

# Guidelines

## for Gender-based Violence Interventions in Humanitarian Settings

Focusing on Prevention of and Response to  
Sexual Violence in Emergencies



# Acknowledgments

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This version of the *Guidelines for Gender-based Violence Interventions in Humanitarian Emergencies: Focusing on Prevention and Response to Sexual Violence* will be field-tested in 2005-2006 and a final version of these *Guidelines* will be prepared and endorsed by the IASC by the end of 2006.

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Please note that all of the photos are of people in conflict situations, but that they are not specifically victims/survivors of gender-based violence.

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Significant contributions to the development of these guidelines were made by UNIFEM and the following partners: the members of the Reproductive Health Response in Conflict Consortium; Médecins sans Frontières; Oxfam; International Medical Corps; Christian Children's Fund. The following academic institutions made substantial contributions: The International Centre for Reproductive Health of the Ghent University and The University of Grenoble.

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# Foreword

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The Inter-Agency Standing Committee has issued these Guidelines for Gender-based Violence Interventions in Humanitarian Emergencies: Focusing on Prevention and Response to Sexual Violence to meet the need for a coherent and participatory approach to prevent and respond to gender-based violence. This is a tool for field actors to establish a multisectoral coordinated approach to gender-based violence programming in emergency settings.

Sexual violence in armed conflict is a crime against humanity and is being used as a method of war to brutalise and instil fear in the civilian population, especially women and girls. The humanitarian community must come together and act together to put into place systems to prevent violence from occurring and when it does, to respond to the needs of survivors/victims. The Guidelines provide practical advice on how to ensure that humanitarian protection and assistance programmes for displaced populations are safe and do not directly or indirectly increase women's and girls' risk to sexual violence. The Guidelines also detail what response services should be in place to meet the need of survivors/victims of sexual violence.

I call upon all those who are involved in the provision of protection and humanitarian assistance to use these Guidelines and work together to prevent and respond to gender-based violence. We need a collective effort to put an end to the brutality of sexual violence and respond compassionately and more effectively to those affected.



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Emergency Relief Coordinator and Under-Secretary-General for Humanitarian Affairs

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# Chapter 1. Introduction

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Gender-based violence (GBV), and in particular sexual violence, is a serious, life-threatening protection issue primarily affecting women and children. It is well documented that GBV is a widespread international public health and human rights issue, and that adequate, appropriate, and comprehensive prevention and response are inadequate in most countries worldwide.<sup>1</sup> Gender-based violence is especially problematic in the context of complex emergencies and natural disasters, where civilian women and children are often targeted for abuse, and are the most vulnerable to exploitation, violence, and abuse simply because of their gender, age, and status in society. (See below, “Nature and Extent of GBV in Humanitarian Emergencies,” p. 3.)

Gender-based violence is a violation of universal human rights protected by international human rights conventions, including the right to security of person; the right to the highest attainable standard of physical and mental health; the right to freedom from torture or cruel, inhuman, or degrading treatment; and the right to life.

**All humanitarian actors must take action, from the earliest stages of an emergency, to prevent sexual violence and provide appropriate assistance to survivors/victims.**

## **Gender-Based Violence Interventions in Emergencies**

During a crisis, such as armed conflict or natural disaster, institutions and systems for physical and social protection may be weakened or destroyed. Police, legal, health, education, and social services are often disrupted; many people flee, and those who remain may not have the capacity or the equipment to work. Families and communities are often separated, which results in a further breakdown of community support systems and protection mechanisms.

### **Focus on Sexual Violence**

Throughout any emergency, many forms of GBV occur. During the early stages — when communities are first disrupted, populations are moving, and systems for protection are not fully in place — most reported GBV incidents are sexual violence involving female survivors/victims and male perpetrators. Sexual violence is the most immediate and dangerous type of gender-based violence occurring in acute emergencies. Later— in a more stabilised phase and during rehabilitation and recovery — other forms of GBV occur and/or are reported with increasing frequency. These include, among others, harmful traditional practices (female genital mutilation, forced early marriage, honour killings, etc.) and domestic violence.

Although intervention in the early stages of an emergency should focus on sexual violence, each situation is unique and other forms of GBV should not necessarily be ignored. For example, the severity and incidence of domestic violence often increases in the aftermath of natural disasters (see sample statistics below) and therefore may require immediate intervention from humanitarian actors. A coordinated situational analysis (described in Action Sheet 2.1, Conduct coordinated rapid situation analysis) can give information about other types of GBV that may be occurring, including frequency, risk, and lethality. These other forms of GBV are not explicitly dealt with in these guidelines but are included in resource materials and the summary recommendations for the preparedness and comprehensive prevention and response phases.

To save lives and maximise protection, a minimum set of activities must be rapidly undertaken in a coordinated manner to prevent and respond to gender-based violence from the earliest stages of an emergency. Survivors/victims of GBV need assistance to cope with the harmful consequences. They may need health care, psychological and social support, security, and legal redress. At the same time, prevention activities must be put in place to address causes and contributing factors to GBV in the setting. Providers of all these services must be knowledgeable, skilled, and compassionate in order to help the survivor/victim, and to establish effective preventive measures. Prevention and response to GBV therefore require coordinated action from actors from many sectors and agencies.

## Purpose of the Guidelines

**The primary purpose of these guidelines is to enable humanitarian actors and communities to plan, establish, and coordinate a set of minimum multisectoral interventions to prevent and respond to sexual violence during the early phase of an emergency.**

While these guidelines focus on the early phase of an emergency, they also aim to inform and sensitise the humanitarian community to the existence of GBV during emergencies, that it is a serious and life threatening protection issue, and offer concrete strategies for including GBV interventions and considerations in emergency preparedness planning and during more stabilised phases of emergencies.

Three sets of activities are included in the guidelines:

- 1) overview of activities to be undertaken in the preparedness phase;
- 2) detailed implementation of minimum prevention and response during the early stages of the emergency; and
- 3) overview of comprehensive action to be taken in more stabilised phases and during recovery and rehabilitation.

The guidelines are applicable in any emergency setting, regardless of whether the “known” prevalence of sexual violence is high or low. It is important to remember that sexual violence is under-reported even in well-resourced settings worldwide, and it will be difficult if not impossible to obtain an accurate measurement of the magnitude of the problem

in an emergency. **All humanitarian personnel should therefore assume and believe that GBV, and in particular sexual violence, is taking place and is a serious and life-threatening protection issue, regardless of the presence or absence of concrete and reliable evidence.**

## Target Audience

These guidelines are designed for use by humanitarian organisations, including UN agencies, non-governmental organisations (NGOs), community-based organisations (CBOs), and government authorities operating in emergency settings at international, national, and local levels.

The guidelines emphasize the importance at every stage of active involvement of local authorities and communities, in particular the leadership and participation of women and girls in all activities. This participation is fundamental to the success of coordinated action, and will allow strengthening of local capacity and enhance sustainability.

## How to Use These Guidelines

These guidelines should be available and accessible to all humanitarian actors. The guidelines recommend specific key interventions for preventing and responding to gender-based violence in humanitarian emergencies. The **matrix in Chapter 3** is an overview of recommended key interventions for preventing and responding to sexual violence, organised by the three general phases of emergencies:

- Emergency Preparedness  
Early Phase (Minimum Prevention and Response)
- Stabilised phase (Comprehensive Prevention and Response)

During the **Emergency Preparedness Phase**, a number of actions should be taken that can enable rapid implementation of minimum prevention and response to sexual violence in the early stages of an emergency. Although emergency preparedness may be limited by many factors, preparatory action can be taken. The left column in the matrix in Chapter 3 provides summary information about key recommended actions for emergency preparedness. Implementation details for this phase are not included in these guidelines, although the resource

materials referenced throughout the guidelines and included in the accompanying CD-ROM are excellent sources for further information.

Interventions in the early phase, **Minimum Prevention and Response**, are described in the middle column of the matrix in Chapter 3. For each action in this phase, there is a detailed **Action Sheet in Chapter 4**. Guidance in the Action Sheets includes specific key actions to take, responsibility for those actions, and key resources available to support implementation of the key actions. These minimum interventions and implementation details are the focus of these guidelines.

In more stabilised phases of an emergency, after the initial crisis and into recovery and rehabilitation, **Comprehensive Prevention and Response** will be needed. This will include widening the scope of interventions to address other forms of GBV that are occurring in the setting. The right column in the matrix in Chapter 3 provides a summary of key interventions in this phase. Implementation details are available in resource documents referenced throughout the guidelines, many of which are included in the CD-ROM accompanying these guidelines.

## Action Sheets for Minimum Prevention and Response

The Action Sheets are organised by sectors and cross-cutting functions. There are five cross-cutting functions that require action from multiple organisations and sectors. These cross-cutting functions are

- Coordination
- Assessment and Monitoring
- Protection
- Human Resources
- Information Education Communication

In addition to the cross-cutting functions, there are specific interventions organised by sector. (Note that protection is both a cross-cutting function and a sector in these guidelines.)

- Protection
- Water and Sanitation
- Food Security and Nutrition
- Shelter and Site Planning and Non-Food Items
- Health and Community Services
- Education

The guidelines emphasize the importance of multi-sectoral coordinated action and community involvement, and include guidance for maximising multi-sectoral involvement in all of the cross-cutting functions. There must be coordination among and between sectors in order to implement the minimum interventions. To this end, each Action Sheet includes links, indicated by purple text, to related Action Sheets for other sectors and functions.

## Resource Materials

These guidelines draw from many guidelines, tools, standards, research and background materials, and other resources developed by UN, NGO, and academic sources. These materials can provide additional information to assist actors in implementing interventions for each phase of an emergency. For each cross-cutting function and sector, there is a set of key recommended resources listed in Action Sheets. The CD-ROM accompanying these guidelines contains most of these resource materials.

## Nature and Extent of GBV in Humanitarian Emergencies

At least one in three of the world’s female population has been either physically or sexually abused at some time in her life.<sup>2</sup> Although in most countries little research has been conducted on the problem, available data suggest that in some countries nearly one in four women may experience sexual violence by an intimate partner, and up to one-third of adolescent girls report their first sexual experience as being forced.<sup>3</sup> In the context of armed conflict and displacement, sexual violence, including exploitation and abuse, is a well known and high risk problem. Sexual violence is often used as a weapon of war, targeting civilian women and children.

- Between 50,000 and 64,000 internally displaced women in Sierra Leone reported experiencing sexual violence at the hands of armed combatants. Half of internally displaced women who had face-to-face contact with combatants reported experiencing sexual violence.<sup>4</sup>
- Twenty-five percent of Azerbaijani women surveyed in 2000 by the US Centers for Disease Control acknowledged being forced to have sex; those at greatest risk were among Azerbaijan’s internally displaced populations.<sup>5</sup>

- According to a 1999 government survey, 37 percent of Sierra Leone's prostitutes were under age 15; of those, over 80 percent were unaccompanied children or children displaced by the war.<sup>6</sup>
- The majority of Tutsi women in Rwanda's 1994 genocide were exposed to some form of gender-based violence; of those, it is estimated that between 250,000 and 500,000 survived rape.<sup>7</sup>
- It is estimated that between 20,000 and 50,000 women were raped during the war in Bosnia and Herzegovina in the early 1990s.<sup>8</sup>
- In the aftermath of natural disasters, field reports of social impacts include abuse, as in this account of an Australian flood: "Human relations were laid bare and the strengths and weaknesses in relationships came more sharply into focus. Thus, socially isolated women became more isolated, domestic violence increased, and the core of relationships with family, friends, and spouses were exposed." Increased violence against women was also noted in reports from the Philippines after the Mount Pinatubo eruption; Central and North America after Hurricane Mitch; and in several countries after the 2004 tsunami.<sup>9</sup>

Gender-based violence, including sexual violence, is perpetrated primarily by males against women and girls. Men and boys are also vulnerable to sexual violence, particularly when they are subjected to torture and/or detention. Nevertheless, the majority of survivors/victims of sexual violence are females.

## Under-reporting

One of the characteristics of GBV, and in particular sexual violence, is under-reporting. Survivors/victims generally do not speak of the incident for many reasons, including self-blame, fear of reprisals, mistrust of authorities, and risk/fear of re-victimization. Acts of GBV evoke shaming and blaming, social stigma, and often rejection by the survivor/victim's family and community. Stigma and rejection can be especially severe when the survivor/victim speaks about or reports the incident. Any available data, in any setting, about GBV reports from police, legal, health, or other sources will represent only a very small proportion of the actual number of incidents of GBV.

## Consequences

Survivors/victims of GBV are at high risk of severe and long-lasting health problems, including death from injuries or suicide. Health consequences can include unwanted pregnancy, unsafe self-induced abortion, infanticide, and sexually transmitted infections, including HIV/AIDS. Psychological trauma, as well as social stigma and rejection, is also common. Most societies tend to blame the victim in cases of sexual violence, which increases psychological harm. The exact nature and severity of physical and emotional trauma vary greatly among survivors/victims; not all available response services will be wanted or needed by all survivors/victims. Response to GBV must, however, include a set of available services to reduce the harmful consequences and prevent further injury and harm to the survivor/victim.

## Children and Youth

Children in emergencies may be at particular risk of GBV given their level of dependence, their limited ability to protect themselves, and their limited power and participation in decision-making processes. Because they have had relatively little experience of life, children are also more easily exploited, tricked, and coerced than adults. Depending on their level of development, they may not fully comprehend the sexual nature of certain behaviours, and they are unable to give informed consent.<sup>10</sup> Adolescent girls and young women may be specifically targeted for sexual violence during armed conflict or severe economic hardship.

## Causes and Risk Factors in Emergencies

While gender inequality and discrimination are the root causes of GBV, various other factors determine the type and extent of violence in each setting. In emergencies, norms regulating social behaviour are weakened and traditional social systems often break down. Women and children may be separated from family and community supports, making them more vulnerable to abuse and exploitation due to their gender, age, and dependence on others for help and safe passage. During armed conflict, sexual violence is often used as a weapon of war, targeting civilian women and children. War-related sexual violence often includes abductions and sexual slavery.

## Notes

- 1 Heise, L, Pitanguy, L., Germain, A. *Violence Against Women: The Hidden Health Burden*. World Bank Discussion Paper 255, 1004. World Report on Violence and Health, World Health Organisation, 2002.
- 2 Heise, L., Ellsberg M., and Gottemoeller, M.. *Ending Violence Against Women*. Population Reports. Series L. No. 11. Baltimore, Maryland: Population Information Program, Johns Hopkins School of Public Health. 1999.
- 3 *World Report on Violence and Health*. WHO, 2002, page 149.
- 4 Physicians for Human Rights, *War-related Sexual Violence in Sierra Leone: A Population-based Assessment*, Boston, 2002.
- 5 J. Kerimova et al, *Factors Associated with Self-reported Forced Sex Among Azerbaijani Women*, unpublished abstract presented at the Reproductive Health Response in Conflict Consortium Conference, Washington, D.C., 2000.
- 6 Government of Sierra Leone, *Situation Analysis of Women and Children in Sierra Leone*, Freetown, 1999.
- 7 Association of Widows of the Genocide (Avega), *Survey on Violence Against Women in Rwanda*, Kigali, 1999.
- 8 M. Olujic and V. Nikolic-Ristanovic, cited in Jeanne Ward, *If Not Now, When? Addressing Gender-based Violence in Refugee, Internally Displaced, and Post-Conflict Settings. A Global Overview*. RHRC Consortium, 2002.  
[http://online.northumbria.ac.uk/geography\\_research/gdn/resources/violence-against-women-in-disasters.doc](http://online.northumbria.ac.uk/geography_research/gdn/resources/violence-against-women-in-disasters.doc)
- 10 *Sexual and Gender-based Violence against Refugees, Returnees, and Internally Displaced Persons: Guidelines for Prevention and Response*, UNHCR, 2003. Chapter 5.

## Chapter 2. Terms & Definitions

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The following are the terms and definitions used in these guidelines and are provided here to clarify meaning of the terms used in this document. The terms and definitions used here are not necessarily legal definitions and are not intended as such.

**Actor(s)** refers to individuals, groups, organisations, and institutions involved in preventing and responding to gender-based violence. Actors may be refugees/internally displaced persons, local populations, employees, or volunteers of UN agencies, NGOs, host government institutions, donors, and other members of the international community.<sup>11</sup>

**Child or Minor** Person under the age of 18, according to the United Nations Convention on the Rights of the Child. Minors are considered unable to evaluate and understand the consequences of their choices and give informed consent, especially for sexual acts.

**Community** is the term used in these guidelines to refer to the population affected by the emergency. In individual settings, the “community” may be referred to as refugees, internally displaced persons, disaster-affected, or another term.

**Coordinating agencies** The organisations (usually two working in a co-chairing arrangement) that take the lead in chairing GBV working groups and ensuring that the minimum prevention and response interventions are put in place. The coordinating agencies are selected by the GBV working group and endorsed by the leading United Nations entity in the country (i.e. Humanitarian Coordinator, SRSG).

**Focal point/Sexual violence focal point** refers to the part-time or full-time role of designated staff who represent their organisation and/or their sector and participate in GBV working groups.

**GBV working group** A group of multisectoral and inter-organisational actors that meets regularly to design, establish, coordinate, monitor, and evaluate action to prevent and respond to sexual violence. There should be one working group at the national level and other working groups at local levels.

Working groups should include multisectoral actors from the community, government, UN, international and national NGOs/community-based organisations (CBOs), donors, and others. At a minimum, working groups must comprise the sectoral focal points described in the Action Sheets.

**Gender** refers to the social differences between males and females that are learned, and though deeply rooted in every culture, are changeable over time, and have wide variations both within and between cultures. “Gender” determines the roles, responsibilities, opportunities, privileges, expectations, and limitations for males and for females in any culture.

**Gender-based Violence** is an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females.

Acts of GBV violate a number of universal human rights protected by international instruments and conventions. Many — but not all — forms of GBV are illegal and criminal acts in national laws and policies.

Around the world, GBV has a greater impact on women and girls than on men and boys. The term “gender-based violence” is often used interchangeably with the term “violence against women.” The term “gender-based violence” highlights the gender dimension of these types of acts; in other words, the relationship between females’ subordinate status in society and their increased vulnerability to violence. It is important to note, however, that men and boys may also be victims of gender-based violence, especially sexual violence.

The nature and extent of specific types of GBV vary across cultures, countries, and regions. Examples include:

- Sexual violence, including sexual exploitation/abuse and forced prostitution
- Domestic violence
- Trafficking
- Forced/early marriage



- Harmful traditional practices such as female genital mutilation, honour killings, widow inheritance, and others

**Humanitarian workers**<sup>12</sup> include all workers engaged by humanitarian agencies, whether internationally or nationally recruited, or formally or informally retained from the beneficiary community, to conduct the activities of that agency.

**Perpetrator** Person, group, or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against her/his will.

**Rape/Attempted Rape**<sup>13</sup> is an act of non-consensual sexual intercourse. This can include the invasion of any part of the body with a sexual organ and/or the invasion of the genital or anal opening with any object or body part. Rape and attempted rape involve the use of force, threat of force, and/or coercion. Any penetration is considered rape. Efforts to rape someone which do not result in penetration are considered attempted rape.

Rape of women and of men is often used as a weapon of war, as a form of attack on the enemy, typifying the conquest and degradation of its women or captured male fighters. It may also be used to punish women for transgressing social or moral codes, for instance, those prohibiting adultery or drunkenness in public. Women and men may also be raped when in police custody or in prison.<sup>14</sup>

Rape/attempted rape may include:

- Rape of an adult female
- Rape of a minor (male or female), including incest
- Gang rape, if there is more than one assailant
- Marital rape, between husband and wife
- Male rape, sometimes known as sodomy

**Sexual abuse**<sup>15</sup> is the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. (See also “sexual exploitation.”)

**Sexual exploitation**<sup>16</sup> is any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another. (See also “sexual abuse.”)

**Sexual Violence** For the purposes of these guidelines, sexual violence includes, at least, rape/attempt-

ed rape, sexual abuse, and sexual exploitation. Sexual violence is “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work.”<sup>17</sup> Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion.

**Survivor/victim** Person who has experienced gender-based violence. The terms “victim” and “survivor” can be used interchangeably. “Victim” is a term often used in the legal and medical sectors. “Survivor” is the term generally preferred in the psychological and social support sectors because it implies resiliency.

**Vulnerable group** In any emergency, there are groups of individuals more vulnerable to sexual violence than other members of the population. These are generally females who are less able to protect themselves from harm, more dependent on others for survival, less powerful, and less visible. Groups of individuals that are often more vulnerable to sexual violence include, but are not limited to, single females, female-headed households, separated/unaccompanied children, orphans, disabled and/or elderly females.

## Notes

11 *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response*. UNHCR: Geneva, 2003. Pg. 6.

12 From Inter-Agency Standing Committee, *Report of the Task Force on Protection from Sexual Exploitation and Abuse in Humanitarian Crises*. June 2002.

13 “Rape/attempted rape” adapted from Tanzania inter-agency GBV protocols and *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons, Guidelines for Prevention and Response*. UNHCR, May 2003.

14 This paragraph from *World Report on Violence and Health*. WHO, 2002. Pg. 149.

15 “Sexual abuse,” “sexual exploitation” from Secretary-General’s Bulletin *Special measures for protection from sexual exploitation and sexual abuse*. October 2003.

16 Ibid.

17 *World Report on Violence and Health*. WHO, 2002.

# Chapter 3. Gender-based violence interventions in humanitarian settings

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The matrix in Chapter 3 is an overview of recommended key interventions for preventing and responding to sexual violence in emergencies. It is useful as a tool to aid planning and coordination.

Please read “How to Use These Guidelines” in Chapter 1 (page 2) for details.

	Functions and Sector	Emergency Preparedness	Minimum Prevention and Response (to be conducted even in the midst of emergency)	Comprehensive Prevention and Response (Stabilised phase)
1	<b>Coordination</b>	<ul style="list-style-type: none"> <li>• Determine coordination mechanisms and responsibilities</li> <li>• Identify and list partners and GBV focal points</li> <li>• Promote human rights and best practices as central components to preparedness planning and project development</li> <li>• Advocate for GBV prevention and response at all stages of humanitarian action</li> <li>• Integrate GBV programming into preparedness and contingency plans</li> <li>• Coordinate GBV training</li> <li>• Include GBV activities in inter-agency strategies and appeals</li> <li>• Identify and mobilise resources</li> </ul>	1.1 Establish coordination mechanisms and orient partners 1.2 Advocate and raise funds 1.3 Ensure Sphere standards are disseminated and adhered to	<ul style="list-style-type: none"> <li>• Continue fundraising</li> <li>• Transfer coordination to local counterpart</li> <li>• Integrate comprehensive GBV activities into national programmes</li> <li>• Strengthen networks</li> <li>• Enhance information sharing</li> <li>• Build (human) capacity</li> <li>• Include governments and non-state entities in coordination mechanisms</li> <li>• Engage community in GBV prevention and response</li> </ul>
2	<b>Assessment and monitoring</b>	<ul style="list-style-type: none"> <li>• Review existing data on nature, scope, magnitude of GBV</li> <li>• Conduct capacity and situation analysis and identify good practices</li> <li>• Develop strategies, indicators, and tools for monitoring and evaluation</li> </ul>	2.1 Conduct coordinated rapid situation analysis 2.2 Monitor and evaluate activities	<ul style="list-style-type: none"> <li>• Maintain a comprehensive confidential database</li> <li>• Conduct a comprehensive situation analysis</li> <li>• Monitor and evaluate GBV programs, gender-balanced hiring, application of Code of Conduct</li> <li>• Review data on prevention measures, incidence, policies and instruments, judicial response, social support structures</li> <li>• Assess and use data to improve activities</li> </ul>
3	<b>Protection (legal, social, and physical)</b>	<ul style="list-style-type: none"> <li>• Review national laws, policies, and enforcement realities on protection from GBV</li> <li>• Identify priorities and develop strategies for security and prevention of violence</li> <li>• Encourage ratification, full compliance, and effective implementation of international instruments</li> <li>• Promote human rights, international humanitarian law, and good practices</li> <li>• Develop mechanisms to monitor, report, and seek redress for GBV and other human rights violations</li> <li>• Train all staff on international standards</li> </ul>	3.1 Assess security and define protection strategy 3.2 Provide security in accordance with needs 3.3 Advocate for implementation of and compliance with international instruments	<ul style="list-style-type: none"> <li>• Expand prevention of and response to GBV</li> <li>• Provide technical assistance to judicial and criminal justice systems for reforms and effective implementation of laws in accordance with international standards</li> <li>• Strengthen national capacity to monitor, and seek redress for, violations of human rights/international humanitarian law</li> <li>• Encourage ratification of international instruments, and advocate for full compliance and effective implementation</li> <li>• Promote human rights, IHL and good practices</li> <li>• Ensure that GBV is addressed by accountability mechanisms</li> <li>• Ensure that programmes for demobilisation, reintegration and rehabilitation include women and children affiliated with warring factions</li> <li>• Ensure that programmes for reintegration and rehabilitation include survivors/victims of GBV and children born of rape</li> <li>• Provide training to relevant sectors including security forces, judges and lawyers, health practitioners, and service providers</li> </ul>

	Functions and Sector	Emergency Preparedness	Minimum Prevention and Response (to be conducted even in the midst of emergency)	Comprehensive Prevention and Response (Stabilised phase)
4	<b>Human Resources</b>	<ul style="list-style-type: none"> <li>• Ensure SG's Bulletin is distributed to all staff and partners and train accordingly</li> <li>• Train staff on gender equality issues, GBV and guiding principles, and international legal standards</li> <li>• Develop a complaints mechanism and investigations strategy</li> <li>• Minimise risk of sexual exploitation and abuse (SEA) of beneficiary community by humanitarian workers and peacekeepers</li> </ul>	<p>4.1 Recruit staff in a manner that will discourage SEA                      4.2 Disseminate and inform all partners on codes of conduct                      4.3 Implement confidential complaints mechanisms                      4.4 Implement SEA focal group network</p>	<ul style="list-style-type: none"> <li>• Monitor effectiveness of complaint mechanisms and institute changes where necessary</li> <li>• Institutionalise training on SEA for all staff, including peacekeepers</li> </ul>
5	<b>Water and Sanitation</b>	<ul style="list-style-type: none"> <li>• Train staff and community WATSAN committees on design of water supply and sanitation facilities</li> </ul>	<p>5.1 Implement safe water/sanitation programmes</p>	<ul style="list-style-type: none"> <li>• Conduct ongoing assessments to determine gender-based issues related to the provision of water and sanitation</li> <li>• Ensure representation of women in WATSAN committees</li> </ul>
6	<b>Food Security and Nutrition</b>	<ul style="list-style-type: none"> <li>• Train staff and community food management committees on design of food distribution procedures</li> <li>• Conduct contingency planning</li> <li>• Preposition supplies</li> </ul>	<p>6.1 Implement safe food security and nutrition programmes</p>	<ul style="list-style-type: none"> <li>• Monitor nutrition levels to determine any gender-based issues related to food security and nutrition</li> </ul>
7	<b>Shelter and Site Planning, and Non-Food Items</b>	<ul style="list-style-type: none"> <li>• Train staff and community groups on shelter/site planning and non-food distribution procedures</li> <li>• Ensure safety of planned sites and of sensitive locations within sites</li> <li>• Plan provision of shelter facilities for survivors/victims of GBV</li> </ul>	<p>7.1 Implement safe site planning and shelter programmes                      7.2 Ensure that survivors/victims of sexual violence have safe shelter                      7.3 Implement safe fuel collection strategies                      7.4 Provide sanitary materials to women and girls</p>	<ul style="list-style-type: none"> <li>• Conduct ongoing monitoring to determine any gender-based issues related to shelter and site location and design</li> </ul>
8	<b>Health and Community Services</b>	<ul style="list-style-type: none"> <li>• Map current services and practices</li> <li>• Adapt/develop/disseminate policies and protocols</li> <li>• Plan and stock medical and RH supplies</li> <li>• Train staff in GBV health care, counselling, referral mechanisms, and rights issues</li> <li>• Include GBV programmes in health and community service contingency planning</li> </ul>	<p>8.1 Ensure women's access to basic health services                      8.2 Provide sexual violence-related health services                      8.3 Provide community-based psychological and social support for survivors/victims</p>	<ul style="list-style-type: none"> <li>• Expand medical and psychological care for survivors/victims</li> <li>• Establish or improve protocols for medico-legal evidence collection</li> <li>• Integrate GBV medical management into existing health system structures, national policies, programmes, and curricula</li> <li>• Conduct ongoing training and supportive supervision of health staff</li> <li>• Conduct regular assessments on quality of care</li> <li>• Support community-based initiatives to support survivors/victims and their children</li> <li>• Actively involve men in efforts to prevent GBV</li> <li>• Target income generation programmes to girls and women</li> </ul>
9	<b>Education</b>	<ul style="list-style-type: none"> <li>• Determine education options for boys and girls</li> <li>• Identify and train teachers on GBV</li> </ul>	<p>9.1 Ensure girls' and boys' access to safe education</p>	<ul style="list-style-type: none"> <li>• Include GBV in life skills training for teachers, girls, and boys in all educational settings</li> <li>• Establish prevention and response mechanisms to SEA in educational settings</li> </ul>
10	<b>Information Education Communication</b>	<ul style="list-style-type: none"> <li>• Involve women, youth, and men in developing culturally appropriate messages in local languages</li> <li>• Ensure use of appropriate means of communications for awareness campaigns</li> </ul>	<p>10.1 Inform community about sexual violence and the availability of services                      10.2 Disseminate information on International Humanitarian Law to arms bearers</p>	<ul style="list-style-type: none"> <li>• Provide IEC through different channels</li> <li>• Support women's groups and men's participation to strengthen outreach programmes</li> <li>• Implement behaviour change communication programmes</li> </ul>

## Chapter 4. Action Sheets for Minimum Prevention and Response

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## 1. Coordination

### Cross-cutting function

### Minimum Prevention and Response Interventions

- 1.1 Establish coordination mechanisms and orient partners
- 1.2 Advocate and raise funds
- 1.3 Ensure Sphere Standards are disseminated and adhered to

## ACTION SHEET

### 1.1 Establish coordination mechanisms and orient partners

Function: Coordination

Phase: Minimum Prevention and Response

#### Background

Effective prevention and response to sexual violence require multisectoral coordinated action among, at a minimum, health and social services actors, legal, human rights, and security sectors and the community. General coordination responsibilities of a **multisectoral approach** include

- Strategic planning
- Gathering data and managing information
- Mobilising resources and ensuring accountability
- Orchestrating a functional division of labour
- Negotiating and maintaining effective action for both prevention and response
- Providing leadership

Specific coordination activities include

- Sharing information about resources, guidelines, and other materials
- Sharing non-identifying data about sexual violence incidents
- Discussing and problem-solving about prevention and response activities
- Collaborative monitoring and evaluation
- Ongoing programme and policy development.

Establishing a coordination mechanism for sexual violence at the outset of the emergency will help to ensure more responsible and responsive action from the earliest stages of the emergency to the more stable phase and beyond. The overall aim of coordinated action is to **provide accessible, prompt, confidential, and appropriate services** to survivors/victims according to a basic set of guiding principles and to put in place mechanisms to prevent incidents of sexual violence.

In every humanitarian situation, a number of working groups are created to ensure that all actors working in a particular sector work in a coordinated fashion and ensure international standards are followed. Since prevention and response to sexual violence involves a number of actors representing various sectors, **inter-organisational multisectoral GBV working groups** should be created at the local, regional, and national levels, with regular meetings held. The working groups should include multisectoral actors from the community, govern-

ment, UN, international and national NGOs, donors, and/or others. *Active community participation — women and men — should be ensured at all levels of coordination.*

A **coordinating agency** should be designated for GBV programming. A co-coordinating arrangement between two organisations (e.g., UN, international or local NGO) is recommended, and should be established at the earliest stage of the emergency. The coordinating agency(ies) is responsible for encouraging participation in the GBV working group, convening regular meetings, and promoting other methods for coordination and information sharing among all actors. Ideally the coordinating agency(ies) has expertise in GBV programming and can dedicate staff at a senior level to oversee coordination of GBV programmes. Terms of reference for the coordinating agency(ies) should be clearly defined and agreed to by all members of the working group. It should be noted that in an ideal situation, a government body would be the coordinating agency. In the early stages of humanitarian emergencies, however, many governments lack the capacity to quickly and effectively coordinate action on such a wide scale.

#### Key Actions

In any emergency setting, there is a group of organisations responsible for humanitarian coordination, usually with one organization or individual providing overall coordination and leadership. This coordinating group is responsible for ensuring that the actions described below are carried out.

1. Establish **inter-organisational multisectoral GBV working groups** at the national, regional, and local levels.

- Working groups should be made up of GBV focal points (see below) and any other key multisectoral actors from the community, government, UN, international and national NGOs, donors, and others in the setting.
- Working groups should be inclusive, but must also be small enough to effectively share information, plan, and rapidly implement coordinated action

- Members should be able to represent their sector's and/or organization's activities in prevention and response to sexual violence, and participate as an active member of the working group.
- At the outset of many emergencies, short-term and/or “mission” staff are the majority on the ground and might need to serve as early members in GBV working groups. In these situations, working groups must take care to maximise continuity and information-sharing when short-term staff rotate out and new staff arrive.

2. The national-level GBV working group should select a **coordinating agency(ies)**, preferably two organisations working in a co-coordinating arrangement. The organisations could be UN, international or national NGO, or other representative body invested with due authority.

- Establish clear terms of reference for the coordinating agency(ies) agreed by all working group members
- Terms of reference are endorsed by the leading United Nations authority in the country (e.g. Humanitarian Coordinator, SRSG).

3. The coordinating agency(ies), working in collaboration with the GBV working groups, is responsible for ensuring that the actions described in these Action Sheets are carried out.

4. Working groups at the national, regional, and local levels should establish methods for communication and coordination among and between them. All working groups maintain meeting notes with non-identifying information (i.e. no details about survivors/victims) and distribute copies to all GBV working groups. In general:

- Local GBV working groups discuss details of coordination and implementation, identifying problems and needs, problem-solving, and referring national level/policy issues to the national GBV working group.
- National GBV working group discusses implementation and coordination from a national perspective, providing support, problem-solving, and policy-level action for the local GBV working groups.

5. All sector groups (i.e. health, community services, protection, camp management, human rights, legal/judicial, security/police, etc.) define their respective responsibilities regarding prevention and

response to sexual violence, and how they will liaise with the GBV working group and the coordinating agency(ies) — using these guidelines as a tool.

- Each sector and each organisation carefully and consciously designates a **focal point** who will represent the organization and/or sector in taking action for prevention and response to sexual violence (“GBV focal points”).
- Responsibilities of sectoral GBV focal points are described in Action Sheets for each sector. GBV focal points representing sectors actively participate in GBV working groups.

6. Develop a plan of action for coordination, prevention and response to sexual violence. All working group members/participating organisations contribute to the development of the plan of action, and all must commit to active involvement in implementation, monitoring, evaluation, and holding all actors accountable for action.

- The key resources listed at the end of this action sheet include detailed information about how to develop a plan of action.
- The plan should be developed based on information obtained in the situation analysis (see [Action Sheet 2.1, Conduct coordinated rapid situation analysis](#)), and with **active involvement of women** in the community. The plan must include, at a minimum:
  - (1) Establishing confidential “entry points” where survivors/victims and the community can seek assistance after an incident of sexual violence and/or make an incident report.
  - (2) Confidential referral mechanisms among and between actors/sectors to facilitate multisectoral action as requested by survivors/victims.

7. All actors agree to adhere to a set of guiding principles that minimise harm to the survivor/victim and maximise efficiency of prevention and response interventions. The guiding principles are incorporated into all elements of the plan of action for GBV prevention and response and should include, at a minimum:

- Ensure the physical safety of the survivor/victim and those who help her
- Guarantee confidentiality
- Respect the wishes, the rights, and the dignity of the survivor/victim, and be guided by the best interests of the child

- Ensure non-discrimination

8. Orient all actors to the multisectoral approach and the importance of coordination by distributing key resource and training materials on prevention and response to GBV.

- Ensure relevant materials are distributed to the community. (See [Action Sheet 10.1, Inform community about sexual violence and the availability of services](#).)
- All relevant actors should have copies of these guidelines and be familiar with, at least, [Action Sheet 8.3, Provide community-based psychological and social support for survivors/victims](#). These relevant actors include representatives from sectors/organisations that may interface with sexual violence survivors/victims and/or be engaged in sexual violence prevention but whose responsibilities and actions may not be specifically described in these guidelines.

9. Compile a resource list of organisations, focal points, and services for prevention and response to sexual violence. Distribute to all actors, including the community, and update regularly.

10. Establish a monitoring and evaluation plan. (See [Action Sheet 2.2, Monitor and evaluate activities](#).)

- Include a system for receiving and documenting sexual violence incidents using an agreed-upon incident report form. A sample incident form that could be quickly implemented can be found in UNHCR's SGBV Guidelines, cited below.
- Ensure the M&E plan allows for compilation of non-identifying incident data, action taken, and outcomes across sectors.
- All actors routinely submit anonymous data to the coordinating agency(ies), which is responsible for collating data and reporting information to all actors.

## Key Reference Materials

1. *Sexual and Gender-based Violence against Refugees, Returnees, and Internally Displaced Persons: Guidelines for Prevention and Response*. UNHCR, May 2003. <http://www.unhcr.ch/cgi-bin/texis/vtx/home/+4wwBmeMUiECnwvwhFqA72ZR0gRfZNTFqr72ZR0gRzFqmRbZAFqA72ZR0gRfZNDzmxwww1FqmRbZ/opendoc.pdf> or [http://www.rhrc.org/pdf/gl\\_sgbv03.pdf](http://www.rhrc.org/pdf/gl_sgbv03.pdf)

- These guidelines are accompanied by a CD-ROM which includes a wide variety of resources.
- Includes a chapter describing how to establish reporting and referral system.

2. *How-To Guide: Monitoring and Evaluating Sexual Gender Violence Programs*. UNHCR 2000. <http://www.rhrc.org/resources/gbv/index.html>

- Step by step description of establishing inter-organisational reporting and referral procedures.

3. *Gender-based Violence: Emerging Issues in Programs Serving Displaced Populations*. RHRC, 2002. <http://www.rhrc.org/resources/gbv/> (available in English, French, Portuguese)

- Detailed information in text and annex about establishing multisectoral coordination mechanisms including reporting and referral mechanisms.

4. *Gender-based violence in populations affected by conflict: A field guide for displaced settings*. RHRC, 2005. <http://www.rhrc.org/pdf/Fact%20Sheet%20for%20the%20Field.pdf>

5. *Checklist for Action: Prevention & Response to Gender-based Violence in Displaced Settings*. RHRC, 2004. <http://www.rhrc.org/pdf/Checklist.pdf>

6. *Gender-based Violence Tools Manual for Assessment and Program Design, Monitoring, and Evaluation*. RHRC, 2004. <http://www.rhrc.org/resources/gbv/>

7. *Training Manual, Facilitator's Guide: Multisectoral and Interagency Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict*. RHRC, 2004. <http://www.rhrc.org/resources/gbv/>

## Background

Advocacy involves speaking up and drawing attention to an important issue, and directing decision makers towards a solution. Humanitarian advocacy alleviates human suffering by giving a voice to survivors/victims, increasing awareness about the problem, promoting adherence to humanitarian principles and international humanitarian law (IHL), and inspiring humanitarian action.

The humanitarian community is responsible for **advocating on behalf of civilian communities for protection from sexual violence**. GBV working groups are well positioned to understand the nature and extent of sexual violence, the issues and circumstances that contribute to the problem, and the services that can be and/or are provided in the setting. The **GBV working groups** have a responsibility to keep humanitarian actors and donors informed and to participate actively in advocacy efforts.

## Key Actions

The GBV coordinating agency(ies), along with members of the GBV working groups, is responsible for carrying out the following actions. In some situations, it may be appropriate and necessary to establish a sub-committee for advocacy and fundraising.

1. Participate in the UN consolidated appeal process (CAP) and include comprehensive multisectoral prevention and response to gender-based violence in the CAP document.
2. Advocate for inclusion of sexual violence as a consistent agenda item for discussion in all meetings of sector groups, working groups, management groups, decision-making meetings, donor meetings, and other coordination and planning meetings in the setting.
3. Identify and clarify the nature and extent of sexual violence and services available in the setting by conducting a situation analysis. (See [Action Sheet 2.1, Conduct coordinated rapid situation analysis.](#))

4. Develop an advocacy action plan that details specific activities to be undertaken, the time frame for each activity, and which organisation or partner will be responsible for carrying out an activity.

- Agree on a set of key issues for advocacy, using the situation analysis and other information about sexual violence in emergency settings as guides (see Chapter One). Formulate key issues clearly and concisely. Identify clear and feasible change(s) you are seeking. Some examples might be to advocate for:
  - Funding for sexual violence programming
  - Increased attention to the issue of sexual violence (and by whom)
  - Stronger enforcement of Codes of Conduct related to sexual exploitation and abuse
  - Cessation of violence
  - Increased protection of civilians
  - Adherence to IHL
- Identify target stakeholders.
  - Individuals and/or groups in the community who might directly benefit from the advocacy intervention.
  - Organisations that hold similar views on the issues and are sufficiently committed to join in a coalition to fight for the cause. Identify these partners and specific contributions that each can bring to the advocacy effort.
  - Decision-making individuals or groups with power or authority to take action to bring about change, such as sector groups, working groups, management groups, decision-making meetings, donor meetings, and other coordination and planning meetings in the setting.
- Select messages that will be used to address each stakeholder. Tailor messages for different types/groups of stakeholders.
- Identify methods to be used to communicate advocacy messages to different types or groups of stakeholders. Some examples:
  - Inform stakeholders (allies and adversaries) about the issue by distributing the sexual violence situation analysis report, conducting briefings and other information meetings. (See [Action Sheet 10.1, Inform community about sexual violence](#)

and the availability of services.)

- Build partnerships/coalitions; mobilise partners to support the cause and take action.
- Dialogue and negotiate with adversaries to the issue.
- Petition and lobby political leaders and policy makers.
- Inform and collaborate with media.
- Develop a central Web page for relevant information, updates, messages, etc.

5. Distribute regular and consistent reports to all stakeholders to keep them informed about the nature and extent of sexual violence and how it is being addressed through humanitarian action. (See [Action Sheet 2.2, Monitor and evaluate activities.](#))

## Key Reference Materials

1. *Technical Guidelines for the Consolidated Appeals Process.* [www.reliefweb.int/lcap\\_or/http://www.humanitarianinfo.org/iasc/CAtchguide.doc](http://www.reliefweb.int/lcap_or/http://www.humanitarianinfo.org/iasc/CAtchguide.doc)

## Background

The Sphere Project Humanitarian Charter and Minimum Standards in Disaster Response offer guidance for humanitarian agencies to enhance the effectiveness and quality of relief aid. Its cornerstone, the Humanitarian Charter, describes the core principles that govern humanitarian action and reasserts the right of populations affected by disaster to protection and assistance in a manner that supports their life with dignity.

Hundreds of humanitarian actors, international agencies, NGOs, and donor institutions have committed themselves to the implementation of humanitarian protection and assistance according to Sphere standards. The Sphere Project outlines standards for the following sectors: Water Supply, Sanitation, and Hygiene Promotion; Food Security, Nutrition, and Food Aid; Shelter, Settlement, and Non-Food Items; and Health Services.

**Chapter 1 of Sphere describes programming standards essential to providing humanitarian assistance in a manner that supports life with dignity.** These include participation, assessment, response, targeting, monitoring, evaluation, and staff competencies and management. In addition, seven cross-cutting issues — children, older people, disabled people, gender, protection, HIV/AIDS, and the environment — with relevance to all sectors have been taken into account.

Within the Sphere standards on health services is “control of non-communicable disease” standard 2: Reproductive health — people have access to the Minimum Initial Service Package (MISP) to respond to their reproductive health needs. Established in 1995 by the interagency working group on reproductive health in refugee situations, the MISP has five components. The second component of the MISP is “**steps are taken by health agencies to prevent and manage the consequences of gender-based violence (GBV), in coordination with other relevant sectors, especially protection and community services.**” (See [Action Sheet 8.1, Ensure women’s access to basic health services.](#))

In the guidance note for Sphere control of non-communicable disease standard 2:

**The prevention and management of GBV requires collaboration and coordination among members of the community and between agencies.** Health services should include medical management for sexual assault survivors, confidential counselling, and referral for other appropriate care. The layout of settlements, distribution of essential items, and access to health services and other programmes should be designed to reduce the potential for GBV. Sexual exploitation of disaster-affected populations, especially children and youth, by relief agency staff, military personnel, and others in positions of influence must be actively prevented and managed. Codes of conduct should be developed and disciplinary measures established for any violations. (See [Aid worker competencies and responsibilities standard.](#))

## Key Actions

1. GBV working groups should disseminate information concerning Sphere Chapter 1 and control of non-communicable diseases standard 2. (See [Sheet 1.1, Establish coordination mechanisms and orient partners](#) and [Action Sheet 10.1, Inform community about sexual violence and the availability of services.](#))

- In consultation with the affected population, develop/adapt a brief set of materials in relevant languages and literacy levels to communicate the information outlined above.
- Provide access to these informational materials to all stakeholders in the setting and to the wider humanitarian community through various means, such as print, CD, Internet, etc.
- Conduct orientation sessions for all stakeholders in the setting (humanitarian actors, peacekeepers, government officials, community members, etc.) regarding this information.
- Post relevant information in public view.

2. The GBV working groups should monitor adherence to Sphere standards regarding sexual violence, including sexual abuse and exploitation in the setting. This monitoring should be integrated into sexual violence monitoring and evaluation activities. (See [Action Sheet 2.2, Monitor and evaluate activities](#) and [Action Sheet 1.1, Establish coordination mechanisms and orient partners.](#))

- Maintain a roster of all organisations working in the setting that shows which have implemented human resource policies addressing sexual abuse and exploitation.
- Maintain a roster of organisations providing health services that shows which have protocols and trained staff in place for responding to sexual violence.
- Maintain a roster of organisations providing psychosocial services for survivors of sexual violence.

## Key Reference Materials

1. *Humanitarian Charter and Minimum Standards in Disaster Response.* The Sphere Project, Geneva 2004. [www.sphereproject.org](http://www.sphereproject.org)
2. *Inter-agency Field Manual. Reproductive health in refugee situations.* UNHCR/WHO/UNFPA. Geneva, 1999. Chapter 2. [http://www.rhrc.org/resources/gener-al%5Ffieldtools/iafm\\_menu.htm](http://www.rhrc.org/resources/gener-al%5Ffieldtools/iafm_menu.htm)
3. MISP Fact Sheet. RHRC Consortium, 2003. [http://www.rhrc.org/pdf/fs\\_misp.pdf](http://www.rhrc.org/pdf/fs_misp.pdf)



## 2. Assessment and Monitoring

### Cross-cutting function

### Minimum Prevention and Response Interventions

2.1 Conduct a coordinated rapid situational analysis

2.2 Monitor and evaluate activities

## ACTION SHEET

2.1 Conduct a coordinated rapid situational analysis

Function: Assessment and monitoring

Phase: Minimum Prevention and Response

### Background

A major challenge to addressing sexual violence is the absence of data on the nature and extent of the problem. Sexual violence is usually underreported even in well-resourced and stable situations. During emergencies, it is unlikely that there will be any reliable data about sexual violence. The impact of armed conflict and scale of human rights abuses, including the use of rape during wartime, are sometimes manipulated for political ends by the various parties to the conflict. In some cases, there may be reliable data from human rights organisations. In most situations, however, planning for prevention and response to sexual violence will be based on anecdotal evidence obtained through a variety of sources.

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

During the early phase of a new emergency, even while the population is on the move and the setting insecure, basic information on the nature and extent of sexual violence can be gathered. In addition, there should be an inventory of services in place and identification of gaps in services to prevent and respond to sexual violence.

During an emergency, many assessments are undertaken by humanitarian organisations, donors, and government authorities. These assessments should include information about sexual violence, regardless of sector or organisational interests, and should be shared with the GBV working groups. This will avoid duplicate assessments and repetitive interviews with the community.

It is recommended that periodic assessments are conducted in the future, using the same tools and

methods, to recognise changes in the environment and adjust actions accordingly.

### Key Actions

1. The GBV working group must ensure that an analysis of the situation with regard to sexual violence is undertaken.
  - Promote inclusion of issues related to sexual violence in all assessments conducted by all organisations in the setting.
  - Draw relevant information from needs assessments already conducted, regardless of whether they specifically included sexual violence.
2. Using an established and field tested tool(s) as a guide (see reference materials below), collect and compile information related to the nature and extent of sexual violence; policies, attitudes, and practices of multisectoral actors; and existing prevention/response services and gaps. Information should include:
  - Demographic information, including disaggregated age and sex data
  - Description of population movements (to understand risk of sexual violence)
  - Description of the setting(s), organisations present, and types of services and activities underway
  - Overview of sexual violence (populations at higher risk, any available data about sexual violence incidents)
  - National security and legal authorities (laws, legal definitions, police procedures, judicial procedures, civil procedures)
  - Community systems for traditional justice or customary law
  - Existing multisectoral prevention and response action (coordination, referral mechanisms, psychosocial, health, security/police, protection/legal justice)
3. Collect information in accordance with guiding principles for safety, confidentiality, respect, and non-discrimination (see [Action Sheet 1.1, Establish coordination mechanisms and orient partners](#)), and bear in mind the sensitive nature of this issue in

communities and among service providers (Chapter 1).

- Methods for collecting information should involve the community and may include semi-structured interviews, site visits, and observation of the environment.
- Secondary information sources that may be useful includes existing needs assessments, reports, and available data related to sexual violence.
- Use techniques that will gain rather than alienate community and individual trust, incorporating cultural sensitivity and extreme care in discussing sensitive topics.
- Ensure anonymity and safety of all information sources.
- Use same-sex interviewers and interpreters.
- Information gathering should ideally be conducted by multidisciplinary teams.

4. Document situational analysis findings in a report and disseminate to all actors, including the community and donors.

5. Use the situational analysis report as a resource and a guide for developing a framework and plan of action for prevention and response to sexual violence. (See [Action Sheets 1.1, Establish coordination mechanisms and orient partners](#) and [1.2, Advocate and raise funds](#).)

## Key Reference Materials

1. *Gender-Based Violence Tools Manual for Assessment & Program Design, Monitoring & Evaluation*. RHRC Consortium, 2004. Situation Analysis Guidelines, pages 19-50.

<http://www.rhrc.org/resources/gbv/index.html>

2. *Humanitarian Charter and Minimum Standards in Disaster Response*, 2004. Initial Assessment, pages 29-33. The Sphere project.

<http://www.sphereproject.org/handbook/index.htm>

3. *Sexual and Gender-Based Violence Against Refugees, Returnees and Internally Displaced Persons. Guidelines for Prevention and Response*. UNHCR, May 2003.

<http://www.rhrc.org/resources/gbv/> or [www.unhcr.ch](http://www.unhcr.ch)

4. *According to Need? Needs Assessment and Decision-Making in the Humanitarian Sector*. Humanitarian Policy Group (HPG), 2003.

<http://www.odi.org.uk/hpg/papers/hpgreport15.pdf>

5. *Reproductive Health During Conflict and Displacement. A guide for programme managers*. WHO, 2000.

<http://www.who.int/reproductivehealth/publications>

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

<http://www.icrc.org/Web/Eng/siteeng0.nsf/html/p0840?OpenDocument Focus/Women and War/Key Document>

## ACTION SHEET

### 2.2 Monitor and evaluate activities

Function: Assessment and monitoring

Phase: Minimum Prevention and Response

## Background

Monitoring and evaluation are two distinct but interrelated activities to review and analyse the effectiveness of prevention and response to sexual violence. Monitoring is the consistent review of prevention and response actions to determine whether they are developing according to plan. Evaluation is an analysis of the relevance, effectiveness, and efficiency of the multisectoral prevention and response strategies. The process of monitoring and evaluation (M&E) can help answer the following questions: Are we doing what we said we were going to do? Are we achieving what we said we would achieve? Is the design of our interventions sound? How can it be improved? What were the unintended consequences? Is our programme causing the observed/desired changes?

M&E must be integrated into the plan of action developed by the GBV working groups. (See [Action Sheet 1.1, Establish coordination mechanisms and orient partners](#).) During the early phase of an emergency, M&E of sexual violence actions must include, at least, monitoring the implementation of the minimum prevention and response action as detailed in these GBV Guidelines. This involves establishing indicator(s) and systems for consistent monitoring, review, and analysis of those indicators.

The GBV working group must actively participate in M&E activities, ensuring that they occur and that information from monitoring activities is compiled, analysed, and used to strengthen prevention and response action. The GBV coordinating agency(ies) is responsible for ensuring that there is regular compilation and reporting of sexual violence incident data and that this report is discussed and analysed in the GBV working group and disseminated to key actors, including the community and local authorities. In keeping with the need for confidentiality, any and all potentially identifying information of the survivor/victim and the family or the perpetrator must be removed from any public report.

The intended impact of sexual violence interventions is to reduce the incidence of sexual violence. This is a long term goal (i.e. might be observed after several years of programming) that can be measured if monitoring and evaluation activities are

established in the early stages of programming. Monitoring data from the beginning will establish baseline information which can be used later as comparison to evaluate programme effectiveness and, ultimately, impact.

## Key Actions

1. Monitor implementation of the key actions for minimum prevention and response to sexual violence in the 10 functional/sectoral areas as detailed in the Action Sheets in these GBV Guidelines. The GBV working groups must agree on frequency and methods for monitoring and documenting progress in implementation.

- In the very early stages of an emergency when minimum prevention and response actions are starting up, progress must be monitored weekly or more frequently to ensure rapid start-up and address any obstacles or delays.
- When implementation of minimum actions are well underway, progress may be monitored monthly, again addressing obstacles or delays, and continuing until all key actions have been implemented.
- See Annex 2 for an example of a simple report format that can be used.

2. Establish indicators for monitoring each of the 10 functions/sectors.

- Indicators and systems for consistent monitoring must be put into place along with the key actions. In other words, monitoring must be integrated into the key actions described in these GBV Guidelines.
- There must be at least one indicator per function/sector.
- Indicators can be drawn from the following samples and/or from the samples in the key reference materials (links below).

SAMPLE INDICATORS	
Function/Sector	Sample Indicator
Coordination	Multisectoral and interagency procedures, practices, and reporting forms established in writing and agreed by all actors
	Proportion of key actors who participate in regular GBV working group meetings
Assessment & Monitoring	Reports on sexual violence incidents compiled monthly (anonymous data), analysed, and shared with stakeholders
Protection	Security mechanisms instituted based on where incidents occur, and monitored for effectiveness
	Proportion of reported incidents of sexual violence where survivor/victim (or parent in the case of a child) chooses to pursue legal redress
Human Resources	Proportion of reported SEA incidents resulting in prosecution and/or termination of humanitarian staff
	Proportion of actors issuing codes of conduct
Water and Sanitation	Adequate number of latrines for each sex constructed and have locks (Sphere standard)
Food Security & Nutrition	Proportion of food distributed to women
	Proportion of females involved in food distribution committees
Shelter & Site Planning & Non-Food Items	Community-based plan for providing safe shelter for victims/survivors developed and used effectively
	Adequate quantities of sanitary supplies distributed to women and girls
Health and Community Services	Survivors/victims of sexual violence receive timely and appropriate medical care based on agreed-upon medical protocol
	Proportion of health staff trained in sexual violence medical management and support
	Proportion of community-based workers trained in sexual violence psychosocial support
Education	Percentage of teachers signing codes of conduct
IEC	Number of copies of resource list in local language(s) distributed in community
	Proportion of IEC materials using verbal or visual messages (i.e. accessible to non-literate persons)

3. Compile data about reported incidents of sexual violence (see [Action Sheet 1.1, Establish coordination mechanisms and orient partners](#)) into a report, making sure that it contains no potentially identifying information about survivors/victims or perpetrators.

- Compile the report regularly and consistently.
- Review and analyse incidents data at GBV working group meetings, and use the information to strengthen prevention and response actions. Compare information over time, identifying trends, problems, issues, successes, etc.
- Distribute the report to key stakeholders, including the community and local authorities.
- Initiate community meetings to discuss the information and strategies to improve prevention and response; ensure active input and participation from women and girls.

### Key Reference Materials

1. *Gender-based Violence Tools Manual For Assessment & Program Design, Monitoring & Evaluation in Conflict-affected Settings*. RHRC Consortium, 2003. <http://www.rhrc.org/resources/gbv/> Sample indicators on pages 177-178.

2. *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response*. UNHCR, 2003. <http://www.unhcr.ch/cgi-bin/texis/vtx/home/+XwwBmeMUieCnwwwhFqA72ZR0gRfZntFqrpGdBnqBAFqA72ZR0gRfZncFqHInL1wcawDmaHnDmnGaxw5nmaVodcnDqnDzmxwww1FqmRbZ/opendoc.pdf> Sample monitoring tools in Chapter 7.

3. *Inter-agency field manual. Reproductive health in refugee situations*. UNHCR/WHO/UNFPA, 1999. <http://www.rhrc.org/pdf/iafmch7.pdf> Sample indicators in Chapters 2, 4, and 9.

### 3. Protection

#### Cross-cutting function *AND* sectoral activities

#### Minimum Prevention and Response Interventions

- 3.1 Assess security and define protection strategy
- 3.2 Provide security in accordance with needs
- 3.3 Advocate for compliance and implementation of international instruments

## ACTION SHEET

### 3.1 Assess security and define protection strategy

Sector/Function: Protection

Phase: Minimum Prevention and Response

#### Background

Protection is widely defined as a concept that encompasses all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and spirit of human rights, refugee, and humanitarian law. Protection can involve either removing individuals or groups from a risk, threat, or situation of violence which may adversely affect their fundamental human rights and freedoms, or intervening at the source of the violence to reduce or stop it. This can be accomplished through fostering and contributing to the creation of an environment — political, social, cultural, institutional, and legal — conducive to the sustainable exercise and respect of fundamental freedoms and human rights.

The protection of women and girls places a high focus on prevention and response to sexual violence through promotion of gender equality and recognizing women’s capacities, their right to participate in decision making, and their contributions to management and transformation of conflict. Ultimately **the decision about the best protection option must rest with the threatened person/group**, after a careful, participatory, consultative consideration of the situation. This approach is a central element of any protection strategy.

A protection strategy must recognise that the primary responsibility for protection of civilians lies with the State. In some situations, however, States have been known to perpetrate, or be complicit in, acts of sexual violence against civilians. Making and holding states and other actors accountable to the various human rights, refugee, and humanitarian instruments must, therefore, be a key aspect of a protection strategy. A well-developed advocacy plan is needed to support the implementation of the protection strategy. (See [Action Sheets 1.2, Advocate and raise funds](#) and [10.2, Disseminate information on IHL to arms bearers](#).) It is important to note, however, that this designation of primary responsibility for protection does not diminish the critical role of the humanitarian community.

#### Key Actions

The following are cross-cutting protection actions that apply to the protection sector and to other humanitarian organisations. The GBV working group designates focal point(s) to be actively involved in taking the following actions and report on progress.

1. Become familiar with protection and security issues related to sexual violence; participate in the coordinated situation analysis described in [Action Sheet 2.1, Conduct coordinated rapid situation analysis](#).
  - Identify high-risk areas in the setting, e.g. where sexual violence incidents occur, where women and girls perceive safety and security risks, etc.
  - Identify factors in the setting that place women and children at higher risk of harm; e.g. lack of law and order, economic hardship, separation of families and social groups.
  - Identify individuals who may be targeted for abuse; e.g. unaccompanied children, female-headed households, disabled females, ethnic minorities, etc.
  - Assess existing security response and legal follow-up for instances when survivors/victims report incidents to the police and pursue legal justice, i.e. presence of police/security forces, including female security personnel, accessibility of security response, impunity, etc.
  - Identify relevant national laws and policies.
  - Identify traditional systems in the community for problem-solving and/or justice.
  - Identify availability of legal aid services for survivors/victims.
  - Identify assets and resources in the community, such as expertise, previous experience, innovation, courage, and effective leadership, that may contribute to providing protection/prevention and response to sexual violence.
  - Determine the intent of political and military actors to comply with international legal standards (see [Action Sheets 3.3, Advocate for implementation of and compliance with international instruments](#) and [10.2, Disseminate information on IHL to arms-bearers](#)) and assess their susceptibility to influence.

2. Build alliances and establish a network of contacts in-country among individuals, organisations, institutions, and groups that can contribute to protection from sexual violence.

- Expand from contacts in the GBV working groups.
- Include police, armed forces, judiciary, traditional leaders, women's leaders, women's groups, traditional healers, diplomats, donors, peacekeepers, etc.

3. Coordinate with authorities and the GBV working group to establish strategies to remove or reduce obstacles to arrests and prosecution.

Consider the following:

- Police/security may lack information about relevant laws and procedures.
- Lack of reporting (to police) by survivors/victims (see Chapter One), including lack of witness protection.
- Impediments to prosecution, such as lack of available judges, long distances to courts, lack of transport and/or overnight accommodation for witnesses, etc.
- Peacekeeping presence may present an opportunity for capacity building and training with local authorities.

4. Establish systems for compiling anonymous incident data so that any trends and protection issues can be identified and addressed.

- Participate in actions described in [Action Sheet 1.1](#), [Establish coordination mechanisms and orient partners](#), including a reporting and referral system and guiding principles for all actors.
- [Action Sheet 2.2](#), [Monitor and evaluate activities](#) describes compiling and analysing data about sexual violence incidents.

## Key Reference Materials

1. *Glossary of Humanitarian Terms in Relation to the Protection of Civilians in Armed Conflict*. UNOCHA, 2003. <http://ochaonline.un.org/DocView.asp?DocID=572>
2. *Aide Mémoire for the Consideration of Issues Pertaining to the Protection of Civilians*. UNOCHA, 2004. <http://ochaonline.un.org/DocView.asp?DocID=1327>
3. *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons*. UNHCR, 2003.

4. *Protection Into Practice*. Oxfam, 2005.

5. *Camp Management Toolkit*. Norwegian Refugee Project, 2004. [http://www.nrc.no/camp/cmt\\_complete.pdf](http://www.nrc.no/camp/cmt_complete.pdf)

6. *Operational Protection Reference Guide*. UNHCR, 2005.

7. *Inclusive Security, Sustainable Peace: A Toolkit for Advocacy and Action*. International Alert and Women Waging Peace, 2004.

## ACTION SHEET

### 3.2 Provide security in accordance with needs

Sector/Function: Protection

Phase: Minimum Prevention and Response

## Background

Many emergency settings are plagued by armed conflict and unrest and/or banditry and lawlessness; civilian women and children are at high risk of violence, and in some settings, access to displaced populations is denied and humanitarian staff come under attack. The international community has an obligation to put in place measures to enhance security for communities during emergencies (including displacement), and for humanitarian personnel. The international community is also obligated to ensure the maintenance of the humanitarian and civilian nature of camps. Deployment of peacekeepers, human rights observers, and others are commonly undertaken to enhance safety and security.

Women and children are entitled to protection from sexual violence, which involves two-pronged protection and security measure to:

- reduce exposure to risk
- address underlying causes and contributing factors, including climate of impunity

It is important to continuously analyse the risk factors and consequences for sexual violence in each setting. While gender inequality and discrimination are the root causes of sexual violence, various other factors determine the type and extent of sexual violence in each setting. It is important to understand these factors in order to design effective strategies to prevent sexual violence and to ensure that appropriate security and protection measures are in place to respond to reported incidents and assist survivors.

Effective prevention and response to sexual violence must involve multisectoral and coordinated action. [Action Sheet 1.1](#), [Establish coordination mechanisms and orient partners](#), describes development of a framework and a plan, including coordination mechanisms and guiding principles for all actors. Specific roles, responsibilities, and actions for security and protection actors are described below.

It must be acknowledged that only very few survivors/victims willingly consent to assistance and/or action from police, security, or protection personnel. Other actors working with survivors/victims (usually health or psychosocial staff) will be

unable to share incident details due to confidentiality and respect for the survivor's/victim's choices (see next paragraph for exceptions). This often results in tension among members of the GBV working group. Nevertheless, there are ways and means for compiling anonymous incident data that reveal no identifying information and that provide enough information about incidents to allow security and protection actors to analyse information and strengthen security measures.

There are national laws in some countries mandating that health practitioners report certain serious violent crimes to law enforcement authorities. In some countries, this means that doctors/nurses must inform police about suspected rape cases seen in health facilities. These situations present a set of ethical, legal, and practical challenges that must be clearly understood and discussed by the inter-agency GBV working groups. (See [Action Sheet 1.1](#).)

## Key Actions

The following actions apply to the security sector; that is, organisations implementing security (and in some settings, protection) programmes. The security sector identifies a focal point who participates regularly in the GBV working group and reports on the security sector's achievement of the key actions. The security sector focal point participates in cross-cutting functions led by the GBV coordinating agencies and working groups, as described in [Action Sheets for Coordination, Assessment and monitoring, Human resources, and Information education communication](#).

1. Encourage authorities to strengthen security, as well as law and order arrangements, in the affected areas.
  - Ensure there are adequate numbers of properly trained police and security personnel who are accountable for their actions,
  - Capacity-building measures may be necessary,
2. Establish short-term security objectives and indicators for minimum prevention and response to sexual violence as described in [Action Sheet 2.2](#), [Monitor and evaluate activities](#).

3. Establish strategies for improving security, combining a targeted, proactive presence around specific “hotspots” with a less routine, widespread, and mobile presence that gives protected persons and potential violators a sense of an international presence, that someone is “always around.” Consider strategies such as:

- Community watch programmes and/or security groups, preferably with trusted female and male members of the community. Be aware of the need to provide training and to monitor to prevent abuse by members of the teams.
- Security patrols.
- Community centres/women’s centres. (See [Action Sheets 7.1, Implement safe site planning and shelter programmes](#) and [7.2, Ensure that survivors/victims of sexual violence have safe shelter.](#))
- Regular and frequent presence of international protection staff in communities (camps, villages).

4. Advocate with police/security forces and promote confidence-building between police/security forces and the community. Some examples:

- Increase numbers of female police.
- Meetings and information sharing between police and the community.
- Information sessions about laws and protections from police to women and girls in the community.
- Regular contact and communication with the local authorities.

5. Coordinate with appropriate partners to disseminate information on the availability and value of sexual violence response services. (See [Action Sheet 10.1, Inform community about sexual violence and the availability of services.](#)) Inform the community, especially women and girls, about

- sexual violence
- potential consequences
- survivors’/victims’ need for help, support, and security; not blame and social stigma
- how and where survivors/victims can go for help and that help is confidential.

6. Provide security when survivors/victims report incidents to the police and/or security staff.

- Always respect the confidentiality, rights, choices, dignity, and confidentiality of the survivor/victim, ensuring that she is involved in any decisions or action to be taken regarding her security or protection. In the case of a

child, be guided by the best interest of the child.

- All interviews with the survivor/victim must be conducted in private spaces and, preferably, by female staff.
- Some survivors/victims may want and need a safe place to go either temporarily or for the longer term. See [Action Sheet 7.2](#) for considerations and planning.
- Work in conjunction with cultural leaders, authorities, and women’s groups to counter the perception that survivors/victims are culpable.

7. Establish mechanisms to maximise safety and security of all who provide help and assistance to survivors/victims, including humanitarian staff and community members.

8. Monitor security to identify high risk areas and security issues, within the constraints of the security situation.

- Consistently review sexual violence data.
- Meet regularly with network of contacts to share information and coordinate for security improvements.
- Consult members of the community, revalidating and updating information, ensuring that women and girls are fully included and provided a private and separate space for the consultations.

9. Provide guidance to the GBV working group on how to prevent future incidents of sexual violence. This requires monitoring and analysing security through the network of contacts, anecdotal information, and data compiled about reported incidents of sexual violence.

- Evaluate incidents and response actions, identify patterns and nature of violations, for example, any common characteristics of survivors/victims (age groups, ethnic groups) and alleged perpetrators, where incidents are occurring, at what time of day.
  - Assess, in particular, how they are arising either from acts of commission (things people are doing) or acts of omission (things people should be doing but are not) or both.
  - Find out if there is a particular pattern, timing, schedule, logic, or symbolism connected with the abuses and hence if they might be predictable in any way, and gauge if there are any factors (physical,

social, spatial, economic, and habitual) that may put people more at risk.

- Clarify exactly who is responsible for these violations, what authority they have, and what resources they are using. Understand precisely how, when, where, and why they are committing such abuses.
  - Identify critical factors that facilitate violations, such as power differentials (e.g. student-teacher, armed person-civilian) and the availability of small arms and lights weapons.
- Learn who is orchestrating, encouraging, permitting, and colluding in the perpetration of violations, as ideologues, strategists, and active supporters. Identify those who are turning a “blind eye” to the violations or initiating strategies of denial.
  - Attempt to anticipate or predict the perpetrators’ next steps. Recognise that they are likely to adjust their strategies to deflect efforts to stop them.

## Key Reference Materials

1. *Sexual and Gender-based Violence Against Refugees and Internally Displaced Persons: Guidelines for Prevention and Response*. UNHCR, 2003.
2. *Action for the Rights of Children (ARC) Foundations: Standards* (UNHCR, OHCHR, UNICEF, Save the Children).
3. *UNHCR Resettlement Handbook*. UNHCR, 2002.
4. *Adolescent Development*. UNHCR, OHCHR, UNICEF, 2001.
5. *Refugee Children: Guidelines on Protection and Care*. UNHCR, 1994.
6. Convention on the Rights of the Child. 1989.

## Background

Sexual violence is a violation of universal human rights protected by international human rights conventions, such as the right to security of person, the right to the highest attainable standard of physical and mental health, the right to freedom from torture or cruel, inhuman, or degrading treatment, and the right to life. Several international instruments specifically address violence against women and girls (see Key Reference Materials below).

Sexual violence during emergencies, especially in conflict-affected settings, is directly related to the absence of social and legal protections which, in turn, promotes a culture of impunity for perpetrators and increases reluctance to report among survivors. Primary responsibilities in providing protection against sexual violence include 1) preventing further violence and 2) ensuring judicial and social redress for past abuses.

An important component of both prevention of further violence and redress for sexual violence crimes is ensuring implementation of and compliance with laws that promote the rights of communities to be free of sexual violence. While it is primarily the State's responsibility to enforce protections against sexual violence, it is often the case in emergencies that States are not adequately resourced to uphold the rule of law. In some emergencies, States might perpetrate, or be complicit in, acts of sexual violence. In these instances, the "United Nations, human rights, and humanitarian agencies share the responsibility with States to ensure that human rights are protected." \*

In the early stages of an emergency, these protection responsibilities include advocating for the rights of victims of sexual violence and pressuring the States to conform to international standards that promote protections against sexual violence. There are three main strategies for pressuring the State that the humanitarian community can use in improving State protections related to sexual vio-

lence: 1) Denunciation, pressuring authorities through public disclosure into meeting their obligations and protecting those exposed to abuse; 2) Persuasion, convincing authorities through private dialogue to fulfil their obligations and protecting those exposed to violations; and 3) Mobilisation, sharing information discreetly with selected groups which have the capacity to influence authorities to satisfy their obligations and to protect those exposed to violations. (See also [Action Sheet 1.2, Advocate and raise funds](#) and [Action Sheet 10.2, Inform community about sexual violence and the availability of services](#).)

Ensuring redress for sexual violence also includes providing direct legal services to survivors, or working to empower and/or build capacity of existing national and local/traditional legal and court structures through project aid to enable them to carry out their functions. While it may not be feasible to implement comprehensive direct legal/justice programming during the early phases of an emergency, target personnel must be designated within the UN and/or humanitarian institutions to provide legal advice to the State as well as direct legal assistance to survivors.

Successful legal prosecution of sexual violence crimes relies heavily on the active participation of the survivor/victim and any witnesses. It is important to always keep in mind that sexual violence crimes are under-reported in all settings and few survivors/victims pursue legal redress. It is therefore essential that confidential and well-coordinated minimum response services from multisectoral actors be in place (especially health care, psychological/social support and advocacy, and legal advice and support) to assist and support the victim/survivor throughout any legal process she pursues. With appropriate, compassionate, and respectful response services in place, survivors are more likely to seek legal redress and follow through with necessary action. Without these supports, the vast majority of survivors/victims are frightened, overwhelmed, and will avoid any police or legal action.

\* *Sexual and Gender-based Violence Against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response*. UNHCR, 2003. Pg. 9.

## Key Actions

The following actions apply to the protection sector; that is organisations implementing protection programmes. The protection sector identifies a focal point who participates regularly in the GBV working group and reports on the protection sector's achievement of the key actions. The protection sector focal point(s) participates in cross-cutting functions led by the GBV coordinating agencies and working groups, as described in Action Sheets for Coordination, Assessment and monitoring, Human resources, and Information education communication.

1. Participate in the coordinated situational analysis described in Action Sheet 2.1 and compile information relevant to legal redress for sexual violence (e.g. national laws, legal procedures and practices for sexual violence crimes, numbers and circumstances of successful prosecutions, etc.).
2. Develop a sub-working group within the GBV working group related to legal redress for sexual violence. Ensure local representation, including women, in the sub-working group.
3. Designate personnel within the UN and/or humanitarian institutions to provide legal advice to the State and direct legal assistance to survivors/victims who wish to pursue legal justice for sexual violence crimes. Ensure these personnel participate in the sub-working group.
4. Designate members within the sub-working group responsible for tracking the State's investigation and resolution of sexual violence cases.
5. Build networks with judges, prosecutors, police, and traditional systems to ensure that existing laws relating to sexual violence are upheld.
6. Wherever necessary, develop coordinated action to pressure states to ratify and/or implement the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and other instruments and to more effectively investigate and prosecute sexual assault crimes.
7. Designate members of the sub-working group to provide training on international and human rights as they relate to prohibitions of rape and other forms of sexual violence to community, police, national and traditional courts, and national and

international humanitarian actors, including peacekeepers.

## Key Reference Materials

1. UN General Assembly, Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), December 1979.
2. UN General Assembly, Optional Protocol to the Convention on the Elimination of All Forms of Discrimination Against Women, A/RES/54/4, October 1999.
3. ICRC, The Geneva Conventions of 12 August 1949 and the Additional Protocols of 8 June 1977. <http://www.icrc.org/web/eng/siteeng0.nsf/html/5JYKMC>
4. United Nations, Rome Statute of the International Criminal Court, July 1998.
5. International Human Rights—Basic Reference Guide for NGOs, International Human Rights, [www.hshr.org](http://www.hshr.org).
6. Legal Framework for Service Providers Addressing GBV, International Planned Parenthood Foundation, [www.ippf.org](http://www.ippf.org).
7. *Addressing the Needs of Women Affected by Armed Conflict*, ICRC Guidance Document 2004 [http://www.icrc.org/Web/Eng/siteeng0.nsf/htmlall/p0840/\\$File/ICRC\\_002\\_0840.PDF!Open](http://www.icrc.org/Web/Eng/siteeng0.nsf/htmlall/p0840/$File/ICRC_002_0840.PDF!Open)
8. *Women Facing War*, ICRC, 2001, <http://www.icrc.org/web/eng/siteeng0.nsf/iwplList138/8A9A66C7DB7E128DC1256C5B0024AB36>
9. *Sexual and Gender-based Violence against Refugees, Returnees, and Internally Displaced Persons*, UNHCR, May 2003.
10. *Gender Equality and Humanitarian Assistance: A guide to the issues*, Woroniuk, Beth, Canadian International Development Agency (CIDA), November 2003.
11. *Gender-based Violence Web-based Annotated Bibliography*, [www.rhrc.org/resources/gbv](http://www.rhrc.org/resources/gbv)

## 4. Human Resources

### Cross-cutting function

### Minimum Prevention and Response Interventions

- 4.1 Recruit staff in a manner that will discourage sexual exploitation and abuse (SEA)
- 4.2 Disseminate and inform all partners on codes of conduct
- 4.3 Implement confidential complaints mechanisms
- 4.4 Implement SEA focal group network

## ACTION SHEET

4.1 Recruit staff in a manner that will discourage sexual exploitation and abuse

Function: Human Resources

Phase: Minimum Prevention and Response

### Background

Women and girls in emergency situations are vulnerable to all forms of sexual violence, including sexual exploitation, by all persons in positions of power, including humanitarian workers and peacekeepers.

Preventing sexual violence includes preventing/stopping sexual exploitation and abuse perpetrated by humanitarian and peacekeeping personnel. Careful recruitment, screening, and hiring practices are essential prevention activities.

From the time of initial contact with a potential new staff member, the organisation must pay close attention to its practices and interactions with the individual. The organisation can demonstrate its commitment and responsibility to prevent sexual exploitation and abuse by adhering to careful hiring practices. Staff who understand and believe in the organisation's commitment to the issue may be more likely to adhere to standards of behaviour as outlined in codes of conduct.

### Key Actions

All organisations in all sectors are responsible for carrying out the actions described below. The GBV working group may request a focal point to represent human resource issues at GBV working group meetings and report on progress in implementing the key actions.

1. Designate appropriately trained, knowledgeable, and accountable personnel to be responsible for recruitment and hiring of employees and consultants. These personnel should be trained in human resources, knowledgeable about the risks of staff misconduct with regard to sexual violence, including sexual exploitation, and must be held accountable for implementing internationally recognised standards in hiring practices.
2. When recruiting local/national and international staff, including short-term consultants, interns, and volunteers, careful hiring practices should include reference checks for all categories of employee.
  - reference checks should specifically include questions seeking information about the candi-

date related to any prior acts, personnel actions, or criminal history.

- careful reference checks can filter out those candidates with a history of exploitative behaviour, particularly those who move from one emergency situation to the next, or who have criminal records for sexual violence.
3. Do not hire any person with a history of perpetrating any type of gender-based violence, including sexual exploitation, sexual abuse, or domestic violence.
  4. Coordinate with other organisations to establish systems for sharing information about (names of) employees terminated for engaging in sexual exploitation or abuse. Any such system must be established in accordance with relevant laws governing employers and employees.
  5. Recruit more women employees at all levels.
    - Sexual exploitation and abuse are grounded in gender inequality; therefore, activities in emergency situations must be conducted in a gender-sensitive manner and the views and perspectives of women and girls must be adequately considered.
    - Human Resources must endeavour to increase the numbers of local/national and international women staff hired to work in emergencies. This includes women in management and leadership positions.
    - Identify, understand, and address obstacles to employing women. Recognise that women, especially if they are local/national, may have some limits on their access to and availability for work. There may be low literacy rates among adult females in the population, or cultural beliefs that limit opportunities for women to work. Implement strategies and employment schemes to accommodate women and remove obstacles. Consider the following ideas, depending on feasibility in the setting:
      - Meet with community leaders to discuss the importance of having women work for the organisation, and gain their support for recruiting and hiring women.
      - Coordinate with other sectors or programmes (e.g. children's services, community services) and establish a day care or



cooperative among mothers to share child care.

- Establish job-sharing arrangements.
- Provide arrangements for lunchtime feeding for employees and their families.
- Enroll new staff in literacy and numeracy training (if these programs are in place), linking progress with increasing job responsibilities and compensation.
- Hire husband-wife or brother-sister teams to fill positions. They can rotate time at work and/or share duties to accommodate family responsibilities. This may be especially useful in cultures where women are not permitted to be out without a male family member.

6. Ensure that hiring practices prohibit and prevent sexual exploitation from occurring during hiring.

- All personnel involved in recruitment and hiring must be held accountable for their behaviour and practices.
- Checks must be put into place to ensure transparency in hiring practices and that staff do not abuse their position of differential power in the hiring process.

## Key Reference Materials

1. *Firstcheck: a step by step guide for organisations to safeguard children*, NSPCC, 2002.  
[www.nspcc.org.uk/html/home/informationresources/firstcheck.htm](http://www.nspcc.org.uk/html/home/informationresources/firstcheck.htm)
2. *Aid agencies — a target for paedophiles?* British Overseas Aid Group Report of Seminar, Save the Children, 2000.
3. *Sexual and Gender-based Violence Against Refugees, Returnees and IDPs — Guidelines for Prevention and Response*, UNHCR, May 2003. <http://www.genderaids.org/modules.php?name=News&file=article&sid=205>
4. “Building Safer Organisations,” Jane Warburton, *Refugee Quarterly* 2004; 23: 20-29.
5. *Caring for young people and the vulnerable?: Guidance for preventing abuse of trust*. Home Office, September 1999.  
[www.tdo-directions.freeserve.co.uk/safeguarding.htm](http://www.tdo-directions.freeserve.co.uk/safeguarding.htm)

6. *Setting The Standard: A Common Approach to Child Protection for INGOs*. UK INGO consortium, 2003. U

7. *Choose With Care*. ECPAT Australia, 2001.  
[www.ecpat.org](http://www.ecpat.org)

8. *Training of Trainers: Gender-based Violence Focusing on Sexual Exploitation and Abuse*, UNICEF.  
<http://www.reliefweb.int/w/rwt.nsf/WebPubDocs/37ACC35E7F3EFF23C1256E08004BD41B?OpenDocument>

9. *Facilitator's Guide: Understanding Humanitarian Aid Worker Responsibilities: Sexual Exploitation and Abuse Prevention*. Coordination Committee for the Prevention of Sexual Exploitation and Abuse in Sierra Leone, 2003.  
<http://www.reliefweb.int/w/rwt.nsf/WebPubDocs/08968B910604DA6FC1256E430040BD4E?OpenDocument>

## ACTION SHEET

### 4.2 Disseminate and inform all partners on codes of conduct

Function: Human Resources

Phase: Minimum Prevention and Response

## Background

The Secretary-General's *Bulletin Special Measures for Protection from Sexual Exploitation and Sexual Abuse* (SGB 2003/13) reinforces minimum standards for staff conduct on sexual abuse and sexual exploitation that are embodied in the United Nations Staff Regulations and Rules, and provides guidance on implementation.

The Bulletin applies to all staff of the United Nations, including separately administered organs and programmes, as well as to all organisations or individuals entering into cooperative agreements with the United Nations. The standards set forth in the Bulletin also apply to all peacekeeping personnel, including civilian police and military personnel. Violating the standards of the Bulletin can result in disciplinary action up to summary dismissal, repatriation, and criminal prosecution, where appropriate.

NGOs have standards in line with the Secretary-General's Bulletin. For example, the standards were adopted as Sphere standards (see [Action Sheet 1.3, Ensure Sphere Standards are disseminated and adhered to](#)). Many donor governments have endorsed these standards, obligating organisations receiving funds to adhere to them.

The six specific standards promulgated in the Secretary-General's Bulletin are:

- (a) Sexual exploitation and sexual abuse constitute acts of serious misconduct and are therefore grounds for disciplinary measures, including summary dismissal.
- (b) Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief in the age of a child is not a defence.
- (c) Exchange of money, employment, goods, or services for sex, including sexual favours or other forms of humiliating, degrading, or exploitative behaviour, is prohibited. This includes any exchange of assistance that is due to beneficiaries of assistance.

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

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

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

The standards set out above are not intended to be an exhaustive list. Other types of sexually exploitive or sexually abusive behaviour may be grounds for administrative action or disciplinary measures, including summary dismissal.

## Key Actions

All heads of all organisations, with overall coordination by the Humanitarian Coordinator or Resident Coordinator, are responsible for carrying out the actions described below. The GBV working groups advocate as needed to urge full implementation.

1. All humanitarian actors must agree to abide by the code of conduct and must sign a document to indicate their agreement and commitment. Humanitarian organisations are responsible and accountable for ensuring this occurs among all staff at all levels.
  - UN staff members (local/national and international) All UN staff members and new recruits should receive a copy of the SG's Bulletin in the appropriate language as they sign their contract or are deployed in an emergency situation, and sign a written commitment to abide by the Bulletin.
  - International and national non-governmental organisations All humanitarian organisations must have procedures in place to implement a

code of conduct that incorporates the six principles outlined in the SG's Bulletin and governs all staff, consultants, and other workers.

- Implementing agencies and consultants All organisations or individuals entering into cooperative agreements with the United Nations must receive a copy of the SG's Bulletin as well as the tools listed under "C" below for field-level implementation. They should sign a written document that they accept the standards in the SG Bulletin. These organisations must have procedures in place, including mechanisms for complaints to implement the standards of the SG's Bulletin and which govern all staff, consultants, and other workers.
- Uniformed peacekeeping personnel All uniformed peacekeeping personnel (civilian police and military personnel) on arrival in a peacekeeping operation should receive a copy of the SG's Bulletin in the appropriate language and sign a commitment that they will abide by the standards. Peacekeeping personnel with the status of "experts on mission" should also sign an Undertaking to abide by the standards in the Bulletin.

2. Each sector must establish systems of accountability for community members engaged in humanitarian activities (i.e. teachers, food distributors, camp management committees, etc.). These community members must understand and agree to abide by the code of conduct, sign an appropriate document, and be held accountable for her/his behaviour.

3. Inform all new and incoming staff about the code of conduct and standards for behaviour through orientation and information sessions.

- Allow sufficient time and opportunity to discuss and clarify aspects of the standards that staff may find confusing. For example, a frequent staff concern relates to the obligation to report suspicions of sexual exploitation or abuse as listed in item (e) above. Stress that the standards of conduct are non-negotiable and there is a policy of zero tolerance for non-compliance.
- The code(s) of conduct and any accompanying policies or statements must be translated into local languages so that local/national staff fully understand all aspects of these standards.

## Key Reference Materials

1. Documents pertaining to the SG's Bulletin

- Secretary-General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse (ST/SGB/2003/13).  
<http://ochaonline.un.org/webpage.asp?Site=sex>
- Terms of Reference for in-country Focal Points on Sexual Exploitation and Abuse.
- Terms of Reference for in-country Networks on Sexual Exploitation and Abuse.
- Model Information Sheet for Local Communities.
- Model Complaints Referral Form.
- Scenarios Covering Prohibited Acts.
- Implementation Guidelines.

2. Activities of the Inter-Agency Standing Committee Task Force on Protection from Sexual Exploitation and Abuse (this includes links to the Secretary General's Bulletin and all of the accompanying implementation tools).  
<http://ochaonline.un.org/webpage.asp?Page=1139&Lang=en>

## ACTION SHEET

### 4.3 Implement confidential complaints mechanism

Function: Human Resources

Phase: Minimum Prevention and Response

## Background

The Secretary-General's *Bulletin Special Measures for Protection from Sexual Exploitation and Sexual Abuse* obliges all staff to report concerns or suspicions of sexual exploitation and abuse. It obligates managers at all levels to develop and support systems to maintain an environment that prevents sexual exploitation and abuse. This requires establishing mechanisms to enable complaints to be reported confidentially, and the appointment of focal points for sexual exploitation and abuse in UN offices.

Some NGOs or other (non-UN) organisations providing humanitarian assistance may not be formally or legally required to appoint focal points and establish confidential complaints mechanisms. Nevertheless, all humanitarian organisations operating during an emergency have a responsibility to prevent sexual violence by adopting and enforcing codes of conduct for staff. Implementing these codes requires establishing mechanisms for receiving reports and conducting investigations. While NGOs may not be bound by the same requirements as UN agencies for establishing focal points and other specific systems, they (NGOs) are responsible for taking effective action.

Confidential mechanisms for receiving complaints/reports of sexual exploitation and abuse should be integrated into the reporting and referral systems developed by the GBV working groups (see *Action Sheet 1.1, Establish coordination mechanisms and orient partners*), and not established as a parallel or redundant system.

Confidential complaints mechanisms, like other reporting systems for sexual violence, can differ according to context but all must comply with international human rights standards and be sensitive to gender- and age-related issues for both the person reporting suspected abuse and for the survivor/victim. Complaints mechanisms should enable both staff and local community members to report abuse, either on behalf of themselves or others.

## Key Actions

The GBV working group is responsible for including specific procedures for receiving and responding to confidential reports/complaints about sexual exploitation or abuse from staff and/or community members. These procedures should be part of the sexual violence reporting and referral mechanisms described in *Action Sheet 1.1, Establish coordination mechanisms and orient partners*. Development of procedures includes designating responsibility and accountability for taking key actions.

1. Establish clear and transparent procedures, including follow-up.

- Clear and transparent procedures must be in place for receiving and following up on complaints.
- The safety, health, and welfare of the survivor/victim are the foremost priority.
- At all times, preserve the anonymity of the complainant.
- Complainant must be consulted and kept informed of the progress of the investigation and all actions taken subsequent to the original complaint.
- Referrals for support services for the complainant may be indicated. (See *Action Sheet 8.3, Provide community-based psychological and social support*.)

2. Use standard investigation protocols.

- All investigations must comply with gender- and age-specific good practice as well as other standards outlined in the IASC Model Complaints and Investigation Procedures and Guidance Related to Sexual Abuse and Sexual Exploitation.
- Investigations should be undertaken by experienced and qualified professionals in the field of gender-based violence.

3. Appropriate disciplinary action must be taken against perpetrators.

4. Designate a Focal Point and an alternate (or Conduct Officers, in the case of DPKO/peacekeepers) among the staff for sexual exploitation and abuse.

## ACTION SHEET

### 4.4 Implement SEA focal group network

Function: Human Resources

Phase: Minimum Prevention and Response

- Focal points and managers must be trained on how to receive, document, and respond to complaints of sexual exploitation and abuse.
- At least one of these focal points must be a woman.

5. Inform all staff about complaints/reporting mechanisms for suspected sexual exploitation and abuse, including contact persons/focal points.

6. Inform the community about standards of behaviour and complaints mechanisms.

- Inform about the right to protection against sexual exploitation and abuse.
- Inform about the complaints procedures and specifically how to make a complaint, and to whom, and what they can expect afterward.
- Inform about available survivor assistance, including confidentiality of services.

7. Integrate record-keeping with documentation systems for other forms of sexual violence (see [Action Sheet 1.1, Establish coordination mechanisms and orient partners](#)), although additional documentation may be needed within the organisation in which the staff member is employed (e.g. internal investigation notes, reports to headquarters).

8. Ensure coordinated action in response to reports of sexual exploitation and abuse.

- Confidential complaints mechanisms should be implemented in close cooperation with other agencies and with the GBV working group (see [Action Sheet 1.1](#)) to avoid confusion or duplication and to simplify the process for survivors/victims.
- It is crucial that organisations work together in receiving and investigating complaints. Note that some survivors/victims may not wish to — or be able to — contact the organisation in which the perpetrator is employed. Their only option to report the abuse may be through another organisation in the setting.

### Key Reference Materials

1. ToR for in-country Networks.
2. ToR for in-country Focal Points on Sexual Exploitation and Abuse.
3. Model Information Sheet for Communities.
4. Model Complaints Referral Form.
5. Scenarios Covering Prohibited Acts.
6. Implementation Guidelines.
7. IASC Model Complaints and Investigation Procedures and Guidance Related to Sexual Abuse and Sexual Exploitation. <http://ochaonline.un.org/webpage.asp?Site=sexex>

### Background

The sexual exploitation and abuse (SEA) focal group network includes representatives from UN agencies present in the country concerned, including from any DPKO- or DPA-managed peace operation, as well as representatives of the Red Cross/Red Crescent Movement and relevant international and national NGOs.

The network must at all times follow the rules of procedure outlined in the ToR which require regular meetings, confidentiality, referral to agencies or the Humanitarian Coordinator (HC)/Resident Coordinator (RC) on specific issues of concern, and bilateral meetings when one organisation receives a formal complaint about actions allegedly perpetrated by staff person(s) of another organisation.

### Key Actions

The focal point network functions under the auspices of the RC, or HC where appropriate, and report to him/her. The network functions are described in the Terms of Reference for In-country Networks on Sexual Exploitation and Abuse.

1. Participate in the GBV working groups.
  - Integrate SEA reporting mechanisms with the systems to prevent and respond to all forms of sexual violence.
  - Participate in documentation, monitoring, and evaluation activities.
2. Establish regular focal point network meetings, at least once every two months.
  - Share information about lessons and best practices.
  - Information about cases which could jeopardize the confidentiality of the complainant must never be shared.
  - Coordinate activities to prevent and respond to sexual exploitation and abuse.
  - Provide support to delegated focal points and alternates.
3. Participants of focal point networks must never discuss details of cases/reports that are not involved in investigative or disciplinary processes.

This information must remain strictly confidential to protect survivors/victims, witnesses, and the alleged perpetrator.

4. Develop, coordinate, and monitor training, sensitisation, and community information campaigns in collaboration with others. (See [Action Sheet 10.1, Inform community about sexual violence and the availability of services](#).)

5. Report to Headquarters on prevention and best practice.

6. Engage in joint interagency review processes to monitor successes and challenges in implementation of SG's Bulletin

7. Ensure availability and distribution of the IASC materials to organisations in the setting.

### Key Reference Materials

1. ToR for in-country Networks. <http://ochaonline.un.org/DocView.asp?DocID=1086>
2. ToR for In-country Focal Points on Sexual Exploitation and Abuse.
3. Model Information Sheet for Communities.
4. Model Complaints Referral Form.
5. Scenarios Covering Prohibited Acts.
6. Implementation Guidelines.

## 5. Water and Sanitation

### Sectoral Activities

### Minimum Prevention and Response Interventions

#### 5.1 Implement safe water/sanitation programmes

## ACTION SHEET

### 5.1 Implement safe water/sanitation programmes

Sector: Water and Sanitation

Phase: Minimum Prevention and Response

#### Background

Safe drinking water and proper sanitation and hygiene practises are critical for survival in all stages of an emergency. In many emergencies, people are very susceptible to illness and death from water-borne diseases. Women and children are particularly at risk because they are usually the largest percentage of the poorest of the poor and comprise the majority in displaced populations; in many cultures men have priority in the distribution of limited food and drinking water.

When using communal water and sanitation facilities, women and girls are vulnerable to sexual violence. To minimise these risks, it is important to actively seek women's participation in water supply and sanitation programmes, especially when selecting sites, and constructing and maintaining the facilities. Design of water and sanitation systems, including information dissemination, must be based upon thorough understanding of the community, including sex-disaggregated data, gender analysis, and security considerations. Protection and security measures such as lighting and security patrols must always complement technically appropriate and equitable water and sanitation programmes.

#### Key Actions

The following actions apply to the water/sanitation sector, that is organisations implementing water/sanitation programmes. The water/sanitation sector identifies a focal point who participates regularly in the GBV working group and reports on the water/sanitation sector's achievement of the key actions. The water/sanitation sector focal point participates in cross-cutting functions led by the GBV coordinating agencies and working groups, as described in Action Sheets for Coordination, Assessment and monitoring, Human resources, and Information education communication.

1. Identify safety and security risks for women and girls that are relevant to water and sanitation systems to ensure the location, design, and maintenance programmes maximise safety and security of women and girls.

- Participate in the coordinated situational analysis (see [Action Sheet 2.1, Conduct a coordinated rapid situation analysis](#)) to gather relevant information about the community and situation related to sexual violence.
- Special attention should be paid to the needs of vulnerable groups of women and girls, such as single female-headed households, adolescents, unaccompanied girl children, etc.

2. Mobilise women and men to participate in the location, design, and maintenance of water and sanitation facilities.

- Do not let women be overburdened.
- Ensure all users, and particularly women and girls, participate in identifying risky hygiene practices and conditions, and that all users share responsibility to measurably reduce these risks.
- Establish water and/or sanitation committees comprised of 50% women. The committees are responsible for the maintenance of water and sanitation facilities.

3. Locate water points in areas that are accessible and safe for all, with special attention to the needs of women and children.

- Discuss the location of the pumps with all members of the community.
- As a guide, no household should be more than 500 metres from a water point.

4. Design or adapt hand pumps and water carrying containers for use by women and children.

5. In situations where water is rationed or pumped at given times, plan this in consultation with all users, but especially with women.

- Times should be set which are convenient and safe for women and others who have responsibility for collecting water.
- All users should be fully informed of when and where water is available.

6. Design communal bathing and washing facilities in consultation with women and girls to ensure that users have privacy and maintain dignity.

- Determine numbers, location, design, safety, appropriateness, and convenience of facilities in consultation with the users, particularly

women and adolescent girls (including whether facilities for males and females should be near each other or further apart).

- Facilities should be central, accessible, and well-lit in order to contribute to the safety of users.
- Bathing facilities should have doors with locks on the inside.

7. Design latrines in consultation with women and girls to maximise safety, privacy, and dignity.

- Consider preferences and cultural habits in determining the type of latrines to be constructed.
- Use sex-disaggregated data to plan the ratio of women's cubicles to men's. A rough guide is 3:1.
- Install latrines with doors that lock from the inside.
- Location of latrines should ensure that women and girls feel — and are — safe using them.
- Communal latrines should be provided with lighting, or families provided with torches.

8. Distribute suitable materials for the absorption and disposal of menstrual blood for women and girls who menstruate. (See [Action Sheet 7.4, Provide sanitary materials to women and girls.](#))

9. Inform women and men about the maintenance and use of water and sanitation facilities.

- Women and men should be fully informed of how to repair facilities and how to make/where to find spare parts.
- Determine timings of information sessions in consultation with the intended users, particularly women, so as not to conflict with their other responsibilities.
- Use/adapt information and promotional materials to ensure they are culturally acceptable and accessible to all groups (e.g. women, illiterate members of the population).
- Use participatory materials and methods that allow all groups to plan and monitor their own hygiene improvements. As a rough guide, in a camp scenario there should be two hygiene promoters/community mobilisers, one female and one male, per 1,000 members of the population.

10. Maintain awareness of involvement of women and men in hygiene promotional activities and ensure continuous sex balance on committees and among hygiene promoters.

- Ensure that women are not overburdened with the responsibility for hygiene promotional activities or management of water and sanitation facilities.
- Ensure that women and men have equitable influence in hygiene promotional activities and that any benefits or incentives are distributed equally among women and men.

## Key Reference Materials

1. Minimum Standards in Disaster Response. Sphere, 2004. [www.sphereproject.org](http://www.sphereproject.org)
2. Toolkit on gender in water and sanitation. World Bank. [www.worldbank.org/gender/resources](http://www.worldbank.org/gender/resources)
3. Gender in water and sanitation checklist. Asian Development Bank (ADB). [www.adb.org/gender](http://www.adb.org/gender)
4. Gender and Water Alliance. [www.genderandwateralliance.org](http://www.genderandwateralliance.org)
5. Gender guidelines for water supply and sanitation. AusAID. [www.ausaid.gov.au/keyaid/gender.cfm](http://www.ausaid.gov.au/keyaid/gender.cfm)

## 6. Food Security and Nutrition

### Sectoral Activities

### Minimum Prevention and Response Interventions

#### 6.1 Implement safe security and nutrition programmes

# ACTION SHEET

## 6.1 Implement safe food security and nutrition programmes

Sector: Food security and nutrition

Phase: Minimum Prevention and Response

### Background

Women and girls often face a different set of risks from men and boys during an emergency; one such risk is food insecurity. Effective food security and nutrition strategies require an understanding of the gender dimensions of crises in order to identify and assess sex-specific relief needs. (See [Action Sheet 2.1, Conduct coordinated rapid situation analysis.](#)) The participation of women in decisions about how to best implement food security and nutrition programmes is critical to reducing the risks women and girls face in emergency situations. Sexual violence prevention requires the application of the following principles in planning and conducting food distributions:

- The community is entitled to specific food aid benefits.
- There must be active participation of the community.
- All actions must be transparent, open, and clear to all.
- All actors must facilitate access to food aid.
- All actors must ensure safety from violence and abuse.

### Key Actions

The following actions apply to the food security and nutrition sector; that is, organisations implementing food distribution and nutrition programmes. The food security and nutrition sector identifies a focal point who participates regularly in the GBV working group and reports on the sector's achievement of the key actions. The food security and nutrition sector focal point(s) participates in cross-cutting functions led by the GBV coordinating agencies and working groups, as described in Action Sheets for Coordination, Assessment and monitoring, Human resources, and Information education communication.

1. Collect sex-disaggregated data for planning and evaluation of food security and nutrition strategies. (See [Action Sheet 2.1, Conduct coordinated rapid situation analysis.](#))
2. Incorporate strategies to prevent sexual violence in food and nutrition programmes at all stages of

the project cycle (including design, implementation, monitoring, and follow-up), giving special attention to groups in the community which are more vulnerable to sexual violence.

- Target food aid to women- and child-headed households. Women and children who are the sole providers of the household are often at greater risk of discrimination and violence. In times of food shortage, women and children are often at heightened risk of food insecurity and malnutrition. Registering household ration cards in the names of women rather than men can help to ensure that women have greater control over food and that it is actually consumed.
- Give special attention to **pregnant?** women and lactating mothers, addressing their increased nutritional needs.
- For polygamous families, issue separate ration cards for each wife and her dependents. Often, the husband will be considered a member of one of the wives' households. Traditionally, many polygamous men and their wives believe that the husband is entitled to meals from each/any wife. Carefully consider how to assign the husband's food ration and give clear information to all members of the family (i.e. all wives).

3. Involve women in the entire process of implementing food security and nutrition strategies. Establish frequent and consistent communication with women in order to understand the issues that need to be addressed and resolved. Women should participate in:

- The assessment and targeting process, especially in the identification of the most vulnerable;
- Discussions about the desirability and appropriateness of potential food baskets;
- Decisions about the location and timing of food distributions, including both general ration distributions and supplementary feeding;
- The assessment of cooking requirements and additional tools, their availability within the community, and the strategies in securing access to those non-food-items. Special attention should be given to this point since women could be exposed to sexual violence in the process of collection of these items (e.g. the collection of firewood can put them in a vul-

nerable position if they have to travel very far away or outside the camp). (See [Action Sheet 7.3, Implement safe fuel collection strategies](#) and [Action Sheet 5.1, Implement safe water/sanitation programmes.](#))

4. Enhance women's control of food in food distributions by making women the household food entitlement holder.

- Issue the household ration card in a woman's name.
- Encourage women to collect the food at the distribution point.
- Give women the right to designate someone to collect the rations on their behalf.
- Encourage women to form collectives to collect food.
- Conduct distributions at least twice per month to reduce the amount of food that needs to be carried from distribution points.
- Introduce funds in project budgets to provide transport support for community members unable to carry rations from distribution points.

5. Include women in the process of selecting the location of the distribution point. Consideration should be given to the following aspects:

- The distance from the distribution point to the households should not be greater than the distance from the nearest water or wood source to the household.
- The roads to and from the distribution point should be clearly marked, accessible, and frequently used by other members of the community.
- Locations with nearby presence of large numbers of men should be avoided, particularly those where there is liberal access to alcohol, or where armed persons are in the vicinity.

6. Establish sex-balanced food distribution committees that allow for the meaningful and equal participation of women. Attention should be given to the following aspects:

- Make sure food distribution is done by a sex-balanced team. Provide packaging that facilitates handling and can be re-used for other domestic activities.
- Select the time of distribution according to women's activities and needs, to permit the organisation of groups that can travel together to and from the distribution point.

- Distribute food during the day. Leave enough time for women to return to their homes during daylight.

7. Provide enough and sufficient information about distributions using a variety of methods to ensure communication to everyone, especially women and girls. Inform the community about:

- The size and composition of the household food rations;
- Beneficiary selection criteria;
- Distribution place and time;
- The fact that they do not have to provide services or favours in exchange for receiving the rations;
- The proper channels available to them for reporting cases of abuse linked to food distribution.

8. Reduce security risks at food distributions. Create "safe spaces" for women at distribution points.

- Appeal to men in the beneficiary community to protect women and ensure safe passage of women from distribution sites to their homes.
- Ensure sex balance of those carrying out the distribution.
- If necessary, segregate men and women receiving rations, either by having distributions for men and women at different times, or by establishing a physical barrier between them during the distribution.
- Assure that food distribution teams and all staff of implementing agencies have been informed about appropriate conduct, avoidance of sexual abuse and exploitation, and mandatory reporting. (See [Action Sheet 4.3, Implement confidential complaints mechanisms.](#))
- Create "safe passage" schedules for child-household heads.
- Begin and end food distribution during daylight hours.
- Consider placing two women guardians (with vests and whistles) to oversee off-loading, registration, distribution, and post-distribution of food. These women can signal to the security focal point (see Key Action 9 below) if there are problems.

9. Monitor security and instances of abuse in the distribution point as well as on departure roads.

- Ensure there are women staff from the implementing agency present during food distributions.

- Establish a community-based security plan for food distribution sites and departure roads (see [Action Sheets 3.1, Assess security and define protection strategy](#) and [3.2, Provide security in accordance with needs](#)) in collaboration with the community.
- Establish a security focal point at each of the distribution sites.
- Monitor security on departure roads and ensure that women are not at an increased risk for violence by having the food commodity.

## Key Reference Materials

1. *International Committee of the Red Cross. Addressing the Needs of Women Affected by Armed Conflict*. 2001 – Part 1.5 – Food and Essential Household Items. [http://www.icrc.org/Web/Eng/siteeng0.nsf/htmlall/p0840/\\$File/ICRC\\_002\\_0840.PDF!Open](http://www.icrc.org/Web/Eng/siteeng0.nsf/htmlall/p0840/$File/ICRC_002_0840.PDF!Open)

2. *Gender Approaches in Conflict and Post-conflict Situations. Guidelines*. United Nations Development Programme. January 2003. Chapter 2.3 Protection Against Sexual Violence.

3. United Nations World Food Programme. Gender Policy 2003-2007. <http://www.wfp.org/eb/docs/2002/wfp010654~4.pdf>

## 7. Shelter and Site Planning and Non-Food Items

### Sectoral activities

### Minimum Prevention and Response Interventions

- 7.1 Implement safe site planning and shelter programmes
- 7.2 Ensure that survivors/victims of sexual violence have safe shelter
- 7.3 Implement safe fuel collection strategies
- 7.4 Provide sanitary materials to women and girls

## Background

Many cases of sexual violence can be prevented if there is safe planning of sites where displaced populations live, and if shelters are safe and meet internationally agreed-upon standards. Provision of appropriate and safe shelter strengthens protection in a physical sense and unifies protection and basic survival needs of women, girls, boys, and men. There must be strong coordination among organisations and active involvement of communities, especially women, to ensure security-focused and gender-sensitive shelter arrangements during an emergency. Organisations working on providing shelter must be involved in assessment, monitoring, and coordination of prevention and response to sexual violence.

## Key Actions

The following actions apply to the shelter and site planning and non-food items sector; that is, organisations implementing site planning and shelter programmes. The sector identifies a focal point who participates regularly in the GBV working group and reports on the sector's achievement of the key actions. The focal point(s) participates in cross-cutting functions led by the GBV coordinating agencies and working groups, as described in Action Sheets for Coordination, Assessment and monitoring, Human resources, and Information education communication.

1. Establish information-sharing and coordination systems among organisations that register new arrivals and shelter/site planning organisations.
  - Participate in the coordinated situation analysis (see Action Sheet 2.1, *Conduct coordinated rapid situation analysis*) and use this information for safe shelter and site planning programmes.
  - During registration, identify individuals in need of shelter assistance (i.e. those most vulnerable to sexual violence, such as single female-headed households) and ensure they receive assistance from the organisation(s) responsible for shelter allocation and construction.

2. Select sites that allow sufficient shelter space for the population and that do not pose additional security and protection risks. Consider the following factors in site selection:

- Proximity to borders (to reduce risk of cross-border attacks) or other specific high-risk areas, including the local environment;
- Proximity to fuel collection and other activities that involve movement outside the designated site. (See Action Sheet 7.3, *Implement safe fuel collection strategies*.)

3. Establish shelter committees with equal female and male participation; monitor to ensure that women participate in the decisions and that their needs are met.

- Facilitate the participation of both women and men by reviewing their other roles (e.g. child care) and support community mechanisms to address concerns or impediments to women's equal participation.
- Provide both women and men with the same benefits for their input and their work in construction; e.g. if work is paid, ensure that both women's and men's work is paid.

4. Plan the physical layout of the site in collaboration with the community shelter committee, incorporating prevention and response to sexual violence.

- Plan location of shelter areas to promote a sense of community and reinforce community-based protection, while also preserving the privacy of the family unit.
- Provide a common area for children to play where family members can watch them from the shelter, to avoid children playing in remote areas.
- Carefully plan water and sanitation facilities. (See Action Sheet 5.1, *Implement safe water/sanitation programmes*.)
- Make arrangements for lighting in communal areas and lighting for individual use. (See Action Sheets 3.1, *Assess security and define protection strategy* and 3.2, *Provide security in accordance with needs*.) For example, latrines may be designated areas for lighting; torches for families are an option for individual use. Involve women, men, boys, and girls in planning and maintaining a lighting system.

5. Designate space for community centres, safe spaces for women/girls, child-friendly spaces, confidential access to sexual violence care at health centres, and other services and facilities related to prevention and response to sexual violence that allow for physical access, privacy, and confidentiality/anonymity. (See Action Sheets 8.1, *Ensure women's access to basic health services* and 8.3, *Provide community-based psychological and social support*.)

- Consult with women in the community to design a women's centre or other facility for meetings, counselling services, skills training, and other activities targeting women and girls with the aim of reducing vulnerability to sexual violence and/or providing psychosocial support for survivors/victims. In most sites, the women's centre will be the space for recreation, reproductive health, and sexual violence awareness and counselling services.
- Establish child-friendly spaces where children meet and can share their experiences and concerns with staff and each other.
- Mobilise women and girls to participate in managing the spaces and activities.

6. Design communal shelters to maximise safety and prevent sexual violence. If communal shelters are to be used, even as temporary measures at the onset of the emergency:

- Provide adequate material for partitions between families.
- Accommodate single women and single men in separate communal booths.
- Seek ongoing input from women to ensure their needs and security concerns are addressed.
- Inspect communal shelters regularly to monitor security and protection.

7. Design and allocate shelters/plots to maximise safety and prevent sexual violence.

- Ensure that individual plot/shelter allocation does not compromise protection. For example, a separate location for single female shelters may in some cases be protective while in other cases it may instead expose them to harm. Assess the risks depending on the context. (See Action Sheet 2.1, *Assessment and Monitoring*.)
- Establish clear, consistent, and transparent systems for shelter allocation, distribution of any shelter materials, and criteria for qualifying for shelter assistance.

- Provide materials that are necessary for shelter construction but are not easily available in the environment.
- Do not make women and girls dependent on men for shelter construction or shelter allocation because this often results in sexual exploitation, with women forced to trade sex for shelter.
- Conduct regular consultations with women, girls, and groups with special needs on shelter issues to ensure any protection concerns are highlighted early and solved.

## Key Reference Materials

1. *Handbook for Emergencies*. UNHCR, 1999. Pp. 210, 226, 135-147, 100-106. [http://www.the-ecentre.net/resources/e\\_library/doc/han\\_Em.pdf](http://www.the-ecentre.net/resources/e_library/doc/han_Em.pdf)
2. *Sphere Handbook*, 2004. Pg. 207-229.
3. *Guidelines on the Protection of Refugee Women*. UNHCR, 1991. [www.unhcr.ch](http://www.unhcr.ch)
4. *Refugee Children: Guidelines on Protection and Care*. UNHCR, 2002. Pg. 54. [www.unhcr.ch](http://www.unhcr.ch)
5. *UN- Habitat Gender Policy*. [www.unhcr.org/unhcr](http://www.unhcr.org/unhcr)
6. *A Safe Space Created By and For Women: Sexual and Gender-Based Violence Programme Report*. IRC Tanzania, 1998.



## Background

Minimum response to sexual violence includes ensuring the safety and security of the survivor/victim. Women and girls — and those who help them — can suffer harassment and threats not only from the perpetrator but also from family, friends, and other community members. All actors must keep in mind that most societies tend to blame the victim and survivors/victims usually suffer from extreme social stigma if the community is aware of the sexual violence. Harassment can be especially severe or frightening in the case of a survivor who seeks help (i.e. tells someone about the sexual violence) or pursues police and legal action contrary to the wishes of the family and/or community.

Survivor safety and security includes psychosocial considerations, regardless of the presence or absence of threats to her physical safety. The basic principles of confidentiality, privacy, and respect for the wishes of the survivor/victim are key in a shelter scheme targeting survivors/victims.

Community-based solutions should always be sought first. There may be extended family members or other women or leaders in the community who are sympathetic to and supportive of the survivor/victim and who can provide “safe houses.” These kinds of arrangements can be successful, but require active mobilisation efforts and must incorporate plans for safety and security of those private individuals providing shelter. Women’s groups and men’s groups should be mobilised to promote their attention, action, and support in these difficult situations.

In some cases, the only realistic option to ensure a survivor’s safety is to allocate and provide separate shelter, temporarily or longer term, either at the site or in a separate location. If this becomes necessary, there must be clear criteria and systems for quick action to maximise safety and security.

## Key Actions

The following actions apply, at least, to the shelter and site planning sectors. The GBV working group should ensure that these actions are taken, that they are coordinated with other sectors, and that

progress is reported and discussed in GBV working group meetings.

1. When helping a survivor/victim of sexual violence, all actors must discuss safety/security issues and ensure that either there is no immediate threat or that she has a realistic safety plan. If the survivor/victim fears for her security and has no realistic plan to ensure her safety, she should be referred — with her consent — to the system for safe shelter.

2. Mobilise the community to establish a system where survivors of sexual violence can access safe shelter if it is not safe to return to their place of residence. Work with women in the community to form action groups (as in [Action Sheet 8.3, Provide community-based psychological and social support](#)) and/or consult with leaders, men’s groups, and women’s groups. This may involve staying with a family member or community leader or the allocation of a new (pre-built and empty) shelter.

3. When family- or community-based solutions cannot be found for temporarily housing, a short-term safe shelter may be the only option. “Safe shelters” should be considered as a last resort because they are difficult to manage, especially in the early stages of a humanitarian emergency. In a situation where there are no community-based solutions, the following must be carefully considered in consultation with the community, especially women and girls, before establishing a “safe shelter”:

- Establish confidential referral systems.
- Plan for the safety and security for the family/individual/staff providing or managing the safe shelter.
- Develop clear guidelines and rules for managing safe shelters to prevent misuse and security problems. As soon as a survivor is referred, plans for a longer-term arrangement should be developed. Guidelines for limits to the stay in a safe shelter help avoid situations where survivors live in such shelters indefinitely. As much as possible, keep the safe shelter locations confidential to avoid stigma and maximise security.
- Coordinate with all key sexual violence response actors, especially psychosocial services and security/protection staff.

- Liaise with camp management and/or shelter organisations at the site to incorporate shelter allocation as a longer-term security solution. In cases where the perpetrator is a family member, the survivor/victim may not be safe in her family home and if she is an adult, she will probably need to be allocated an independent shelter.
- Know any national legislation on establishing and administering “safe shelters.”
- If available, using shelters for battered women in the national system may provide an option in a resource-constrained environment, and may in some cases provide more confidentiality than a refugee-only shelter.
- Ensure that survivors/victims have access to their food and non-food rations while they live in the safe shelter.
- Ensure that survivors/victims can be accommodated with their children in the shelter if they so wish.
- Child survivors/victims should remain in their family shelters when possible, removing the perpetrator from the environment. When this is not possible, ensure that child survivor/victims receive extra attention and care at safe shelters.

## Key Reference Materials

1. *Sexual and Gender-Based Violence Against Refugees, Returnees and Internally Displaced persons. Guidelines for Prevention and Response.* UNHCR, 2003. <http://www.unhcr.ch>
2. *Guidelines on the Protection of Refugee Women.* UNHCR, Geneva, 1991. <http://www.unhcr.ch>
3. *Refugee Children: Guidelines on Protection and Care*, pg. 54. UNHCR, 2002. <http://www.unhcr.ch>
4. *UN- Habitat Gender Policy.* <http://www.unhcr.org/unhcr>

## Background

In emergency settings where communities are displaced and/or the surrounding environment is insecure, women and girls are at increased risk of sexual violence when they leave the relative safety of a camp or village. There are many reasons why women and girls might leave the camp/village, such as collecting wood for heating and/or cooking, working on farms, searching for day labour, and collecting feed for animals. In most communities, women and children are responsible for collecting fuel for cooking and heating. Often, fuel collection involves walking long distances in isolated areas.

Fuel collection can be an opportunity for sexual exploitation and abuse. This can occur in situations where fuel is distributed without careful monitoring and/or when women and children (e.g. single female-headed households, pregnant women, disabled women, etc.) are unable to walk long distances or carry heavy loads, have no money to purchase fuel, and must find other ways to maintain their fuel supply.

On the last page of this Action Sheet are some examples of fuel collection initiatives that have been implemented in refugee camp settings. These include distribution schemes and security escorts. One key consideration for fuel distribution and collection initiatives is high cost and difficulty in sustaining the initiative over time.

Before designing fuel reduction and fuel collection strategies, actors must understand the needs, issues, and constraints related to fuel. Local/host communities may not want or permit displaced people to take fuel wood from nearby areas, or there may be other concerns related to environmental degradation. Some displaced women collect and sell fuel wood to make an income; a free fuel distribution system will adversely affect these people.

Safe fuel collection remains a challenging issue in all emergency settings and requires collaboration among organisations and community members for effective problem solving.

## Key Actions

The following actions apply, at least, to actors in the security and environment sectors as well as shelter/site planning and camp management. The GBV working group should ensure that these actions are taken, and that progress is reported and discussed in GBV working group meetings. In most settings, the shelter/site planning/non-food sector focal point (see [Action Sheet 7.1, Implement safe site planning and shelter programmes](#)) reports on progress in taking these key actions.

1. Assess and analyse information about the location(s), routes, means, and personal safety for collecting cooking and heating fuel. Participate in the coordinated situational analysis described in [Action Sheet 2.1, Conduct coordinated rapid situation analysis](#).
  - Consult with women and children, community leaders, and other relevant groups.
  - Consult with the local community about their own safety during fuel collection and about allowing the displaced population safe access to collect fuel.
2. Reduce fuel consumption by implementing saving measures.
  - Provide fuel-efficient stoves to reduce the amount of fuel required.
    - Consult with women for selection of the type of energy-saving fuel stove.
    - Mobilise women and community leaders to promote the use of energy-saving stoves and to train women in their use.
    - Add milling or other means to reduce cooking times for food rations.
3. Implement strategies to increase safety and security during fuel collection.
  - Mobilise the community into mixed groups of men and women to collect fuel and to stay together throughout the fuel collection journey.
  - Establish regular patrols with reliable security personnel, including UN peacekeepers, to designated areas where organised firewood collection can be done by the population at specified times.

4. When feasible and appropriate, request and ensure adequate funding to meet temporary fuel needs during the early stages of an emergency and/or to provide fuel to community members unable to collect their own fuel.

- Fuel that is distributed should be culturally acceptable and easy to use.
- Pay attention to the issue of displaced populations selling firewood as a source of income and risking exposure to violence while collecting fuel.
- Involve women and girls in any distribution of fuel.
- Identify priority groups that should receive fuel if fuel distribution is not available for everyone.

5. Coordinate with the GBV working group, which includes providing non-identifying information to security authorities and the community, about the location and circumstances of reported cases of sexual violence during fuel collection. Information shared must be done in accordance with the guiding principle of confidentiality and anonymity for survivors/victims.

- If the survivor/victim does not give consent to refer her case to police/security, then incident information can be compiled anonymously into data reports that give no identifying information. (See [Action Sheets 1.1, Establish coordination mechanisms and orient partners](#) and [2.2, Monitor and evaluate activities](#).)
- Use this information to inform and problem-solve with the community about security risks.

## Key Reference Materials

1. *Sphere Handbook*, 2004, Revised Edition. Pg. 235.
2. *Guidelines on the Protection of Refugee Women*, UNHCR, Geneva, 1991. <http://www.unhcr.ch>
3. *Cooking Options in Refugee Situations*, UNHCR Handbook of Experiences in Energy Conservation and Alternative Fuels, 2002. <http://www.unhcr.ch/cgi-bin/texis/vtx/protect/openssl.pdf?tbl=PROTECTION&id=406c368f2>.

## Examples of Fuel Collection Initiatives

### Darfur, Sudan

- Internal armed conflict with very high incidence of attacks and sexual violence against civilian women and girls. Attacks occur when women/girls leave the relative safety of a village or a camp for any reason (collect food, water, fuel, work the farm, etc.).
- African Union (AU) soldiers patrol along commonly used firewood collection routes for a few of the established internally displaced persons (IDP) camps. These patrols are part of regular AU patrols, and do not occur every day nor at specific or guaranteed hours of the day.
- The GBV working group promoted training women to construct and use fuel-efficient stoves. This reduced the amount of wood needed for cooking, thereby somewhat reducing the time/distance for collecting firewood, reducing exposure to attacks. Problems with security and access delayed extending this project to all IDPs.

### Dadaab Refugee Camps, Kenya

- General ration of firewood distributed to all registered households funded at US\$ 1.1-1.5 million per year in the late 1990s. The ration provided approximately 30% of household firewood consumption.
- The firewood distribution project aimed to 1) decrease firewood-related exposure to banditry attacks and rapes, and 2) reduce firewood-related environmental degradation.
- The project became a highly politicised and complex logistical effort. There was no clear link to any reduction in sexual violence, partly due to incomplete and unreliable sexual violence data over time.

### Kasulu Refugee Camp, Tanzania

- Refugees were transported by truck to collect firewood, escorted by NGO staff and officials of Tanzania's District Natural Resources Department.
- Project aimed to reduce environmental destruction and protect designated areas.

### Bhutanese Refugee Camps, Nepal

- UNHCR provided kerosene distributions to households.
- The project reduced the need to collect firewood and as a result reduced tensions between refugees and the host community.
- Kerosene is part of regular rations, reduced over time with reduction in funds. Refugees report distribution does not meet their needs.

## ACTION SHEET

7.4 Provide sanitary materials to women and girls  
Sector: Shelter and Site Planning and Non-Food Items  
Phase: Minimum Prevention and Response

### Background

Sanitary supplies are needed for reproductive age women for monthly menstruation, and should be included in any distribution of domestic and household goods in an emergency. Appropriate sanitary materials support the dignity of women and girls and enable their participation in essential day-to-day activities for their own survival and the survival and functioning of their families and communities. Sanitary materials have a direct impact on the dignity, health, education, mobility, community involvement, family functioning, economic participation, and security of women and girls.

Details about the types of sanitary materials provided in an emergency must be carefully considered, culturally appropriate, and based on input from and preferences of women and girls in the community. For example, it is inappropriate to use black cloth with women from Kosovo, women/girls from rural Darfur will probably not use commercial sanitary napkins, and some communities are unfamiliar with disposable products.

### Key Actions

The GBV coordinating agency(ies), along with members of the GBV working groups, is responsible for ensuring that the following actions are carried out:

1. Provide individual sanitary packs for all women and girls from at least 13 to 49 years.
  - Estimate the number of menstruating women and girls at 25% of the total population.
  - Consult with women and girls to identify materials most culturally appropriate.
  - In some situations, the first distribution of sanitary materials will need to occur without community consultations, in order to avoid delay. If this happens, the following can be used as a guide in preparing the first sanitary packs, with changes made later after consultations with women and girls. A basic sanitary pack for one person for six months:
    - (a) 2 square meters absorbent cotton per 6 months OR 12 disposable sanitary towels per month

- (b) 3 underpants
  - (c) 250 grams of soap per month (in addition to any other soap distribution)
  - (d) 1 bucket (can last for 1 year)
- Distribute sanitary packs at regular intervals throughout the emergency and distribute to any new arrivals.

2. Actively seek participation from relevant groups in the distribution of sanitary packs.
  - Consult with and facilitate the participation of women and girls.
  - Seek input and participation from community-based health providers (e.g. health promoters, animators).

3. If there is an accurate database with disaggregated age and sex data, use that database to develop the distribution list for sanitary packs. If there is no database, or if it is uncertain, inaccurate or incomplete, collaborate with women and girls and community health providers to develop a distribution list. Avoid using family ration or registration cards unless there is a clear indication of sex and age breakdown.

### Key Reference Materials

1. *Respect Our Rights: Partnership for Equality, Dialogue with Refugee Women*. UNHCR, Geneva, 2001.
2. *Practical Guide to The Systematic Use of Standards and Indicators in UNHCR Operations*. First Edition, January 2004.
3. *Minimum standards in shelter, settlement and non-food items*, Sphere Handbook, 2004 Revised Edition. Pages 232-233.

## 8. Health and Community Services

### Sectoral activities

### Minimum Prevention and Response Interventions

- 8.1 Ensure women's access to basic health services
- 8.2 Provide sexual violence-related health services
- 8.3 Provide community-based psychological and social support

## ACTION SHEET

### 8.1 Ensure women's access to basic health services

Sector: Health and Community Services

Phase: Minimum Prevention and Response

#### Background

In times of crisis, health care services are often severely affected or disrupted. Lack of coordination, overcrowding, security constraints, and competing priorities can contribute to an even greater decrease in available and accessible health services, especially for women and children. Well-functioning and accessible health services also make a difference to women's ability to reduce risks to their and their children's health. Being able to protect her own and her family's health will not only promote women's general well-being, but it will also contribute to information sharing and community awareness of reproductive health issues, including prevention and response to sexual violence.

Although most survivors/victims of sexual violence do not disclose the abuse to anyone, some will talk with a health provider if health services are physically/geographically accessible, confidential, sensitive, accommodate private consultations, and of good quality. Health centres may serve as a first "neutral" location to provide information and counselling on women's and girls' reproductive health. Women may be more able to access this type of information if it is within the context of basic health care, and not provided by specialty or separate programmes.

Services must also be available for immediate assistance to survivors/victims (see also [Action Sheet 8.2, Provide sexual violence-related health services](#)) to minimise the harmful consequences of sexual violence. Consequences include severe emotional and physical trauma; unwanted pregnancies; complications of abortions; complications of pregnancy due to trauma or infections; complications of delivery and neonatal problems such as low birth weight, for which emergency obstetric care services need to be put in place.

#### Key Actions

The following actions apply to the health sector; that is, organisations implementing health programmes, including Primary Health Care (PHC). The health sector identifies a focal point who participates regularly in the GBV working group and reports on the

sector's achievement of the key actions. The focal point participates in cross-cutting functions led by the GBV coordinating agencies and working groups, as described in Action Sheets for Coordination, Assessment and monitoring, Human resources, and Information education communication.

1. Implement the Minimum Initial Service Package of reproductive health in emergency situations (MISP). The MISP is a series of actions needed to prevent reproductive health-related morbidity and mortality in the early phase of emergency situations. See [Action Sheet 1.3, Ensure Sphere Standards are disseminated and adhered to](#) and the *IAWG Inter-Agency Field Manual for Reproductive Health in Refugee Situations*, chapter 2. The objectives and activities of the MISP are:

- Identify an organisation(s) and individual(s) to facilitate the coordination and implementation of the MISP.
- Prevent and manage the consequences of sexual violence.
- Reduce HIV transmission by:
  - Enforcing respect for universal precautions against HIV/AIDS
  - Guaranteeing the availability of free condoms.
- Prevent excess neonatal and maternal morbidity and mortality by:
  - Providing clean delivery kits for use by mothers or birth attendants to promote clean home deliveries
  - Providing midwife delivery kits to facilitate clean and safe deliveries at the health facility
  - Initiating the establishment of a referral system to manage obstetric emergencies.
- Plan for the provision of comprehensive reproductive health services, integrated into primary health care as the situation permits.

2. Conduct or participate in rapid situational analyses. (See [Action Sheet 2.1, conduct coordinated rapid situation analysis](#).) A rapid analysis of the health services should take place to address the accessibility for women and the availability and capacity of health services to respond to the needs of women. The analysis should include questions related to:

- The number, location, and health care level of functioning health facilities
- Numbers of health staff at the different levels, disaggregated by sex
- The range of services provided related to reproductive health
- Obstructions to women's and children's access to the services, such as issues of discrimination, security, costs, privacy, language, cultural (e.g. need for permission or accompaniment of male relative)
- Known reproductive health indicators and existing challenges to women's health

### 3. Ensure health services are accessible to women and children.

- Make basic health care services available to all affected populations, including refugee, internally displaced, and host populations.
- Locate health services within walking distance of communities and on safe access roads. (See [Action Sheet 7.1, Implement safe site planning and shelter programmes.](#))
- Make opening times convenient for women and children (household duties, water and wood collection, school times).
- Set up a private consultation/examination room for women and girls.
- Recruit female staff where possible.
- Provide 24-hour access for complications of pregnancy and sexual violence services.
- Ensure that all languages in the ethnic subgroups are represented among health providers or that there are interpreters for each ethnic subgroup.
- Establish evacuation plans for medical reasons, or mobile clinical services where locally available services cannot provide the needed clinical services.
- Carefully consider access for girls, taking into consideration cultural issues. For example, girls of a certain age, or unmarried, may not be permitted to participate in reproductive health services, so girls' presence in those areas of a health centre will be noted and questioned, which prevents anonymity, confidentiality, and access.

### 4. Motivate and support staff.

- Ensure all staff are aware of and abide by medical confidentiality. (See [Action Sheet 4.2, Disseminate and inform all partners on codes of conduct.](#))

- Provide staff at health centres and hospitals with clear protocols and sufficient supplies and equipment.
- Inform health staff on female genital mutilation, which may affect the health of women and girls, and make protocols available on how to manage health consequences.
- Put in place an efficient and supportive supervisory system.

### 5. Involve and inform the community.

- Involve women in decisions on accessibility and on an appropriate, non-offensive, non-stigmatising name for sexual violence services.
- Make the community aware of services available at the health centre. (See [Action Sheet 10.1, Inform community about sexual violence and the availability of services.](#))
- Ensure men's access to health care and counselling, and provide them with information about women's reproductive health and about the health risks to the community of sexual violence.

## Key Reference Materials

1. *LAWG Inter-Agency Field Manual for Reproductive Health in Refugee Situations*. UNHCR/UNFPA/WHO, 1999.

[http://www.rhrc.org/resources/general/%5Ffieldtools/iafm\\_menu.htm](http://www.rhrc.org/resources/general/%5Ffieldtools/iafm_menu.htm)

2. *Sphere Handbook*, chapter on Health Services.

[http://www.sphereproject.org/handbook/hdbkpdf/hdbk\\_c5.pdf](http://www.sphereproject.org/handbook/hdbkpdf/hdbk_c5.pdf)

3. *Clinical Management of Rape Survivors. Developing protocols for use with refugees and internally displaced persons*, revised edition, WHO, UNHCR, 2005.

<http://www.who.int/reproductive-health/emergencies/index.en.html>

4. *Guidelines for HIV/AIDS Interventions in Emergency Settings*, IASC, 2004.

<http://www.humanitarianinfo.org/iasc/IASC%20products/FinalGuidelines17Nov2003.pdf>

5. *A Practical Approach to Gender-Based Violence, A Programme Guide for Health Care Providers and Managers*.

UNFPA, 2001. <http://www.unfpa.org/publications/detail.cfm?ID=69&filterListType=1>

6. MISIP fact sheet. Women's Commission for Refugee Women and Children, 2003.

[http://www.rhrc.org/pdf/fs\\_misp.pdf](http://www.rhrc.org/pdf/fs_misp.pdf)

## Background

The health care provider's responsibility is to provide appropriate care to survivors/victims of sexual violence, to record the details of the history, the physical examination, and other relevant information, and, with the person's consent, to collect any forensic evidence that might be needed in a subsequent investigation. It is not the responsibility of the health care provider to determine whether a person has been raped. That is a legal determination.

Health care services must be ready to respond compassionately to survivors/victims of sexual violence. The health coordinator should ensure that all staff are sensitised to sexual violence and are aware of and abide by medical confidentiality. Health care providers (doctors, medical assistants, nurses, etc.) should establish an agreed-upon protocol for the care of rape survivors/victims, and this protocol should be in line with relevant national protocols and accepted international standards (see key reference materials below). Health care providers must know how to provide care according to established protocols and have the necessary equipment and supplies. For more information and detailed guidance on the actions in this Action Sheet, see *Clinical Management of Rape Survivors, Developing protocols for use with refugees and internally displaced persons*. (See Key References below.)

Female health care providers should be recruited as a priority, but a lack of trained female health workers should not prevent the provision of services for survivors of rape.

All health care providers must be aware of relevant laws and policies governing health care providers in cases of sexual violence. For example, there may be laws that permit legal abortion in cases of sexual violence. In addition, health care providers will interact with the police in cases where the survivor/victim (or in the case of a child, her family) wishes to pursue legal justice. In many countries, there are police forms that must be completed by the health care provider. Providers need to know how to complete these forms. Some countries have laws mandating health care providers to report cases of sexual violence to police or other authorities. These laws present difficult challenges to the health

care providers in terms of medical confidentiality and respect for the survivor's/victim's choice if she does not want to pursue legal action and does not want anyone to know about the abuse. When there are mandatory reporting laws in place, many survivors do not disclose sexual violence to health care providers because of fears of public scrutiny. Another consideration related to legal action is that the health care provider may be required to testify in court about the medical findings observed during the examination. With this in mind, it is often prudent to have a national health care provider conduct the exam because s/he will most likely be available if case comes to court (international staff rotate out more quickly).

## Key Actions

Actors in the health sector should develop an agreed-upon protocol for care for survivors/victims of sexual violence. Health care providers in each health service should be trained in the use of the protocol. Activities of the protocol should include the following key actions:

1. Prepare the survivor
  - Before starting a physical examination, prepare the victim/survivor. Insensitive examinations may contribute to the emotional distress of the victim/survivor.
  - Introduce yourself and explain key procedures (e.g. pelvic exam).
  - Ask if she wants to have a specific support person present.
  - Obtain the consent of the victim/survivor or a parent if the victim is a minor.
  - Reassure the victim/survivor that she is in control of the pace of the examination and that she has the right to refuse any aspect of the examination she does not wish to undergo.
  - Explain that the findings are confidential.
2. Perform an examination
  - At the time of physical examination, normalise any somatic symptoms of panic or anxiety, such as dizziness, shortness of breath, palpitations and choking sensations that are medically unexplained (i.e. without organic cause). This means explaining in simple words that these

body sensations are common in people who are very scared after having gone through a very frightening experience, and that they are not due to disease or injury; rather, that they are part of experiencing strong emotions, and will go away over time when emotion becomes less.

- Conduct the medical examination only with the survivor's consent. It should be compassionate, confidential, systematic, and complete, following an agreed upon protocol.
3. Provide compassionate and confidential treatment as follows
    - Treatment of life threatening complications and referral if appropriate
    - Treatment or presumptive treatment for STIs
    - Post-exposure prophylaxis for HIV (PEP), where appropriate
    - Emergency contraception
    - Care of wounds
    - Supportive counselling (see Action Sheet 8.3, Provide community-based psychological and social support for survivors/victims)
    - Discuss immediate safety issues and make a safety plan
    - Make referrals, with survivor's consent, to other services such as social and emotional support, security, shelter, etc. (See Action Sheets 1.1, Establish coordination mechanisms and orient partners; 7.2, Ensure that survivors/victims of sexual violence have safe shelter; 8.3, Provide community-based psychological and social support for survivors/victims.)
  4. Collect minimum forensic evidence
    - Local legal requirements and laboratory facilities determine if and what evidence should be collected. Health workers should not collect evidence that cannot be processed or that will not be used.
    - Counsel the survivor about taking evidence if she may eventually want to take the case to court. Ensure her that the information will only be released to the authorities with her consent.
    - For all cases of sexual violence a careful written recording should be kept of all findings of the medical examination that can support the survivor's story, including the state of her clothes. The medical chart is part of the legal record and can be submitted as evidence if the survivor decides to bring the case to court.

- Keep samples of damaged clothing (only if you can give the survivor replacement clothing) and foreign debris present on her clothes or body, which can support her story.
- If a microscope is available, a trained health care provider or laboratory worker can examine wet-mount slides for the presence of sperm, which proves penetration took place.

## 5. Checklist of supplies

See page 68.

## Key Reference Materials

1. *Clinical Management of Rape Survivors. Developing protocols for use with refugees and internally displaced persons*, revised edition. WHO/UNHCR, 2005. <http://www.who.int/reproductive-health/emergencies/index.en.html>
2. *Reproductive Health Kits for Crisis Situations*, 3rd edition. UNFPA, 2004, page 13, RH kit 3.
3. *LAWG Inter-Agency Field Manual for Reproductive Health in Refugee Situations*. UNHCR/UNFPA/WHO, 1999. Chapter 4. <http://www.rhrc.org/pdf/iafm-ch4.pdf>
4. *Guidelines for HIV/AIDS Interventions in Emergency Settings*, IASC, 2004. <http://www.humanitarianinfo.org/iasc/IASC%20products/FinalGuidelines17Nov2003.pdf>
5. MISP fact sheet, Women's Commission for Refugee Women and Children, 2003. [http://www.rhrc.org/pdf/fs\\_misp.pdf](http://www.rhrc.org/pdf/fs_misp.pdf)

**Checklist of Supplies**

1. Protocol	Available
• Written medical protocol in language of provider	
2. Personnel	Available
• Trained (local) health care professionals (on call 24 hours a day)	
• A “same language” female health worker or companion in the room during examination	
3. Furniture/Setting	Available
• Room (private, quiet, accessible, with access to a toilet or latrine)	
• Examination table	
• Light, preferably fixed (a torch may be threatening for children)	
• Access to an autoclave to sterilise equipment	
4. Supplies	Available
• “Rape Kit” for collection of forensic evidence, including:	
✓ Speculum	
✓ Tape measure for measuring the size of bruises, lacerations, etc.	
✓ Paper bags for collection of evidence	
✓ Paper tape for sealing and labelling	
• Set of replacement clothes	
• Resuscitation equipment for anaphylactic reactions	
• Sterile medical instruments (kit) for repair of tears, and suture material	
• Needles, syringes	
• Cover (gown, cloth, sheet) to cover the survivor during the examination	
• Sanitary supplies (pads or local cloths)	
5. Drugs	Available
• For treatment of STIs as per country protocol	
• PEP drugs, where appropriate	
• Emergency contraceptive pills and/or IUD	
• For pain relief (e.g. paracetamol)	
• Local anaesthetic for suturing	
• Antibiotics for wound care	
6. Administrative supplies	Available
• Medical chart with pictograms	
• Consent forms	
• Information pamphlets for post-rape care (for survivor)	
• Safe, locked filing space to keep confidential records	

# ACTION SHEET

## 8.3 Provide community-based psychological and social support

Sector: Health and Community Services

Phase: Minimum Prevention and Response

### Background

Sexual violence involves physical and psychological trauma. Survivors/victims may experience an array of psychological consequences, such as sadness and depression; self-blame; somatic distress; sexual problems; mood swings, anger and anxiety-related problems (sleeplessness, fearfulness, stress, and fear of “going crazy”). For most survivors, these experiences are normal emotional responses to trauma. Especially with social and emotional support, many survivors learn to cope and the distress decreases over time.

In some cases, the survivor/victim may experience intense psychological distress and dysfunction suggesting mental disorder. These women should be referred to a health provider for evaluation and treatment.

There are also social consequences. Most societies tend to blame victims of sexual violence. Social stigma, isolation, and rejection — including by husbands and families — are serious consequences, often making emotional recovery difficult due to withdrawal from day-to-day activities and from social support.

Emotional support and/or counselling include confidential and compassionate listening; gentle reassurance that the incident was not the survivor’s fault and that the emotions are normal responses to an extreme event. This type of support can often be made available in communities through existing natural helpers such as TBAs, midwives, and family members (e.g. a sister or aunt). Sometimes religious leaders can play an important role in providing community support for survivors.

Not all survivors/victims need or want emotional support, counselling, or help with social reintegration. Nevertheless, access to psychological and social support must be available, even in early stages of an emergency. This requires:

- A functioning referral system between health services and individuals/organisations providing psychological and social support in the community
- The availability of basic mental health care at all general and reproductive health services

- Collaboration with family, community, and religious support systems

### Key Actions

The following actions apply to the health and community services sectors, that is all organisations implementing health, psychological, and/or social services. The health and community services sectors each identify a focal point who participates regularly in the GBV working group, and reports on the health/community services sectors’ achievement of the key actions in this Action Sheet. The focal points also participate in cross-cutting functions led by the GBV coordinating agencies and working groups, as described in Action Sheets for Coordination, Assessment and monitoring, Human resources, and Information education communication.

1. Identify and mobilise appropriate existing resources in the community, such as TBAs, women’s groups, religious leaders, and community services programmes.

- Discuss issues of sexual violence, survivors’ needs for emotional support, and evaluate the individuals, groups, and organisations available in the community to ensure they will be supportive, compassionate, non-judgmental, confidential, and respectful to survivors.
- Establish systems for confidential referrals among and between community-based psychological and social support resources, health and community services, and security and legal sectors as described in Action Sheet 1.1, Establish coordination mechanisms and orient partners.

2. At all health and community services, listen and provide emotional support whenever a survivor discloses or implies that she has experienced sexual violence. Give information, and refer as needed and agreed by the survivor.

- Listen to the survivor and ask only non-intrusive, relevant, and non-judgmental questions for clarification only. Do not press her for more information than she is ready to give (e.g. do not initiate a single-session psychological debriefing). Note that she may describe the event out of sequence, and details may change

as her emotional state changes. This does not indicate that she is lying but rather that she is emotionally upset.

- If the survivor/victim expresses self-blame, care providers need to gently reassure her that sexual violence is always the fault of the perpetrator and never the fault of the victim/survivor.
- Assess her needs and concerns, giving careful attention to security; ensure that basic needs are met; encourage but do not force company from trusted, significant others; and protect her from further harm. (See [Action Sheets 3.2, Provide security in accordance with needs](#) and [8.2, Provide sexual violence-related health services](#).)
- Ensure safety; assist her in developing a realistic safety plan, if needed. (See [Action Sheet 7.2, Ensure that survivors/victims of sexual violence have safe shelter](#).)
- Give honest and complete information about services and facilities available.
- Do not tell the survivor what to do, or what choices to make. Rather, empower her by helping her problem-solve by clarifying problems, helping her identify ways to cope better, identifying her choices, and evaluating the value and consequences of those choices. Respect her choices and preferences about referral and seeking additional services.
- Discuss and encourage possible positive ways of coping, which may vary with the individual and culture. Stimulate the re-initiation of daily activities. Encourage active participation of the survivor/victim in family and community activities. Teach relaxation techniques. Discourage negative ways of coping; specifically discourage use of alcohol and drugs, because trauma survivors are at high risk of developing substance abuse problems.
- When feasible, raise the support of family members. Families (those who are not the perpetrators) can play a key role in supporting victims/survivors emotionally and practically. For example, they may help victims/survivors to return to usual daily activities (e.g. child care, job, household work, school) after physical recovery of sexual violence. Conversely, families can contribute to increased emotional trauma if they blame the survivor for the abuse, reject her, or are angry at her for speaking about the sexual violence.

### 3. Address the special needs of children.

- Persons interviewing and assisting child/adolescent survivors should possess basic knowledge of child development and sexual violence.
- Use creative methods (e.g. games, story telling, and drawing) to help put young children at ease and facilitate communication.
- Use age-appropriate language and terms.
- When appropriate, include trusted family members to ensure that the child/adolescent is believed, supported, and assisted in returning to normal life.
- Do not remove children from family care in order to provide treatment (unless it is done to protect from abuse or neglect).
- Never coerce, trick, or restrain a child whom you believe may have experienced sexual violence. Coercion, trickery, and force are often characteristics of the abuse, and “helpers” using those techniques will further harm the child.
- Always be guided by the best interests of the child.

4. [For health care providers only] Regarding psychotropic therapy for adult victims/survivors, provide medication only in exceptional cases. See Chapter 6 of *Clinical Management of Survivors of Rape* for guidance. Of note, benzodiazepines — which may quickly lead to dependence in trauma survivors — are often over-prescribed. Caution is required.

5. Organise psychological and social support, including social reintegration activities.

- Always adhere to the guiding principles for action:
  - Ensure safety and security.
  - Guarantee confidentiality.
  - Respect the wishes, choices, and dignity of the survivor/victim.
  - Ensure non-discrimination.
  - Any training in psychological support/counselling should be followed by supervision.
- Advocate on behalf of the victim/survivor with relevant health, social, legal, and security agencies if the victim/survivor provides informed consent. When appropriate, organise confidential escorting to any service needed.
- Initiate community dialogues to raise awareness that sexual violence is never the fault of the victim/survivor and to identify solutions to honour killings, communal rejection, and isola-

- tion. Collaborate with BCC/IEC efforts in Action Sheet 10.1, Inform community about sexual violence and the availability of services.
- Provide material support as needed via health or other community services.
- Facilitate participation and integration of survivors in the community. This may be done through concrete, purposeful, common interest activities (e.g. aid projects, teaching children) and activities that enhance self-sufficiency.
- Encourage use of appropriate traditional resources. If feasible, collaborate with traditional healers or clergy, who, respectively, may conduct meaningful cleansing ceremonies or prayer for sexual violence survivors/victims. Many such practices can be extremely beneficial; however, ensure that they do not perpetuate blaming-the-victim or otherwise contribute to further harm to the survivor/victim.
- Link with other sectors. Additional key community social support actions are covered in action sheets for Coordination, Protection; Shelter, Site planning and non-food items; and Behaviour change communication/information, education, and communication.

## Key Reference Materials

1. *Humanitarian Charter and Minimum Standards in Disaster Response*. Sphere Project, Geneva, 2004, pp 291-293. <http://www.sphereproject.org/handbook/index.htm>
2. *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response*. UNHCR, Geneva, 2003. <http://www.reliefweb.int/rw/lib.nsf/db900SID/LGEL-5PHBUQ?OpenDocument>
3. *Gender-Based Violence: Emerging Issues in Programs Serving Displaced Populations*. Vann B., RHRC, 2002. [http://www.rhrc.org/pdf/gbv\\_vann.pdf](http://www.rhrc.org/pdf/gbv_vann.pdf)
4. *Mental Health in Emergencies: Psychological and Social Aspects of Health of Populations Exposed to Extreme Stressors*. WHO: Geneva, 2003. [http://www.who.int/mental\\_health/media/en/640.pdf](http://www.who.int/mental_health/media/en/640.pdf)
5. *Clinical Management of Survivors of Rape*. WHO/UNHCR/UNFPA, Geneva, 2004. [http://www.unfpa.org/upload/lib\\_pub\\_file/373\\_filename\\_clinical-mgt-2005rev1.pdf](http://www.unfpa.org/upload/lib_pub_file/373_filename_clinical-mgt-2005rev1.pdf)



## 9. Education

### Sectoral activities

### Minimum Prevention and Response Interventions

#### 9.1 Ensure girls' and boys' access to safe education

## ACTION SHEET

### 9.1 Ensure girls' and boys' access to safe education

Sector: Education

Phase: Minimum Prevention and Response

#### Background

Women and children, especially girls, in emergencies face the threat of sexual violence, including rape, sexual exploitation/abuse, prostitution, trafficking, and forced pregnancy. Ensuring that girls can go to school in protective learning environments in emergency situations may help to protect them from sexual violence and other abuses. It is crucial to promote quality educational activities on life skills issues, with specific mention of the prevention of sexual violence.

Schools can and should provide a protective environment for girls and boys. The normality and routine provided by daily schooling is a stabilising and crucial factor for children's development. Children and young people who are in school are more likely to delay the age of first sex — particularly if they get support and learn skills to postpone starting sexual activity. Schools are places not only for the teaching of traditional academic subjects, but also for the dissemination of life-saving and life-sustaining messages. Schools are effective sites for education on such issues as HIV/AIDS, landmines, human rights, tolerance, and non-violent conflict resolution, as well as other issues. Children who go to school are also less likely to join the military and armed groups.

#### Key Actions

The following actions apply to the education sector. The education sector identifies a focal point who participates regularly in the GBV working group and reports on the sector's achievement of the key actions. The focal point participates in cross-cutting functions led by the GBV coordinating agencies and working groups, as described in Action Sheets for Coordination, Assessment and monitoring, Human resources, and Information education communication.

1. Plan education programmes using guidance from the Minimum Standards for Education in Emergencies.
2. Keep children, particularly those at the primary school level, in school or create new schooling ven-

ues when schools do not exist. Some effective strategies that may be appropriate, depending on the setting, include:

- Link humanitarian services (such as special food packages for families tied to attendance) with schools.
- Monitor drop-out through assistance lists to determine if and why children are leaving school.
- If children are dropping out of school because of lack of food, provide school feeding.
- Provide assistance with school fees, materials, and uniforms.
- Offer flexible school hours to accommodate children who cannot attend school all day due to other responsibilities, such as a child caring for an ailing parent or a child who has been orphaned.

3. Prevent sexual violence and maximise child survivors'/victims' access to helping services by raising awareness among students and teachers about sexual violence and implementing prevention strategies in schools.

- Inform teachers about sexual violence, prevention strategies, potential after-effects for children, and how to access help and sexual violence services in the community.
- Actively recruit female teachers.
- Include discussion of sexual violence in life-skills training for teachers, girls, and boys in all educational settings.
- Ensure all teachers sign codes of conduct which prohibit sex with children and young people.
- Establish prevention and monitoring systems to identify risks in schools and prevent opportunities for teachers to sexually exploit or abuse students.
- Provide materials to assist teachers (for example, "School in a box" and recreation kits that include information on gender-based violence and care for survivors).
- Provide psychosocial support to teachers who are coping with their own psychosocial issues as well as those of their students. Such support may help reduce negative or destructive coping behaviours.

4. Establish community-based protection activities and mechanisms in places where children gather for education to prevent abuses such as sexual violence and/or recruitment by armed groups.

- Provide facilities for recreation, games, and sports at school and ensure access and use by both boys and girls. Be sensitive to the community's cultural practices and preferences related to gender.
- Gain community support for school-based sexual violence programming by communicating with parent groups and communities about sexual violence (see Action Sheet 10.1, Inform community about sexual violence and services available) and the risks for girls in emergencies.
- Ensure parents and the community knows about teachers' codes of conduct.

### Key Reference Materials

1. *Minimum Standards for Education in Emergencies*, Interagency Network on Education in Emergencies (INEE).

<http://www.ineesite.org/standards/default.asp>

2. Global Information Networks in Education: [www.ginic.org](http://www.ginic.org)

3. UNICEF Life skills website: [www.unicef.org/pro-gramme](http://www.unicef.org/pro-gramme)

4. UNICEF School in a box and Recreation in a box. To order: [unicef@unicef.org](mailto:unicef@unicef.org)

## 10. Information, Education, Communication

### Cross-cutting function

### Minimum Prevention and Response Interventions

10.1 Inform community about sexual violence and the availability of services

10.2 Disseminate information on IHL to arms bearers

## Background

Worldwide, most incidents of sexual violence go unreported and the majority of survivors/victims do not receive appropriate help. There may be serious and life-threatening consequences for sexual violence survivors/victims who do not receive appropriate health care and other services.

Under-reporting of sexual violence is directly related to three factors: 1) the social stigma — or the survivor's fear of social stigma — that commonly occurs in most societies; 2) lack of awareness about the potential severity of health and psychosocial consequences if left untreated; and 3) lack of awareness about available services and/or lack of trust that services are confidential and respectful.

In the early stages of an emergency, with limited resources on the ground and continuing population movements, awareness-raising about sexual violence involves information, education, and communication (IEC). The objectives are:

- To **inform survivors/victims about the potential severe and life-threatening consequences** of sexual violence.
- To inform the community about the availability of **sexual violence services**, how to access them, and that the services will help survivors/victims and their families.
- To inform and **build trust in the community** that services respect and preserve the confidentiality and dignity of the survivor/victim and her family.
- To inform the community of the need to protect and care for survivors of violence and not to discriminate against them.

It is important to note that informing the community about the availability of services for survivors/victims of sexual violence should occur **only when appropriate, accessible, and confidential services as described in these guidelines are indeed available**. Advertising but not delivering appropriate services will cause mistrust within the community and even fewer survivors will come forward to seek help.

## Key Actions

The GBV working group, convened by the coordinating agency(ies), is responsible for ensuring that the key actions described below are implemented. In many settings, the health and/or community services sectors will lead IEC activities; however, as a cross-cutting function, IEC must involve all actors/sectors.

1. Identify existing resources and potential channels for communication that can be mobilised to inform the community about prevention of and response to sexual violence. (See [Action Sheet 2.1, Monitor and evaluate activities](#).) Consider the following:
  - Community-based workers/animators in health, nutrition, water/sanitation, community services, children's programmes, midwives, traditional birth attendants, etc.
  - Women's leaders, teachers, religious and cultural leaders
  - Places where community members gather, where posters or other informational materials could be available, such as distribution points, health centres, registration centres, communal shelter areas for new arrivals.
  - Popular radio programmes
2. Compile a resource list of organisations and services in prevention and response to sexual violence as described in Action Sheet 1.1, Establish coordination mechanisms and orient partners and distribute widely in the community and among humanitarian and relevant government organisations.
3. Determine the key messages to be disseminated, based on the coordinated situational analysis in Action Sheet 2.1 and the resources available in the setting. Some or all of the following messages may be needed and appropriate:
  - Potential health consequences of sexual violence (unwanted pregnancy, injury, reproductive health problems, infection, STIs, including HIV infection)
  - Emotional and social consequences of sexual violence (fear, anxiety, panic attacks, withdrawal, depression, feeling hopeless, social isolation)
  - Who might need help (e.g. girls, boys, adolescents, women, concerned family members)

- Where to go for help — exactly where to go, which organisation(s), which door to use, hours of operation (preferably 24 hours), etc.
- What kind of help is available (e.g. confidentiality and privacy, trained midwives, trained counsellors, confidential treatment, medicines, help you plan for your continued security)
- The importance of protection and safety for the survivor/victim
- The community's responsibility to protect and care for survivors (see [Action Sheet 7.2, Ensure that survivors/victims of sexual violence have safe shelter](#)), not blame them and not reject them
- Standards of behaviour for humanitarian staff and reporting mechanisms as described in [Action Sheets 4.3, Implement confidential complaints mechanisms](#) and [4.4, Implement SEA focal group network](#)

4. Adapt or develop simple methods and materials to communicate the messages.
  - Consult with women and girls to verify that the information is culturally appropriate, clear, and conveys the intended message(s).
  - Inform community leaders about the need for the information dissemination and consult with them to ensure that materials and messages are culturally appropriate.
  - Be sure to emphasize the message that sexual violence services are confidential.
  - Prepare materials using a variety of methods to ensure communication with literate and non-literate persons. Some examples are: posters and pamphlets with words and pictures; radio spots; and meetings or groups where women/girls gather, such as health talks and after-school programmes.

5. Establish a plan for information dissemination in the community as part of action planning and coordination described in [Action Sheet 1.1, Establish coordination mechanisms and orient partners](#). The plan should include:
  - Who (which organisations) will disseminate which materials
  - Where/to whom they will conduct the information dissemination
  - What methods they will use for the information dissemination to specific groups in the community
  - How often they will repeat the information dissemination activity

## Key Reference Materials

1. Samples of information materials can be downloaded at
  - Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs. Media/Materials Clearinghouse [http://www.hcpartnership.org/mmc/mmc\\_search.php](http://www.hcpartnership.org/mmc/mmc_search.php) and [End VAW website](http://www.endvaw.org/about.htm) <http://www.endvaw.org/about.htm>
  - The National Center for Victims of Crime (USA), Get Help Series, Sexual Assault. <http://www.ncvc.org/ncvc/main.aspx?dbName=DocumentViewer&DocumentID=32369>
2. *Sexual and Gender-based Violence against Refugees, Returnees, and Internally Displaced Persons*. UNHCR, 2003.
3. *Gender-based Violence Web-based Annotated Bibliography*. RHRC. [www.rhrc.org/resources/gbv](http://www.rhrc.org/resources/gbv)
4. *Gender-based Violence Tools Manual for Assessment and Program Design, Monitoring and Evaluation*. RHRC, 2004, pages 167-168. [www.rhrc.org/resources/gbv](http://www.rhrc.org/resources/gbv)

## Background

Prevention of sexual violence must include action specifically targeting arms bearers and security/police forces. Throughout history and up to the present, sexual violence during armed conflict is often perpetrated or condoned by combatants. During armed conflict as well as in peacetime, police and security forces have a responsibility to enforce laws and protect communities from sexual violence.

International humanitarian law (IHL) — principally the Geneva Conventions and their Additional Protocols — is the body of law which protects those who are not — or are no longer — taking an active part in hostilities, and regulates the means and methods of warfare. IHL is applicable in international and internal armed conflicts and is binding on both states and armed opposition groups. It is also binding on troops participating in multinational peace-support operations if they take part in the hostilities.\* **Sexual violence is expressly prohibited in international humanitarian law.\*\***

International human rights law (“human rights”) is tailored primarily for peacetime and applies to everyone. The principal goal of human rights is to protect individuals from arbitrary behaviour by their own governments.

International humanitarian law and international human rights law are complementary. Both strive to protect the lives, health, and dignity of individuals, each from different angles. Humanitarian law applies in situations of armed conflict, whereas

human rights (or at least some of them) protect the individual at all times, in war and peace alike.

The aim of disseminating IHL is to influence those who are, or could be, involved in a conflict or armed violence to adopt behaviour respectful of the law.

When acting in a law-enforcement function, police, security forces, and sometimes also the military must serve the community by protecting people against illegal acts — including sexual violence — and must therefore **know, understand, respect, and apply the international human rights and humanitarian law** which are relevant to their practice.

The main objective of all IHL dissemination activities is to prevent violations. In other words, IHL promotion policies are expected to have a real impact on the behaviour of the combatant.

Preventing sexual violence perpetrated by combatants must concentrate on three steps:

- Getting the prohibitions of rape and other forms of sexual violence included into the legal systems of the different forces, or the internal regulations of non-State armed groups
- Implementation through doctrine or procedure, education, and training (or their equivalents) so that arms bearers receive strict orders regarding their conduct in this respect
- Effective sanctions in case of violations

## Key Actions

The following actions apply to the protection sector, that is, organisations implementing protection programmes. The protection sector focal point (see Action Sheet 3.3, *Advocate for compliance and implementation of international instruments*) reports to the GBV working group on the achievement of the key actions.

1. Inform the highest levels of command, including the political, that they are responsible to ensure that there are legal provisions translated into respectful and clear instructions incorporating the prohibition of sexual violence.

2. Promote the adoption of humanitarian law and other relevant treaties towards armed or security forces, police or non-State armed groups.

3. Inform the civilian population about humanitarian law and other relevant treaties. Link this with other activities for sexual violence information dissemination as described in Action Sheet 10.1, Inform community about sexual violence and services available.

4. Inform public officials of various ministries, political leaders, and decision-makers about humanitarian law and other relevant treaties, including the rules regarding sexual violence.

5. Inform law enforcement authorities that:

- rape, forced prostitution, sexual violence, and other forms of gender-based violence are war crimes, whether committed in international or internal armed conflict;
- they are required to act whenever gender-based violence occurs, just as they do when any other crime occurs within their jurisdiction;
- when it comes to arresting women, they (women) should be dealt with and supervised by female law-enforcement officials and when detained, kept separated from men;
- they must respect at all time the rights and dignity of female survivors/victims of crime and female perpetrators;
- they must treat survivors/victims of sexual violence with compassion and respect for their dignity, and be aware that they may require protection of their privacy and safety and that of their family, against intimidation and retaliation;
- they must inform the survivors/victims about the proceedings and access to the justice system.

6. Preparations for peace support operations must include a refresher course in IHL and in particular on the prohibitions of rape and other forms of sexual violence. (See related Action Sheets 4.3, *Implement confidential complaints mechanisms* and 4.4, *Implement SEA focal group network*.)

## Key Reference Materials

1. *To serve and to protect*. This manual describes the rules of human rights and humanitarian law relevant to professional law enforcement practice in situations ranging from peace to international armed

conflict.

[http://www.gva.icrc.org/Web/Eng/siteeng0.nsf/htmlall/p0698/\\$File/ICRC\\_002\\_0698.PDF!Open](http://www.gva.icrc.org/Web/Eng/siteeng0.nsf/htmlall/p0698/$File/ICRC_002_0698.PDF!Open)

2. *The law of armed conflict*. Teaching file.

<http://www.gva.icrc.org/Web/Eng/siteeng0.nsf/iwpList571/2437B7A5BFC8EE31C1256D5C00393846>

3. *Addressing the Needs of Women Affected by Armed Conflict: An ICRC Guidance Document*.

<http://www.gva.icrc.org/Web/Eng/siteeng0.nsf/iwpList138/888F718CF7575CB4C1256E4B004D0576>

4. Secretary-General’s Bulletin: *Observance by United Nations Forces of International Humanitarian Law*, ST/SGB/1999/13, 6 August 1999.

[www.un.org/peace/st\\_sgb\\_1999\\_13.pdf](http://www.un.org/peace/st_sgb_1999_13.pdf)

5. *The Special Needs of Women and Children in and after Conflict: a Training Programme for Civilian Personnel in UN Peacekeeping Operations*.

<http://www.unitar.org/wcc/>

\* The Secretary-General’s Bulletin (ST/SGB/ /1999/13, 6 August 1999) on the observance by United Nations forces and observers of humanitarian law is also significant, imposing a duty on the United Nations to ensure that members of United Nations forces and military observers are “fully acquainted” with the relevant principles and rules.

\*\* For example, common article 3 to the four Geneva Conventions, Article 27, Geneva Convention IV, Articles 75, 76 and 77 (1) Additional Protocol I, Article 4 (2) Additional Protocol II, and is encompassed in “wilfully causing great suffering or serious injury to body or health” in article 147, Geneva Convention IV.

## **Annexes**

## Annex 1

### Action to address gender-based violence in emergencies: IASC Statement of Commitment

13 January 2005

We, the members of the Inter-Agency Standing Committee (IASC), are gravely concerned by the widespread gender-based violence in emergencies. We are particularly concerned by the systematic and rampant use of sexual violence in conflict situations as a method of war to brutalise and instil fear in the civilian population, especially women and girls.

We are further dismayed by recent reports of sexual exploitation and sexual abuse perpetrated by UN peacekeepers and UN civilian staff.

We, therefore, re-emphasise our individual and collective responsibility to respect the highest standards of the law and to fully comply with the UN Secretary-General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse (ST/SGB/2003/13).\*

We further commit ourselves to urgent and concerted action aimed at preventing gender-based violence, including in particular sexual violence, ensuring appropriate care and follow-up for victims/survivors and working towards holding perpetrators accountable. In particular, we make a commitment to:

**1. Strengthen prevention measures:** The damaging effects of conflict, such as displacement, the destruction of community structures, poverty, and lack of resources increase the risk of gender-based violence. We must reinforce our efforts to provide timely and comprehensive assistance and protection, in the full respect of our humanitarian principles, to protect those in need from all forms of gender-based violence, particularly sexual violence. Prevention measures should include:

- Ensuring that the implementation of our operational activities prevents putting affected populations, especially girls and women, at risk of gender-based violence;
- Supporting national authorities to ensure effective security for civilian populations, particularly women and children, including through policing and deterrence measures;
- Promoting the effective administration of justice so as to strengthen accountability, including by providing legal counselling and supporting victims/survivors' access to justice;
- Providing training programmes for peacekeepers, police, and arms bearers on the prohibition of sexual violence in international legal instruments, and encouraging the increased presence of women in peacekeeping operations, police, and armed forces;
- Supporting capacity development and training of national governments, national NGOs, and local communities in undertaking preventive measures.

**2. Ensure implementation of the IASC policy on gender mainstreaming in humanitarian assistance:** Gender inequality is directly linked to gender-based violence. Addressing gender discrimination, including by ensuring that women and girls become full participants in decision-making, is a critical step towards ending this form of violence.

**3. Promote compliance of international law and strengthen efforts to address impunity:** In situations of armed conflict, gender-based violence, including in particular sexual violence, must be seen in the broader context of violence against civilians. We must therefore encourage Governments to comply with the provisions of international law during and after armed conflicts. As perpetrators of sexual violence continue to enjoy near complete impunity, we must also support more decisive action on the part of Governments to

ensure that perpetrators are brought to justice. We also welcome the role of the International Criminal Court (ICC) and encourage its efforts to ensure meaningful accountability for violence against women and children in cases where national authorities fail.

**4. Improve reporting and data collection:** Increase capacity to monitor and report on acts of gender-based violence, particularly sexual violence, on the basis of international law, and support mechanisms for seeking redress. This will include enhancing cooperation with human rights mechanisms (treaty bodies and special procedures), including in particular the Special Rapporteur on violence against women, regional human rights mechanisms, and human rights NGOs. Promote systematic sex- and age-disaggregated data collection and analysis as a basis for developing effective programming as well as monitoring and evaluation.

**5. Provide care and follow-up to victims/survivors:** Develop and strengthen programmes and services to address the psychological, social, and physical consequences of gender-based violence, particularly sexual violence, for victims/survivors and to assist in their reintegration into the broader community, including by:

- Providing appropriate psychological and social support to victims/survivors and to the communities in which they live;
- Providing comprehensive and sensitive medical care to victims/survivors, including, as appropriate, HIV post-exposure prophylaxis (PEP) along with voluntary counselling and testing and comprehensive reproductive health care for victims/survivors of rape.

**6. Address continuing problems of sexual abuse and exploitation by personnel responsible for providing assistance and protection to affected populations:** We reaffirm our commitment to the principles and practices outlined in the UN Secretary-General's Bulletin, including by ensuring that all UN Country Teams establish accessible and confidential reporting mechanisms to receive and thoroughly investigate all allegations of misconduct and that all necessary steps are taken to punish perpetrators and prevent further incidences of sexual exploitation and sexual abuse. We call on the peacekeeping community to also act in the full respect of the Bulletin and to ensure the accountability of perpetrators. At the same time, we recognise the need to equip Special Representatives of the Secretary-General, UN Resident, and/or Humanitarian Coordinators and Country Teams in the field with adequate technical assistance and human resources to fulfil their responsibilities towards the implementation of the Bulletin. Further, we reiterate the importance of ensuring that non-UN entities and individuals are well informed of the standards of conduct set out in the Bulletin.

**7. Speak out against gender-based violence in emergencies:** We must reinforce efforts to advocate on behalf of victims/survivors and for the full accountability of perpetrators.

**8. Develop an IASC policy and plan of action and strengthen capacity building on gender-based violence:** Building on existing policies and guidelines, including the IASC Matrix for Gender-Based Violence Interventions in Humanitarian Settings, we must promote a coherent, participatory, and multi-sectoral approach to prevent and respond to gender-based violence.

\* [ochaonline.un.org/GetBin.asp?DocID=1083](http://ochaonline.un.org/GetBin.asp?DocID=1083)

## Annex 2

(to accompany Action Sheet 2.2, Monitor and Evaluate Activities)

### SAMPLE Monitoring Form, Implementation of Minimum Prevention and Response

Situation/Country: \_\_\_\_\_ Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

KEY ACTIONS	STATUS OF IMPLEMENTATION
<b>Coordination</b>	
1.1 Establish coordination mechanisms and orient partners	
1.2 Advocate and raise funds	
1.3 Ensure Sphere standards are disseminated and adhered to	
<b>Assessment and Monitoring</b>	
2.1 Conduct a coordinated situational analysis	
2.2 Monitor and evaluate activities	
<b>Protection</b>	
3.1 Monitor security and define protection strategy	
3.2 Provide security in accordance with needs	
3.3 Advocate for implementation of and compliance with international instruments	
<b>Human Resources</b>	
4.1 Recruit staff in a manner that will discourage SEA	
4.2 Disseminate and inform all partners on codes of conduct	
4.3 Implement confidential complaints mechanisms	
4.4 Implement SEA focal group network	
<b>Water and Sanitation</b>	
5.1 Implement safe water/sanitation programmes	
<b>Food Security and Nutrition</b>	
6.1 Implement safe food security and nutrition programmes	
<b>Shelter and Site Planning and Non-Food Items</b>	
7.1 Implement safe site planning and shelter programmes	
7.2 Ensure that survivors/victims have safe shelter	
7.3 Implement safe fuel collection strategies	
7.4 Provide sanitary materials to women and girls	
<b>Health and Community Services</b>	
8.1 Ensure women's access to basic health services	
8.2 Provide sexual violence-related health services	
8.3 Provide community-based psychological and social support	
<b>Education</b>	
9.1 Ensure girls' and boys' access to safe education	
<b>Information, Education, Communication</b>	
10.1 Inform community about sexual violence and the availability of services	
10.2 Disseminate information on IHL to arms bearers	

## Annex 3

### Sample Incident Report Form

(from Sexual and Gender-based Violence against Refugees, Returnees, and Internally Displaced Persons. UNHCR, 2003)

NOTE: Staff filling this form must be properly trained in interviewing survivors and in how to complete this form correctly. This form is NOT an interview or examination guide. Separate guides and forms are available that should be used for counselling and health exam/treatment.

<b>INCIDENT TYPE</b>		Secondary incident type	
Case Number	Camp Name/Area of Town	Date and Time of Interview	
Previous Incident Numbers for This Client (if any)			
<b>VICTIM/SURVIVOR INFORMATION</b>			
Name: (optional)	Age:	Yr of Birth:	Sex
Address:	Tribe/Ethnic background:	Marital Status:	Occup:
No. of Children:	Ages:	Head of family (self OR name, relationship to survivor)	
If victim/survivor is a child>>Name of Caregiver:			Relation:
<b>THE INCIDENT</b>			
Location:	Date:	Time of Day:	
Description of Incident (summarize circumstances, what exactly occurred, what happened afterward):			

PERPETRATOR INFORMATION		
Name:	No. of Perpetrators:	Sex:
Address:	Nationality:      Age:	Tribe/Ethnic background:
Relationship to Victim/Survivor:	Marital Status:	Occup.:
If perpetrator unknown, describe him/her, including any identifying marks:		
Current location of perpetrator, if known: Is perpetrator a continuing threat?		
If perpetrator is a child: Name of Caregiver:		Relation:
WITNESSES		
Describe presence of any witnesses (including children):		
Names and Addresses:		
ACTION TAKEN – Any action already taken as of the date this form is completed		
Reported to	Date Reported	Action Taken
POLICE Name		
SECURITY Name		
UNHCR Name		
LOCAL LEADERS Name		
HEALTH CARE Name/nfo.		
OTHER Name		
MORE ACTION NEEDED AND PLANNED ACTION – as of the date this form is completed		
Physical Security Needs Assessment and Immediate Safety Plan:		
Has the victim/survivor received any kind of counselling – if yes, which kind?		
Is victim/survivor going to report the incident to the police?      Yes      No		
Is she/he seeking action by traditional court?      Yes      No		
What follow-up will be done by community development/SGBV workers?		
What further action is needed ?		
<b>Form completed by (Print Name):</b>		<b>Signature:</b>

## Annex 4

### Acronyms

ARC	Action for the Rights of the Child
AS	action sheet
BCC	behaviour change communication
CAP	consolidated appeal process
CBO	community-based organisation
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
DPKO	Department of Peacekeeping Operations
GBV	gender-based violence
HC	Humanitarian Coordinator
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IEC	information, education, communication
M & E	monitoring and evaluation
MISP	Minimum Initial Service Package
NGO	non-governmental organisation
OHCHR	Office of the High Commissioner for Human Rights
RC	Resident Coordinator
RHRC	Reproductive Health Response in Conflict Consortium
SEA	sexual exploitation and abuse
SG	Secretary-General of the United Nations
SGB	Secretary-General's Bulletin
SGBV	sexual and gender-based violence
SRSR	Special Representative of the Secretary General
STI/STD	sexually transmitted infection/disease
TBA	traditional birth attendant
TOR	terms of reference
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
VAW	violence against women
WFP	World Food Programme
WHO	World Health Organisation



