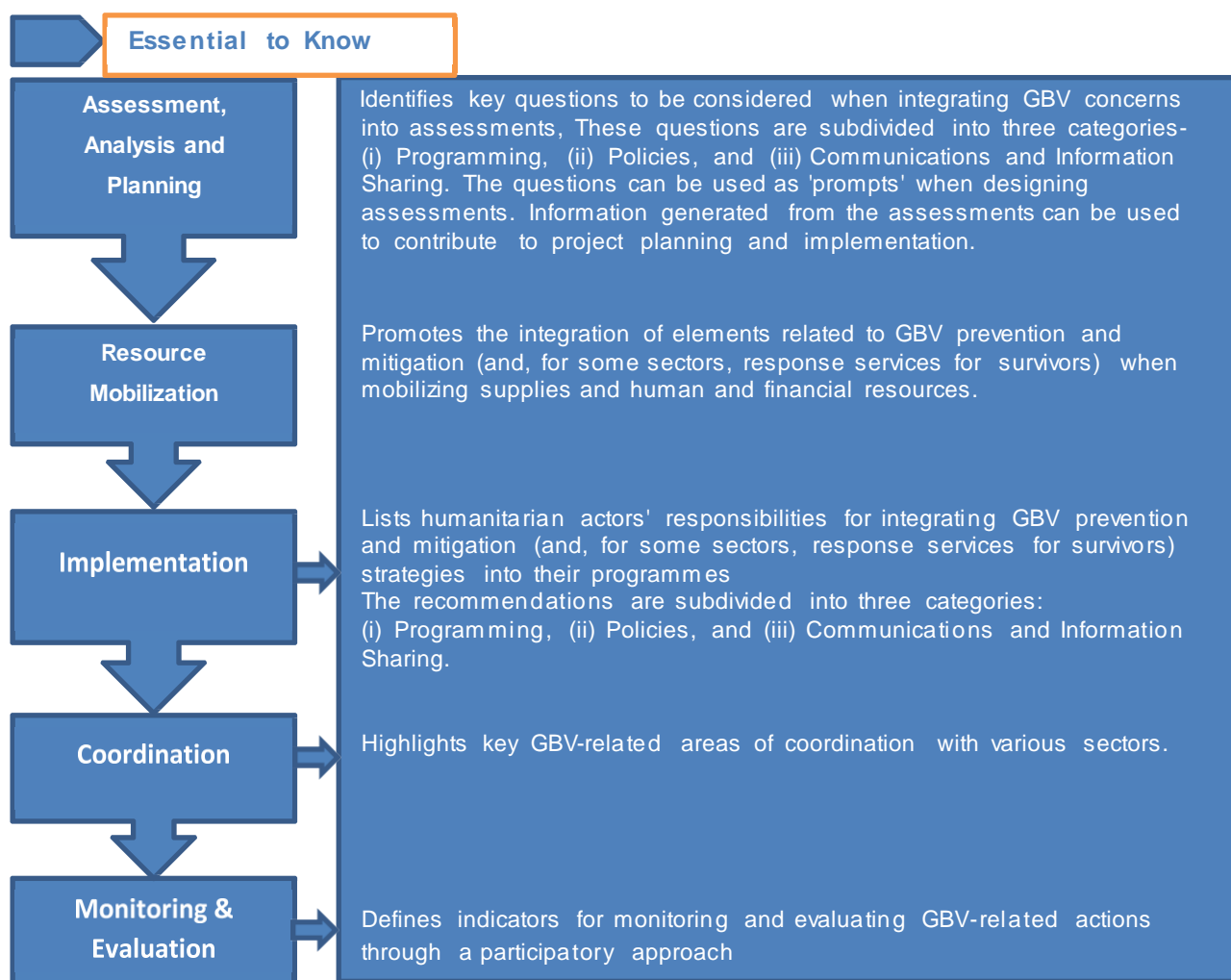
DON'T

- Do not work on MHPSS in isolation or without thinking how one's own work fits with that of others.
 - Do not use MHPSS assessment tools not validated in the local context or undertake assessments without providing follow-up support.
 - Do not assume that everyone in an emergency is traumatized, or that people who appear resilient do not need support.
 - When designing MHPSS programmes,
 - Do not assume that emergencies affect women, girls, boys and men in the same way
 - Do not undermine local capacities. Do not assume that all local cultural and social practices are helpful or that MHPSS methods from other countries are necessarily better.
 - Do not create parallel mental health services

The above chart identifies **ethical dos and don'ts in providing PFA^{9,10}**

8. Essential Elements and Actions according to the Programme Cycle Framework

Following the summary fold-out table, the thematic areas are organized according to five elements and important actions of a programme cycle. Each element of the programme cycle is designed to link with and support the other elements. *While coordination is presented as its own separate element, it should be considered and integrated throughout the entirety of the programme cycle.* The five elements are presented as follows:



⁹ IASC. 2015. "DOs and DON'Ts for Conducting Assessments That Include GBV-Related Components" in *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, p. 35, http://gbvguidelines.org/wp-content/uploads/2015/09/2015-IA-SC-Gender-basedViolence-Guidelines_lo-res.pdf

¹⁰ Adapted from IASC, *Guidelines on Mental Health and Psychosocial Support in Emergency Settings: Checklist for Field Use*, 2008

PART FOUR

THEMATIC AREAS GUIDANCE

Key GBV Considerations to Reduce the
Risk of GBV in Humanitarian Settings

THEME 01

CAMP COORDINATION AND CAMP MANAGEMENT

Gender-Based Violence is a Critical Concern of the Camp Coordination and Camp Management Sector

In emergency situations Camp Coordination and Camp Management (CCCM) services are important for the safety and security of the displaced populations. All the camp actors including administrators, managers, and coordinators are mainly responsible to ensure establishment of CCCM services for affected populations in the entire life cycle of a campsite- from camp site selection to closure.

It is discussed and

explored that poorly planned CCCM services can heighten risks of GBV and other protection concerns during humanitarian emergencies in many ways. In consultation meetings with government stakeholders, civil society representatives, and humanitarian agencies working during emergencies in disaster prone districts and regions in Khyber Pakhtunkhwa, Pakistan, it is explored that family headed households (men, women, or children) are registered in the camp for accessing relief

Essential to Know

Defining 'CCCM'

There are typically three distinct but interrelated areas of responsibility in responding to a displaced population. Camp administration refers to the functions carried out by governments and national (civilian) authorities that relate to the supervision and oversight of activities in camps and camp-like settings.

Camp coordination refers to the creation of the humanitarian space necessary for the effective delivery of protection and assistance.

Camp management refers to holistic responses that ensure the provision of assistance and protection to the displaced.

services resources and to avail facilities, in such situation, women, adolescent girls, children and other at-risk groups are at more risk of exploitation and abuse. In Khyber Pakhtunkhwa, women and adolescent girls are mainly dependent on their men family members due to patriarchal structure of authority both in the domestic sphere and public sphere. It is observed that generally men are heads of household but some women are also heads of household due to death of her husband or she is living in nuclear family and her husband is engaged in employment outside the affected area. In some cases, it is experienced that during humanitarian settings and in camps, women and children become the heads of household as men remain in their homes in disaster affected areas or they are migrants at the time of disaster. The participants shared that women, adolescent girls and other at-risk groups are facing various challenges to get assistance and essential services in camps and host communities. Women and adolescent girls are most often engaged in collection of wood for fuel, water for daily use, and caring for the children and elders in camp settings. During consultation meetings it is shared by the participants that as a common practice during registration of disaster affected families most of the time single women, women heads of household, child heads of household, persons with disabilities remain unregistered making them vulnerable to sexual exploitation, early marriage among girls, trafficking for sexual purposes, exposing them to sexual assault, and lack of access to basic services during disaster and humanitarian settings. It is explored that poor distribution systems and mechanisms heighten the risk of GBV in emergencies. It is observed that in emergencies due to overcrowding in camp privacy of women, adolescent girls and other at-risk groups are affected. There are no separate facilities available for women and adolescent girls to use toilets, collect drinking water, receive food and

non-food items, no privacy to change clothes and use safe and separate entrance and exit ways to the camp. It is discussed that no separate desks are made for women, adolescent girls, and other at-risk people to register them and distribute food and non-food items among them. Sanitation facilities are poorly planned which increase the risk of sexual/GBV in the camp settings. It is observed that due to scarcity of local land and natural resources women, adolescent girls, and other at-risk people are vulnerable to violence and sexual exploitation due to mobility outside for labour activities, and livelihood opportunities.

KEY CONSIDERATIONS:

Address Gender-Based Violence in Emergencies during CCCM

In consultation meetings with district and provincial stakeholders it was highlighted that there is some common considerations, strategic priorities and required actions which need to be ensured in CCCM during humanitarian settings. The key GBV considerations are mainly divided into some areas of interventions in CCCM. These are included the following;

- Assessment, Analysis and Planning
- Resource Mobilization
- Implementation
- Coordination with other humanitarian sectors
- Monitoring and Evaluation



Essential to Know

Strategic Planning:

According to Sphere Handbook, Shelter and settlement strategies contribute to the security, safety and well-being of both displaced and non-displaced affected population and promote recovery and reconstruction where possible.

Key GBV Considerations in CCCM during Humanitarian Settings

Key GBV Consideration	Actions Required	Timeline	Indicators	Key Implementers
Assessment, Analysis and Planning	Ensure women, adolescent girls, and other at-risk groups in CCCM processes and interventions in humanitarian settings	Pre-emergency Emergency	- Women, adolescent girls, and other at-risk groups engagement as; a. Women engagement as CCCM Staff b. Camp committees c. Leadership positions	ADC Relief as key focal person in district Deputy Commissioner concern ADC Relief Police Department Humanitarian org. GCC-PDMA KP Camp Management Cell POMA KP
	CCCM Administrators, Managers, Coordinators are aware of international standards and guidelines		- Capacity building training on CCCM concerns, GBViE risk mitigation and prevention, international standards and guidelines of CCCM PSEA training for all humanitarian actors	Camp Management Cell, POMA KP GCC-PDMA KP UN agencies working in humanitarian response
	Consultation with women, adolescent girls, and other at-risk groups in CCCM		- Notify separate consultation committees of women, girls, other at-risk groups and men considering cultural settings in the province - Committees recommendations are shared	Deputy Commissioner ADC Relief GCC-PDMA KP Humanitarian org.

			<p>with district administration for possible actions</p> <ul style="list-style-type: none"> - Consultation on; <ul style="list-style-type: none"> a. Site & Shelter selection b. Privacy at camp c. Lightning d. Shelters accessible to all persons e. Establishment of women safe spaces f. Danger zones and GBV safety audits g. Safe access to other facilities 	
	Security personnel regular patrol in camp site	Emergency	<ul style="list-style-type: none"> - Women representation in security patrol or women committees at community level may be formed to communicate GBV issues - GBV prevention and response training for security personnel 	Deputy Commissioner Police Dept. ADC Relief Camp Management Cell, PDMA KP
	Registration and Profiling of women, adolescent girls, and other at-risk groups at camp site	Emergency	<ul style="list-style-type: none"> - women, adolescent girls, and other at-risk groups registered - Pregnant women, lactating women, girl-mothers, widow, women headed household profiling and registration at camp 	Deputy Commissioner ADC Relief Camp Management Cell, PDMA KP Humanitarian Org.

			<ul style="list-style-type: none"> - Separate space and desk for the registration of women, adolescent girls, Persons with Disabilities, Transgender, and Refugees etc. - GBV specialist availability in registration space and desk - PSS specialist available for GBV survivors to ensure privacy and to avoid stigma - Referral mechanism and information available for GBV survivors 	
	<p>GBV prevention and mitigation strategies in CCCM policies, standards, and guidelines</p>	<p>Pre-emergency Emergency</p>	<ul style="list-style-type: none"> - Engage women, adolescent girls, and other at-risk groups in the development of CCCM policies, Training manuals for camp management and actors with lenses of GBViE and other protection issues in camps settings - Communicate policies to women, adolescent girls, and other at-risk groups - CCCM staff training to implement these policies and guidelines - GBV-related risk reduction strategies integration in CCCM policies and guidelines 	<p>Deputy Commissioner ADC Relief Police Dept. All govt. line departments revise their SOPs, Policies and Guidelines for CCCM UN Agencies Humanitarian Org.</p>

			<ul style="list-style-type: none"> - Policy on safe y spaces for women and children at camp - Policy where and how to establish a site with considering the needs and protection of women, adolescent girls, and other at-risk groups - Policy for camp closure and exit and communicated - Policy for allocation of security personnel and their training on GBV issues and prevention 	
	GBV related information and communication in camp	Emergency	<ul style="list-style-type: none"> - CCCM staff and stakeholders training on Gender, GBV, women rights, social exclusion and inclusion - Community awareness program on general safety and GBV risk and mitigation - Display of GBV risk and mitigation related messages in public places - women, adolescent girls, and other at-risk groups participation in discussion forums related to GBV risks and mitigation 	<p>Secretary Relief, Rehabilitation and Settlement Department KP</p> <p>Deputy Commissioner</p> <p>GCC-PDMA KP GBV Sub-working group co-lead by UN agency Humanitarian org. Community</p>

<p>Resource Mobilization</p>	<p>Integrating GBV related issues and interventions to mitigate the risk of GBV in drafting proposals for CCCM during a humanitarian setting</p>	<p>Pre-emergency Emergency</p>	<ul style="list-style-type: none"> - Proposal focused GBV-related mitigation and prevention and rights of women, adolescent girls, and other at-risk groups integrated in resource mobilization policy for CCCM - GBV various forms are described in the proposal to address it in CCCM - Integrate GBV into preparedness trainings for camp managers and coordinators - GBV risks and prevention strategies must be ensured when proposed a site for camp - Proposed activities must cover the guiding principles and key approaches to prevent the risk of GBV in CCCM 	<p>Planning & Development Depth. KP</p> <p>Secretary Relief, Rehabilitation and Settlement Department KP</p> <p>Deputy Commissioner Humanitarian Org. Local Govt. Depth. PDMA KP</p>
<p>Implementation</p>	<p>Involve women, adolescent girls, and other at-risk groups in staff and leadership positions in camp site selection and governance</p>	<p>Emergency</p>	<ul style="list-style-type: none"> - Hire women, adolescent girls, and other at-risk groups as staff member for camp - Formal job training and GBV risks and mitigation strategies training for all humanitarian staff and leaders 	<p>Deputy Commissioner ADC Relief AC Headquarter GCC-PDMA KP Humanitarian Org.</p>

			- Women, adolescent girls, and other at-risk groups representation in CCCM committees and management groups	
Coordination with other Humanitarian Sectors	GBV coordination mechanism should be established	Pre-emergency Emergency Post-emergency	<ul style="list-style-type: none"> - Notify GBV coordination committee at camp - Notify GBV working group at provincial level - Notify GBV coordination committee at district level - Ensure women, adolescent girls, and other at-risk groups membership in all GBV notified committees and working groups - Multi-sectoral coordination with other sectors i.e. CCCM, child protection, education, food security, livelihood, protection, nutrition, housing, land and property, SS&R, WASH etc. - Regular monthly meetings of multi-sectoral coordination body during pre-emergency, emergency, post-emergency/recovery phases - Weekly multi-sectoral coordination body meeting during emergency 	Secretary Relief, Rehabilitation and Settlement Department KP DG POMA KP Social Welfare Depth. KP Planning & Development Depth. KP UN agencies as co-lead of coordination working groups Govt. line depth. as lead of working group

			- Develop a multisectoral standard referral pathway and coordination for GBV survivors	
Monitoring and Evaluation	Monitoring and Evaluation during assessment, analysis and planning	Emergency	<ul style="list-style-type: none"> - Inclusion of GBV-related questions in CCCM assessments for collecting general information of the situation and not individual data will be collected and recorded of GBV victims - Adaptation and implementation of multi-sectoral rapid need assessment survey tool following the protocols - Training of all staff and sector partners on the assessment tools - Safety and Security mechanism are checked in CCCM through prescribed check list - Women, adolescent girls and other at-risk group participation in assessments 	Deputy Commissioner ADC Relief GBV Working Group

			<ul style="list-style-type: none"> - Consultation with Women, adolescent girls and other at-risk group on GBV risk factors in CCCM - Staff knowledge of referral pathway for GBV survivors 	
	Monitoring and Evaluation during resource mobilization		<ul style="list-style-type: none"> - Including GBV risk reduction in CCCM funding proposals - Training of CCCM staff on GBV guidelines 	Secretary Relief, Rehabilitation and Settlement Department KP GCC-PDMA KP UN Agencies
	Monitoring and Evaluation during implementation		<ul style="list-style-type: none"> - Risk factors of GBV identified in camp sites - Women, adolescent girls, child-friendly spaces established in camp site - Women and adolescent girls participation in various governance committees - Women staff in CCCM programmes - Existence of security patrols in camps - Women committees are exist to observe GBV risks during CCCM activities - Complaint mechanism exist in camp on GBV risks 	Deputy Commissioner ADC Relief Police Dept District Oversight Committee

			<ul style="list-style-type: none"> - Inclusion of GBV risk, prevention and mitigation strategies in CCCM policies and guidelines - Inclusion of GBV referral information in CCCM community outreach activities 	
	Monitoring and Evaluation during Coordination		<ul style="list-style-type: none"> - Coordination of GBV risk-reduction activities with other sectors 	<p>Constitution of Sectoral working groups by POMA KP</p> <p>GBV Coordination structure to provide GBV referral pathways</p> <p>Govt. Line Departments in compliance to notifications and guidelines</p> <p>UN Agencies</p> <p>Humanitarian org.</p>

Resources:

1. **Inter-Agency Standing Committee. 2015.** *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.* For more details visit; www.gbvguidelines.org
2. **Camp Coordination and Camp Management (CCCM) Global Cluster. Forthcoming March 2015.** Revised Toolkit, www.cmtoolkit.org
3. **International Organization for Migration (IOM) and CCCM Cluster. 2011.** *Standard Operating Procedures for Camp Managers: Prevention and response to GBV in IDP sites, Haiti;* www.eshelter-cccmhaiti.info/pdf/sop_sgbv_generic_2011.pdf
4. IASC Guidelines for Integrating Gender-Based Violence interventions in Humanitarian Action, 2015

THEME 02

EDUCATION

Gender-Based Violence is a Critical Concern of the Education Sector

In humanitarian emergencies attending school for students and education personnel-particularly females- is a high risk of GBV. It is observed that in humanitarian emergencies the standard protection mechanisms within the schools and social protection mechanisms within the society are disrupted due to which the risk of sexual harassment, sexual assault, physical violence, kidnapping, high number of dropout-particularly girls, and early marriage among girls is occurring.

In consultation meetings with government officials, civil society humanitarian actors, and community representatives engaged in relief services during

Essential to Know

WHAT THE INEE MINIMUM STANDARDS SAY: *Access and Learning Environment Standard 2:*

Protection and Well-being

... Education programmes should monitor and respond to issues of harassment and sexual exploitation. Parents, learners, teachers and other education personnel should agree on ways to reduce risks ...on the way to and from and within the learning environment. These may include:

- Developing and publicly posting clear rules against sexual harassment, exploitation, abuse and other forms of gender based violence;
- Including these rules in codes of conduct for teachers and other education personnel, who need to understand what behaviours are unacceptable;
- Increasing the number of adult women in the learning environment to protect and reassure female learners....

...When gender-based violence takes place, confidential and safe reporting, complaint and response systems are important .

... Appropriate health, psychosocial, protection and judicial support should be available to survivors of gender-based violence in a well-coordinated referral system...

Teachers and Other Education Personnel Standard 2:

Conditions of Work

...A code of conduct sets clear standards of behaviour for teachers and other education personnel....[and] specifies mandatory consequences for persons who do not comply. It includes commitments that ... personnel will: maintain a

protective, healthy and inclusive environment, free from sexual and other harassment [or] exploitation of learners for ...sexual favours, intimidation, abuse, violence and discrimination...

humanitarian emergencies in disaster prone districts and regions in Khyber Pakhtunkhwa, Pakistan it is explored that during disaster-floods many schools are washed away and others are partially damaged due to which students are shifted to other schools in the area or temporary schools are established in safe places. It is discussed that due to children mobility to a school in another locality increase the risk of sexual assault and female teachers are also facing the risk of sexual harassment while traveling to and from school. Schools are often notified as safe places for Internally Displaced Persons (IDPs) during humanitarian emergencies due to this reason student are unable to continue their education for many months. The temporary tent camps schools are established for students but the risk of sexual assault increases, especially among adolescent girls both in community schools or schools established in camps as mostly untrained humanitarian workers are engaged as teachers. In the absence of recreational activities for students within the schools, students go outside for the same activities, further increasing the GBV risks in the absence of The consultation meetings highlighted that children with disabilities are prevented from getting education during humanitarian emergencies both at community and camp schools as principles of universal design in education programmes are not adhered to. Furthermore, families prioritize boys' over girls due to cultural restrictions on girls' mobility to schools in other localities or at camp schools. During humanitarian emergencies some facilities are missing in schools e.g. sanitation facilities, toilets, drinking water, and security guards that contribute to low attendance and high dropout from schools especially among adolescent girls. The discussion concluded that during humanitarian emergencies and settings access to education is a challenge, especially girls with heightened risk of GBV.

KEY CONSIDERATIONS:

Address Gender-Based Violence in Emergencies during Education

In consultation meetings with district and provincial stakeholders it is highlighted that there are some common considerations, strategic priorities and required actions which need to be ensured in Education provision during humanitarian settings. The key GBV considerations are mainly divided into some areas of interventions in the Education sector.

These are included the following;

- Assessment, Analysis and Planning
- Resource Mobilization
- Implementation
- Coordination with other humanitarian sectors
- Monitoring and Evaluation

Essential to Know

Promising Practice

Flexible programmes designed in consultation with communities and youth have been proven to support local ownership and sustainability (Rahim and Holland, 2006; UNHCR, 2001). While simpler to accomplish, the disproportionate targeting of community elites has proven counterproductive as it strengthens existing inequities. Since training is a form of empowerment, the most vulnerable youth

must be identified, approached and engaged, and parents and guardians must be involved in programme activities for programmes to be successful (Sommers, 2001a). Programmes cannot rely solely on the demand of the affected population that is visible,

but must make concerted efforts to reach girls, especially, who may be 'invisible' in the community. Involving local communities and youth may require the adoption of simpler language and the translation of materials into local languages (Sommers, 2001a).

While participatory and inclusive approaches can delay programme implementation, they are essential to achieving sustainable success (Hayden, 2007).

Key GBV Considerations in Education sector during Humanitarian Settings

Key GBV Consideration	Actions Required	Timeline	Indicators	Key Implementers
Assessment, Analysis and Planning	Ensure women, adolescent girls, and other at-risk groups in education sector activities in humanitarian settings	Pre-emergency Emergency	- Women, adolescent girls, and other at-risk groups engagement as; d. Teaching Staff e. Members in Parent Teacher Council f. Leadership positions g. Community committees	ADC Relief as key focal person in district District Education Office Humanitarian org. GCC-PDMA KP District Working Group on education and GBV
	Education sector administrative staff and teachers are aware of GBV related international standards and guidelines		- Capacity building training of all teachers and administrative staff on GBViE risk mitigation and prevention, international standards and guidelines	Provincial Directorate of Education, Khyber Pakhtunkhwa GCC-PDMA KP UN agencies working on education sector in emergency and humanitarian settings International organizations
	Consultation with women, adolescent girls, and other at-risk groups related to education sector		- Notify consultation committee with women, adolescent girls, children and other at-risk groups representatives - Consultation on; a. GBViE related situation	ADC Relief as key focal person in district District Education Office

	activities in humanitarian settings		<ul style="list-style-type: none"> b. Gender-sensitive teaching and management approaches c. GBV-related safety risks by students d. Safe learning environment for girls e. Inclusive learning material of girls and other at-risk groups 	GCC-PDMA KP
	GBV prevention and mitigation strategies in education programmes policies, standards, and guidelines	<p>Pre-emergency</p> <p>Emergency</p> <p>Post-emergency</p>	<ul style="list-style-type: none"> - Engage women, adolescent girls, and other at-risk groups in the development of education policies - Communicate education policies to women, adolescent girls, and other at-risk groups - Education sector administrative staff and teachers training to implement these policies and guidelines in education sector - GBV-related risk reduction strategies integration in education policies and guidelines - Policy/guidelines on children education in camps including where and how to establish a site for schooling in camps and host community with considering the needs and protection of girls and children - Policy for school closure and exit in camps 	<p>Provincial Directorate of Education</p> <p>UN Agencies especially UNICEF</p> <p>Humanitarian Org.</p>

			- Policy for allocation of security personnel and their training on GBV issues and prevention	
	GBV related information and communication in education sector	Pre-emergency Emergency Post-emergency	- Community awareness program on general safety and GBV risk and mitigation - Display of GBV risk and mitigation related messages in schools and public places - women, adolescent girls, and other at-risk groups participation in educated -related discussion forums on GBV risks and mitigation	Provincial Information Department District Education Office Community Deputy Commissioner ADC Relief GCC PDMA-KP PTC at school level
Resource Mobilization	Integrating GBV related issues and interventions to mitigate the risk of GBV in drafting proposals for education programming	Pre-emergency Emergency Post-emergency	- Proposal integrate GBV-related safety risks, protection needs and rights of women, adolescent girls, and other at-risk groups in education programming to ensure enrollment, attendance and retention ratios between boys & girls - Reporting on age and gender disaggregated data of boys and girls attending schools - Establishment of a safe and confidential complaint and reporting mechanism - Various challenges to address GBV within education sector must be analyzed and described	Planning & Development Depth. KP Provincial Directorate of Education Deputy Commissioner District Education Office Education working group Humanitarian Org. UN Agencies GCC PDMA KP

			<ul style="list-style-type: none"> - Emergency preparedness; preposition appropriate supplies need to facilitate rapid education response to address GBV risk like contact with law enforcement agencies in case of GBV risk - Trainings for government, educational personnel and relevant community members on education programmes that mitigate the risks of GBV - Emergency response; curriculum and the location/design of learning environments describe how to mitigate exposure to GBV - Additional cost allocation to ensure safety and effective working environment for female staff in the sector - Post-emergency and recovery; sustainable strategies need to be developed to promote the safety and well-being of those at-risk of GBV - Community engagement need to be ensured in sustainability of education projects to reduce the risk of GBV - Guiding principles and key approaches need to be described in project activities to work with GBV survivors - Linkages with other humanitarian actors/sectors will be proposed to 	
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			maximize resources and work in strategic ways to reduce the risk of GBV in education sector	
Implementation	Involve women, adolescent girls, and other at-risk groups in staff and leadership positions in education programming	Pre-emergency Emergency Post-emergency	<ul style="list-style-type: none"> - 50 percent representation of women within education programme staff -Employing women in high-profile positions in education sector - Formal and on-the-job training for women staff/leaders - Constitution of community-based education -related committees - Women membership and active involvement in community-based education -related committees - Dialogue with men in community to get their support to involve their women in committees - Engagement of community traditional leaders, religious leaders in implementation of education programming strategies to create a supportive environment for women teachers and administrators - Employ persons from other at-risk groups in education staff i.e. persons with disabilities 	<p>Provincial Directorate of Education</p> <p>District Education Office Deputy Commissioner Humanitarian Org. UN agencies</p>
	Maximize accessibility of education programmes for	Pre-emergency Emergency	-(Re)establishment of primary and secondary level educational facilities following the onset of an emergency	District Education Office

	<p>women, girls, and other at-risk groups</p>	<p>Post-emergency</p>	<ul style="list-style-type: none"> - Women, girls, boys and men involvement need to be ensured in (re)establishment of educational facilities - Where schools are not exist, create new schooling venues in order to provide safe spaces for students particularly girls - Start informal, or non-traditional education programmes (evening classes, distance learning, community activities, temporary learning spaces etc.) - Education programmes need to consider women and adolescent girls domestic and family-related responsibilities - Provide safe childcare for women and girl-mothers to participate in educational activities - Building need to be equally accessible to all students including Persons with disabilities - Free education-books, bags, stationary during emergency and external funding during post-emergency and recovery phases for students - Re-enrollment and community outreaching program for dropout students 	<p>Deputy Commissioner</p> <p>TMA</p> <p>Community</p> <p>PTC</p> <p>ADC Relief</p> <p>Information Department</p>
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			- Community particularly women and girls awareness on various measures taken to mitigate the risk of GBV for girls attending or wanting to attend the school	
	Consultation with women, girls, boys and men to maximize the physical safety in and around education environments	Pre-emergency Emergency Post-emergency	<ul style="list-style-type: none"> - Minimize the potential GBV-related risks within education environment including; sex-segregated toilets, water supply inside school, recreational facilities, stationary shop, water & sanitation facilities - Safety patrols of potential risk areas in and around schools - Monitor pathways for students safety - Collaborate with security personnel in area - Establish emergency safety protocols to respond to risky situation 	Deputy Commissioner Provincial Directorate of Education District Education Office Police Department GCC POMA-KP Public Health Department Health Department Community Humanitarian Organizations
	Training and ongoing support of educational settings	Pre-emergency	- Train all primary and secondary level education staff on the issues of gender, GBV, GBvIE, social exclusion, sexuality, potential risk factors, and strategies to reduce the risk of GBV	Provincial Directorate of Education

			<ul style="list-style-type: none"> - Develop and sign a code of conduct on child protection/SEA by all teachers and staff - Arrange mental health and psychological programmes for students and teachers - Dialogue and discussion with all teachers and staff to protect children from any kind of violence during their studies - Develop and provide written information to teachers and staff where to refer survivors for services - Appointment of caseworkers at each school to observe the risk of GBV and provide immediate assistance to GBV survivors with their consent and follow-up care 	<p>Education department GCC PDMA KP</p> <p>UN partner agencies</p> <p>Humanitarian organizations</p>
	Development and implementation of school curricula	<p>Pre-emergency</p> <p>Emergency</p> <p>Post-emergency</p>	<ul style="list-style-type: none"> - Integrate age, gender, and culturally appropriate curricula on GBV/life skills based education at primary and secondary level educational programming - Organize discussion and dialogue with boys and girls in schools separately to discuss GBV related issues - Develop and start women, girls, and persons with disabilities targeted programming including; training on leadership development, life skills education, vocational training, sports 	<p>Provincial Directorate of Education</p> <p>GCC PDMA-KP</p> <p>UN partner agencies</p> <p>Humanitarian organizations</p>

			events, and other recreational activities	
	Education Policies to prevent and response to GBV issues	Pre-emergency Emergency Post-emergency	<ul style="list-style-type: none"> - development of education policies to focus on identification of GBV risks among school children - Policies to mitigate the risks of GBV - Policies to support the participation of women, girls, and other at-groups as students, education staff and leaders in community based activities and committees - Design and implementation of mandatory codes of conduct (CoC) for teachers and other school staff, temporary workers and volunteers to maintain protective environment from GBV, sexual exploitation and abuse - Confidential complaint mechanism and procedure to report, investigate, and document SEA cases and policy for disciplinary actions against concern govt. employee (teacher or staff) - Joint working group of government, school board, school management, teachers, students, parents and other parent teacher council (PTC) to discuss GBV related risks , issues and way forward 	<p>Provincial Law department</p> <p>Provincial Directorate of Education</p> <p>Provincial Planning and Development Department</p> <p>GCC POMA-KP</p> <p>UN Partner agencies</p>

	Education Communications and Information Sharing standards to prevent GBV	Pre-emergency Emergency Post-emergency	<ul style="list-style-type: none"> - Develop a system in education sector to maintain GBV related information and reports - Start community outreaching and awareness raising activities on GBV related information - Start community dialogues, workshops, meetings, and sensitization sessions within the local community 	<p>Provincial Information Department</p> <p>Provincial Directorate of Education</p> <p>GCC PDMA-KP</p> <p>District Education Office Deputy Commissioner Humanitarian organizations</p>
Coordination with other Humanitarian Sectors	GBV coordination mechanism should be established	Pre-emergency Emergency Post-emergency	<ul style="list-style-type: none"> - Notify GBV working group in education department at provincial level - Ensure women, adolescent girls, and other at-risk groups membership in all GBV notified committees and working groups - Multi-sectoral coordination with other sectors i.e. CCCM, child protection, education, food security, livelihood, protection, nutrition, housing, land and property, SS&R, WASH etc. - Regular monthly meetings of multi-sectoral coordination body during pre- 	<p>PDMA KP</p> <p>Coordination Structure District Education Department as part of Coordination Structure at district level</p> <p>Provincial Directorate of Education as lead</p> <p>GCC PDMA KP</p>

			<p>emergency, emergency, post-emergency/recovery phases</p> <ul style="list-style-type: none"> - Weekly multi-sectoral coordination body meeting during emergency - Develop a multisectoral standard referral pathway and coordination for GBV survivors - Design and conduct education assessments to examine the risk of GBV related to education programming - Training of teachers and staff of education department on GBV related risks and mitigation strategies - Develop a standard referral pathway for survivors of GBV as a result of coordination mechanism - Community training and awareness raising on the issues of gender, GBV, and women/children rights 	<p>UN agencies as co-lead of coordination working groups</p> <p>Humanitarian organizations</p>
Monitoring and Evaluation	Monitoring and Evaluation during assessment, analysis and planning	Emergency	<ul style="list-style-type: none"> - Inclusion of GBV-related questions in education assessments for collecting general information of the situation and not individual data will be collected and recorded of GBV victims - Adaptation and implementation of multi-sectoral rapid need assessment survey tool following the protocols - Training of all staff and sector partners on the assessment tools 	<p>Provincial Directorate of Education</p> <p>GCC-PDMA KP Deputy Commissioner AC Headquarter ADC Relief GBV Working Group UN Agencies Humanitarian Org.</p>

			<ul style="list-style-type: none"> - Women, adolescent girls and other at-risk group participation in education assessments - Consultation with Women, adolescent girls and other at-risk groups on GBV risk factors in learning environment - Teachers, School Staff, students and community knowledge of referral pathway for GBV survivors 	
	Monitoring and Evaluation during resource mobilization		<ul style="list-style-type: none"> - Including GBV risk reduction objective(s) in education funding proposals - Training of teachers and other staff on GBV guidelines 	PDMA KP Provincial Directorate of Education ADC Relief District Education Department GCC-PDMA KP UN Agencies Humanitarian Org.
	Monitoring and Evaluation during implementation		<ul style="list-style-type: none"> - Women and adolescent girls participation in various education community-based committees - Women teachers and other school staff in affected areas - Women attending learning schools in affected areas - Code of conduct signed by teachers and school staff - Schools with GBV risks information sharing and referral mechanism for GBV survivors 	GCC-PDMA KP Deputy Commissioner AC Headquarter ADC Relief GBV Working Group UN Agencies Humanitarian Org.

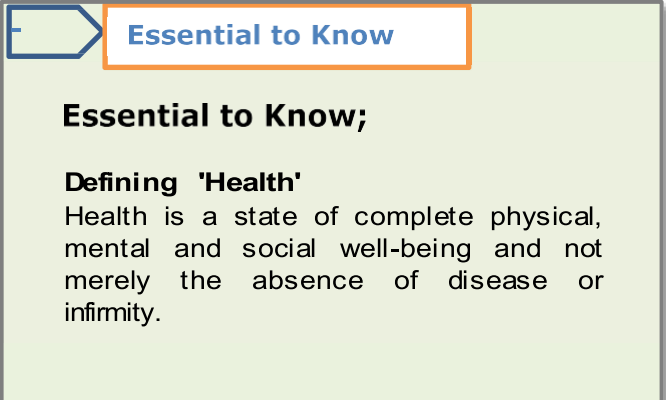
			<ul style="list-style-type: none"> - education policies and guidelines or standards that include GBV prevention and response strategies from standard GBV guidelines - In community outreach activities participants are informed about report of GBV risk and access care for GBV survivors 	
	Monitoring and Evaluation during Coordination		<ul style="list-style-type: none"> - Non-education sectors consulted with to address GBV risk-reduction activates in education sector 	<ul style="list-style-type: none"> - Provincial Directorate of Education - Sectoral working groups by PDMA KP - GBV Coordination structure to provide GBV referral pathways - Govt. Line Departments in compliance to notifications and guidelines - UN Agencies - Humanitarian org

Resources:

1. **Inter-Agency Standing Committee. 2015.** *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.* For more details visit; www.gbvguidelines.org
2. **United Nations Population Fund and Save the Children. 2009.** 'Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings: A companion to the *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*', <www.unfpa.org/publications/adolescent-sexual-andreproductive-health-toolkit-humanitarian-settings>. This toolkit provides information and guidance to advocate for adolescent sexual and reproductive health (ASRH) and implement adolescent-inclusive SRH interventions.
3. The IASC has created an online course that provides the basic steps a humanitarian worker must take to ensure gender equality in programming, including education. To access the course see **Inter-Agency Standing Committee. 2010.** 'Different Needs - Equal Opportunities: Increasing effectiveness of humanitarian action for women, girls, boys and men', www.interaction.org/iascgender-elearning
4. **Zeus, B., and Chaffn, I. 2011.** *Education for Crisis-Affected Youth: A literature review.* INEE Adolescent and Youth Task Team, www.ineesite.org/uploads/files/resources/AYTT_LitReview_2012-02-14.pdf

Gender-Based Violence is a Critical Concern of the Health Sector

In humanitarian emergencies the already overburdened health sector is the first point of contact for all the displaced people affected from various diseases and injuries. Women, adolescent girls, persons with disabilities, and children are the most vulnerable people in any humanitarian emergencies who are seeking safe access to health facilities. During humanitarian emergencies GBV survivors need immediate response from the health sector to facilitate their care from access to no-cost services in health facilities. It is stated that health service providers working in humanitarian emergencies are not well equipped to offer non-discriminatory and confidential health services to GBV survivors.



Essential to Know

Essential to Know;

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

In consultation meetings with government officials, civil society humanitarian actors, and community representatives engaged in relief services during humanitarian emergencies in disaster prone districts and regions in Khyber Pakhtunkhwa, Pakistan.

It is explored that during disaster-floods many health facilities are washed away and others are partially damaged. It is further discussed that available

health facilities are not equipped with facilities to provide health services to GBV survivors.

It is revealed during consultation that health service providers are mostly untrained on GBV in emergencies related concepts and quality health services which need to be provided to GBV survivors. It is explored that during humanitarian emergencies the existing local health facilities are not safe to access and health facilities established in camps are not according to standards to ensure safe transit to health facility, safe transit from health facility, proper lighting, and confidentiality of GBV survivors. It is also discussed that in most of the GBV cases if the perpetrator get information that the survivor is accessing any health facility for services she becomes more at risk. It was highlighted that many GBV survivors are avoiding to avail GBV services and if they need any services they do not disclose about violence due to the fear of murder by perpetrator, her family, kidnaping, or social stigma. It is also explained that GBV survivors are sometimes unable to respond to the questions of health service providers because the health service providers are not well trained on what to ask and how to ask. The participants concluded the discussion that if a GBV survivor is not treated with respect, sympathy, and confidentiality they will not share about the violence and perpetrator of violence. It was concluded that if health facilities are not well equipped and health service providers are not well trained on the treatment of GBV survivor, the survivor will not avail services.

KEY CONSIDERATIONS:

Address Gender-Based Violence in Emergencies during Health

In consultation meetings with district and provincial stakeholders it is highlighted that there are some common considerations, strategic priorities and required actions which need to be ensured in access to health facilities and availing health care services during humanitarian settings. The key GBV

considerations are mainly divided into some areas of interventions in the Health sector.

These are included the following;

- Assessment, Analysis and Planning
- Resource Mobilization
- Implementation
- Coordination with other humanitarian sectors
- Monitoring and Evaluation



Essential to Know

The Minimum Initial Service Package

During the acute phase of an emergency, the priority is to provide a Minimum Initial Service Package (MISP). This package ensures that basic health needs are met and helps to mitigate negative long-term effects of violence on survivors. The MISP is a coordinated series of priority actions designed to prevent morbidity and mortality particularly among women and girls and includes: preventing and managing the consequences of sexual violence; preventing maternal and newborn morbidity and mortality; reducing the transmission of HIV; and planning for comprehensive reproductive health services in the early phase of emergencies.

Key GBV Considerations in Health sector during Humanitarian Settings

Key GBV Consideration	Actions Required	Timeline	Indicators	Key Implementers
<p>Assessment, Analysis and Planning</p>	<p>Ensure participation of women, adolescent girls, persons with disabilities, and other at-risk groups in health programming</p>	<p>Pre-emergency Emergency Post-emergency/recovery</p>	<p>- Women, adolescent girls, persons with disabilities and other at-risk groups engagement as;</p> <ul style="list-style-type: none"> a. Health Staff availability of female health service providers b. Training and retaining all health sector staff c. Female on Leadership positions d. Membership in community committees to involve them in planning and oversight of health services and risk of GBV e. Capacity building training of all health-care workers and health sector administrative staff on GBViE risk mitigation and prevention, international standards and guidelines 	<p>ADC Relief as key focal person in district</p> <p>Health Department Khyber Pakhtunkhwa</p> <p>Directorate General Health Services Khyber Pakhtunkhwa</p> <p>District Health Department Deputy Commissioner concern ADC Relief Humanitarian org. UN Partner agencies GCC-PDMA KP District Working Group</p>

	<p>GBV-survivors and Community awareness</p>		<ul style="list-style-type: none"> - Community awareness on physical and mental health consequences of sexual violence and other form of GBV - Referral pathway to avail GBV-related health care - Community awareness on benefits of seeking GBV-related health care - Awareness on place of GBV survivors access to services - Ensure to GBV survivors and community members that GBV-related health services are safe, confidential and supportive - Awareness on cultural, emotional and other obstacles which prevent GBV survivors from health care services - Educate GBV survivors and community regarding the existing community support system available for GBV-survivors 	<p>District Health Department Deputy Commissioner Office GCC-PDMA KP UN agencies</p> <p>Humanitarian organizations</p> <p>Community Based Organizations</p> <p>Community</p> <p>Digital and Print Media District Information Department</p>
	<p>Available infrastructure of health facilities that provide clinical care and other support to GBV survivors</p>		<ul style="list-style-type: none"> - Number of health facilities available to provide clinical care-including mental health and psychological support to GBV survivors - Number of health facilities located in safe areas in consultation with women and girls 	<p>Planning & Development Department KP</p> <p>Finance Department KP</p>

			<ul style="list-style-type: none"> - Women and girls as guards to allow and to not allow visitors in the facility - Private rooms are available in health facility to provide treatment to GBV survivors - Health staff is well trained to deal with GBV-related cases. Staff should include some trained on Clinical Management of Rape - GBV case management system in place in health facility - Reference document available to compile mapping services for concern authorities and other service providers - GBV survivors services are integrated into existing health-care centers in a non-stigmatizing way 	<p>Health Department KP Directorate General Health Services District Health Department Deputy Commissioner ADC Relief AC Headquarter GCC-PDMA KP Humanitarian org. UN Agencies</p>
Available health services to GBV survivors	Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Different kind of health services provided to support the medical needs of GBV survivors - Follow-up services are available - Trained GBV caseworkers are available at the health facility - Policies and protocols are in place for the clinical care of sexual assault and other forms of GBV 	<p>Health Department KP Directorate General Health Services District Health Department Deputy Commissioner ADC Relief</p>	

			<ul style="list-style-type: none"> - Referral pathways for GBV survivors are in place in health facilities - Proper documentation process for GBV reports and referrals are in place - Strong and transparent information sharing, coordinator, and feedback is available between health actors and other multi-sectoral service providers - Health-care workers, community health workers and specialized health staff receive training 	<p>GCC-PDMA KP Humanitarian org. UN Agencies</p>
	<p>GBV prevention and mitigation strategies in health programming policies, standards, and guidelines</p>	<p>Pre-emergency Emergency Post-emergency</p>	<ul style="list-style-type: none"> - Engage women, adolescent girls, and other at-risk groups in the development of health policies related to GBV - Communicate health policies related to GBV local community including women, adolescent girls, and other at-risk groups - Policies/protocols are in place for the clinical care and referral of GBV cases - The provincial policies/protocols are adhere to international ethical and safety standards - Health staff familiar with it - Provincial plans are available to prevent GBV 	<p>Health Department KP</p> <p>UN Agencies GCC PDMA KP</p> <p>Humanitarian Org.</p> <p>Deputy Commissioner Information Department ADC Relief</p> <p>AC headquarter</p>

			- Health sector, women, girls, and other at-risk groups are involved in GBV related plans	Community organizations
	GBV related information and communication in health programming	Pre-emergency Emergency Post-emergency/ recovery	<ul style="list-style-type: none"> - Community awareness program on general safety and GBV risk and mitigation - Display of GBV risk and mitigation related messages in health facilities and public places - Health workers are involved to raise awareness within the community about GBV risks and protective factors - Use of digital and print media to disseminate information about GBV risks and protective factors - Information about referral pathways for survivors is disseminated among community members, health sector and multi-sectoral service provider - Health-related discussion forums are in place and accessible to GBV survivors to participate in it and feel safe to raise GBV issues 	Health Department KP District Health Department Information Department GCC PDMA KP UN Agencies Humanitarian Organizations Community Based Organizations
Resource Mobilization	Integrating GBV related issues and interventions to mitigate the risk	Pre-emergency Emergency	- Proposal focused GBV-related safety risks, protection needs and rights of women, adolescent girls, and other at-risk groups	Planning & Development Depth. KP

	<p>of GBV in drafting proposals for health programming</p>	<p>Post-emergency/recovery</p>	<ul style="list-style-type: none"> - GBV various forms are described in the proposal to provide health care services to it in health programming - collection of disaggregated data of exploitation and abuse by sex and age focused. The established PSEA guidelines and protocols should be followed - Various challenges to GBV survivors within health sector must be analyzed and described when they are getting or accessing health care services - Emergency preparedness; - Describe a strategy in proposal to establish and implement agreed-upon policies and protocols for the clinical care of sexual assault - Propose trainings for government, health facility staff and community health workers on clinical care of sexual assault and other forms of GBV - Emergency response; - Clear description that how health programme will respond to physical and mental health rights and needs 	<p>Health Department KP Directorate General Health Services District Health Department Deputy Commissioner Office Humanitarian Org. Local Govt. Depth. GCC PDMA KP NGOs and INGOs</p>
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			<ul style="list-style-type: none">- Emergency response teams are mobilized to facilitate GBV survivors to health facilities- Propose costs for safety and effective working environment for female staff in health sector- Post-emergency and recovery; sustainable strategies need to be developed to promote the safety and well-being of those at-risk of GBV- Community engagement need to be ensured in sustainability of health projects to reduce the risk of various forms of GBV- Guiding principles and key approaches need to be described in project activities to work with GBV survivors- Project need to support facilities that they are safe and accessible to GBV survivors, provide proper supplies and staff to the facilities- Project promote/support community-based health systems and structures- Linkages with other humanitarian actors/sectors will be proposed to maximize resources and work in strategic ways to reduce the risk of GBV in health sector	
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Implementation	Involvement of women, adolescent girls, and other at-risk groups in the design and delivery of health programming	Pre-emergency Emergency Post-emergency	<ul style="list-style-type: none"> - Employ women and girls in clinical and non-clinical staff, administrators and training positions - Formation of local health committees - Women participated as active participants and leaders in local health committees 	Health Department KP District Health Department Deputy Commissioner ADC Relief GCC-PDMA KP Humanitarian Org. Community
	Maximize accessibility of women, girls, and other at-risk groups in health and reproductive health facilities	Pre-emergency Emergency Post-emergency	<ul style="list-style-type: none"> - Maximize safety within and around health facilities - Install adequate lighting, employing female guards at facilities, lockable sex-segregated latrines and washing facilities - Reduce or eliminate fees for GBV-related services - Make sure opening time of health facilities are convenient to women, girls, and other at-risk groups - Ensure availability of same-sex, same-language health workers - Integrate GBV services into existing facilities-Basic Health Units, Rural Health Centers, Mother & Child Health Care Centers, Family Planning Centers, Civil dispensaries etc. - Mobile clinics to remote areas 	Health Department KP District Health Department Police Department Deputy Commissioner Office Directorate General Health Services Family Planning Department GCC PDMA KP Information Department Community groups

			<ul style="list-style-type: none"> - Maintain a directory of GBV-related health services - Establish an emergency phone line service 24 hours/day and 7 days/week and widely advertised about it 	
	<p>Maximize the quality of care available to survivors at health facilities</p>	<p>Pre-emergency</p> <p>Emergency</p> <p>Post-emergency</p>	<ul style="list-style-type: none"> - Health facilities have standardized guidelines for the clinical care of GBV survivors - Informed consent obtained prior to performing a physical examination - Physical examinations performed and treatment provided to GBV survivors - Psychological first aid and survivor-centered mental health and psychosocial care provided - Proper documentation of injuries and forensic evidences collection if required - Safe and confidential referrals provided to other services if needed - Documentation of all actions and referrals - Advocate on the GBV survivor behalf if permitted - Train all health facility staff, community health workers, receptionists, security guards, 	<p>Health Department</p> <p>KP</p> <p>District Health Department</p> <p>Deputy Commissioner Office</p> <p>GCC POMA KP</p> <p>UN agencies</p> <p>Humanitarian organizations</p>

			and administration in the issue of gender, GBV, women's/human rights, social exclusion, sexuality and psychological first aid.	
	Health Policies to prevent and response to GBV issues	Pre-emergency Emergency Post-emergency	<ul style="list-style-type: none"> - Establishment of agreed-upon protocols for the clinical care of sexual assault survivors that meet international standards - Consultation with GBV specialists to develop and institute standardized systems of care - Provide written information to all health personnel where to refer GBV survivors for services - Referral pathway training to all - Advocacy meetings with stakeholders including provincial and local authorities, and NGOs to develop and implement action plans that integrate GBV concerns - formation of working group to review and reform policies related to GBV concerns - Integration of GBV-related issues and health care for GBV survivors into curricula and health-related continuing education programmes 	Law department KP Health Department KP GCC PDMA KP Directorate of Elementary and Secondary Education KP UN agencies Civil Society organizations Community
	Health Communications	Pre-emergency	· Develop an information sharing standards that do not reveal the	Information Department KP

	and Information Sharing about reports of GBV within the health sector	Emergency Post-emergency	identity of or pose a security risk to individual survivors, their families or the broader community. - Start community outreaching and awareness raising activities on GBV related information - Start community dialogues, workshops, meetings, and sensitization sessions within the local community - Engage women, girls, men and boys in the development of GBV-related messages - Community engagement as agents of change in prevention efforts related to GBV and in promoting the rights of survivors to receive care - Community awareness on where to report sexual exploitation and abuse committed by health personnel	Deputy Commissioner Office District Information Department District Health Department Humanitarian Organizations GCC POMA KP UN agencies Community
Coordination with other Humanitarian Sectors	GBV coordination mechanism should be established to identify GBV expertise	Pre-emergency Emergency Post-emergency	- Notify GBV coordination committee at district level - Notify GBV sub-working group in health department at provincial level - Ensure women, adolescent girls, and other at-risk groups membership in all GBV notified	Planning & Development Depth. KP Health Department KP POMA KP GCC POMA KP

			<p>committees and working groups in health sector</p> <ul style="list-style-type: none"> - Multi-sectoral coordination with other sectors i.e. CCCM, child protection, education, food security, livelihood, protection, nutrition, housing, land and property, SS&R, WASH etc. - Regular monthly meetings of multi-sectoral coordination body during pre-emergency, emergency, post-emergency/recovery phases - Weekly multi-sectoral coordination body meeting during emergency - Develop a multisectoral standard referral pathway and coordination for GBV survivors - Identify existing health guidelines and protocols for the clinical care of GBV, and advocate as needed to ensure they meet international standards - Community training and awareness raising on the issues of gender, GBV, and women/children rights 	<p>UN agency as co-lead of Health working group while Health Department KP as lead of working group Deputy Commissioner Office District Health Department</p>
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Monitoring and Evaluation	Monitoring and Evaluation during assessment, analysis and planning	Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Inclusion of GBV-related questions in health assessments for collecting general information of the situation and not individual data will be collected and recorded of GBV victims - Adaptation and implementation of multi-sectoral rapid need assessment survey tool following the protocols - Training of all staff and sector partners on the assessment tools - Women, adolescent girls and other at-risk group participation in health assessments - Consultation with Women, adolescent girls and other at-risk groups to discuss access to GBV-related services - Number of health facilities equipped with clinical staff and they are trained on Clinical Care for Sexual Assault (CCSA) and other forms of GBV 	GCC-PDMA KP Health Department KP District Health Department Deputy Commissioner AC Headquarter ADC Relief GBV Working Group UN Agencies Humanitarian Org. Community
	Monitoring and Evaluation during resource mobilization	Pre-emergency Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Including GBV risk reduction objective(s) in health funding proposals - Training of health staff participated in training on GBV guidelines 	Planning &Development Department KP Secretary Relief, Rehabilitation and Settlement Department KP

				POMA KP Health Department KP Deputy Commissioner Ac Headquarter ADC Relief GCC-PDMA KP UN Agencies Humanitarian Org. Community
	Monitoring and Evaluation during implementation	Pre-emergency Emergency Past-emergency/ recovery	<ul style="list-style-type: none"> - Female GBV survivors are consulted in designing health programme - Female staff who provided health services - Health facilities with no fee CCSA and other forms of GBV - GBV survivors and community members knows the location of health services for CCSA and other forms of GBV - Referral pathways are known to health staff - Policies are reviewed with international standards - GBV risk information sharing not reveal the identity of GBV survivors - Community outreach activities share the information about the 	Health Department KP Deputy Commissioner District Health Department Ac Headquarter ADC Relief GCC-PDMA KP UN Agencies Humanitarian Org. Community Community organization

			location and benefits of timely care for CCSA and other forms of GBV	
	Monitoring and Evaluation during Coordination		- Non-health sectors consulted with to address GBV risk-reduction activities in health sector	Sectoral working groups by PDMA KP GBV Coordination structure to provide GBV referral pathways Govt. Line Departments in compliance to notifications and guidelines UN Agencies Humanitarian org.

Resources:

1. **Inter-Agency Standing Committee. 2015.** *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.* For more details visit; www.gbvguidelines.org
2. **Inter-Agency Working Group on Reproductive Health in Crises. 2011.** *Inter-Agency Reproductive Health Kits for Crisis Situations*, fifth edition, <http://iawg.net/resources/184151_UNFPA_EN.pdf>. The essential drugs, equipment and supplies to implement the MISp have been assembled into a set of specially designed prepackaged kits, the Inter-Agency Reproductive Health Kits. The kits complement the objectives laid out in *Reproductive Health in Humanitarian Settings: An inter-agency field manual*. The resource is also available in French and Spanish
3. **World Health Organization. 2003.** *Guidelines for Medico-Legal Care of Victims of Sexual Violence.* Geneva, <<http://whqlibdoc.who.int/publications/2004/924154628X.pdf>>
4. **United Nations Population Fund, 2012.** 'Research, Health Care and Preventive Measures for FGM/C and the Strengthening of Leadership and Research in Africa', www.unfpa.org/resources/research-health-care-and-preventive-measures-fgmc-andstrengthening-leadership-and
5. (Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States [Official Records of the World Health Organization, no. 2, p. 100] and entered into force on 7 April 1948. Available online at www.who.int/governance/eb/who_constitution_en.pdf
6. (For more information about the MISp, see the Women's Refugee Commission website: <<http://womensrefugeecommission.org/programs/reproductive-health/emergency-response/misp>>)

THEME 04

PROTECTION

Gender-Based Violence is a Critical Concern of the Protection Sector

In natural disasters and humanitarian emergencies the protection issues become heightened due to various factors directly and indirectly associated with disaster situations. During humanitarian emergencies various forms of GBV due to gender inequalities begin accelerating from drivers including collapse of family and community protection mechanisms; vulnerable people deprivation from land, homes and other property; discrimination and sexual assault in host community and camps; and weakened formal legal protection mechanisms in the affected regions.

In consultation meetings with government officials, civil society humanitarian actors, and community representatives

engaged in relief services during humanitarian emergencies in disaster prone districts and regions in Khyber Pakhtunkhwa, Pakistan it is explored that

Essential to Know

WHAT THE SPHERE HANDBOOK SAYS:

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

Guidance Note 13: Women and girls can be at particular risk of gender-based violence.

When contributing to the protection of these groups, humanitarian agencies should particularly consider measures that reduce possible risks, including trafficking, forced prostitution, rape or domestic violence.

They should also implement standards and instruments that prevent and eradicate the practice of sexual exploitation and abuse. This unacceptable practice may involve affected people with specific vulnerabilities, such as isolated or disabled women who are forced to trade sex for the provision of humanitarian assistance.

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

during disaster-floods families loss their identify documents that make it difficult for displaced persons particularly women to prove their identity during registration for relief services, availing available facilities and settlement in host communities or camps. During discussion it is highlighted that in most of the cases widows with their children or women with left behind husbands are at a greater risk of violence, exploitation and abuse in host communities or camps. It is shared that humanitarian staff providing services in host communities or camps have limited understanding of domestic and international laws related to protection of vulnerable people during disasters and humanitarian emergencies and protocols of GBV case management and services provision to GBV survivors. The participants shared that there is no protection staff in camps and in some camps if they are available with limited understanding of responsibilities related to protection of women, adolescent girls, children, and persons with disabilities from any kind of GBV. It is explored that in host communities and in camps protection monitoring activities are lacking due to which GBV incidents are occurring including violence, abuse, and violation of their right to access relief services during humanitarian emergencies. The participants discussed that there is no proper mechanism exist during emergency and humanitarian settings to identify GBV incidents and follow referral path to provide support and services to a GBV survivor on her prior consent. It is explained by the participants that in humanitarian emergencies the risk of GBV is heightened during documentation, profiling, and registration of affected women, adolescent girls, and persons with disabilities but no strategy is devised to reduce the risk of GBV. The participants in consultation meetings concluded that various policies, strategies and mechanisms are needed to reduce the risk of GBV during disasters and humanitarian emergencies. In the conclusion it is stated that trained GBV staff and Case Manager should be engaged during emergency and humanitarian settings to document GBV cases through case management

functions. GBV staff will provide services to GBV survivors through referral pathways to the relevant sectors.

KEY CONSIDERATIONS:

Address Gender-Based Violence in Emergencies during Protection

In consultation meetings with district and provincial stakeholders it is highlighted that there are some common considerations, strategic priorities and required actions

which need to be ensured for the protection of vulnerable people during humanitarian settings.

The key **GBV** considerations are mainly divided into some areas of

interventions in the Protection sector.

These are included the following;

- Assessment, Analysis and Planning
- Resource Mobilization
- Implementation
- Coordination with other humanitarian sectors
- Monitoring and Evaluation

Essential to Know

Exercising Rights

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

Key GBV Considerations in Protection Sector during Humanitarian Settings

Key GBV Consideration	Actions Required	Timeline	Indicators	Key Implementers
Assessment, Analysis and Planning	Ensure participation of women, adolescent girls, persons with disabilities, and other at-risk groups in Protection programming	Pre-emergency Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Women, adolescent girls, persons with disabilities and other at-risk groups participated as; <ul style="list-style-type: none"> a. Protection Staff b. Training and retaining female staff c. Involved in community-based activities related to protection d. Lead actors in protection response aware of international standards - Broad protection factors that may exacerbate the risks of GBV in the particular setting - Community-based groups are involved as security patrols to facilitate monitoring of GBV risks - IDPs profiling and registration processes incorporate GBV as a risk factor for vulnerability with the prior consent of women and girls 	<p>ADC Relief as key focal person in district</p> <p>Police Department KP</p> <p>Khyber Pakhtunkhwa Commission on the Status of Women (KPCSW)</p> <p>Khyber Pakhtunkhwa Child Protection and Welfare Commission (KPCPWC)</p> <p>Social Welfare Department KP</p> <p>Deputy Commissioner concern Humanitarian org.</p>

				UN Partner agencies GCC-PDMA KP District Working Group
	GBV-related protection environment		<ul style="list-style-type: none"> - Community awareness on physical and mental health consequences of sexual violence and other form of GBV - Referral pathway to avail GBV-related health care - Community awareness on benefits of seeking GBV-related health care - Awareness on place of GBV survivors access to services - Ensure to GBV survivors and community members that GBV-related health services are safe, confidential and supportive - Awareness on cultural, emotional and other obstacles which prevent GBV survivors from health care services - Educate GBV survivors and community regarding the existing community support system available for GBV-survivors 	Deputy Commissioner Office GCC-PDMA KP Child Protection Unit (CPU) District Women Committee (DWC-KPCSW) Law department UN agencies Humanitarian organizations Community Based Organizations Community Digital and Print Media

				District Information Department
	Capacity of Security Sector/ Actors to protect and response to GBV		<ul style="list-style-type: none"> - Security Staff - Women as security staff - Training to security sector on GBV prevention and response - Code of conduct in place for police and other security personnel - Standard Operating Procedures (SOPs) in place to guide security personnel in assisting GBV survivors - Medico-legal forms are used for recording incidents of GBV if the GBV survivors are not chooses to report incident and pursue legal action - Confidential environments for reporting incidents of GBV to police 	Police Department Health Department Deputy Commissioner ADC relief GCC PDMA KP UN Agencies Humanitarian organizations
	Capacity of Justice Sector to protect and response to GBV		<ul style="list-style-type: none"> - Enhanced the Capacity of provincial and sub-regional justice system to deal ethically and efficiently with cases of GBV - Free or low cost legal services available to GBV survivors 	Law department KP District Judiciary CPU DWC-KPCSW

			- Protection provided to GBV survivors and witnesses	Directorate General Health Services District Health Department Deputy Commissioner ADC Relief AC Headquarter GCC-PDMA KP Humanitarian org. UN Agencies
	Areas related to Protection Policies	Emergency Post-emergency/recovery	- GBViE risk mitigation and prevention, international standards and guidelines are incorporated into protection polices - Provincial laws support the prevention and response to GBV - Plan available to support coordinated, prompt and supportive services for GBV survivors	Law department KP KPCSW KPCPWC District Health Department Deputy Commissioner ADC Relief GCC-PDMA KP Humanitarian org. UN Agencies
	GBV related communications and information sharing in	Pre-emergency Emergency Post-emergency/recovery	- Training to protection actors - Protection-related community outreach activities to raise awareness within the community	Police Department KP Law Department KP GCC PDMA KP

	protection programming		<p>about general safety and GBV risk reduction</p> <ul style="list-style-type: none"> - Protection-related discussion forums formed and discussion take place. The women and girls feel safe to raise general GBV risks of women and girls at the forums 	<p>UN Agencies Humanitarian Organizations Community Based Organizations</p>
Resource Mobilization	Integrating GBV related issues and interventions to mitigate the risk of GBV in drafting proposals for protection programming	<p>Pre-emergency</p> <p>Emergency</p> <p>Post-emergency/recovery</p>	<ul style="list-style-type: none"> - Proposal articulate GBV-related safety risks, protection needs and rights of women, adolescent girls, and other at-risk groups as they relate to the wider protection environment - Proposal focused on physical safety issues of women, girls, and other at-risk groups - The risks of GBV different forms are described and analysed in the proposal - Emergence Response - Explain in proposal the actions how to address immediate GBV-related protection needs - Additional costs required to ensure the safety and effective working environments for female staff in protection sector - Training provided to protection actors 	<p>Planning & Development Depth. KP Social Welfare Department KPCSW KPCPWC Deputy Commissioner Office Humanitarian Org. Local Govt. Depth. GCC PDMA KP NGOs and INGOs</p>

			<ul style="list-style-type: none"> - Additional costs required to ensure any GBV-related community outreach materials in multiple formats - Post-emergency and recovery - Sustainable strategies are proposed to promote the safety and well-being of those at risk of GBV - Proposed activities reflect guiding principles and key approaches for addressing GBV - Proposed project illustrate linkages between protection sector and other humanitarian sectors 	
Implementation	Involve women, adolescent girls, and other at-risk groups in all aspects of protection programming	Pre-emergency Emergency Post-emergency	<ul style="list-style-type: none"> - Representation of female within protection programme staff - Women active involvement in community-based protection committees, meetings - Other at-risk group people involvement in protection committees - Women and girls are engaged in protection-monitoring staff 	Deputy Commissioner ADC Relief GCC-PDMA KP Humanitarian Org. Community
	Integration of GBV prevention and mitigation into protection monitoring	Pre-emergency Emergency Post-emergency	<ul style="list-style-type: none"> - Consider protection factors in protection monitoring - GBV specialist and protection staff members engaged 	Police Department Deputy Commissioner Office

	activities and community-based protection strategies		<ul style="list-style-type: none"> - Engage protection monitoring staff - Community engagement in monitoring high-risk areas - Community watch program - Security Patrols - Regular visits by protection monitors to assess GBV-related concerns in communities 	GCC POMA KP Information Department Community groups
	Safeguard those at risk of GBV during documentation, profiling and registration processes	<p>Pre-emergency</p> <p>Emergency</p> <p>Post-emergency</p>	<ul style="list-style-type: none"> - Incorporate GBV as a risk factors in IDPs profiling and registration processes, however the information will be recorded with prior consent of the IDPs i.e. women and girls - Ensure women, girls and other at-risk groups participation in IDPs documentation and profiling - Strategies are developed to support GBV survivors to report their risk and history to GBV staff involved in documentation, profiling and registration processes 	<p>Police Department Deputy Commissioner Office</p> <p>GCC POMA KP UN agencies Humanitarian organizations</p>
	Enhance the capacity of security institutions/ personnel	<p>Pre-emergency</p> <p>Emergency</p> <p>Post-emergency</p>	<ul style="list-style-type: none"> - Adequate number of trained police and security personnel are appointed - Women employment in security sector 	<p>Law department KP Police Department KP GCC POMA KP</p>

	enhanced to prevent and respond to GBV		<ul style="list-style-type: none"> - Training of all concerned security personnel - Training focused on issues of gender, GBV, women's/human rights, social exclusion and sexuality - Code of Conduct implemented for security personnel - Security personnel respect the confidentiality, rights, choices and dignity of the survivors - Security personnel signed the protocols and procedures for assisting and supporting GBV survivors - Establishment of women's desks in police stations - community engagement to create environments where survivors are supported to seek assistance 	<p>UN agencies Civil Society organizations Community</p>
	Protection related policies	<p>Pre-emergency</p> <p>Emergency</p> <p>Post-emergency</p>	<ul style="list-style-type: none"> - Incorporate policies regarding childcare for protection staff - Incorporate the polices to support the participation of women, adolescent girls and other at-risk groups as a staff and leaders in protection progarmmes and activities 	<p>Police Department KP Law Department Parliamentarians Information Department KP Deputy Commissioner Office</p>

			<ul style="list-style-type: none"> - Circulate protection policies among protection personnel - Review existing laws and advocate with relevant stakeholders to strengthen prevention and response to GBV - Advocate for the adaptation and implementation of key human rights instruments - Advocate for reforms in laws and policies to protect women, adolescent girls and other at-risk groups from GBV risk - Include GBV in all relevant frameworks, and developmental action plans. 	<p>District Information Department Humanitarian Organizations GCC PDMA KP UN agencies Community</p>
	<p>GBV prevention and response into Protection communication and information sharing</p>	<p>Pre-emergency Emergency Post-emergency</p>	<ul style="list-style-type: none"> - Written information available with all protection personnel about where to refer survivors - Regularly update information about GBV services - Training of all Protection Personnel - Identifying information of GBV survivors is not reveal by protection personnel - Community outreach activities include GBV risk, prevention, and response information 	<p>Deputy Commissioner Office GCC-PDMA KP UN Agencies Community Humanitarian organizations</p>

			<ul style="list-style-type: none"> - Male community engagement as agent of change in protection outreach activities - Initiate community discussion segregate forums by sex and age - Information sharing with community about code of conduct for protection personnel 	
Coordination with other Humanitarian Sectors	GBV coordination mechanism should be established to identify GBV expertise to assist protection actors	<p>Pre-emergency</p> <p>Emergency</p> <p>Post-emergency</p>	<ul style="list-style-type: none"> - Multi-sectoral coordination with other sectors i.e. CCCM, child protection, education, food security, livelihood, protection, nutrition, housing, land and property, SS&R, WASH etc. - Regular monthly meetings of multi-sectoral coordination body during pre-emergency, emergency, post-emergency/recovery phases - Weekly multi-sectoral coordination body meeting during emergency - Develop a multisectoral standard referral pathway and coordination for GBV survivors - Develop a standard referral pathway for GBV survivors - Community training and awareness raising on the issues of gender, GBV, and women/children rights 	<p>Police Department</p> <p>POMA KP</p> <p>GCC POMA KP</p> <p>UN agency as co-lead of Protection working group while relevant</p> <p>Department KP as lead of working group</p> <p>Deputy Commissioner Office</p> <p>KPCSW</p> <p>KPCPWC</p> <p>ADC Relief</p> <p>AC Headquarter Information department KP</p>

Monitoring and Evaluation	Monitoring and Evaluation during assessment, analysis and planning	Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Inclusion of GBV-related questions in protection assessments for collecting general information of the situation and not individual data will be collected and recorded of GBV victims - Adaptation and implementation of multi-sectoral rapid need assessment survey tool following the protocols - Training of all staff and sector partners on the assessment tools - Women, adolescent girls and other at-risk group participation in protection assessments - Consultation with Women, adolescent girls and other at-risk groups to discuss access to GBV-related services - Number of sites with SOPs for security personnel to assist GBV survivors - Protection staff aware of referral pathways for GBV survivors 	GCC-PDMA KP Deputy Commissioner AC Headquarter ADC Relief GBV Working Group UN Agencies Humanitarian Org. Community
	Monitoring and Evaluation during resource mobilization	Pre-emergency Emergency Post-emergency/ recovery	<ul style="list-style-type: none"> - Including GBV risk reduction objective(s) in protection funding proposals 	Planning &Development Department KP Secretary Relief, Rehabilitation and

			<ul style="list-style-type: none"> - Training of protection staff participated in training on GBV guidelines 	<p>Settlement Department KP PDMA KP Deputy Commissioner Ac Headquarter ADC Relief GCC-PDMA KP UN Agencies Humanitarian Org. Community</p>
	Monitoring and Evaluation during implementation	Pre-emergency Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Protection monitoring teams with at least one GBV specialist - Community based strategies to monitor security - Registration sites that include GBV as a risk factor for vulnerability with the prior consent from women and girls - Security staff participated in training on how to respond to incidents of GBV according to established protocols - Female security staff present in specific locations - Legal aid organizations providing legal services to GBV survivors - Polices, guidelines of protection included GBV prevention and 	<p>Police Department Law department KP District Judiciary Deputy Commissioner Ac Headquarter ADC Relief GCC-PDMA KP UN Agencies Humanitarian Org. Community Community organization</p>

			<p>mitigation strategies from GBV guidelines</p> <ul style="list-style-type: none"> - Laws are reviewed to incorporate GBV prevention and mitigation strategies - Protection staff ensure to not reveal any identifying information to GBV survivors 	
	Monitoring and Evaluation during Coordination		<ul style="list-style-type: none"> - Non-protection sectors consulted with to address GBV risk-reduction activates 	<p>Sectoral working groups by POMA KP GBV Coordination structure to provide GBV referral pathways Govt. Line Departments in compliance to notifications and guidelines UN Agencies Humanitarian org</p>

Resources:

1. **Inter-Agency Standing Committee. 2015.** *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.* For more details visit; www.gbvguidelines.org
2. **Inter-Agency Standing Committee (IASC) and Global Protection Cluster Working Group. 2010.** *Handbook for the Protection of Internally Displaced Persons,* <www.unhcr.org/4c2355229.pdf>
3. **Global Protection Cluster.** *Coordination Toolbox and Natural Disaster Reference Sheets,* <www.globalprotectioncluster.org/en/tools-and-guidance/protection-cluster-coordinationtoolbox.html>
4. **Global Protection Cluster. 2014.** *Protection Mainstreaming Package,* <www.globalprotectioncluster.org/en/areas-ofresponsibility/protection-mainstreaming.html>
5. **(Sphere Project. 2011.** *Sphere Handbook: Humanitarian charter and minimum standards in humanitarian response,* <www.sphereproject.org/resources/download-publications/?search=l&keywords=&language=English&category=22>)
6. **UNHCR Executive Committee. 2006.** 'Conclusion on Women and Girls at Risk', No. 105 [LVII] www.unhcr.org/45339d922.htm

THEME 05

SHELTER, SETTLEMENT AND RECOVERY

Gender-Based Violence is a Critical Concern of the Shelter, Settlement and Recovery Sector

In any natural disasters and humanitarian emergencies the role of Shelter, Settlement and Recovery (SS&R) sector is important to immediately protect the displaced population and ensure their survival. It is stated that GBV related risks are heightened when the SSR sector fails to address the needs of the vulnerable people during disasters and humanitarian emergencies.

In any natural disasters and humanitarian emergencies the role of Shelter, Settlement and Recovery (SS&R) sector is important to immediately protect the displaced population and ensure their survival. It is stated that GBV related risks are heightened when the SSR sector fails to address the needs of the vulnerable people during disasters and humanitarian emergencies.

Essential to Know

WHAT THE SPHERE HANDBOOK SAYS:

Shelter, Settlement and Non-Food Items Standard 1:

Strategic Planning: Shelter and settlement strategies contribute to the security, safety, health and well-being of both displaced and non-displaced affected populations, and promote recovery and reconstruction where possible.

Guidance Note # 7: Risk, Vulnerability and Hazard Assessments: Actual or potential security threats and the unique risks and vulnerabilities due to age, gender [including GBV], disability, social or economic status, the dependence of affected populations on natural environmental resources, and the relationships between affected populations and any host communities should be included in any such assessments.

In consultation meetings with government officials, civil society humanitarian actors, and community representatives engaged in relief services during humanitarian emergencies in disaster prone districts and regions in Khyber Pakhtunkhwa, Pakistan it is explored that overcrowding in host community or camps increase the risk of sexual exploitation, harassment, sexual assault, and violence. It is also explored that in host community or camps due to poor settlement people arrange early marriages of their daughters to avoid the risk of sexual assault. It is discussed that mostly the shelters are poorly designed with lack of privacy for women and adolescent girls in bathing and dressing which increase the risk of GBV and sexual assault. Similarly, in hot weather it is not possible for women and adolescent girls to stay outside the shelter as men are sleeping outdoors because it is culturally prohibited in Khyber Pakhtunkhwa. Similarly, the children are also not allowed to stay outside the shelter as there is a risk of sexual assault and violence from unknown people in the camp. It is explained in the meetings that due to lighting issue in the camp GBV are increased in form of violence and sexual assault. It is shared

Essential to Know

Defining 'shelter'

The term shelter is used throughout the text to refer to both the basic definition of shelter— a 'habitable covered space providing a secure and healthy environment with privacy and dignity for those residing in the dwelling'— and the process through which this habitable space evolves from emergency shelter to durable solutions, which may take years.

that during disaster-floods and humanitarian emergencies in camps and host community shelter-related non-food items also increase the risk of GBV among women, girls, and other at risk groups, who are forced in exchange of these items-sexual exploitation, early marriage of girls. It is stated in consultation meetings that security patrols are not available

late at night and in most of the situations they do not document and report the GBV case to responsible officers in the camp setting. There is no monitoring mechanism available to watch and report the risk factors of GBV in shelter. It is concluded that poor planned and structured shelter heightened the risk of GBV in the province.

KEY CONSIDERATIONS:

Address Gender-Based Violence in Emergencies during SS&R Sector

In consultation meetings with district and provincial stakeholders it is highlighted that there are some common considerations, strategic priorities and required actions which need to be ensured to reduce the risk of GBV through SS&R of vulnerable people during humanitarian settings. The key GBV considerations are mainly divided into some areas of interventions in the SS&R sector.

These are included the following;

- Assessment, Analysis and Planning
- Resource Mobilization
- Implementation
- Coordination with other humanitarian sectors
- Monitoring and Evaluation

Key GBV Considerations in Shelter, Settlement and Recovery Sector during Humanitarian Settings

Key GBV Consideration	Actions Required	Timeline	Indicators	Key Implementers
Assessment, Analysis and Planning	Ensure participation of women, adolescent girls, persons with disabilities, and other at-risk groups in Protection programming	Pre-emergency Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Women, adolescent girls, persons with disabilities and other at-risk groups participated; <ul style="list-style-type: none"> a. SS&R Staff b. Training and retaining female staff c. Involved in community-based activities related to SS&R d. Livelihood and skills training in SS&R sector - Lead actors in SS&R response are aware of international standards for mainstreaming GBV prevention and mitigation strategies into their activities 	ADC Relief as key focal person in district Secretary Relief, Rehabilitation and Settlement Department KP Deputy Commissioner concern Camp Management Team AC Headquarter <i>Tehsil Dar Patwari</i> Humanitarian org. UN agencies GCC-PDMA KP INGOs District Working Group Community
	Shelter Design and Safety		<ul style="list-style-type: none"> - Vulnerability index being used for shelter assistance 	Secretary Relief, Rehabilitation and

		<ul style="list-style-type: none"> - Processes in place for determining access to individual accommodations for women - Processes in place for determining access to safe communal shelter for unaccompanied women and girls - Shelters built with safety and privacy - Privacy provided between ages and sexes as culturally appropriate in shelter - Programmes in place to help deal with high rent and cost of for women, girls, children, and other at-risk groups - Women-and child-headed households, single women and other at-risk groups consulted on which shelter arrangements they feel safest - Location of shelter is safe and lighting in these spaces sufficient - Women, adolescent girls-and child-friendly spaces designated in shelter 	<p>Settlement Department KP Deputy Commissioner concern Camp Management Team ADC Relief AC Headquarter <i>Tehsil Dar</i> <i>Patwari</i> Humanitarian org. UN Partner agencies GCC-PDMA KP INGOs District Working Group Community</p>
	Distribution of Assistance/Non-food Items	<ul style="list-style-type: none"> - SS&R sector distribute NFis (hygiene and dignity kits, lighting for personal use) 	<p>Camp Management Deputy CommissionE ADC Relief AC Headquarter Police Department</p>

			<ul style="list-style-type: none"> - Criteria in place for distribution of NFIs to reduce the risk of sexual exploitation and abuse - Shelter-related NFIs distribution places are safe - Cooking and heating fuel is provided to women, girls, child-headed household in shelter - Cash or voucher transfer in place through GBV case management by protection sector and GBV specialist - Regular monitoring of cash or voucher transfer mechanism 	<p>District Working Gro1 Community UN agencies Humanitarian organizations</p>
	Areas related to SS&R Policies	Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - GBV prevention and mitigation strategies are incorporated into policies, standards, and guidelines of SS&R programmes - Provincial laws support the prevention and response to GBV in the SS&R sector - Plan available to support coordinated, prompt and supportive services for GBV survivors 	<p>Law department KP Secretary Relief Parliamentarians Deputy Commissioner Office ADC Relief GCC-PDMA KP Humanitarian org. UN Agencies</p>
	SS&R Communications and Information Sharing	Pre-emergency Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Training to SS&R Staff - SS&R-related community outreach activities to raise awareness within the community about general safety and GBV risk reduction 	<p>Deputy Commissioner Office ADC Relief GCC POMA KP UN Agencies</p>

			<ul style="list-style-type: none"> - SS&R-related discussion forums formed and discussion take place. The forums should be sex and age wise segregated that the participants feel safe to raise GBV risks in the forums 	<p>Humanitarian Organizations Community Based Organizations Community</p>
Resource Mobilization	Integrating GBV related issues and interventions to mitigate the risk of GBV in drafting proposals for SS&R programming	<p>Pre-emergency</p> <p>Emergency</p> <p>Post-emergency/recovery</p>	<ul style="list-style-type: none"> - Proposal articulate GBV-related safety risks, protection needs and rights of women, adolescent girls, and other at-risk groups as they relate to the provision of shelter - Proposal focused on physical safety issues of women, girls, and other at-risk groups - The risks of GBV different forms are described and analysed in the proposal - Emergence Response - Explain in proposal the vulnerabilities and related needs of particular at-risk groups - Pre-positioned age, gender, and culturally appropriate supplies in order to facilitate rapid SS&R response that incorporates GBV risk reduction - Additional costs required to ensure the that new construction as well as renovations of existing infrastructure adhere to the 	<p>Planning & Development Depth. KP POMA KP Deputy Commissioner Office Humanitarian Org. Local Govt. Depth. GCC POMA KP NGOs and INGOs</p>

			<p>principles of universal design and/or reasonable accommodation</p> <ul style="list-style-type: none"> - Training provided to SS&R Staff - Additional costs required to ensure any GBV-related community outreach materials in multiple formats - Post-emergency and recovery - Sustainable strategies are proposed to promote the safety and well-being of those at risk of GBV - Proposed activities reflect guiding principles and key approaches for addressing GBV - Proposed project illustrate linkages between SS&R sector and other humanitarian sectors - Strategies developed meet the standards promoted in the Sphere Handbook - Project promote/support the participation and empowerment of women, girls and other at-risk groups-including as SS&R staff and in community-based SS&R related committees 	
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Implementation	Involve women, adolescent girls, and other at-risk groups in the design and implementation of SS&R programming	Pre-emergency Emergency Post-emergency	<ul style="list-style-type: none"> - Representation of female within SS&R programme staff - Women active involvement in community-based SS&R committees, meetings - Other at-risk group people involvement in SS&R committees - Women and girls are engaged in SS&R-monitoring staff 	Deputy Commissioner ADC Relief GCC-PDMA KP Humanitarian Org. Community
	Prioritize GBV risk reduction in allocation of Shelter materials and shelter construction	Emergency Post-emergency	<ul style="list-style-type: none"> - Clear criteria in place for shelter assistance - Personal accommodation is available for women, girls and at-risk groups - Sphere standards are implemented for space and density to avoid overcrowded living arrangements - improve safety and privacy within sleeping areas to protect women, adolescent girls and other at-risk groups from attack and GBV - Water points are near to shelters so that women, girls, and other at-risk groups do not have to venture far for their household's WASH needs - Community based system established to provide feedback 	Deputy Commissioner Office ADC Relief GCC POMA KP Information Department Working Group UN Agencies

			<p>about shelter-related safety issues relating to GBV</p> <ul style="list-style-type: none"> - Equal and impartial distribution of SS&R-related non-food items - Distribution of cooking sets and design cooking facilities that reduce consumption of cooking fuel, which in turn reduces the need to seek fuel in unsafe areas 	
	SS&R related policies	<p>Pre-emergency</p> <p>Emergency</p> <p>Post-emergency</p>	<ul style="list-style-type: none"> - Incorporate policies regarding childcare for SS&R staff - Incorporate the polices to support the participation of women, adolescent girls and other at-risk groups as a staff and leaders in SS&R progarmmes and activities - Circulate protection polices among SS&R personnel - Review existing laws and advocate with relevant stakeholders to strengthen prevention and response to GBV - Advocate for the adaptation and implementation of key human rights instruments - Advocate for reforms in laws and policies to protect women, adolescent girls and other at-risk groups from GBV risk 	<p>Law Department</p> <p>Parliamentarians</p> <p>Information</p> <p>Department KP</p> <p>Deputy</p> <p>Commissioner</p> <p>Office</p> <p>District Information</p> <p>Department</p> <p>Humanitarian</p> <p>Organizations</p> <p>GCC POMA KP</p> <p>UN agencies</p>

			- Include GBV in all relevant frameworks, and developmental action plans.	
	SS&R Communications and Information Sharing	Emergency Post-emergency	<ul style="list-style-type: none"> - Written information available with all SS&R personnel about where to refer survivors - Regularly update information about GBV services - Training of all SS&R Personnel - Identity of GBV survivors is not reveal by SS&R personnel - Community outreach activities include GBV risk, prevention, and response information - Male community engagement as agent of change in SS&R outreach activities - Initiate community discussion forum with equal representation of women and adolescent girls - Information sharing with community about code of conduct for SS&R personnel 	Information Department KP Deputy Commissioner Office District Information Office GCC-PDMA KP UN Agencies Community Humanitarian organizations
Coordination with other Humanitarian Sectors	GBV coordination mechanism should be established to identify GBV expertise to assist SS&R actors	Pre-emergency Emergency Post-emergency	<ul style="list-style-type: none"> - Multi-sectoral coordination with other sectors i.e. CCCM, child protection, education, food security, livelihood, protection, nutrition, housing, land and property, SS&R, WASH etc. - Regular monthly meetings of multi-sectoral coordination body 	Secretary Relief, Rehabilitation and Settlement Department KP POMA KP GCC POMA KP UN agency as co-lead of Protection

			<p>during pre-emergency, emergency, post-emergency/recovery phases</p> <ul style="list-style-type: none"> - Weekly multi-sectoral coordination body meeting during emergency - Develop a multisectoral standard referral pathway and coordination for GBV survivors - Community training and awareness raising on the issues of gender, GBV, and women/children rights 	<p>working group while relevant</p> <p>Department KP as lead of working group</p> <p>Deputy Commissioner Office</p> <p>ADC Relief AC Headquarter District Working group</p>
Monitoring and Evaluation	Monitoring and Evaluation during assessment, analysis and planning	Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Inclusion of GBV-related questions in SS&R assessments for collecting general information of the situation and not individual data will be collected and recorded of GBV victims - Adaptation and implementation of multi-sectoral rapid need assessment survey tool following the protocols - Training of all staff and sector partners on the assessment tools - Women, adolescent girls and other at-risk group participation in SS&R assessments - Consultation with Women, adolescent girls and other at-risk 	<p>GCC-PDMA KP Deputy Commissioner AC Headquarter ADC Relief Camp Management GBV Working Group UN Agencies Humanitarian Org. Community</p>

			<p>groups before designing a shelter facilities</p> <ul style="list-style-type: none"> - Number of specified geographic locations assessed through consultations with the affected population on GBV risk factors in and around shelters - SS&R staff aware of referral pathways for GBV survivors - SS&R staff knows and correctly respond that where referral pathways available for GBV survivors 	
	Monitoring and Evaluation during resource mobilization	Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Including GBV risk reduction objective(s) in SS&R funding proposals - Training of SS&R staff participated in training on GBV guidelines - GBV risk-reduction supplies stock available 	<p>Planning & Development Department KP Secretary Relief POMA KP Deputy Commissioner GCC-PDMA KP UN Agencies Humanitarian Org.</p>
	Monitoring and Evaluation during implementation	Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - SS&R monitoring teams with at least one GBV specialist - NFIs received by women, adolescent girls, and child-headed households - Women, adolescent girls, child-headed households knows the time and location of the next 	<p>Deputy Commissioner AC Headquarter ADC Relief GCC-PDMA KP UN Agencies Humanitarian Org. Community</p>

			<p>SS&R related materials distribution</p> <ul style="list-style-type: none"> - Sharing of GBV risks and concerns when women, adolescent girls, children during collecting cooking fuel and firewood - SS&R policies, guidelines and standards include GBV prevention and mitigation strategies from the GBV guidelines - SS&R staff says the information shared on GBV risks and concerns should not reveal the identity of GBV victims and survivors - SS&R community outreach activities programmes included the information about where to report risk and access care for GBV survivors 	Community organization
	Monitoring and Evaluation during Coordination		- Non-SS&R sectors consulted with to address GBV risk-reduction activates	Sectoral working groups by PDMA KP GBV Coordination structure to provide GBV referral pathways Govt. Line Departments in compliance to notifications and guidelines

				UN Agencies Humanitarian org.
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Resources:

1. **Inter-Agency Standing Committee. 2015.** *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.* For more details visit; [www .gbvguidelines.org](http://www.gbvguidelines.org)
2. For a checklist to assess gender equality programming in site selection, design, construction and/or shelter allocation, see the **Inter-Agency Standing Committee (IASC). 2006.** *Gender Handbook in Humanitarian Action*, retrieved from https://interagencystandingcommittee.org/system/files/legacy_files/IASC%20Gender%20Handbook%20-%28Feb%202007%29.pdf
3. **Global Shelter Cluster. 2013.** 'Guidance on Mainstreaming Protection in Shelter Programmes' http://www.sheltercluster.org/sites/default/files/docs/Protection%20Matrix_v4%20120924
4. **Global Shelter Cluster. 2012.** 'Guidance on Mainstreaming the Prevention of and Response to Sexual and Gender-Based Violence in Emergency Shelter Programmes', www.urbanresponse.org/resource/7193
5. **(UN, DFID and Shelter Centre. 2010.** 'Shelter after Disaster: Strategies for transitional settlement and reconstruction', p. 321, <<http://sheltercentre.org/node/12873>>) www.unhcr.org/45339d922.html
6. **Sphere Project. 2011.** *Sphere Handbook: Humanitarian charter and minimum standards in humanitarian response*, <[www .spherehandbook.org](http://www.spherehandbook.org)>)

Gender-Based Violence is a Critical Concern of the Livelihood Programmes

In humanitarian emergencies all the affected people are displaced and their day-to-day livelihood activities are suffered. Alongside shelter, protection and other basic facilities people particularly women and other at risk groups need different opportunities to earn money and support themselves and their families.

In consultation meetings with government officials, civil society humanitarian actors, and community representatives engaged in relief services during humanitarian emergencies in disaster prone

Essential to Know

Referral Pathways

A 'referral pathway' is a flexible mechanism that safely links survivors to supportive and competent services, such as medical care, mental health and psychosocial support, police assistance and legal/justice support.

districts and regions in Khyber Pakhtunkhwa, Pakistan it is explored that displaced populations have limited livelihood opportunities to support themselves and their families. In most of the cases they are not allowed to work outside the camp due many other reasons like security concerns and community fear of displaced people engaging in harmful activities in the area. It is discussed that women and adolescent girls are more restricted than men to do any activity outside the camp or host community due to cultural restrictions on them and due to the risk of GBV in the displaced location. It is also explained that most of the livelihood activities are culturally not allowed for women and adolescent girls to perform like activities in construction work, running any business

shop etc. It is discussed that majority of the livelihood opportunities are increase the women and adolescent girls vulnerability to violence. The participants of the consultation meetings highlighted that due to lack of livelihood activities during humanitarian emergencies the risk of exposure to sexual exploitation is increased. It is discussed that in host community and camps women are the headed households, in order to support their families they are entered in exploitative work environment which increase the risk of violence and sexual assault. During humanitarian emergencies formal jobs are limited and women are engaged in informal sector livelihood activities which increase the risk of vulnerability among women and adolescent girls. It is highlighted that the perpetrators of sexual abuse, sexual assault and exploitation are livelihood opportunity providers, suppliers, customers, and those who are receiving material from women and girls in the local market. It is concluded that livelihood programmes need to be introduced for all displaced people to support themselves and their families. The participants highlighted that it is important that gender and cultural norms should be considered in introducing decently paid livelihood programmes to reduce the risk of GBV, particularly among women and adolescent girls. The participants agreed that decently paid livelihood activities are mostly nontraditional however such livelihood opportunities should be provided to women and adolescent girls in their local community.

KEY CONSIDERATIONS:

Address Gender-Based Violence in Emergencies during Livelihoods Programmes

In consultation meetings with district and provincial stakeholders it is highlighted that there are some common considerations, strategic priorities and required actions which need to be ensured to reduce the risk of GBV through the livelihoods programme of vulnerable people during humanitarian settings. The key GBV considerations are mainly divided into some areas of interventions in

Livelihood

Programmes.

These are included the following;

- Assessment, Analysis and Planning
- Resource Mobilization
- Implementation
- Coordination with other humanitarian sectors
- Monitoring and Evaluation

Essential to Know

Minimum Working Age

In implementing activities that involve work, agencies should conform to national legislation regarding the minimum working age and should monitor closely to ensure that livelihoods activities do not promote child labour or encourage children and adolescents to miss school. However, even at young ages, girls and boys can be given opportunities to build their leadership, literacy and numeracy skills, as well as their ability to manage money.

Key GBV Considerations in Livelihood Programmes during Humanitarian Settings

Key GBV Consideration	Actions Required	Timeline	Indicators	Key Implementers
Assessment, Analysis and Planning	Ensure participation of women, adolescent girls, persons with disabilities, and other at-risk groups in Livelihood programming design, implementation and monitoring	Pre-emergency Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Women, adolescent girls, persons with disabilities and other at-risk groups participated; <ul style="list-style-type: none"> e. Livelihood Staff f. Training and retaining female staff - Lead actors in Livelihood programmes are aware of international standards for mainstreaming GBV prevention and mitigation strategies into their activities - Women and other at-risk groups access to safe livelihood activities - Livelihoods activities identified that are profitable and empowering women and other at-risk groups 	ADC Relief as key focal person in district Secretary Relief, Rehabilitation and Settlement Department KP Secretary Labour Department KP Secretary Industries, Commerce and Technical Education Department KP Planning & Development Department Social Welfare. Special Education and Women Empowerment Department KP

				Deputy Commissioner concern Police Department Humanitarian org. UN agencies GCC-PDMA KP INGOs District Working Group Community
	Areas related to Livelihoods Policies	Emergency Post- emergency/recovery	<ul style="list-style-type: none"> - GBV prevention and mitigation strategies are incorporated into policies, standards, and guidelines of Livelihoods programmes - Provincial laws support the prevention and response to GBV in the Livelihoods sector - Laws available to protect female related to legal employment, property ownership, inheritance, access to land, and natural resources - Poverty Plan available to support economic empowerment of women, adolescent girls and other at-risk groups 	<ul style="list-style-type: none"> - Law department KP - Secretary Relief, Rehabilitation and Settlement Department KP - Parliamentarians - Social Welfare. Special Education and Women Empowerment Department KP - Secretary Labour Department KP - Secretary Industries, Commerce and

				<p>Technical Education Department KP GCC-PDMA KP Humanitarian org. UN Agencies</p>
	<p>Livelihoods Communications and Information Sharing</p>	<p>Pre-emergency Emergency Post- emergency/recovery</p>	<p>- Training to Livelihoods Staff - Livelihoods-related community outreach activities to raise awareness within the community about general safety and GBV risk reduction - Livelihoods-related discussion forums formed and discussion take place. The participants feel safe to raise GBV issues in the forums</p>	<p>Information Department KP</p> <p>Secretary Labour Department KP</p> <p>Secretary Industries, Commerce and Technical Education Department KP</p> <p>Deputy Commissioner Office ADC Relief District Information Department</p> <p>GCC PDMA KP UN Agencies Humanitarian Organizations</p>

				Community Based Organizations Community
Resource Mobilization	Integrating GBV related issues and interventions to mitigate the risk of GBV in drafting proposals for Livelihoods programming	Pre-emergency Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Proposal articulate GBV-related safety risks, protection needs and rights of women, adolescent girls, and other at-risk groups in livelihoods activities - Proposal focused on physical safety issues of women, girls, and other at-risk groups - The risks of GBV different forms are described and analysed in the proposal - Emergence Response - Explain in proposal the how the livelihoods programmes will reduce the risks of GBV for participants - Proposed trainings for government, humanitarian workers, women's groups and community members engaged in livelihoods work on the design and implementation of livelihoods programming to mitigate the risk of GBV - Additional costs required to ensure any GBV-related 	<p>Planning & Development Depth. KP PDMA KP</p> <p>Secretary Industries, Commerce and Technical Education Department KP</p> <p>Secretary Labour Department KP</p> <p>Deputy Commissioner Office Humanitarian Org.</p> <p>Local Govt. Depth.</p> <p>GCC PDMA KP</p> <p>NGOs and INGOs</p>

			<p>community outreach materials in multiple formats</p> <ul style="list-style-type: none"> - Post-emergency and recovery - Sustainable strategies are proposed to promote the safety and well-being of those at risk of GBV - Proposed activities reflect guiding principles and key approaches for addressing GBV - Propose the activities which provide opportunities for women and adolescent girls to engage in non-gender-stereotyped occupations that may be of higher income and status than traditional occupations - Community sensitization to not blamed women for non-gender-stereotyped opportunities and they can take active part in such livelihood activities - Proposed project illustrate linkages between Livelihood programmes and other humanitarian sectors 	
Implementation	Involve women, adolescent girls, and other at-risk groups in the	Pre-emergency Emergency	- Representation of female within Livelihoods programme staff	District Labour Department

	design and implementation of Livelihoods programming	Post-emergency	<ul style="list-style-type: none"> - Women active involvement in community-based Livelihoods committees, meetings - Other at-risk group people involvement in Livelihoods committees - Women and girls are engaged in Livelihoods-monitoring staff 	District Social Welfare Department Deputy Commissioner ADC Relief GCC-PDMA KP Humanitarian Org. UN agencies Community
	Implement livelihoods programmes in consultation with women, girls, men and boys to minimize the possible risk of GBV	Emergency Post-emergency	<ul style="list-style-type: none"> - Consultation with livelihoods participants the potential safety risks related to livelihoods activities - Livelihoods activities are available in safe locations and schedule them during times of the day/week that minimize the risk of GBV - Create linkages of participants with trustworthy vendors, transport companies and end markets to mitigate the risk of exploitation - Work with local communities, authorities and other interested sectors to enhance the safety of participants - Sensitization of community about GBV 	Deputy Commissioner Office ADC Relief GCC POMA KP Information Department District Livelihood Working Group UN Agencies

			<ul style="list-style-type: none"> - Engage men and boys as direct participants in parallel livelihoods programmes as supportive partner in livelihoods programmes for women and adolescent girls - Promote some non-traditional employment opportunities that can contribute to the status and professional empowerment of women and adolescent girls - Provide trainings on marketable, profitable and transferable skills such as financial literacy, business management, computer skills and marketing - Provide grants in shape of bank transfer, mobile money transfer rather than cash distribution - Choose safe location for direct distribution among participants 	
	Livelihoods policies	<p>Pre-emergency</p> <p>Emergency</p> <p>Post-emergency</p>	<ul style="list-style-type: none"> - Incorporate the polices to support the participation of women, adolescent girls and other at-risk groups as a staff and leaders in Livelihoods progarmmes and activities - Incorporate relevant GBV presentation and mitigation strategies into the policies, 	<ul style="list-style-type: none"> - Law department KP - Secretary Relief, Rehabilitation and Settlement Department KP - Parliamentarians

			<p>standards and guidelines of livelihoods programmes</p> <ul style="list-style-type: none"> - Circulate Livelihoods polices among Livelihoods personnel, committees and management groups - Review existing laws and advocate with relevant stakeholders to strengthen prevention and response to GBV - Advocate for the adaptation and implementation of key human rights instruments - Advocate for reforms in laws and policies to protect women, adolescent girls and other at-risk groups from GBV risk - Include GBV in all relevant frameworks, and livelihoods related action plans. 	<ul style="list-style-type: none"> - Social Welfare. Special Education and Women Empowerment Department KP - Secretary Labour Department KP - Secretary Industries, Commerce and Technical Education Department KP GCC-PDMA KP Humanitarian org. UN Agencies
	Livelihoods Communications and Information Sharing	Emergency Post-emergency	<ul style="list-style-type: none"> - Written information available with all Livelihoods personnel about where to refer survivors for care and support - Regularly update information about GBV services - Training of all Livelihoods Personnel - Identity of GBV survivors is not reveal by Livelihoods personnel 	<p>Information Department KP Deputy Commissioner Office District Information Office GCC-PDMA KP UN Agencies Community</p>

			<ul style="list-style-type: none"> - Community outreach activities include GBV risk, prevention, and response information - Male community engagement as agent of change in Livelihoods outreach activities - Initiate community discussion forum with equal representation of women and adolescent girls - Information sharing with community about code of conduct for Livelihoods personnel 	Humanitarian organizations
Coordination with other Humanitarian Sectors	GBV coordination mechanism should be established to identify GBV expertise to assist Livelihoods actors	<p>Pre-emergency</p> <p>Emergency</p> <p>Post-emergency</p>	<ul style="list-style-type: none"> - Multi-sectoral coordination with other sectors i.e. CCCM, child protection, education, food security, livelihood, protection, nutrition, housing, land and property, SS&R, WASH etc. - Regular monthly meetings of multi-sectoral coordination body during pre-emergency, emergency, post-emergency/recovery phases - Weekly multi-sectoral coordination body meeting during emergency - Develop a multisectoral standard referral pathway and coordination for GBV survivors - Community training and awareness raising on the issues 	<p>Secretary Relief, Rehabilitation and Settlement Department KP</p> <p>POMA KP</p> <p>GCC POMA KP</p> <p>UN agency as co-lead of Protection working group while relevant</p> <p>Department KP as lead of working group</p> <p>Deputy Commissioner Office</p> <p>ADC Relief</p> <p>AC Headquarter</p>

			<p>of gender, GBV, and women/children rights</p> <ul style="list-style-type: none"> - Training for livelihoods staff on issues of gender, GBV and women's rights/human rights 	District Working group
Monitoring and Evaluation	Monitoring and Evaluation during assessment, analysis and planning	<p>Emergency</p> <p>Post-emergency/recovery</p>	<ul style="list-style-type: none"> - Inclusion of GBV-related questions in livelihood assessments for collecting general information of the situation and not individual data will be collected and recorded of GBV victims - Adaptation and implementation of multi-sectoral rapid need assessment survey tool following the protocols - Training of all staff and sector partners on the assessment tools - Women, adolescent girls and other at-risk group participation in Livelihoods assessments - Consultation with Women, adolescent girls and other at-risk groups to discuss GBV risk factors in accessing livelihoods - Livelihoods staff aware of referral pathways for GBV survivors - Livelihoods staff knows and correctly respond that where 	<p>GCC-PDMA KP Deputy Commissioner AC Headquarter ADC Relief Camp Management GBV Working Group UN Agencies Humanitarian Org. Community</p>

			referral pathways available for GBV survivors	
	Monitoring and Evaluation during resource mobilization	Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Including GBV risk reduction objective(s) in Livelihoods funding proposals - Training of Livelihoods staff participated in training on GBV guidelines 	Planning & Development Department KP Secretary Relief, Rehabilitation and Settlement Department KP POMA KP Secretary Labour Department KP Secretary Industries, Commerce and Technical Education Department KP Deputy Commissioner GCC-PDMA KP UN Agencies Humanitarian Org.
	Monitoring and Evaluation during implementation	Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Female participated in livelihoods programmes - GBV risks and concerns reported when asked about participation in livelihoods programmes 	Secretary Relief, Rehabilitation and Settlement Department KP POMA KP Secretary Labour Department KP

			<ul style="list-style-type: none"> - Livelihoods monitoring teams with at least one GBV specialist - Women, adolescent girls, child-headed households knows the time and location of the next Livelihoods related materials distribution -Livelihoods policies, guidelines and standards include GBV prevention and mitigation strategies from the GBV guidelines - Livelihoods staff says the information shared on GBV risks and concerns should not reveal the identity of GBV victims and survivors -Livelihoods community outreach activities programmes included the information about where to report risk and access care for GBV survivors 	<p>Secretary Industries, Commerce and Technical Education Department KP</p> <p>Deputy Commissioner AC Headquarter ADC Relief GCC-PDMA KP UN Agencies Humanitarian Org. Community organization</p>
	Monitoring and Evaluation during Coordination		<ul style="list-style-type: none"> - Non-livelihoods sectors consulted with to address GBV risk-reduction activates 	<p>Constitution of Sectoral working groups by POMA KP GBV Coordination structure to provide GBV referral pathways Govt. Line Departments in</p>

				compliance to notifications and guidelines Secretary Labour Department KP Secretary Industries, Commerce and Technical Education Department KP GCC POMA KP Govt. Line Departments UN Agencies Humanitarian org.
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Resources:

1. **Inter-Agency Standing Committee. 2015.** *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.* For more details visit; [www .gbvguidelines.org](http://www.gbvguidelines.org)
2. **Emergency Market Mapping and Analysis Toolkit {EMMA}. 2011,** <http://emma-toolkit.org>. The EMMA toolkit is a guidance manual for humanitarian staff in sudden-onset emergencies. It aims to improve emergency responses by encouraging and assisting relief agencies to better understand, support and make use of local market systems in disaster zones
3. **The Small Enterprise Education and Promotion {SEEP} Network. 2010.** *Minimum Economic Recovery Standards.* This handbook sets out strategies and interventions designed to improve income, cash flow, asset management, and growth among crisis-affected households and enterprises. www.seepnetwork.org/flebin/Minimum_Econ_Recovery_Standards2_web.pdf

Gender-Based Violence is a Critical Concern of the Nutrition Sector

In humanitarian settings nutrition is closely interlinked with gender inequality and GBV. Evidence shows that women, girls, children and other at risk groups are facing barriers in access to nutrition foods, clean drinking water, health care facilities, and water, sanitation and hygiene (WASH) services due to which they are facing the issue of malnutrition.

In consultation meetings with government officials, civil society humanitarian actors, and community representatives engaged in relief services during humanitarian emergencies in disaster prone districts and regions in Khyber

Essential to Know

Persons with Disabilities

Persons with illnesses, physical impairments, or physical or developmental disabilities may be unable to travel to or access therapeutic feeding centres, stabilization centres, health-care centres and other services. Those who do not have family members to assist them and have to rely on others for help may be at increased risk of exploitation and abuse. It is important to adapt and develop procedures according to the rights and needs of persons with disabilities.

For example:

- Services should be physically accessible with ramps, handrails, adapted toilets and medical equipment (such as stretchers, walkers, wheelchairs, crutches, sticks, etc.). Consideration should be given to arranging transportation to services for persons with limited mobility.
- Additional assistance should be available for people who are not able to eat on their own—for example, providing modified devices, spoons or straws for persons who have difficulties using utensils.
- Injured persons and persons with disabilities may need specific diets that are designed to ease their healing process, prevent complications and/or ensure their well-being.
- Nutrition messages should be communicated in accessible formats (e.g. with large prints; sign language; simplified messaging such as pictograms and pictures; etc.).
- Nutrition and community outreach staff must be trained on how to provide disability-sensitive services and how to report data with disability-disaggregated information.
- Awareness workshops should be conducted at the community level (with community-based organizations, family members of persons of concern) to assure that general knowledge about nutrition is widespread

Pakhtunkhwa, Pakistan it is explored that displaced populations are facing the issue of malnutrition. In humanitarian settings women, girls, children, and other at risk groups are more vulnerable to malnutrition. It is discussed that in host communities or camps the poor families are struggling to fulfill their family nutrition

Essential to Know

Beyond Accessing Funds

'Resource mobilization' refers not only to accessing funding, but also to scaling up human resources, supplies and donor commitment. For more general considerations about resource mobilization, see **Part Two: Background to Thematic Area Guidance**. Some additional strategies for resource mobilization through collaboration with other humanitarian sectors/partners are listed under 'Coordination',

needs. In camps it is observed that some poor families arrange early marriage of their girls to reduce the nutrition burden on family members. The participants shared that during distribution of food items many times women and children headed households are ignored due to lack of access to distribution points in host communities or camps. It is evident that women, girls, and children are experiencing sexual assault and violence on distribution points and many times they returned without getting food items. The women, girls and other at risk groups faced the lack of nutrition support. It is highlighted that there is no nutrition support programme observed in camps and host communities during last disaster-floods-2022. There are no community-based nutrition programmes in place to monitor households' resource scarcity which can be shared with GBV specialists to take preventive action at an early stage. It is concluded that the nutrition sector needs to take actions to prevent and mitigate the risk of GBV in humanitarian settings.

KEY CONSIDERATIONS:

Address Gender-Based Violence in Emergencies during Nutrition Sector

In consultation meetings with district and provincial stakeholders it is highlighted that there are some common considerations, strategic priorities and required actions which need to be ensured to reduce the risk of GBV through nutrition sector of vulnerable people during humanitarian settings.

The key GBV considerations are mainly divided into some areas of interventions in the Nutrition Sector.

These are included the following;

- Assessment, Analysis and Planning
- Resource Mobilization
- Implementation
- Coordination with other humanitarian sectors
- Monitoring and Evaluation

Key GBV Considerations in Nutrition Sector during Humanitarian Settings

Key GBV Consideration	Actions Required	Timeline	Indicators	Key Implementers
<p>Assessment, Analysis and Planning</p>	<p>Ensure participation of women, adolescent girls, persons with disabilities, and other at-risk groups in Nutrition programming design, implementation and monitoring</p>	<p>Emergency</p> <p>Post-emergency/recovery</p>	<ul style="list-style-type: none"> - Women, adolescent girls, persons with disabilities and other at-risk groups participated; <ul style="list-style-type: none"> g. Nutrition Staff h. Training and retaining female staff - Lead actors in nutrition programmes are aware of international standards for mainstreaming GBV prevention and mitigation strategies into their activities - Women and other at-risk groups access to safe nutrition supplies - Women and other at-risk groups involved in community-based activities related to nutrition - Locations, times, and methods of nutrition services are safe and accessible for women and other at-risk groups - Caseworkers are specialized in GBV case management present in therapeutic feeding centers or stabilization centers 	<p>Secretary Relief, Rehabilitation and Settlement Department KP Secretary Health KP Director General Health Services Director Nutrition, DGHS KP Secretary Food Department KP Deputy Commissioner concern Camp Management ADC Relief as key focal person in district</p> <p>Humanitarian org. UN agencies GCC-PDMA KP INGOs District Nutrition Working Group Community</p>

	Areas related to Nutrition Policies	Pre-emergency Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - GBV prevention and mitigation strategies are incorporated into policies, standards, and guidelines of Nutrition programmes - Provincial laws and policies address discriminatory practices hindering women, girls and other at-risk groups from safe participation in the nutrition sector -Provincial laws and policies integrate GBV-related risk-reduction strategies - Funding is allocated for sustainability of these strategies 	Law department KP Secretary Relief Parliamentarians Secretary Health KP Director General Health Services Secretary Food Department KP GCC-PDMA KP Humanitarian org. UN Agencies
	Nutrition related areas Communications and Information Sharing	Pre-emergency Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Training to Nutrition Staff - Nutrition-related community outreach activities to raise awareness within the community about general safety and GBV risk reduction - Nutrition-related discussion forums formed and discussion take place. The participants feel safe to raise GBV issues in the forums 	Information department KP Secretary Health KP Director General Health Services Director Nutrition, DGHS KP Secretary Food Department KP Deputy Commissioner Office ADC Relief District Information Department

				GCC POMA KP UN Agencies Humanitarian Organizations Community Based Organizations Community
Resource Mobilization	Integrating GBV related issues and interventions to mitigate the risk of GBV in drafting proposals for Nutrition programming	Pre-emergency Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Proposal articulate GBV-related safety risks, protection needs and rights of women, adolescent girls, and other at-risk groups as they relate to the provision of nutrition services - Proposal focused on physical safety issues of women, girls, and other at-risk groups - The risks of GBV different forms are described and analysed in the proposal - Emergence Response - Explain in proposal the plan for how outpatient/inpatient care at therapeutic feeding centers or stabilization centers can provide supportive and confidential environment for women and girls to report risks and access care for GBV 	Planning & Development Depth. KP Secretary Relief, Rehabilitation and Settlement Department KP POMA KP Secretary Health KP Director General Health Services Director Nutrition, DGHS KP Secretary Food Department KP Social Welfare. Special Education and Women Empowerment Department

			<ul style="list-style-type: none"> - Proposal explained how the nutrition programme will mitigate exposure to GBV - Proposed trainings for government, humanitarian workers, women's groups and community members engaged in nutrition activities design and implementation that programme mitigate the risk of GBV - Additional costs required to ensure any GBV-related community outreach materials in multiple formats - Post-emergency and recovery actions - Sustainable strategies are proposed to promote the safety and well-being of those at risk of GBV - Proposed activities reflect guiding principles and key approaches for addressing GBV - Proposal reflect a commitment to working with the community to ensure sustainability - Proposed project illustrate linkages between nutrition programmes and other humanitarian sectors - The proposed project promote/support the participation 	<p>Deputy Commissioner Office Humanitarian Org. GCC POMA KP NGOs and INGOs</p>
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			and empowerment of women, girls and other at-risk groups-including nutrition staff and in local nutrition committees	
Implementation	Involve women, adolescent girls, and other at-risk groups in the design and implementation of Nutrition programming	Pre-emergency Emergency Post-emergency	<ul style="list-style-type: none"> - Representation of female within nutrition programme staff - Women active involvement in community-based nutrition committees, meetings - Other at-risk group people involvement in nutrition committees - Women and girls are engaged in nutrition-monitoring staff 	District Food Department District Health Department Deputy Commissioner Camp Management ADC Relief GCC-PDMA KP Humanitarian Org. Community
	Implement nutrition programmes in consultation with women, girls, men and boys to minimize the possible risk of GBV	Emergency Post-emergency	<ul style="list-style-type: none"> - Coordination with community members and CCCM cluster to ensure that nutrition services are not located near areas that present security risks - Nutrition services provided in times which are convenient and safe for women, girls and other at-risk groups -Nutrition support and bring feeding supplements to GBV survivors and their children in safe shelters - Nutrition programmes developed on household 	District Food Department District Health Department Deputy Commissioner Camp Management ADC Relief GCC-PDMA KP Humanitarian Org. Community Information Department Working Group UN Agencies

			<p>dynamics related to food consumption</p> <ul style="list-style-type: none"> - Locate nutrition facilities next to women, adolescent-and child-friendly spaces or health facilities - Caseworker is included as part of nutrition staff - Organize informal peer empowerment and support groups for women and adolescent girls participating in nutrition programmes about issues of concern to them 	
	Nutrition policies	<p>Pre-emergency</p> <p>Emergency</p> <p>Post-emergency</p>	<ul style="list-style-type: none"> - Incorporate the polices to support the participation of women, adolescent girls and other at-risk groups as a staff and leaders in nutrition progarmmes and activities - Incorporate relevant GBV presentation and mitigation strategies into the policies, standards and guidelines of nutrition programmes - Circulate nutrition polices among nutrition personnel, committees and management groups - Review existing laws and advocate with relevant 	<ul style="list-style-type: none"> - Parliamentarians - Law department KP - Secretary Relief, Rehabilitation and Settlement Department KP - Social Welfare. Special Education and Women Empowerment Department KP - Secretary Health Department KP - DGHS KP - Secretary Social Welfare, Special

			<p>stakeholders to strengthen prevention and response to GBV</p> <ul style="list-style-type: none"> - Advocate for the adaptation and implementation of key human rights instruments - Advocate for reforms in laws and policies to protect women, adolescent girls and other at-risk groups from GBV risk - Include GBV in all relevant frameworks, and nutrition related action plans. 	<p>Education, and Women Empowerment Department GCC-PDMA KP Humanitarian org. UN Agencies</p>
	<p>Nutrition Communications and Information Sharing</p>	<p>Emergency Post-emergency</p>	<ul style="list-style-type: none"> - Written information available with all nutrition personnel about where to refer survivors for care and support - Regularly update information about GBV services - Training of all nutrition Personnel - Identity of GBV survivors is not reveal by nutrition personnel - Community outreach activities include GBV risk, prevention, and response information - Male community engagement as agent of change in nutrition outreach activities - Initiate community discussion forum with equal representation of women and adolescent girls 	<p>Information Department KP Deputy Commissioner Office District Information Office GCC-PDMA KP UN Agencies Community Humanitarian organizations</p>

			- Information sharing with community about code of conduct for nutrition personnel	
Coordination with other Humanitarian Sectors	GBV coordination mechanism should be established to identify GBV expertise to assist nutrition actors	Pre-emergency Emergency Post-emergency	<ul style="list-style-type: none"> - Multi-sectoral coordination with other sectors i.e. CCCM, child protection, education, food security, livelihood, protection, nutrition, housing, land and property, SS&R, WASH etc. - Regular monthly meetings of multi-sectoral coordination body during pre-emergency, emergency, post-emergency/recovery phases - Weekly multi-sectoral coordination body meeting during emergency - Develop a multisectoral standard referral pathway and coordination for GBV survivors - Community training and awareness raising on the issues of gender, GBV, and women/children rights - Training for nutrition staff on issues of gender, GBV and women's rights/human rights 	Secretary Relief, Rehabilitation and Settlement Department KP PDMA KP GCC PDMA KP UN agency as co-lead of Protection working group while relevant Department KP as lead of working group Deputy Commissioner Office ADC Relief AC Headquarter District Working group
Monitoring and Evaluation	Monitoring and Evaluation during assessment,	Emergency Post-emergency/recovery	- Inclusion of GBV-related questions in nutrition assessments for collecting general information of the	Provincial Monitoring Team

	analysis and planning		<p>situation and not individual data will be collected and recorded of GBV victims</p> <ul style="list-style-type: none"> - Adaptation and implementation of multi-sectoral rapid need assessment survey tool following the protocols - Training of all staff and sector partners on the assessment tools - Women, adolescent girls and other at-risk group participation in nutrition assessments - Consultation with Women, adolescent girls and other at-risk groups to discuss GBV risk factors in accessing nutrition services - Nutrition staff aware of referral pathways for GBV survivors - Nutrition staff knows and correctly respond that where referral pathways available for GBV survivors 	<p>District Health Department District Food Department District Social Welfare Department GCC-PDMA KP Deputy Commissioner AC Headquarter ADC Relief Camp Management GBV Working Group UN Agencies Humanitarian Org. Community</p>
	Monitoring and Evaluation during resource mobilization	Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Including GBV risk reduction objective(s) in nutrition funding proposals - Training of nutrition staff participated in training on GBV guidelines 	<p>Secretary Relief, Rehabilitation and Settlement Department KP Secretary Health KP Director General Health Services Director Nutrition, DGHS KP</p>

				Secretary Food Department KP Secretary Planning &Development Department KP Secretary Relief PDMA KP Deputy Commissioner GCC-PDMA KP UN Agencies Humanitarian Org.
	Monitoring and Evaluation during implementation	Emergency Post- emergency/recovery	<ul style="list-style-type: none"> - Female participated s staff in nutrition programmes - GBV experience reported when asked about participation in nutrition programmes - Nutrition monitoring teams with at least one GBV specialist - Nutrition community-based committees formed and women participated as members/leaders - Women, adolescent girls, child-headed households knows the time and location of the next nutrition support services -Nutrition policies, guidelines and standards include GBV prevention and mitigation strategies from the GBV guidelines 	Deputy Commissioner District Health Department District Food Department District Social Welfare Department AC Headquarter ADC Relief GCC-PDMA KP UN Agencies Humanitarian Org. Community Community organization

			<ul style="list-style-type: none"> - Nutrition staff says the information shared on GBV risks and concerns should not reveal the identity of GBV victims and survivors -Nutrition community outreach activities programmes included the information about where to report risk and access care for GBV survivors 	
	Monitoring and Evaluation during Coordination		<ul style="list-style-type: none"> - Non-nutrition sectors consulted with to address GBV risk-reduction activates 	<ul style="list-style-type: none"> Sectoral working groups by PDMA KP GBV Coordination structure to provide GBV referral pathways Govt. Line Departments in compliance to notifications and guidelines UN Agencies . Humanitarian org.

Resources:

1. **Inter-Agency Standing Committee. 2015.** *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.* For more details visit; www.gbvguidelines.org
2. **Global Nutrition Cluster. 2013.** 'Harmonised Training Package (HTP). Module 22: Gender-Responsive Nutrition in Emergencies', www.enonline.net/httpv2module22.
3. **UNHCR. 2011.** *Action against Sexual and Gender-Based Violence: An updated strategy*, www.refworld.org/pdfd/4e01ffeb2.pdf.
4. **Global Protection Cluster. 2014.** *Protection Mainstreaming Package*, www.globalprotectioncluster.org/en/areas-ofresponsibility/protection-mainstreaming.html.
5. **Child Protection Working Group. 2012.** *Minimum Standards for Child Protection in Humanitarian Action*, <http://toolkit.ineesite.org/toolkit/INEEcms/uploads/1103/Minimum-standards-Child_Protection.pdf>.
6. **Global Protection Cluster, IASC Mental Health and Psychosocial Support Reference Group, Global Education Cluster, and International Network of Education in Emergencies. 2011.** *Guidelines for Child Friendly Spaces in Emergencies*, <www.unicef.org/protection/Child_Friendly_Spaces_Guidelines_for_Field_Testing.pdf>.
7. For additional information on providing safe shelter see: **Seelinger, K.T., and Freccero, J. 2013.** *Safe Haven: Sheltering Displaced Persons from Sexual and Gender-Based Violence. Comparative Report.* Human Rights Center Sexual Violence Program, University of California, Berkeley, School of Law, <www.unhcr.org/51b6e1ff9.pdf>)
8. Handicap International, Personal Communication, 7 February 2013. For more information on nutrition issues for people with disabilities and injuries, see **Handicap International. n.d.** *Disability Checklist for Emergency Response*, <www.handicap-international.de/fleadmin/redaktion/pdf/disability_checklist_booklet_01.pdf>)

THEME 08

WATER, SANITATION, AND HYGIENE

Gender-Based Violence is a Critical Concern of the Water, Sanitation, and Hygiene Sector

In any natural disaster-floods and humanitarian emergencies the existing water supply channels are damaged or fully washed away due to which the community's traditional water, sanitation, and hygiene (WASH) practices are discontinued. It is observed that **WASH** facilities unavailability heightens the risk of GBV in displaced location-host communities or camps. Those WASH facilities which are insensitive to gender dynamics in a given social and cultural context can increase the risk of exposure to sexual and other forms of violence among women, girls, and other at risk groups in humanitarian settings.

In consultation meetings with government officials, civil society humanitarian actors, and community representatives engaged

Essential to Know

WHAT THE SPHERE HANDBOOK SAYS:

Programme Design and Implementation

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

Communal Washing and Bathing Facilities

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

Appropriate and Adequate Toilet Facilities

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

in relief services during humanitarian emergencies in disaster prone districts and regions in Khyber Pakhtunkhwa, Pakistan it is shared that no separate WASH facilities are provided to women, girls, children, and other at risk groups in camps. Women, girls and children are at risk of sexual assault and violence when they travel to collect drinking water, fuel for cooking, and use sanitation facilities in the camp. It is explored that there is no separate sanitation facilities provided to adolescent girls in the camp which increase the risk of sexual assault. It is discussed that women with left behind husbands and other male family members are responsible to travel and collect the water which is most of the time unsafe for them in the province of Khyber Pakhtunkhwa as unknown men are also collecting water from the same collection points in the camps. It is also explained that girls are engaged in water collection due to which they are not only at risk of sexual assault or violence rather they missed their schooling at camps which itself a matter of GBV. It is highlighted that adolescent girls who are menstruating are discouraged to attend the school due to lack of hygiene supplies and sanitation issues in schools during humanitarian settings. It is revealed that in camps due to lack of sex-segregated sanitation facilities the risk of harassment, sexual assault and other type of violence is increased. It is also discussed that some water collection points are used by both the local community and displaced people due to which tensions between the local community people and displaced people, mostly women and girls can lead to violence. It is explained that during distribution of WASH supplies in camp women and girls are facing the issue of exploitation and even sexual assault from WASH staff and different humanitarian staff in the camp. The participants concluded that poorly designed and delivery of WASH programming heightened the risk of GBV in camp.

KEY CONSIDERATIONS:

Address Gender-Based Violence in Emergencies during Water, Sanitation and Hygiene Sector

In consultation meetings with district and provincial stakeholders it is highlighted that there are some common considerations, strategic priorities and required actions which need to be ensured to reduce the risk of GBV through WASH sector of vulnerable people during humanitarian settings. The key GBV considerations are mainly divided into some areas of interventions in the WASH Sector.

These are included the following;

- Assessment, Analysis and Planning
- Resource Mobilization
- Implementation
- Coordination with other humanitarian sectors
- Monitoring and Evaluation



Essential to Know

GBV and WASH

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

Key GBV Considerations in Water, Sanitation, and Hygiene Sector during Humanitarian Settings

Key GBV Consideration	Actions Required	Timeline	Indicators	Key Implementers
<p>Assessment, Analysis and Planning</p>	<p>Ensure participation of women, adolescent girls, persons with disabilities, and other at-risk groups in WASH programming design, implementation and monitoring</p>	<p>Emergency Post-emergency/recovery</p>	<ul style="list-style-type: none"> - Women, adolescent girls, persons with disabilities and other at-risk groups participated; <ul style="list-style-type: none"> a. WASH Staff b. Training and retaining female staff - Lead actors in WASH response are aware of international standards for mainstreaming GBV prevention and mitigation strategies into their activities - Women and other at-risk groups involved in community-based activities related to WASH 	<p>ADC Relief as key focal person in district</p> <p>Secretary Public Health Engineering Department KP Secretary Local Government, Elections and Rural Development Department KP Secretary Health department KP DGHS Secretary Relief, Rehabilitation and Settlement Department KP Deputy Commissioner concern Camp Management ADC Relief Humanitarian org. UN agencies GCC-PDMA KP</p>

				INGOs District Working Group Community
	Infrastructure of WASH facilities	Emergency Post-emergency/recovery	- WASH facilities are secured a. Sufficient lighting available b. Adequate privacy c. Bathrooms and bathing facilities equipped with doors that lock from inside d. Facilities are built on universal design and reasonable accommodation e. Appropriate sanitary supplies and hygiene materials are distributed to women and girls especially related to menstruation	Secretary Public Health Engineering Department KP Secretary Local Government, Elections and Rural Development Department KP Planning & Development Department Secretary Relief, Rehabilitation and Settlement Department KP Deputy Commissioner concern Tehsil Municipal Administration Camp Management ADC Relief Humanitarian org. UN agencies GCC-PDMA KP INGOs

	Areas related to WASH Policies	Pre-emergency Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - GBV prevention and mitigation strategies are incorporated into policies, standards, and guidelines of WASH programmes - Provincial laws and policies address discriminatory practices hindering women, girls and other at-risk groups from safe participation in the WASH sector - Provincial laws and policies integrate GBV-related risk-reduction strategies - Funding is allocated for sustainability of these strategies 	Parliamentarians Law department KP Secretary Relief Secretary Public Health Engineering Department KP Secretary Local Government, Elections and Rural Development Department KP Secretary Health department KP DGHS GCC-PDMA KP UN Agencies
	WASH related areas Communications and Information sharing	Pre-emergency Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Training to WASH Staff - WASH-related community outreach activities to raise awareness within the community about general safety and GBV risk reduction - WASH-related discussion forums formed and discussion take place. The participants feel safe to raise GBV issues in the forums 	Information Department KP District Information Office Deputy Commissioner Office Tehsil Municipal Administration ADC Relief GCC PDMA KP UN Agencies Humanitarian Organizations

				Community Based Organizations Community
Resource Mobilization	Integrating GBV related issues and interventions to mitigate the risk of GBV in drafting proposals for WASH programming	Pre-emergency Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Proposal articulate GBV-related safety risks, protection needs and rights of women, adolescent girls, and other at-risk groups as they relate to the provision of WASH services - WASH responsibilities are understood in home and in the wider community - The risks of GBV different forms are described and analysed in the proposal - Emergence Response actions - Explain in proposal - Pre-positioned WASH facilities for rapid WASH response available - Proposal explained how the WASH programme will mitigate exposure to GBV - Proposed trainings for government, humanitarian workers, women's groups and community members engaged in WASH activities design and 	<p>Planning & Development Depth. KP Secretary Relief, Rehabilitation and Settlement Department KP Secretary Public Health Engineering Department KP Secretary Local Government, Elections and Rural Development Department KP Secretary Health department KP DGHS GCC-PDMA KP UN Agencies NGOs and INGOs</p>

			<p>implementation that programme mitigate the risk of GBV</p> <ul style="list-style-type: none">- Additional costs required to ensure any GBV-related community outreach materials in multiple formats- Post-emergency and recovery actions- Sustainable strategies are proposed to promote the safety and well-being of those at risk of GBV- Proposed activities reflect guiding principles and key approaches for addressing GBV- Proposal reflect a commitment to working with the community to ensure sustainability- Proposed project illustrate linkages between WASH programme and other humanitarian sectors- The proposed project promote/support the participation and empowerment of women, girls and other at-risk groups- including WASH staff and in local WASH committees	
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Implementation	Involvement of women, adolescent girls, and other at-risk groups in the design and implementation of WASH programming	Pre-emergency Emergency Post-emergency	<ul style="list-style-type: none"> - Representation of female within WASH programme staff - Women active involvement in community-based WASH committees, meetings - Other at-risk group people involvement in WASH committees - Women and girls are engaged in WASH-monitoring staff - Women and girls provided formal and on-the-job training the construction of safe WASH facilities as well as targeted support to assume leadership and training positions 	District Public Health Engineering Department Assistant Director Local Government, Elections and Rural Development Department KP District Health department KP Tehsil Municipal Administration GCC-PDMA KP UN Agencies Deputy Commissioner ADC Relief GCC-PDMA KP Humanitarian Org. Community
	Implement nutrition programmes in consultation with women, girls, men and boys to minimize the possible risk of GBV	Emergency Post-emergency	<ul style="list-style-type: none"> - Water points are close to households accordance to Sphere standards - Hand pumps and water containers are women-and girl-friendly and are designed in ways that minimize the time spent in collecting water - Convenient timing scheduled for women, girls, and other at-risk groups 	Deputy Commissioner Office ADC Relief GCC PDMA KP Information Department TMA District Health Department

		<ul style="list-style-type: none"> - Sustainable and long-term supply of water patterns are ensured - Water-saving measures are ensured among camp residents - Strategies are implemented to maximize the safety, privacy and dignity of WASH facilities - Coordination with community members and CCCM cluster to ensure that WASH services are not located near areas that present security risks - WASH services provided in times which are convenient and safe for women, girls and other at-risk groups - Locate WASH facilities next to women, adolescent-and child-friendly spaces or health facilities - Organize informal peer empowerment and support groups for women and adolescent girls participating in WASH programmes about issues of concern to them - Suitable material for the absorption and disposal of menstrual blood for women and girls of reproductive age distributed 	<p>Local Government Department Public health Engineering Department District Working Group UN Agencies</p>
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			<ul style="list-style-type: none"> - Menstrual and Hygiene-related materials are distributed in suitable timing and places which does not place women and girls at a high risk of GBV - Bins for disposal of sanitary supplies are placed in female toilets to reduce the risk of GBV and harassment outside disposal 	
	WASH policies	<p>Pre-emergency</p> <p>Emergency</p> <p>Post-emergency</p>	<ul style="list-style-type: none"> - Incorporate the policies to support the participation of women, adolescent girls and other at-risk groups as a staff and leaders in WASH programmes and activities - Incorporate relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of WASH programmes - Circulate WASH policies among WASH personnel, committees and management groups - Review existing laws and advocate with relevant stakeholders to strengthen prevention and response to GBV - Advocate for the adaptation and implementation of key human rights instruments 	<p>Parliamentarians</p> <p>Law department KP</p> <p>Secretary Relief, Rehabilitation and Settlement</p> <p>Department KP</p> <p>Secretary Public Health Engineering</p> <p>Department KP</p> <p>Secretary Local Government, Elections and Rural Development</p> <p>Department KP</p> <p>Secretary Health department KP</p> <p>DGHS</p> <p>GCC-PDMA KP</p> <p>UN Agencies</p>

			<ul style="list-style-type: none"> - Advocate for reforms in laws and policies to protect women, adolescent girls and other at-risk groups from GBV risk - Include GBV in all relevant frameworks, and WASH related action plans. 	
	WASH Communications and Information Sharing	<p>Emergency</p> <p>Post-emergency</p>	<ul style="list-style-type: none"> - Written information available with all WASH personnel about where to refer survivors for care and support - Regularly update information about GBV services - Training of all WASH Personnel - Identity of GBV survivors is not reveal by WASH personnel - Community outreach activities include GBV risk, prevention, and response information - Male community engagement as agent of change in WASH outreach activities - Initiate community discussion forum with equal representation of women and adolescent girls - Information sharing with community about code of conduct for WASH personnel 	<p>Information Department KP Deputy Commissioner Office</p> <p>District Information Office</p> <p>GCC-PDMA KP District Health Department</p> <p>Local Government Department</p> <p>Public health Engineering Department</p> <p>District Working Group</p> <p>UN Agencies</p> <p>Community Humanitarian organizations</p>

<p>Coordination with other Humanitarian Sectors</p>	<p>GBV coordination mechanism should be established to identify GBV expertise to assist WASH actors</p>	<p>Pre-emergency Emergency Post-emergency</p>	<ul style="list-style-type: none"> - Multi-sectoral coordination with other sectors i.e. CCCM, child protection, education, food security, livelihood, protection, nutrition, housing, land and property, SS&R, WASH etc. - Regular monthly meetings of multi-sectoral coordination body during pre-emergency, emergency, post-emergency/recovery phases - Weekly multi-sectoral coordination body meeting during emergency - Develop a multisectoral standard referral pathway and coordination for GBV survivors - Community training and awareness raising on the issues of gender, GBV, and women/children rights - Training for WASH staff on issues of gender, GBV and women's rights/human rights 	<p>Secretary Relief, Rehabilitation and Settlement Department KP PDMA KP GCC PDMA KP UN agency as co-lead of Protection working group while relevant Department KP as lead of working group Deputy Commissioner Office ADC Relief AC Headquarter District Working group</p>
<p>Monitoring and Evaluation</p>	<p>Monitoring and Evaluation during assessment, analysis and planning</p>	<p>Emergency Post-emergency/recovery</p>	<ul style="list-style-type: none"> - Inclusion of GBV-related questions in WASH assessments for collecting general information of the situation and not individual data will be collected and recorded of GBV victims 	<p>GCC-PDMA KP Deputy Commissioner District Health Department Local Government Department</p>

			<ul style="list-style-type: none"> - Adaptation and implementation of multi-sectoral rapid need assessment survey tool following the protocols - Training of all staff and sector partners on the assessment tools - Women, adolescent girls and other at-risk group participation in WASH assessments - Consultation with Women, adolescent girls and other at-risk groups to discuss GBV risk factors in accessing WASH services - WASH staff aware of referral pathways for GBV survivors - WASH staff knows and correctly respond that where referral pathways available for GBV survivors 	<p>Public health Engineering Department District Working Group AC Headquarter ADC Relief Camp Management GBV Working Group UN Agencies Humanitarian Org. Community</p>
	Monitoring and Evaluation during resource mobilization	Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Including GBV risk reduction objective(s) in WASH funding proposals - Training of WASH staff participated in training on GBV guidelines 	<p>Planning & Development Department KP Secretary Relief, Rehabilitation and Settlement Department KP Secretary Public Health Engineering Department KP Secretary Local Government,</p>

				<p>Elections and Rural Development Department KP Secretary Health department KP DGHS Deputy Commissioner GCC-PDMA KP UN Agencies . Humanitarian Org.</p>
	<p>Monitoring and Evaluation during implementation</p>	<p>Emergency Post-emergency/recovery</p>	<ul style="list-style-type: none"> - Female participated s staff in WASH programmes - GBV experience reported when asked about participation in WASH programmes - WASH monitoring teams with at least one GBV specialist - WASH community-based committees formed and women participated as members/leaders - Women, adolescent girls, child-headed households knows the time and location of the next WASH support services - Lockable WASH facilities available -WASH policies, guidelines and standards include GBV prevention and mitigation strategies from the GBV guidelines 	<p>District Health Department Local Government Department Public health Engineering Department District Working Group AC Headquarter ADC Relief Camp Management GBV Working Group UN Agencies Humanitarian Org. Community</p>

			<ul style="list-style-type: none"> - Nutrition staff says the information shared on GBV risks and concerns should not reveal the identity of GBV victims and survivors - Women received culturally appropriate sanitary materials for menstruation in specified time -WASH community outreach activities programmes included the information about where to report risk and access care for GBV survivors 	
	Monitoring and Evaluation during Coordination		<ul style="list-style-type: none"> - Non-WASH sectors consulted with to address GBV risk-reduction activates 	<p>Sectoral working groups by POMA KP GBV Coordination structure to provide GBV referral pathways Govt. Line Departments in compliance to notifications and guidelines UN Agencies Humanitarian org.</p>

Resources:

1. **Inter-Agency Standing Committee. 2015.** *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.* For more details visit; www.gbvguidelines.org
2. **UN-Water. 2006.** 'Gender, Water and Sanitation: A policy brief'. Developed by the Inter-Agency Task Force on Gender and Water (GWTF), www.unwater.org/downloads/unwpolbrief230606.pdf.
3. **Global WASH Cluster. 2009.** *WASH Accountability Resources: Ask, listen, communicate.* New York: Global WASH Cluster, www.hapinternational.org/pool/files/wash-accountabilityhandbook.pdf.
4. Excerpted from **Sphere Project. 2011.** *Sphere Handbook: Humanitarian charter and minimum standards in humanitarian response*, <www.spherehandbook.org>
5. Adapted from **House, S. 2013.** Gender-Based Violence and Sanitation, Hygiene and Water, WaterAid. Blog series by the Institute of Development Studies, www.communityledtotalsanitation.org/blog/gender-based-violence-and-sanitationhygiene-and-water

Gender-Based Violence is a Critical Concern of the Housing, Land and Property Sector

Housing, Land and Property (HLP) losses and later claims in humanitarian emergencies heightened the risk of GBV for vulnerable people, particularly women, girls, and children. It is observed that during disasters-floods people lose their legal property documents and due to pre-existing cultural inequality in HLP rights for women and girls the risk of GBV increased.

In consultation meetings with government officials, civil society

humanitarian actors, and community representatives engaged in relief services during humanitarian emergencies in disaster prone districts and regions in Khyber Pakhtunkhwa, Pakistan it is explored that HLP ownership issues are increased with disaster-floods as most of the HLP

Essential to Know

WHAT THE PINHEIRO PRINCIPLES SAY:

The normative framework for addressing HLP rights in the context of displacement is summarized in the 2005 *Principles on Housing and Property Restitution for Refugees and Displaced Persons*. Known as the 'Pinheiro Principles', this document reaffirms that all displaced persons-whether internally displaced or refugees, and whether or not they return-shall be protected from arbitrary and unlawful deprivation of any housing, land and/or property. They shall also retain the right to have such property restored to them or be adequately compensated. It recognizes the need to undertake positive measures to ensure that the rights of women and girls to HLP restitution are guaranteed. Principle 4 reaffirms **the right to equality between men and women, and the equal rights of boys and girls**, to HLP restitution. This includes legal security of tenure; property ownership; equal access to inheritance; and the use, control of and access to HLP. It specifically states that HLP restitution programmes, policies and practices shall not disadvantage women and girls. States should adopt positive measures to ensure gender equality in this regard.

are washed away and people also lost the legal ownership documents. It is stated in consultation meetings that due to pre-existing social inequalities widows and separated/divorced women and orphan children-headed households face the issue of legal ownership on return to their houses and other property. It is also discussed that the Provincial Disaster Management Authority (POMA) Khyber Pakhtunkhwa is providing some cash amount to owners of the houses for reconstruction where women and girls with no ownership due to local culture are unable to get the amount for damaged or washed away houses. It is explained that women who claim land and property in humanitarian settings are at risk of violence, abuse, beating, and sexual assault. It is discussed that women and girls are also engaged in cultivation of different crops and their livestock are also washed away but there is no cash program for washed away livestock. In a disaster situation when women and children return to the community and start rebuilding their houses they face violence from other men in the same community as they claim the same property as their property. It is explored that no proper mechanism is in place to protect the property rights and ownership of women, girls, and children on return to community which increases the risk of sexual and physical violence, beating, and abuse. It is concluded that HLP rights of women, girls, and children are violated but there is no mechanism available for immediate relief and to claim any amount without legal documents to rebuild their houses and settle their agricultural land for future cultivation.

KEY CONSIDERATIONS:

Address Gender-Based Violence in Emergencies during Housing, Land, and Property Sector

In consultation meetings with district and provincial stakeholders it is highlighted that there are some common considerations, strategic priorities and required actions which need to be ensured to reduce the risk of GBV through HLP sector of vulnerable people during humanitarian settings. The key GBV considerations are mainly divided into some areas of interventions in the HLP Sector.

These are included the following;

- Assessment, Analysis and Planning
- Resource Mobilization
- Implementation
- Coordination with other humanitarian sectors
- Monitoring and Evaluation

Essential to Know

Defining 'HLP'

The concept of HLP embraces a variety of access rights to housing, land and property—both public and private—that aim to provide a home: a place that offers somewhere to live and the ability to secure livelihoods. HLP rights are held by tenants, cooperative dwellers, customary land tenure owners and users, and informal sector dwellers without secure tenure.

Key GBV Considerations in Housing, Land and Property Sector during Humanitarian Settings

Key GBV Consideration	Actions Required	Timeline	Indicators	Key Implementers
<p>Assessment, Analysis and Planning</p>	<p>Ensure participation of women, adolescent girls, persons with disabilities, and other at-risk groups in HLP programming</p>	<p>Emergency Past-emergency/ recovery</p>	<ul style="list-style-type: none"> - Women, adolescent girls, persons with disabilities and other at-risk groups participated; <ul style="list-style-type: none"> b. HLP Staff b. Training and retaining female staff - Lead actors in HLP response are aware of international standards for mainstreaming GBV prevention and mitigation strategies into their activities - Women and other at-risk groups involved in community-based activities related to HLP 	<p>Secretary Housing Secretary Relief, Rehabilitation and Settlement Department KP Secretary Revenue and Estate Department KP Director Land Record Deputy Commissioner concern Camp Management ADC Relief as key focal person in district</p> <p>AC Headquarter <i>Tehsil Dar Patwari</i> Humanitarian org. UN agencies GCC-PDMA KP INGOs District Working Group</p>

Security of Land Tenure and Ownership	Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Questions related to HLP rights and issues included registration, profiling, and intention surveys - Women, adolescent girls, and other at-risk groups have access to documentation and/or evidence that proves their ownership of HLP - Renters, squatters, homeless, tenants are considered in remedial programmes - All economic, cultural, legal and geographic obstacles are removed in accessing HLP rights - Land tenure arrangements- access to land, water, grazing and other natural resources in camp set-up are made to IDPs and host communities 	<p>Secretary Housing Secretary Relief, Rehabilitation and Settlement Department KP Secretary Revenue and Estate Department KP Director Land Record Deputy Commissioner concern Camp Management ADC Relief AC Headquarter <i>Tehsil Dar</i> <i>Patwari</i> Humanitarian org. UN agencies GCC-PDMA KP</p>
Institutional Infrastructure	Emergency Past-emergency/ recovery	<ul style="list-style-type: none"> - Local institutions are in place to deal with disputes and other related issues - Institutions are accessible to women, adolescent girls, and other at-risk groups 	<p>District Office Land Record Police Department Law Department KP Secretary Relief, Rehabilitation and Settlement Department KP</p>

			<ul style="list-style-type: none"> - Institutions are increasing the registration of HLP on women's names - Mechanism developed to deal with undocumented HLP issues of women, adolescent girls, and other at-risk groups 	GCC POMA-KP Deputy Commissioner ADC Relief
	Areas related to HLP Programming Policies	Pre-emergency Emergency Past- emergency/ recovery	<ul style="list-style-type: none"> - GBV prevention and mitigation strategies are incorporated into policies, standards, and guidelines of HLP programming - Women, girls and other at risk-groups meaningfully engaged in the development of HLP policies, standards and guidelines to address their rights and needs -Related-Provincial laws and policies integrate GBV-related risk-reduction strategies - Funding is allocated for sustainability of these strategies - All HLP staff properly trained and equipped with necessary skills to implement these policies and guidelines - All these policies and guidelines are communicated to women, girls, boys and men - Women and girls start claiming their rights pertaining to land and immovable property 	Parliamentarians Law department KP Secretary Relief, Rehabilitation and Settlement Department KP Secretary Housing Secretary Relief KP Secretary Revenue and Estate Department KP GCC-PDMA KP UN Agencies

	HLP related areas Communications and Information sharing	Pre-emergency Emergency Post- emergency/recovery	<ul style="list-style-type: none"> - Training to HLP outreach Staff - HLP-related community outreach activities to raise awareness within the community about general safety and GBV risk reduction - HLP-related discussion forums formed and discussion take place. The participants feel safe to raise GBV issues in the forums 	Information Department KP Deputy Commissioner Office District Information Department ADC Relief Humanitarian Organizations Community Based Organizations Community
Resource Mobilization	Integrating GBV related issues and interventions to mitigate the risk of GBV in drafting proposals for HLP programming	Pre-emergency Emergency Post- emergency/recovery	<ul style="list-style-type: none"> - Proposal articulate GBV-related safety risks, protection needs and rights of women, adolescent girls, and other at-risk groups as they relate to land ownership and tenure - The vulnerabilities of women, girls and other at-risk groups recognized and described - Risks for specific forms of GBV are described and analysed - Emergence Response actions - Explain in proposal how contextual issues may prevent displaced women, girls, and other 	Planning & Development Depth. KP PDMA KP Secretary Relief, Rehabilitation and Settlement Department KP Secretary Housing Secretary Relief KP Secretary Revenue and Estate Department KP GCC-PDMA KP UN Agencies

			<p>at-risk groups from accessing HLP in their new location</p> <ul style="list-style-type: none"> - Proposed trainings for government, humanitarian workers, women's groups and community members engaged in HLP activities design and implementation that programme mitigate the risk of GBV - Additional costs required to ensure any GBV-related community outreach materials in multiple formats - Post-emergency and recovery actions - Sustainable strategies that support the HLP rights of women, girls and other at-risk groups - Proposed activities reflect guiding principles and key approaches for addressing GBV - Proposal reflect a commitment to working with the community to ensure sustainability - Proposed project illustrate linkages between HLP programmes and other humanitarian sectors - The proposed project promote/support the participation and empowerment of women, girls and other at-risk groups- 	<p>Deputy Commissioner Humanitarian Org. Local Govt. Depth. NGOs and INGOs</p>
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			including HLP staff and in local community-based land and housing-related committees	
Implementation	Involve women, adolescent girls, and other at-risk groups in the design and implementation of HLP programming	Pre-emergency Emergency Post-emergency	<ul style="list-style-type: none"> - Representation of female within HLP programme staff - Women active involvement in community-based HLP committees, meetings - Other at-risk group people involvement in HLP committees - Women and girls are engaged in HLP-monitoring staff - Technical support provided related to HLP rights and broader land issues and included in registration, profiling and intention surveys for displaced women and men - Trainings conducted for government officials and customary/traditional leaders involved with rule of law and and-related administration - Legal assistance for women, girls and other at-risk groups to obtain security of tenure and control of HLP provided 	Secretary Housing Secretary Relief, Rehabilitation and Settlement Department KP Secretary Revenue and Estate Department KP Director Land Record Deputy Commissioner concern Camp Management ADC Relief AC Headquarter <i>Tehsil Dar</i> <i>Patwari</i> Humanitarian org. UN agencies GCC-PDMA KP INGOs District Working Group Community
	HLP policies	Pre-emergency Emergency	<ul style="list-style-type: none"> - Incorporate the polices to support the participation of women, adolescent girls and 	Parliamentarians Law department KP Secretary Relief

		Post-emergency	<p>other at-risk groups as a staff and leaders in HLP programmes and activities</p> <ul style="list-style-type: none"> - Incorporate relevant GBV presentation and mitigation strategies into the policies, standards and guidelines of HLP programmes - Circulate HLP policies among HLP staff, committees and management groups - Review existing laws and advocate with relevant stakeholders to strengthen prevention and response to GBV - Advocate for the adaptation and implementation of key human rights instruments - Advocate for reforms in laws and policies to protect women, adolescent girls and other at-risk groups from GBV risk - Include GBV in all relevant frameworks, and HLP related action plans. 	<p>Secretary Housing Secretary Relief, Rehabilitation and Settlement Department KP Secretary Revenue and Estate Department KP GCC-PDMA KP UN Agencies</p>
	HLP Communications and Information Sharing	Emergency Post-emergency	<ul style="list-style-type: none"> - Written information available with all HLP personnel about where to refer survivors for care and support - Regularly update information about GBV services 	<p>Information Department KP Deputy Commissioner Office</p>

			<ul style="list-style-type: none"> -Training of all HLP Personnel - Identity of GBV survivors is not reveal by HLP personnel - Community outreach activities include GBV risk, prevention, and response information - Male community engagement as agent of change in HLP outreach activities - Initiate community discussion forum with equal representation of women and adolescent girls - Information sharing with community about code of conduct for HLP personnel 	<p>District Information Office GCC-PDMA KP UN Agencies Community Humanitarian organizations</p>
<p>Coordination with other Humanitarian Sectors</p>	<p>GBV coordination mechanism should be established to identify GBV expertise to assist HLP actors</p>	<p>Pre-emergency Emergency Post-emergency</p>	<ul style="list-style-type: none"> - Multi-sectoral coordination with other sectors i.e. CCCM, child protection, education, food security, livelihood, protection, nutrition, housing, land and property, SS&R, WASH etc. - Regular monthly meetings of multi-sectoral coordination body during pre-emergency, emergency, post-emergency/recovery phases - Weekly multi-sectoral coordination body meeting during emergency 	<p>Secretary Relief, Rehabilitation and Settlement Department KP POMA KP GCC POMA KP UN agency as co-lead of Protection working group while relevant Department KP as lead of working group Deputy Commissioner Office</p>

			<ul style="list-style-type: none"> - Develop a multisectoral standard referral pathway and coordination for GBV survivors - Community training and awareness raising on the issues of gender, GBV, and women/children rights - Training for HLP staff on issues of gender, GBV and women's rights/human rights as they relate to HLP rights 	ADC Relief AC Headquarter District Working group
Monitoring and Evaluation	Monitoring and Evaluation during assessment, analysis and planning	Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Inclusion of GBV-related questions in HLP assessments for collecting general information of the situation and not individual data will be collected and recorded of GBV victims - Adaptation and implementation of multi-sectoral rapid need assessment survey tool following the protocols - Training of all staff and sector partners on the assessment tools - Women, adolescent girls and other at-risk group participation in HLP assessments -Institutions promoting HLP rights of women and other GBV at-risk groups - Consultation with Women, adolescent girls and other at-risk 	GCC-PDMA KP Deputy Commissioner AC Headquarter ADC Relief Camp Management GBV Working Group UN Agencies Humanitarian Org. Community

			<p>groups to discuss GBV risk factors in accessing HLP</p> <ul style="list-style-type: none"> - HLP staff aware of referral pathways for GBV survivors - HLP staff knows and correctly respond that where referral pathways available for GBV survivors 	
	Monitoring and Evaluation during resource mobilization	Emergency Past-emergency/ recovery	<ul style="list-style-type: none"> - Including GBV risk reduction objective(s) in HLP funding proposals - Training of HLP staff participated in training on GBV guidelines 	<p>Planning & Development Department KP Secretary Relief, Rehabilitation and Settlement Department KP Secretary Housing Secretary Relief KP Secretary Revenue and Estate Department KP Deputy Commissioner GCC-PDMA KP UN Agencies Humanitarian Org.</p>
	Monitoring and Evaluation during implementation	Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Female participated as staff in HLP programmes - GBV experience reported when asked about participation in HLP programmes 	<p>Deputy Commissioner AC Headquarter ADC Relief GCC-PDMA KP UN Agencies</p>

			<ul style="list-style-type: none"> - HLP monitoring teams with at least one GBV specialist - Women, girls and other at-risk groups participated in HLP community-based committees -HLP policies, guidelines and standards include GBV prevention and mitigation strategies from the GBV guidelines - HLP staff says the information shared on GBV risks and concerns should not reveal the identity of GBV victims and survivors -HLP community outreach activities programmes included the information about where to report risk and access care for GBV survivors 	Humanitarian Org. Community Community organization
	Monitoring and Evaluation during Coordination		<ul style="list-style-type: none"> - Non-HLP sectors consulted with to address GBV risk-reduction activates 	Sectoral working groups by PDMA KP GBV Coordination structure to provide GBV referral pathways Govt. Line Departments in compliance to notifications and guidelines UN Agencies Humanitarian org.

Resources:

1. **Inter-Agency Standing Committee. 2015.** *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.* For more details visit; www.gbvguidelines.org
2. **Sphere Project. 2011.** *Sphere Handbook: Humanitarian charter and minimum standards in humanitarian response,* www.spherehandbook.org.
3. **Housing Land and Property Area of Responsibility (HLP AoR). 2013.** *The HLP Coordination Toolkit,* www.globalprotectioncluster.org/en/tools-and-guidance/essentialprotection-guidance-and-tools/hlp-essential-guidance-andtools.html.
4. (Adapted from **United Nations Sub-Commission on the Promotion and Protection of Human Rights. 2005.** *Principles on Housing and Property Restitution for Refugees and Displaced Persons,* E/CN.4/Sub.2/2005/17, <www.refworld.org/docid/41640c874.html>)
- s. Adapted from **Norwegian Refugee Council. 2014.** 'Life Can Change: Securing housing, land and property rights for displaced women', < <http://womenshlp.nrc.no>>)

THEME 10

FOOD SECURITY AND AGRICULTURE

Gender-Based Violence is a Critical Concern of the Food Security and Agriculture Sector

In developing countries food insecurity affects the whole community. There are various causes of food insecurity including disasters-floods, tsunamis, conflict, droughts; bad governance in a country, and degradation of land and natural resources. It is evident that food insecurity in humanitarian

Essential to Know

Pillars of Food Security

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

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

emergencies heightened the risk of GBV for women, girls, children and other at-risk groups who are displaced due to disasters-floods.

In consultation meetings with government officials, civil society humanitarian actors, and community representatives engaged in relief services during humanitarian emergencies in disaster prone districts and regions in Khyber Pakhtunkhwa, Pakistan it is explored that women and girls are mainly responsible for cooking food and taking care of livestock. Due to floods when all the nearby agricultural lands and grazing areas are washed away they require to travel to remote or unfamiliar locations for grazing their livestock and to collect firewood for cooking, it is

identified as a risk of sexual assault and violence for women, girls, and children. It is discussed that in disaster prone regions in Khyber Pakhtunkhwa most of the families rely on agriculture and livestock for their food security which are directly affected by floods, but there is no compensation program to provide support to people in the food and agriculture sector. It is highlighted that mostly the men headed households are getting food packages in humanitarian settings, women headed household and children headed household are ignored which compel women and girls to approach unknown people in camps and host community to get food and other commodity, the same practice increase the risk of sexual assault and other form of violence. It is stated that due to food insecurity many families arrange early marriage of their daughters to reduce the pressure of food insecurity in the families. It is revealed that due to fear of GBV and sexual assault many women headed household and children headed household stay in home and compromise their health. The discussion concluded that disasters affect food and agriculture of the people and due to poor programme design and delivery women, girls, and children are at risk of GBV in humanitarian settings.

Essential to Know

Cash and Voucher-Based Interventions

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

KEY CONSIDERATIONS:

Address Gender-Based Violence in Emergencies during Food Security and Agriculture Sector

In consultation meetings with district and provincial stakeholders it is highlighted that there are some common considerations, strategic priorities and required actions which need to be ensured to reduce the risk of GBV through food security and agriculture sector of vulnerable people during humanitarian settings. The key GBV considerations are mainly divided into some areas of interventions in the Food Security and Agriculture Sector.

These are included the following;

- Assessment, Analysis and Planning
- Resource Mobilization
- Implementation
- Coordination with other humanitarian sectors
- Monitoring and Evaluation

Key GBV Considerations in Food Security and Agriculture Sector during Humanitarian Settings

Key GBV Consideration	Actions Required	Timeline	Indicators	Key Implementers
Assessment, Analysis and Planning	Ensure participation of women, adolescent girls, persons with disabilities, and other at-risk groups in FSA programming	Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Women, adolescent girls, persons with disabilities and other at-risk groups participated; <ul style="list-style-type: none"> c. FSA Staff b. Training and retaining female staff - Actors in food assistance response are aware of international standards for mainstreaming GBV prevention and mitigation strategies into their activities - Women and other at-risk groups involved in community-based activities related to FSA 	Secretary Food KP Secretary Agriculture, Livestock, Fisheries and Cooperative Department KP Director General Agricultural Extension Secretary Relief, Rehabilitation and Settlement Department KP Deputy Commissioner concern Camp Management ADC Relief as key focal person in district UN agencies GCC-PDMA KP INGOs District Working Group Community

<p>Physical Safety and Risks of GBV</p>	<p>Emergency Post-emergency/recovery</p>	<ul style="list-style-type: none"> - Transfer modality of assistance has been designed in a way that reduces the risks of GBV - Women, adolescent girls, and other at-risk groups are involved in decisions about food/asset baskets and planned agriculture or livestock activities - Safe distribution sites are selected for women, girls, and other at-risk groups - Distances and routes to be travelled to distribution sites, work sites, and agriculture or livestock activities safe for women, girls, and other at risk-groups - Ration cards are issued in a safe and transparent way to all particularly to women, girls and other at-risk groups - Cash, voucher, and food-for-work and training programmes available for GBV survivors in coordination with GBV case management service 	<p>Deputy Commissioner Police Department District Social Welfare Department Camp Management ADC Relief Community District working group Community</p>
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	Areas related to FSA Policies	Pre-emergency Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - GBV prevention and mitigation strategies are incorporated into policies, standards, and guidelines of FSA programming - Women, girls and other at risk-groups meaningfully engaged in the development of FSA policies, standards and guidelines to address their rights and needs -Related-Provincial laws and policies integrate GBV-related risk-reduction strategies - Funding is allocated for sustainability of these strategies - All FSA staff properly trained and equipped with necessary skills to implement these policies and guidelines - All these policies and guidelines are communicated to women, girls, boys and men 	Parliamentarians Law department KP Secretary Food KP Secretary Agriculture, Livestock, Fisheries and Cooperative Department KP Director General Agricultural Extension Secretary Relief, Rehabilitation and Settlement Department KP Deputy Commissioner Office ADC Relief GCC-PDMA KP Humanitarian org. UN Agencies
	FSA related areas Communications and Information sharing	Pre-emergency Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Training provided to FSA Staff - FSA-related community outreach activities to raise awareness within the community about general safety and GBV risk reduction - FSA-related discussion forums formed and discussion take place. 	Secretary Food KP Secretary Agriculture, Livestock, Fisheries and Cooperative Department KP

			The participants feel safe to raise GBV issues in the forums	Director General Agricultural Extension Secretary Relief KP Information Department KP Deputy Commissioner Office ADC Relief GCC PDMA KP UN Agencies Humanitarian Organizations Community Based Organizations Community
Resource Mobilization	Integrating GBV related issues and interventions to mitigate the risk of GBV in drafting proposals for FSA programming	Pre-emergency Emergency Post-emergency/recovery	- Different roles and responsibilities for food management, livestock management and agriculture are understood, recognized and described in the proposals - The vulnerabilities of women, girls and other at-risk groups recognized and described in FSA proposals - Risks for specific forms of GBV are described and analysed	Planning & Development Depth. KP Secretary Food KP Secretary Agriculture, Livestock, Fisheries and Cooperative Department KP Director General Agricultural Extension

			<ul style="list-style-type: none"> - Emergence Response actions - Explain in proposal how contextual issues may prevent displaced women, girls, and other at-risk groups from accessing FSA in their new location - Proposed trainings for government, humanitarian workers, women's groups and community members engaged in FSA activities design and implementation that programme mitigate the risk of GBV - Additional costs required to ensure any GBV-related community outreach materials in multiple formats - Post-emergency and recovery actions - Sustainable strategies that support the FSA rights of women, girls and other at-risk groups - Strategies are developed as promoted in the Sphere Handbook - Proposed activities reflect guiding principles and key approaches for addressing GBV - Proposal reflect a commitment to working with the community to ensure sustainability 	<p>Secretary Relief, Rehabilitation and Settlement Department KP Deputy Commissioner Office Humanitarian Org. GCC PDMA KP NGOs and INGOs</p>
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			<ul style="list-style-type: none"> - Proposed project illustrate linkages between FSA programmes and other humanitarian sectors - The proposed project promote/support the participation and empowerment of women, girls and other at-risk groups-including FSA staff and in local community-based FSA-related committees 	
Implementation	Involve women, adolescent girls, and other at-risk groups in the planning, design and implementation of FSA activities	<p>Pre-emergency</p> <p>Emergency</p> <p>Post-emergency</p>	<ul style="list-style-type: none"> - Representation of female within FSA programme staff - Women active involvement in community-based FSA committees, meetings - Other at-risk group people employment in FSA committees - Women and girls are engaged in FSA-monitoring staff - Commodity-and cash-based interventions are designed in a way that minimize the risks of GBV - Steps taken to address food insecurity for women, girls and other at-risk groups through agriculture and livestock programming - Various strategies are implemented to increase the 	<p>Deputy Commissioner</p> <p>ADC Relief</p> <p>GCC-PDMA KP</p> <p>Un Agencies</p> <p>Humanitarian Org.</p> <p>Community District Working Group</p> <p>NGOs, INGOs</p>

			<p>safety in and around food security and agricultural livelihoods activities</p> <ul style="list-style-type: none"> - Consultation conducted with the affected population to create a strategy for accessing cooking fuel, including safe and sustainable access to natural resources 	
	FSA policies	<p>Pre-emergency</p> <p>Emergency</p> <p>Post-emergency</p>	<ul style="list-style-type: none"> - Incorporate the policies to support the participation of women, adolescent girls and other at-risk groups as a staff and leaders in FSA programmes and activities - Incorporate relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of FSA programmes - Circulate FSA policies among FSA staff, committees and management groups - Review existing laws and advocate with relevant stakeholders to strengthen prevention and response to GBV - Advocate for the adaptation and implementation of key human rights instruments 	<p>Parliamentarians</p> <p>Law department KP</p> <p>Secretary Food KP</p> <p>Secretary Agriculture, Livestock, Fisheries and Cooperative Department KP</p> <p>Director General Agricultural Extension</p> <p>Secretary Relief KP</p> <p>Deputy Commissioner Office</p> <p>ADC Relief</p> <p>GCC-PDMA KP</p> <p>Humanitarian org.</p> <p>UN Agencies</p>

			<ul style="list-style-type: none"> - Advocate for reforms in laws and policies to protect women, adolescent girls and other at-risk groups from GBV risk - Include GBV in all relevant frameworks, and FSA related action plans. 	
	FSA Communications and Information Sharing	<p>Emergency</p> <p>Post-emergency</p>	<ul style="list-style-type: none"> - Written information available with all FSA personnel including agricultural extension workers about where to refer survivors for care and support - Regularly update information about GBV services - Training of all FSA Personnel - Identity of GBV survivors is not reveal by FSA personnel - Community outreach activities include GBV risk, prevention, and response information - Male community engagement as agent of change in FSA outreach activities - Initiate community discussion forum with equal representation of women and adolescent girls - Information sharing with community about code of conduct for FSA personnel 	<p>Information Department KP Deputy Commissioner Office</p> <p>District Information Office</p> <p>Camp Management</p> <p>GCC-PDMA KP</p> <p>UN Agencies</p> <p>Community Humanitarian organizations</p> <p>District Working Group</p>

<p>Coordination with other Humanitarian Sectors</p>	<p>GBV coordination mechanism should be established to identify GBV expertise to assist FSA actors</p>	<p>Pre-emergency Emergency Post-emergency</p>	<ul style="list-style-type: none"> - Multi-sectoral coordination with other sectors i.e. CCCM, child protection, education, food security, livelihood, protection, nutrition, housing, land and property, SS&R, WASH etc. - Regular monthly meetings of multi-sectoral coordination body during pre-emergency, emergency, post-emergency/recovery phases - Weekly multi-sectoral coordination body meeting during emergency - Develop a multisectoral standard referral pathway and coordination for GBV survivors - Community training and awareness raising on the issues of gender, GBV, and women/children rights - Training for FSA staff on issues of gender, GBV and women's rights/human rights as they relate to food security and agricultural interventions 	<p>Secretary Relief, Rehabilitation and Settlement Department KP PDMA KP GCC PDMA KP UN agency as co-lead of Protection working group while relevant Department KP as lead of working group Deputy Commissioner Office ADC Relief AC Headquarter District Working group</p>
<p>Monitoring and Evaluation</p>	<p>Monitoring and Evaluation during assessment, analysis and planning</p>	<p>Emergency Post-emergency/recovery</p>	<ul style="list-style-type: none"> - Inclusion of GBV-related questions in FSA assessments for collecting general information of the situation and not individual 	<p>GCC-PDMA KP Deputy Commissioner AC Headquarter ADC Relief</p>

			<p>data will be collected and recorded of GBV victims</p> <ul style="list-style-type: none"> - Adaptation and implementation of multi-sectoral rapid need assessment survey tool following the protocols - Training of all staff and sector partners on the assessment tools - Women, adolescent girls and other at-risk group participation in FSA assessments - Consultation with Women, adolescent girls and other at-risk groups to discuss GBV risk factors in accessing FSA services - FSA staff aware of referral pathways for GBV survivors - FSA staff knows and correctly respond that where referral pathways available for GBV survivors 	<p>Camp Management GBV Working Group UN Agencies Humanitarian Org. Community</p>
	Monitoring and Evaluation during resource mobilization	Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Including GBV risk reduction objective(s) in FSA funding proposals - Training of FSA staff participated in training on GBV guidelines 	<p>Planning & Development Department KP Secretary Food KP Secretary Agriculture, Livestock, Fisheries and Cooperative Department KP</p>

				Director General Agricultural Extension Secretary Relief, Rehabilitation and Settlement Department KP Deputy Commissioner Office ADC Relief GCC-PDMA KP Humanitarian org. UN Agencies
	Monitoring and Evaluation during implementation	Emergency Post- emergency/recovery	<ul style="list-style-type: none"> - Female participated s staff in FSA programmes - GBV experience reported when asked about participation in FSA programmes - FSA monitoring teams with at least one GBV specialist - Women, girls and other at-risk groups participated in FSA community-based committees -FSA policies, guidelines and standards include GBV prevention and mitigation strategies from the GBV guidelines - FSA staff says the information shared on GBV risks and concerns should not reveal the identity of 	Deputy Commissioner AC Headquarter ADC Relief GCC-PDMA KP UN Agencies Humanitarian Org. Community Community organization

			<p>GBV victims and survivors when they asked about participating in community-or-cash-based interventions</p> <ul style="list-style-type: none"> - Females report retaining control over agricultural inputs and/or livestock 	
	<p>Monitoring and Evaluation during Coordination</p>		<ul style="list-style-type: none"> - Non-FSA sectors consulted with to address GBV risk-reduction activities 	<p>Sectoral working groups by POMA KP GBV Coordination structure to provide GBV referral pathways Govt. Line Departments in compliance to notifications and guidelines UN Agencies Humanitarian org.</p>

Resources:

1. **Inter-Agency Standing Committee. 2015.** *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.* For more details visit; www.gbvguidelines.org
2. For a checklist for ensuring gender-equitable programming in food security, food distribution and nutrition in emergencies, see the **Inter-Agency Standing Committee (IASC). 2006.** *Gender Handbook in Humanitarian Action,* https://interagencystandingcommittee.org/system/files/legacy_files/IASC%20Gender%20Handbook%20%28Feb%202007%29.pdf
3. **Sphere Project. 2011.** *Sphere Handbook: Humanitarian charter and minimum standards in humanitarian response,* www.spherehandbook.org
4. **Food and Agriculture Organization of the United Nations (FAO). 2011.** *The State of Food and Agriculture 2010-2011: Women in agriculture - Closing the gender gap for development.* FAQ: Rome, www.fao.org/docrep/013/i2050e/i2050e00.htm
5. **European Commission and Food and Agriculture Organization. 2008.** 'An Introduction to the Basic Concepts of Food Security,' (<www.fao.org/docrep/013/al936e/al936e00.pdf>)
6. **United Nations High Commissioner for Refugees. 2012.** *An Introduction to Cash-Based Interventions in UNHCR Operations,* p. 5, (<www.unhcr.org/515a959e9.pdf>)

Theme 11

HUMANITARIAN OPERATIONS SUPPORT SECTORS

Gender-Based Violence is a Critical Concern of the Humanitarian Operations Support Sector

Humanitarian Operations Support Sectors play a vital role in humanitarian emergencies and settings. It is observed that most of the humanitarian actors are directly involved with affected populations and providing them relief services, but sometimes it is hard for humanitarian actors to physically access the vulnerable communities and provide them relief services. In such situations the logistics and emergency telecommunications role become more important to protect the vulnerable population and identify their needs and locations.

In consultation meetings with government officials, civil society humanitarian actors, and community representatives engaged in relief services during humanitarian emergencies in disaster prone districts and regions in Khyber Pakhtunkhwa, Pakistan it is discussed that floods affected population in disaster prone regions face the issue of humanitarian actors accessibility and timely provision of essential and life-saving supplies, including the supplies that can mitigate the risk of GBV. It is highlighted that humanitarian operations support sector actors-staff, contractors, and volunteers perform their role but they are not in close coordination with GBV specialists to prevent and mitigate the risk of GBV. It is stated that there is no mechanism in place that allows support sector actors to report any GBV-related concerns they observed during services to the affected population. In meetings it is highlighted that support sector actors are not trained on the issue of Prevention of Sexual Exploitation and Abuse (PSEA). It is discussed that there is no reporting mechanism in place to report sexual exploitation

and abuse committed by support sector actors. It is stated that in support sector policies and guidelines there is no such GBV prevention and mitigation strategies due to which the support sector actors are not trained on the issues of gender, GBV, women's/human rights, social exclusion, and psychological first aid. It is alarming to state that the logistics and telecommunications support sector operating in humanitarian settings did not even know about the GBV coordination mechanism to identify where the GBV experts are available. The discussion concluded that the Humanitarian Operations Support Sector-logistics and telecommunications role is not well defined to prevent and mitigate the risk of GBV during support services.

KEY CONSIDERATIONS:

Address Gender-Based Violence in Emergencies during Humanitarian Operations Support Sectors

In consultation meetings with district and provincial stakeholders it is highlighted that there are some common considerations, strategic priorities and required actions which need to be ensured to reduce the risk of GBV through humanitarian operations support sector of vulnerable people during humanitarian settings. The key GBV considerations are mainly divided into some areas of interventions in the Humanitarian Operations Support Sectors.



Essential to Know

Referral Pathways

A 'referral pathway' is a flexible mechanism that safely links survivors to supportive and competent services, such as medical care, mental health and psychosocial support, police assistance and legal/justice support.

These are included the following;

- Humanitarian Operations Support Sectors
- Coordination with other Humanitarian Sectors

- Monitoring and Evaluation throughout the Programme Cycle

Key GBV Considerations in Humanitarian Operations Support Sector during Humanitarian Settings

Key GBV Consideration	Actions Required	Timeline	Indicators	Key Implementers
<p>Logistics and Telecommunications support sector</p>	<p>Work with GBV specialists to improve the capacity of humanitarian operations support sector actors</p>	<p>Emergency</p> <p>Post-emergency/recovery</p>	<ul style="list-style-type: none"> - Field level research conducted to develop links between the support sector and GBV - Guidance provided on procurement specifications for commonly purchased articles that facilitate prevention of and response to GBV - Mechanism developed for support sector actors to report any GBV-related concerns they may observe while carrying out their responsibilities - Community members are informed about existing codes of conduct for support sector actors as well as where to report sexual exploitation and abuse committed by support sector actors - All actors (staff, contractors, volunteers) are informed where to refer survivors for care and support - All actors are trained on the issues of gender, GBV, 	<p>Secretary Transport KP Secretary Communication and Works Department KP PTCL Board Representatives Secretary Relief KP Information Department KP Deputy Commissioner concern Camp Management ADC Relief as key focal person in district</p> <p>TMA Humanitarian org. UN agencies GCC-PDMA KP INGOs District Working Group Community</p>

			women's/human rights, social exclusion, sexuality and psychological first aid - Women and other at-risk groups are involved in all aspects of humanitarian operations support sector activities	
	Areas related to Support Sector Policies	Pre-emergency Emergency Post-emergency/recovery	- GBV prevention and mitigation strategies are incorporated into policies, standards, and guidelines of support sector - Policies including childcare for staff - A policy to report, investigate and take disciplinary action in cases of sexual exploitation and abuse, including immediate termination of a contract where a case is confirmed - Policies to prevent children from working	Parliamentarians Law department KP Secretary Transport KP Secretary Communication and Works Department KP PTCL Board Representatives Secretary Relief GCC-PDMA KP Humanitarian org. UN Agencies
Coordination with other Humanitarian Sectors	GBV coordination mechanism should be established to identify GBV expertise to	Pre-emergency Emergency Post-emergency	- Training provided to support sector actors - Research studies to develop a link between support sector and GBV - Existing policies and plans are reviewed and GBV prevention	Secretary Transport KP Secretary Communication and Works Department KP

	<p>assist support sector actors</p>		<p>and mitigation strategies are integrated</p> <ul style="list-style-type: none"> - Multi-sectoral coordination with other sectors i.e. CCCM, child protection, education, food security, livelihood, protection, nutrition, housing, land and property, SS&R, WASH etc. - Regular monthly meetings of multi-sectoral coordination body during pre-emergency, emergency, post-emergency/recovery phases - Weekly multi-sectoral coordination body meeting during emergency - Develop a multisectoral standard referral pathway and coordination for GBV survivors - Community training and awareness raising on the issues of gender, GBV, and women/children rights - Training for Support sector staff on issues of gender, GBV and women's rights/human rights 	<p>PTCL Board Representatives Secretary Relief POMA KP GCC POMA KP UN agency as co-lead of Protection working group while relevant Department KP as lead of working group Deputy Commissioner Office ADC Relief AC Headquarter District Working group</p>
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Monitoring and Evaluation	Monitoring and Evaluation throughout the programme cycle	Emergency Post-emergency/recovery	<ul style="list-style-type: none"> - Support sector staff participated in training on GBV guidelines - The identity of GBV survivors should not be revealed by Support Sector staff - Support Sector staff aware of referral pathways for GBV survivors - Support Sector staff knows and correctly respond that where referral pathways available for GBV survivors - Women are positioned in support sector as staff - Non-Support Sector consulted with to address GBV risk-reduction activates 	GCC-PDMA KP Deputy Commissioner AC Headquarter ADC Relief Camp Management District Working Group UN Agencies Humanitarian Org. Community
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Resources:

1. **Inter-Agency Standing Committee. 2015.** *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.* For more details visit; www.gbvguidelines.org
2. The United Nations Development Programme (UNDP) has identified a variety of ways through which information about GBV services can be deployed. For more information, see **UNDP. 2008.** *Gender Responsive E-Governance: Exploring the transformative potential,* www.undp.org/content/dam/aplaws/publication/en/publications/womens-empowerment/primersin-gender-and-democratic-governance-4/f_GenderGovPr_eG_Web.pdf
3. **Office for the Coordination of Humanitarian Affairs. 2013.** *Humanitarianism in the Network Age,* <https://docs.unocha.org/sites/dms/Documents/WEB%20Humanitarianism%20in%20the%20Network%20Age%20vF%20single.pdf>. See: <http://irevolution.net/2013/04/09/humanitarianism-network-age> for a summary of the report.

PART FIVE

MINIMUM STANDARDS TO ADDRESS GBV IN ALL STAGES OF EMERGENCIES AND HUMANITARIAN SETTINGS

The Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies are a comprehensive set of 18 standards grouped in three parts: (i) foundational standards; (ii) mitigation, prevention and response standards; and (iii) coordination and operational standards. It is important to note that the Minimum Standards are interrelated and inter-dependent.

1. Foundational Standards

The following four standards provide guidance on engaging communities, supporting national systems, promoting positive gender and social norms, and collecting and utilizing data. These standards should be mainstreamed across all actions.

1. Participation: Communities, including women and girls, are engaged as active partners to end GBV and promote survivors' access to services¹¹.

2. National Systems: Actions to prevent, mitigate and respond to GBV in emergencies strengthen national systems and build local capacities¹².

3. Positive Gender & Social Norms: Emergency preparedness, prevention and response programming promotes positive social and gender norms to address GBV¹³.

4. Collecting & Using Data: Quality, disaggregated, gender-sensitive data on the nature and scope of GBV and on the availability and accessibility of services informs programming, policy and advocacy

2. Mitigation, Prevention and Response Standards

The following eight standards provide guidance to mitigate, prevent and respond to gender-based violence in emergencies. In particular, in emergencies UNFPA is mandated to ensure access to reproductive

¹¹ IASC *Gender Handbook*. p. 34

¹² IASC. 2015. *Draft GBV Preparedness and Response Toolkit*, (adapted from figure 3.4, p.50-51).

¹³ See Gender Profile tool in ACDI/VOCA, *Gender Analysis, Assessment, and Audit Manual & Toolkit*, pp. 44-47, [http://acdiovoca.org/sites/default/files/attach/legacy/site/Lookup/ACDI-VOCA-Gender-Analysis-Manual/\\$file/ACDI-VOCA-Gender-Analysis-Manual.pdf](http://acdiovoca.org/sites/default/files/attach/legacy/site/Lookup/ACDI-VOCA-Gender-Analysis-Manual/$file/ACDI-VOCA-Gender-Analysis-Manual.pdf)

health services for GBV survivors, including clinical management of rape, as well as the distribution of dignity kits. In addition, UNFPA works with partners to ensure that referral systems are in place to facilitate GBV survivors' access to psychosocial support, safety and security, justice and legal aid and socio-economic support.

5. Healthcare: GBV survivors, including women, girls, boys and men, access quality, life-saving healthcare services, with an emphasis on clinical management of rape^{14,15}.

6. Mental Health & Psychosocial Support: GBV survivors access quality mental health and psychosocial support focused on healing, empowerment and recovery¹⁶.

7. Safety & Security: Safety and security measures are in place to prevent and mitigate GBV and protect survivors.

8. Justice & Legal Aid: The legal and justice sectors protect survivors' rights and support their access to justice, consistent with international standards.

9. Dignity Kits: Culturally relevant dignity kits are distributed to affected populations to reduce vulnerability and connect women and girls to information and support services.

10. Socio-Economic Empowerment: Women and adolescent girls access livelihood support to mitigate the risk of GBV, and survivors access socio-economic support as part of a multi-sector response.

11. Referral Systems: Referral systems are established to connect women, girls and other at-risk groups to appropriate multi-sector GBV prevention and response services in a timely and safe manner.

¹⁴ IAWG. 2004. *Inter-agency Global Evaluation of Reproductive Health Services for Refugees and Internally Displaced Persons*

¹⁵ UNFPA. *Standard Operating Procedures for Humanitarian Settings*, p.23

¹⁶ UNFPA. *Managing GBV Programmes in Emergencies: E-Learning Companion Guide*, p. 87

12. Mainstreaming: GBV risk mitigation and survivor support are integrated across humanitarian sectors at every stage of the programme cycle.

3. Coordination and Operational Standards

The following six standards provide guidance on GBV assessment, coordination, advocacy and communications and securing human and financial resources in emergencies. In particular, as global co-lead of the GBV AoR, UNFPA is responsible to ensure that GBV coordination mechanisms are in place and functional and, where needed, to act as the inter-agency lead/co-lead of the GBV sub-cluster (often in partnership with the Government or an NGO).

13. Preparedness & Assessment: Potential GBV risks and vulnerable groups are identified through quality, gender-sensitive assessments and risk mitigation measures are put in place before the onset of an emergency¹⁷.

14. Coordination: Coordination results in effective action to mitigate and prevent GBV and promote survivors' access to multi-sector services¹⁸.

15. Advocacy & Communication: Coordinated advocacy and communication lead to increased funding and changes in policies and practices that mitigate the risk of GBV, promote resilience of women and girls and encourage a protective environment for all¹⁹.

16. Monitoring & Evaluation: Objective information collected ethically and safely, is used to improve the quality and accountability of GBV programmes²⁰.

¹⁷ UNFPA and Women's Refugee Commission, *Community Preparedness: Reproductive Health and Gender*, p. 6

¹⁸ UNFPA. *Standard Operating Procedures for Humanitarian Settings*, p.23.

¹⁹ GBV AoR. 2014. *GBV Advocacy Toolkit*, p. 42.

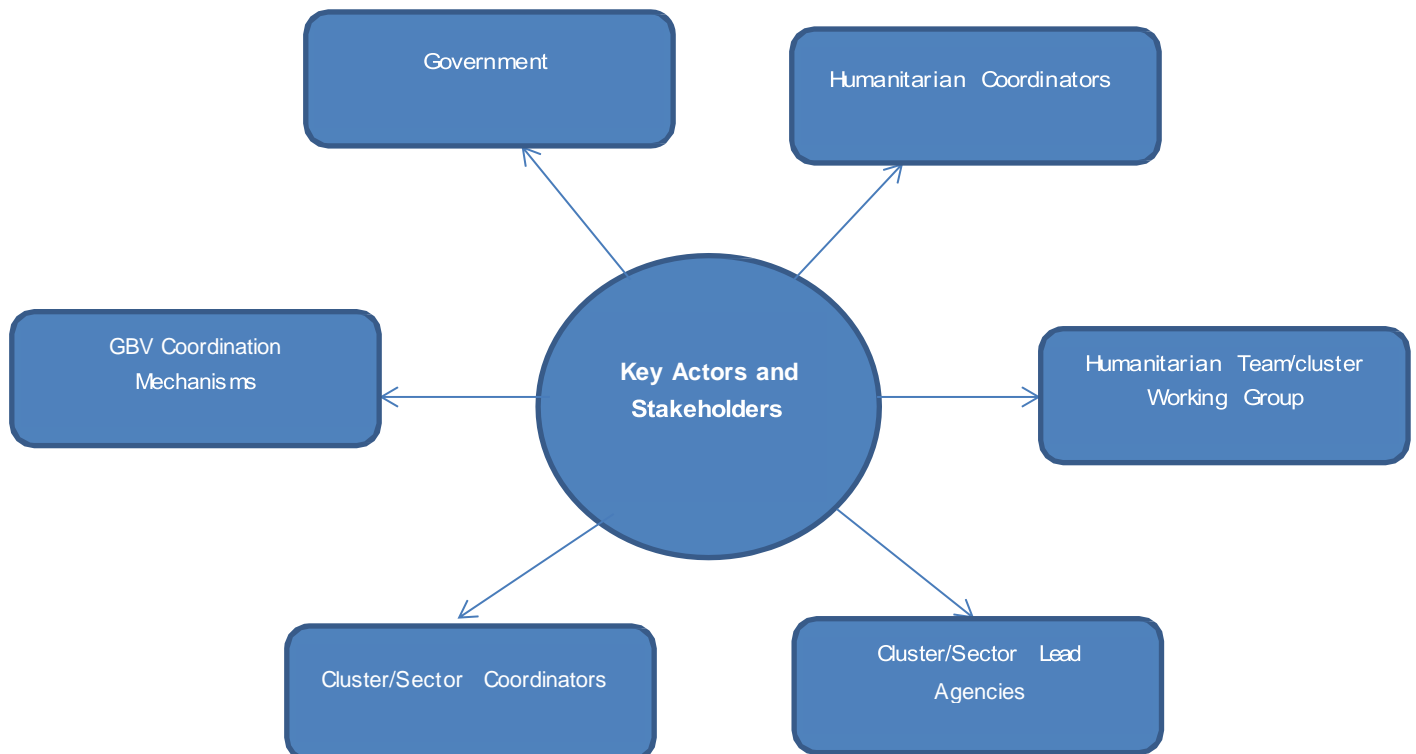
²⁰ *Reproductive Health Response in Conflict (RHRC) Consortium. 2004. Gender-based Violence Tools Manual: For Assessment and Program Design, Monitoring & Evaluation in Conflict-Affected Settings. New York: RHRC Consortium, http://reliefweb.int/sites/reliefweb.int/files/resources/FC881A31BDSSD2B3C1256F4F00461838-Gender_based_violence_rhrc_Feb_2004.pdf*

17. Human Resources: Qualified, competent, skilled staff are rapidly recruited and deployed to design, coordinate and/or implement programmes to prevent and respond to GBV in emergencies.

18. Resource Mobilization: Dedicated financial resources are mobilized in a timely manner to prevent, mitigate and respond to GBV in emergencies.

4. Key Actors and Stakeholders

The implementation of this framework will be ensured in pre-emergency/preparedness, emergency, stabilization stage, and recovery to development stages of humanitarian interventions by; Government, Humanitarian Coordinators, Humanitarian Country Teams/Inter-cluster Working Groups, Cluster/Sector Lead Agencies, Cluster/Sector Coordinators, and GBV Coordination Mechanisms.



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