

Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action

Essential actions and minimum commitments for emergency response



"Experience confirms that effective humanitarian response at the onset of a crisis is heavily influenced by the level of preparedness and planning of responding agencies and organizations, as well as the capacities and resources available to them."¹

This package was created to support humanitarian actors across all sectors working in acute emergency response to ensure that gender-based violence (GBV) prevention and risk mitigation efforts are integrated into humanitarian action from the very outset of emergency response. It consolidates the fold-out "essential actions and minimum commitments" tables from the comprehensive *Guidelines on Integrating Gender-based Violence Interventions in Humanitarian Action* ("GBV Guidelines") and each sector-specific Thematic Area Guide (TAG) into one document that can be easily downloaded and/or printed to use as a quick reference tool during the earliest stages of acute emergency response. It is meant to support, but not replace, the comprehensive Guidelines and sector-specific TAGs.

These tables provide key recommendations for each thematic area. The sector-specific minimum commitments² appear in bold.

These minimum commitments represent critical actions that sector actors can prioritize in the earliest stages of emergency when resources and time are limited. As soon as the acute emergency has subsided (anywhere from two weeks to several months, depending on the setting), additional essential actions outlined in the summary fold-out table—and elaborated in the body of the thematic area section—should be initiated and/or scaled up. Each recommendation should be adapted to the particular context, always taking into account the essential rights, expressed needs and identified resources of target community.

To download the comprehensive Guidelines, individual TAGs, or for more information, please visit www.gbvguidelines.org.

¹ Inter-Agency Standing Committee. 2007. Inter-Agency Contingency Planning Guidelines for Humanitarian Assistance, Revised version, p.7. <www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-productsproducts&productcatid=13>.

² Note that the minimum commitments do not always come first under each programme cycle category of the summary table. This is because all the actions are organized in chronological order according to an ideal model for programming. When it is not possible to implement all actions—particularly in the early stages of an emergency—the minimum commitments should be prioritized and the other actions implemented at a later date.





Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action

CAMP COORDINATION AND CAMP MANAGEMENT

Essential Actions for Reducing Risk, Promoting Resilience and Aiding Recovery throughout the Programme Cycle

	Stage of Emergency Applicable to Each Action			
	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
ASSESSMENT, ANALYSIS AND PLANNING				
Promote the active participation of women, girls and other at-risk groups within the affected population in all CCCM assessment processes	✓	✓	✓	✓
Analyse the physical safety in and around sites as it relates to risks of GBV (e.g. adherence to Sphere standards; lighting; need for women-, adolescent- and child-friendly spaces; when, where, how and by whom security patrols are conducted; safety of water and distribution sites and whether they accommodate the specific needs of women, girls and other at-risk groups; accessibility for persons with disabilities etc.)	✓	✓	✓	✓
Assess the level of participation and leadership of women, adolescent girls and other at-risk groups in all aspects of site governance and CCCM programming (e.g. ratio of male/female CCCM staff; participation in site committees, governance bodies, and executive boards; etc.)		✓	✓	✓
Analyse whether IDP/refugee registration and profiling are conducted in a manner that respects the rights and needs of women and other at-risk groups, as well as of GBV survivors		✓	✓	✓
Assess awareness of CCCM staff and stakeholders on basic issues related to gender, GBV, women's/human rights, social exclusion and sexuality (including knowledge of where survivors can report risk and access care; linkages between CCCM programming and GBV risk reduction; etc.)	✓	✓	✓	✓
Review existing/proposed community outreach material related to CCCM—specifically communicating with communities (CwC) and feedback mechanisms—to ensure it includes basic information about GBV risk reduction (including prevention, where to report risk and how to access care)	✓	✓	✓	✓
RESOURCE MOBILIZATION				
Identify and pre-position age-, gender-, and culturally appropriate supplies for CCCM that can mitigate risk of GBV (e.g. lighting/torches, partitions where appropriate)	✓	✓		
Develop CCCM proposals that reflect awareness of GBV risks for the affected population and strategies for reducing these risks	✓	✓	✓	✓
Prepare and provide trainings for government, humanitarian workers and volunteers engaged in CCCM work on safe design and implementation of CCCM programming that mitigates risks of GBV	✓	✓	✓	✓
IMPLEMENTATION				
► Programming				
Involve women as staff and administrators in CCCM operations	✓	✓	✓	✓
Involve women, adolescent girls and other at-risk groups as participants and leaders in community-based site governance mechanisms and decision-making structures throughout the entire life cycle of the camp (with due caution where this poses a potential security risk or increases the risk of GBV)	✓	✓	✓	✓
Prioritize GBV risk-reduction activities in camp planning and set-up (e.g. confidential and non-stigmatizing registration; safety of sleeping areas; use of partitions for privacy; designated areas for women-, adolescent- and child-friendly spaces; etc.)	✓	✓		
Prioritize GBV risk-reduction and mitigation strategies during the care and maintenance phase of the camp life cycle (e.g. undertake frequent and regular checks on site security; create complaint and feedback mechanisms for community; etc.)		✓	✓	✓
Support the role of law enforcement and security patrols to prevent and respond to GBV in and around sites throughout the entire camp life cycle (e.g. advocate for adequate numbers of properly trained personnel; work to identify the best safety patrol options with the community; etc.)	✓	✓	✓	✓
Integrate GBV prevention and mitigation into camp closure (e.g. closely monitor GBV risks for returning/resettling/residual populations; work with GBV specialists to ensure continued delivery of services to GBV survivors who are exiting camps; etc.)			✓	✓
► Policies				
Incorporate relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of CCCM programmes (e.g. procedures for food and non-food item distribution; housing policies for at-risk groups; procedures and protocols for sharing protected or confidential information about GBV incidents; agency procedures to report, investigate and take disciplinary action in cases of sexual exploitation and abuse; etc.)	✓	✓	✓	✓
Advocate for the integration of GBV risk-reduction strategies into national and local policies and plans related to CCCM, and allocate funding for sustainability (e.g. develop or strengthen policies related to the allocation of law enforcement and security personnel; develop camp closure and exit strategies that take GBV-related risks into consideration; etc.)		✓	✓	✓
► Communications and Information Sharing				
Consult with GBV specialists to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors, and ensure CCCM staff have the basic skills to provide them with information where they can obtain support	✓	✓	✓	✓
Ensure that CCCM programmes sharing information about reports of GBV within the CCCM sector or with partners in the larger humanitarian community abide by safety and ethical standards (e.g. shared information does not reveal the identity of or pose a security risk to individual survivors, their families or the broader community)	✓	✓	✓	✓
Incorporate GBV messages (including prevention, where to report risk and how to access care) into CCCM-related community outreach and awareness-raising activities, using multiple formats to ensure accessibility		✓	✓	✓
COORDINATION				
Ensure GBV risk reduction is a regular item on the agenda in all CCCM-related coordination mechanisms	✓	✓	✓	✓
Undertake coordination with other sectors address GBV risks and ensure protection for women, girls and other at-risk groups	✓	✓	✓	✓
Seek out the GBV coordination mechanism for support and guidance and, whenever possible, assign a CCCM focal point to regularly participate in GBV coordination meetings	✓	✓	✓	✓
MONITORING AND EVALUATION				
Identify, collect and analyse a core set of indicators—disaggregated by sex, age, disability and other relevant vulnerability factors—to monitor GBV risk-reduction activities throughout the programme cycle	✓	✓	✓	✓
Evaluate GBV risk-reduction activities by measuring programme outcomes (including potential adverse effects) and using the data to inform decision-making and ensure accountability		✓	✓	✓

NOTE: The essential actions above are organized in chronological order according to an ideal model for programming. The actions that are in bold are the **suggested minimum commitments** for CCCM actors in the early stages of an emergency. These minimum commitments will not necessarily be undertaken according to an ideal model for programming; for this reason, they do not always fall first under each subcategory of the summary table. When it is not possible to implement all actions—particularly in the early stages of an emergency—the minimum commitments should be prioritized and the other actions implemented at a later date. For more information about minimum commitments, see **Part Two: Background to Thematic Area Guidance**.



Essential Actions for Reducing Risk, Promoting Resilience and Aiding Recovery throughout the Programme Cycle

	Stage of Emergency Applicable to Each Action			
	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
ASSESSMENT, ANALYSIS AND PLANNING				
Promote the active participation of children and adolescents—particularly adolescent girls—in all child protection assessment processes (according to ethical standards and processes)	✓	✓	✓	✓
Assess the level of participation and leadership of women, adolescent girls and other at-risk groups in the design, implementation and monitoring of child protection programmes (e.g. ratio of male/female child protection staff; participation in child protection monitoring groups; etc.)	✓	✓	✓	✓
Identify the cultural practices, expected behaviours and social norms that constitute GBV and/or increase risk of GBV against girls and boys (e.g. preferential treatment of boys; child marriages; female genital mutilation/cutting; gender-based exclusion from education; domestic responsibilities for girls; child labour; recruitment of children into armed forces/groups; etc.)	✓	✓	✓	✓
Identify the environmental factors that increase children's and adolescents' risk of violence, understanding the different risk factors faced by girls, boys and particularly at-risk groups of children (e.g. presence of armed forces/groups; unsafe routes for firewood/water collection, to school, to work; overcrowded camps or collective centres; status as separated or unaccompanied child; being in conflict with the law; existence of child trafficking networks; etc.)	✓	✓		
Map community-based child protection mechanisms that can be fortified to mitigate the risks of GBV against children, particularly adolescent girls (e.g. child protection committees; community watch committees; child-friendly safe spaces; community-based organizations; families and kinship networks; religious structures; etc.)	✓	✓		
Identify response services and gaps in services for girl and boy survivors (including child-friendly health care; mental health and psychosocial support; security response; legal/justice processes; etc.)	✓	✓		
Assess the capacity of child protection programmes and personnel to recognize and address the risks of GBV against girls and boys and to apply the principles of child-friendly care when engaging with girl and boy survivors	✓	✓	✓	✓
Review existing/proposed community outreach material related to child protection to ensure it includes basic information about GBV risk reduction (including prevention, where to report risk and how to access care)	✓	✓	✓	✓
RESOURCE MOBILIZATION				
Develop proposals for child protection programmes that reflect awareness of GBV risks for the affected population and strategies for reducing these risks	✓	✓	✓	✓
Prepare and provide trainings for government, humanitarian workers, national and local security and law enforcement, child protection personnel, teachers, legal/justice sector actors, community leaders, and relevant community members on violence against children and adolescents, recognizing the differential risks and safety needs of girls and boys	✓	✓	✓	✓
Train child protection actors who work directly with affected populations to recognize GBV risks for children and adolescents and to inform survivors and their caregivers about where they can obtain care and support	✓	✓		
Target women and other at-risk groups for job skills training related to child protection, particularly in leadership roles to ensure their presence in decision-making processes	✓	✓	✓	✓
IMPLEMENTATION				
► Programming				
Involve women, adolescent girls and other at-risk groups in relevant aspects of child protection programming (with due caution where this poses a potential security risk or increases the risk of GBV)	✓	✓	✓	✓
Support the capacity of community-based child protection networks and programmes to prevent and mitigate GBV (e.g. strengthen existing community protection mechanisms; support creation of girl- and boy-friendly spaces; etc.)		✓	✓	✓
Support the provision of age-, gender-, and culturally sensitive multi-sectoral care and support for child survivors of GBV (including health services; mental health and psychosocial support; security/police response; legal/justice services; etc.)		✓	✓	✓
Where there are gaps in services for children and adolescents, support the training of medical, mental health and psychosocial, police, and legal/justice actors in how to engage with child survivors in age-, gender-, and culturally sensitive ways		✓	✓	✓
Monitor and address the risks of GBV for separated and unaccompanied girls and boys (e.g. establish separate reception areas for unaccompanied girls and boys; ensure family reunification and foster care programmes monitor and mitigate potential risk of GBV; etc.)		✓	✓	✓
Incorporate efforts to address GBV into activities targeting children associated with armed forces/groups (e.g. disarmament, demobilization and reintegration programmes)		✓	✓	✓
Ensure the safety and protection of children in contact with the law, taking into account the particular risks of GBV within detention facilities		✓	✓	✓
► Policies				
Incorporate relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of child protection programmes (e.g. standards for equal employment of females; procedures and protocols for sharing protected or confidential information about GBV incidents; agency procedures to report, investigate and take disciplinary action in cases of sexual exploitation and abuse; etc.)	✓	✓	✓	✓
Support the reform of national and local laws and policies (including customary laws) to promote and protect the rights of children and adolescents to be free from GBV (with recognition of the particular vulnerabilities, rights and needs of girls and other at-risk groups of children)	✓		✓	✓
► Communications and Information Sharing				
Ensure that child protection programmes sharing information about reports of GBV within the child protection sector or with partners in the larger humanitarian community abide by safety and ethical standards (e.g. shared information does not reveal the identity of or pose a security risk to child survivors, their caretakers or the broader community)	✓	✓	✓	✓
Incorporate GBV messages (including prevention, where to report risk and how to access care) into child protection-related community outreach and awareness-raising activities, using multiple formats to ensure accessibility		✓	✓	✓
COORDINATION				
Undertake coordination with other sectors to address GBV risks and ensure protection for girls and boys at risk	✓	✓	✓	✓
Seek out the GBV coordination mechanism for support and guidance and, whenever possible, assign a child protection focal point to regularly participate in GBV coordination meetings	✓	✓	✓	✓
MONITORING AND EVALUATION				
Identify, collect and analyse a core set of indicators—disaggregated by sex, age, disability and other relevant vulnerability factors—to monitor GBV risk-reduction activities throughout the programme cycle	✓	✓	✓	✓
Evaluate GBV risk-reduction activities by measuring programme outcomes (including potential adverse effects) and using the data to inform decision-making and ensure accountability		✓	✓	✓

NOTE: The essential actions above are organized in chronological order according to an ideal model for programming. The actions that are in bold are the **suggested minimum commitments** for CCCM actors in the early stages of an emergency. These minimum commitments will not necessarily be undertaken according to an ideal model for programming; for this reason, they do not always fall first under each subcategory of the summary table. When it is not possible to implement all actions—particularly in the early stages of an emergency—the minimum commitments should be prioritized and the other actions implemented at a later date. For more information about minimum commitments, see **Part Two: Background to Thematic Area Guidance**.



Essential Actions for Reducing Risk, Promoting Resilience and Aiding Recovery throughout the Programme Cycle

	Stage of Emergency Applicable to Each Action			
	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
ASSESSMENT, ANALYSIS AND PLANNING				
Promote the active participation of women, girls and other at-risk groups in all education assessment processes	✓	✓	✓	✓
Assess the level of participation and leadership of women, adolescent girls and other at-risk groups in all aspects of education programming (e.g. ratio of male/female education staff; strategies for hiring and retaining females and other at-risk groups as teachers and administrators; involvement of women and, where appropriate, adolescent girls in community-based education committees and associations; etc.)	✓	✓	✓	✓
Investigate community norms and practices that may affect students'—particularly adolescent females'—access to learning (e.g. responsibilities at home that may prevent girls from going to school; child and/or forced marriage; pregnancy; lack of menstrual hygiene supplies; school fees; gender-inequitable attitudes about girls attending school; stigma faced by certain groups; etc.)	✓	✓	✓	✓
Analyse access to and physical safety of learning environments to identify risks of GBV (e.g. travel to/from learning environments; separate and safe toilets for girls and boys; adequate lighting within and around buildings; school safety patrols; accessibility features for students and teachers with disabilities; etc.)	✓	✓	✓	✓
Assess awareness of all education staff on Codes of Conduct and basic issues related to gender, GBV, women's/human rights, social exclusion and sexuality (including knowledge of where survivors can report risk and access care; linkages between education programming and GBV risk reduction; etc.)	✓	✓	✓	✓
Assess capacity of education programmes to safely and ethically respond to incidents of GBV reported by students (e.g. availability of trained caseworkers; standard reporting mechanisms and systems of care; confidentiality measures; students' knowledge of how and where to report GBV; procedures for investigating and taking disciplinary action for incidents of sexual exploitation and abuse by education personnel; etc.)	✓	✓		
Review existing/proposed national and local educational curricula to identify opportunities to integrate GBV prevention messages (e.g. messages on gender equality, GBV, sexual and reproductive health, etc.)	✓	✓	✓	
Review existing/proposed community outreach material related to education to ensure it includes basic information about GBV risk reduction (including prevention, where to report risk and how to access care)	✓	✓	✓	✓
RESOURCE MOBILIZATION				
Develop proposals for education programmes that reflect awareness of GBV risks for the affected population and strategies for reducing these risks	✓	✓	✓	✓
Identify and pre-position age-, gender-, and culturally appropriate supplies for education that can mitigate risk of GBV (e.g. 'school in a box' or other emergency education kits; school uniforms or other appropriate clothing; sanitary supplies for female students and teachers of reproductive age; etc.)	✓	✓		
Prepare and provide trainings for government, education personnel (including 'first responder' education actors) and relevant community members on the safe design and implementation of education programmes that mitigate the risk of GBV	✓	✓	✓	✓
Target women and other at-risk groups for job skills training related to education, particularly in leadership roles to ensure their presence in decision-making processes	✓	✓	✓	✓
IMPLEMENTATION				
► Programming				
Involve women and other at-risk groups as staff and leaders in education programming (with due caution where this poses a potential security risk or increases the risk of GBV)	✓	✓	✓	✓
Implement strategies that maximize accessibility of education for women, girls and other at-risk groups (e.g. re-establishment of educational facilities; non-traditional education programmes; funding for school-related costs; re-enrolment programmes for out-of-school youth; universal design and/or reasonable accommodation of physical environments; etc.)		✓	✓	✓
Implement strategies—in consultation with women, girls, boys and men—that maximize physical safety in and around education environments (e.g. location of learning centres; distance from households; safety patrols along paths; safe and separate toilets for boys and girls; adequate lighting; etc.)	✓	✓	✓	✓
Enhance the capacity of education personnel to mitigate the risk of GBV in educational settings through ongoing support and training (e.g. provide training on gender, GBV, women's/human rights, social exclusion and sexuality; ensure all education personnel understand and have signed a Code of Conduct; engage male teachers in creating a culture of non-violence; etc.)	✓	✓	✓	✓
Consult with GBV specialists to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors, and ensure education staff have the basic skills to provide information to them on where they can obtain support		✓	✓	✓
After the emergency wanes, work with the Ministry of Education to develop and implement school curricula that contribute to long-term shifts in gender-inequitable norms and promote a culture of non-violence and respect for women, girls and other at-risk groups (e.g. targeted programming for the empowerment of women and girls; curricula related to sexual and reproductive health, gender norms, HIV, relationship skills, GBV and conflict transformation; etc.)			✓	✓
► Policies				
Incorporate relevant GBV prevention and response strategies into the policies, standards and guidelines of education programmes (e.g. standards for equal employment of females; codes of conduct for teachers and education personnel related to sexual exploitation and abuse; procedures and protocols for sharing protected or confidential information about GBV incidents; etc.)	✓	✓	✓	✓
Advocate for the integration of GBV risk-reduction strategies into national and local laws and policies related to education, and allocate funding for sustainability (e.g. address discriminatory practices hindering girls and other at-risk groups from safe access to education)			✓	✓
► Communications and Information Sharing				
Ensure that education programmes sharing information about reports of GBV within the education sector or with partners in the larger humanitarian community abide by safety and ethical standards (e.g. shared information does not reveal the identity of or pose a security risk to individual survivors, their families or the broader community)	✓	✓	✓	✓
Incorporate GBV messages (including prevention, where to report risk and how to access care) into education-related community outreach and awareness-raising activities, using multiple formats to ensure accessibility		✓	✓	✓
COORDINATION				
Undertake coordination with other sectors to address GBV risks and ensure protection for women, girls and other at-risk groups	✓	✓	✓	✓
Seek out the GBV coordination mechanism for support and guidance and, whenever possible, assign an education focal point to regularly participate in GBV coordination meetings	✓	✓	✓	✓
MONITORING AND EVALUATION				
Identify, collect and analyse a core set of indicators—disaggregated by sex, age, disability and other relevant vulnerability factors—to monitor GBV risk-reduction activities throughout the programme cycle	✓	✓	✓	✓
Evaluate GBV risk-reduction activities by measuring programme outcomes (including potential adverse effects) and using the data to inform decision-making and ensure accountability		✓	✓	✓

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	Stage of Emergency Applicable to Each Action			
	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
ASSESSMENT, ANALYSIS AND PLANNING				
Promote the active participation of women, girls and other at-risk groups in all food security and agricultural assessment processes	✓	✓	✓	✓
Assess the level of participation and leadership of women, adolescent girls and other at-risk groups in the design, construction and monitoring of FSA activities (e.g. ratio of male/female staff; representation of women and other at-risk persons in food assistance management groups, committees and other relevant organizations; etc.)	✓	✓	✓	✓
Assess community norms and practices and how they relate to food insecurity, with a focus on the barriers faced by women, girls and other at-risk groups in achieving food security (e.g. decision-making in the family; roles related to agriculture/livestock; restricted access to lands, water, cooking fuel or FSA programmes; etc.)	✓	✓	✓	✓
Assess the physical safety risks associated with FSA activities (e.g. distance and routes travelled for distribution/work sites and agriculture/livestock activities; distribution/work times and locations; existence of safety patrols and other security measures for those travelling to distribution/work sites; accessibility features at distribution sites for persons with disabilities; etc.)		✓	✓	✓
Assess awareness of FSA staff on basic issues related to gender, GBV, women's/human rights, social exclusion and sexuality (including knowledge of where survivors can report risk and access care; linkages between FSA programming and GBV risk reduction; etc.)	✓	✓	✓	✓
Review existing/proposed community outreach material related to FSA to ensure it includes basic information about GBV risk reduction (including where to report risk and how to access care)	✓	✓	✓	✓
RESOURCE MOBILIZATION				
Develop proposals for FSA programmes that reflect awareness of GBV risks for the affected population and strategies for reducing these risks	✓	✓	✓	✓
Prepare and provide trainings for government, staff and community groups engaged in FSA on the safe design and implementation of FSA programming that mitigates the risk of GBV	✓	✓	✓	✓
IMPLEMENTATION				
► Programming				
Involve women and other at-risk groups in the planning, design and implementation of all FSA activities (with due caution where this poses a potential security risk or increases the risk of GBV)	✓	✓	✓	✓
Design commodity- and cash-based interventions in ways that minimize the risk of GBV (e.g. transfer modalities that meet food requirement needs; food ration cards assigned without discrimination; girls and boys included in school feeding programmes; etc.)		✓	✓	✓
Take steps to address food insecurity for women, girls and other at-risk groups through agriculture and livestock programming (e.g. include interventions that increase agricultural production and diversification into humanitarian response; facilitate ownership of livestock assets for women, girls and other at-risk groups; etc.)	✓	✓	✓	✓
Implement strategies that increase the safety in and around food security and agricultural livelihoods activities (e.g. adhere to Sphere standards for safe locations; carry out food distribution during daylight hours; consider sex-segregated distribution sites; etc.)		✓	✓	✓
Incorporate safe access to cooking fuel and alternative energy into programmes (e.g. consult local populations to create strategies for accessing cooking fuel; encourage use of fuel-efficient stoves and fuel-saving cooking techniques; etc.)		✓	✓	✓
► Policies				
Incorporate GBV prevention and mitigation strategies into the policies, standards and guidelines of FSA programmes (e.g. standards for equal employment of females; procedures and policies for sharing protected or confidential information about GBV incidents; agency procedures to report, investigate and take disciplinary action in cases of sexual exploitation and abuse; etc.)	✓	✓	✓	✓
Advocate for the integration of GBV risk-reduction activities into national and local policies and plans related to FSA, and allocate funding for sustainability (e.g. policies for safe access to cooking fuel; plans to promote the participation of women and other at-risk groups in agricultural diversification and livestock programmes, protection of natural resources and related skills-building; etc.)	✓		✓	✓
► Communications and Information Sharing				
Consult with GBV specialists to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors, and ensure FSA staff have the basic skills to provide them with information on where they can obtain support	✓	✓	✓	✓
Ensure that FSA programmes sharing information about reports of GBV within the FSA sector or with partners in the larger humanitarian community abide by safety and ethical standards (e.g. shared information does not reveal the identity of or pose a security risk to individual survivors, their families or the broader community)	✓	✓	✓	✓
Incorporate GBV messages (including where to report risk and how to access care) into community outreach and awareness-raising activities related to FSA, using multiple formats to ensure accessibility		✓	✓	✓
COORDINATION				
Undertake coordination with other sectors to address GBV risks and ensure protection for women, girls and other at-risk groups	✓	✓	✓	✓
Seek out the GBV coordination mechanism for support and guidance and, whenever possible, assign an FSA sector focal point to regularly participate in GBV coordination meetings	✓	✓	✓	✓
MONITORING AND EVALUATION				
Identify, collect and analyse a core set of indicators—disaggregated by sex, age, disability and other relevant vulnerability factors—to monitor GBV risk-reduction activities throughout the programme cycle	✓	✓	✓	✓
Evaluate GBV risk-reduction activities by measuring programme outcomes (including potential adverse effects) and using the data to inform decision-making and ensure accountability		✓	✓	✓

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	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
ASSESSMENT, ANALYSIS AND PLANNING				
Promote the active participation of women, girls and other at-risk groups in all health assessment processes	✓	✓	✓	✓
Investigate cultural and community perceptions, norms and practices related to GBV and GBV-related health services (e.g. stigma that may prevent survivors from accessing health care; community awareness about the physical and mental health consequences of GBV and benefits of seeking care; existing community supports for survivors; providers' attitudes towards survivors; etc.)	✓	✓	✓	✓
Assess the safety and accessibility of existing GBV-related health services (e.g. safety travelling to/from facilities; cost; language, cultural and or/physical barriers to services, especially for minority groups and persons with disabilities; existence of mobile clinics; etc.)	✓	✓	✓	✓
Assess the quality of existing GBV-related health services (e.g. range of health services provided; privacy and confidentiality; representation of females in clinical and administrator positions; policies and protocols for clinical care of survivors; safe and ethical case documentation and information-sharing processes; availability of appropriate drugs and equipment; etc.)	✓	✓	✓	✓
Assess awareness of specialized (clinical) staff in the provision of targeted care for survivors (including how to provide clinical care for adult and child survivors of sexual assault; how to safely and confidentially document cases of GBV; knowledge and use of multi-sectoral referral pathways; how to provide care for intimate partner violence and other forms of domestic violence; how to provide court testimony when appropriate; etc.)	✓	✓	✓	✓
Assess awareness of all health personnel on basic issues related to gender, GBV, women's/human rights, social exclusion and sexuality	✓	✓	✓	✓
Investigate national and local laws related to GBV that might affect the provision of GBV-related health services (e.g. legal definitions of rape and other forms of GBV; legal age of consent; legal status of abortion and emergency contraception; etc.)	✓	✓		
With the leadership/involvement of the Ministry of Health, assess whether existing national policies and protocols related to the clinical care and referral of GBV are in line with international standards (e.g. post-exposure prophylaxis [PEP]; emergency contraception; abortion/post-abortion care in settings where these services are legal; etc.)	✓	✓		
Review existing/proposed health-related community outreach material to ensure it includes basic information about GBV (including prevention; where to report risk; health effects of GBV; benefits of health treatment; and how to access care)	✓	✓	✓	✓
RESOURCE MOBILIZATION				
Develop proposals for GBV-related health programming that reflect awareness of GBV risks for the affected population and strategies for health sector prevention and response	✓	✓	✓	✓
Pre-position trained staff and appropriate supplies to implement clinical care for GBV survivors in a variety of health delivery systems (e.g. medical drugs, equipment, administrative supplies, mental health and psychosocial support, referrals, etc.)	✓	✓		
Prepare and provide trainings for government, health facility administrators and staff, and community health workers (including traditional birth attendants and traditional healers) on sexual assault-related protocols	✓	✓	✓	✓
IMPLEMENTATION				
► Programming				
Involve women, adolescent girls and other at-risk groups in the design and delivery of health programming (with due caution where this poses a potential security risk or increases the risk of GBV)	✓	✓	✓	✓
Increase the accessibility of health and reproductive health facilities that integrate GBV-related services (e.g. provide safe and confidential escorts to facilities; make opening times convenient; ensure universal access for persons with disabilities; eliminate service fees; etc.)	✓	✓	✓	✓
Implement strategies that maximize the quality of survivor care at health facilities (e.g. implement standardized guidelines for the clinical care of sexual assault; establish private consultation rooms; maintain adequate supplies and medical drugs; provide follow-up services; etc.)		✓	✓	✓
Enhance the capacity of health providers to deliver quality care to survivors through training, support and supervision (and, where feasible, include a GBV caseworker on staff at health facilities)		✓	✓	✓
Implement all health programmes within the framework of sustainability beyond the initial crisis stage (e.g. design plans for rebuilding health centres; provide more frequent and intensive training of health workers; develop longer-term supply management strategies; etc.)			✓	✓
► Policies				
Develop and/or standardize protocols and policies for GBV-related health programming that ensure confidential, compassionate and quality care of survivors and referral pathways for multi-sectoral support	✓	✓	✓	✓
Advocate for the reform of national and local laws and policies that hinder survivors or those at risk of GBV from accessing quality health care and other services, and allocate funding for sustainability	✓		✓	✓
► Communications and Information Sharing				
Ensure that health programmes sharing information about reports of GBV within the health sector or with partners in the larger humanitarian community abide by safety and ethical standards (e.g. shared information does not reveal the identity of or pose a security risk to individual survivors, their family members or the broader community)	✓	✓	✓	✓
Incorporate GBV messages into health-related community outreach and awareness-raising activities (including prevention; where to report risk; health effects of different forms of GBV; benefits of health treatment; and how to access care, using multiple formats to ensure accessibility)		✓	✓	✓
COORDINATION				
Undertake coordination with other sectors to address GBV risks and ensure protection for women, girls and other at-risk groups	✓	✓	✓	✓
Seek out the GBV coordination mechanism for support and guidance and, whenever possible, assign a health focal point to regularly participate in GBV coordination meetings	✓	✓	✓	✓
MONITORING AND EVALUATION				
Identify, collect and analyse a core set of indicators—disaggregated by sex, age, disability and other relevant vulnerability factors—to monitor GBV risk-reduction activities throughout the programme cycle	✓	✓	✓	✓
Evaluate GBV risk-reduction activities by measuring programme outcomes (including potential adverse effects) and using the data to inform decision-making and ensure accountability		✓	✓	✓

NOTE: The essential actions above are organized in chronological order according to an ideal model for programming. The actions that are in bold are the **suggested minimum commitments** for CCCM actors in the early stages of an emergency. These minimum commitments will not necessarily be undertaken according to an ideal model for programming; for this reason, they do not always fall first under each subcategory of the summary table. When it is not possible to implement all actions—particularly in the early stages of an emergency—the minimum commitments should be prioritized and the other actions implemented at a later date. For more information about minimum commitments, see **Part Two: Background to Thematic Area Guidance**.



Essential Actions for Reducing Risk, Promoting Resilience and Aiding Recovery throughout the Programme Cycle

	Stage of Emergency Applicable to Each Action			
	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
ASSESSMENT, ANALYSIS AND PLANNING				
Promote the active participation of women, girls and other at-risk groups in all HLP assessment processes	✓	✓	✓	✓
Assess the level of participation and leadership of women, adolescent girls and other at-risk groups in all aspects of HLP programming (e.g. ratio of male/female HLP staff; participation in committees related to HLP; etc.)	✓	✓	✓	✓
Assess the barriers faced by women, adolescent girls and other at-risk groups to accessing and controlling HLP, and how these barriers may contribute to various forms of GBV (e.g. exploitation and abuse resulting from forced eviction; intimate partner violence and other forms of domestic violence; etc.)	✓	✓	✓	✓
Examine HLP rights related to return, resettlement or reintegration for women, adolescent girls and other at-risk groups			✓	✓
Assess whether existing institutions protect the HLP rights of women, adolescent girls and other at-risk groups (e.g. mechanisms to increase independent registration of land and housing in women's names; gender-responsive restitution and dispute resolution mechanisms; community leaders who will speak to uphold women's HLP rights; etc.)		✓		
Assess national and local laws and policies related to HLP rights that in turn may increase the risk of GBV (e.g. unequal marital and inheritance rights for girls and boys; forced eviction laws; tenants' rights; etc.)		✓		
Assess awareness of HLP staff on basic issues related to gender, GBV, women's/human rights, social exclusion and sexuality (including knowledge of where survivors can report risk and access care; linkages between HLP programming and GBV risk reduction; etc.)	✓	✓	✓	✓
Review existing/proposed community outreach material related to HLP to ensure it includes basic information about GBV risk reduction (including where to report risk and how to access care)	✓	✓	✓	✓
RESOURCE MOBILIZATION				
Develop proposals that reflect awareness of particular GBV risks related to HLP (e.g. lack of adequate housing during displacement and/or resettlement may contribute to women and girls engaging in forced and/or coerced prostitution; poor and marginalized persons who rent in urban settings who can be exposed to abuse and exploitation by landlords; etc.)	✓	✓	✓	✓
Prepare and provide trainings for government, humanitarian workers and volunteers engaged in HLP work on the safe design and implementation of HLP programmes that mitigate the risk of GBV	✓	✓	✓	✓
IMPLEMENTATION				
► Programming				
Involve women and other at-risk groups as staff and leaders in HLP programming (with due caution where this poses a potential security risk or increases the risk of GBV)	✓	✓	✓	✓
Support national and local efforts to promote the HLP rights of women, girls and other at-risk groups in order to minimize their vulnerability to GBV		✓	✓	✓
Provide and strengthen legal assistance for women, girls and other at-risk groups to obtain security of tenure and control of HLP (e.g. secure official records; facilitate free legal assistance; establish gender-responsive restitution and dispute resolution mechanisms; etc.)	✓	✓	✓	✓
► Policies				
Incorporate GBV prevention and mitigation strategies into the policies, standards and/or guidelines of HLP programmes (e.g. standards for equal employment of females; procedures and protocols for sharing protected or confidential information about GBV incidents; agency procedures to report, investigate and take disciplinary action in cases of sexual exploitation and abuse; etc.)	✓	✓	✓	✓
Advocate for the integration of GBV risk-reduction strategies into national and local laws and policies related to HLP, and allocate funding for sustainability	✓		✓	✓
► Communications and Information Sharing				
Consult with GBV specialists to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors, and ensure HLP staff have the basic skills to provide them with information on where they can obtain support	✓		✓	✓
Ensure that HLP programmes sharing information about reports of GBV within the HLP sector or with partners in the larger humanitarian community abide by safety and ethical standards (e.g. shared information does not reveal the identity of or pose a security risk to individual survivors, their families or the broader community)	✓	✓	✓	✓
Incorporate GBV messages (including where to report risk and how to access care) into HLP-related community outreach and awareness-raising activities, using multiple formats to ensure accessibility		✓	✓	✓
COORDINATION				
Undertake coordination with other sectors to address GBV risks and ensure protection for women, girls and other at-risk groups	✓	✓	✓	✓
Seek out the GBV coordination mechanism for support and guidance and, whenever possible, assign an HLP focal point to regularly participate in GBV coordination meetings	✓	✓	✓	✓
MONITORING AND EVALUATION				
Identify, collect and analyse a core set of indicators—disaggregated by sex, age, disability and other relevant vulnerability factors—to monitor GBV risk-reduction activities throughout the programme cycle	✓	✓	✓	✓
Evaluate GBV risk-reduction activities by measuring programme outcomes (including potential adverse effects) and using the data to inform decision-making and ensure accountability		✓	✓	✓

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Essential Actions for Reducing Risk, Promoting Resilience and Aiding Recovery throughout the Programme Cycle

	Stage of Emergency Applicable to Each Action			
	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
ASSESSMENT, ANALYSIS AND PLANNING				
Promote the active participation of women, girls and other at-risk groups in all HMA assessment processes (e.g. community mapping; transect walks; landmines/explosive remnants of war [ERW] impact surveys; incident/injury surveillance; threat assessments; etc.)	✓	✓	✓	✓
Assess the level of participation and leadership of women and other at-risk groups in the design and monitoring of land release, MRE, victim assistance, and other HMA activities (e.g. ratio of male/female HMA staff; participation in committees related to HMA; etc.)	✓	✓	✓	✓
Analyse physical safety of and access to land release activities and victim assistance programmes to identify associated risks of GBV (e.g. travel to/from health and rehabilitation facilities; accessibility features for persons with disabilities; etc.)		✓	✓	✓
Assess awareness of HMA staff on basic issues related to gender, GBV, women's/human rights, social exclusion and sexuality (including knowledge of where GBV survivors can report risk and access care; linkages between HMA programming and GBV risk reduction; etc.)	✓	✓	✓	✓
Review existing/proposed community outreach materials related to HMA to ensure they are reaching women and girls and include basic information about GBV risk reduction (including where to report risk and how to access care)	✓	✓	✓	✓
RESOURCE MOBILIZATION				
Develop proposals for HMA programming that reflect awareness of GBV risks for the affected population and strategies for reducing these risks	✓	✓	✓	✓
Prepare and provide trainings for government, HMA staff and volunteers, and community HMA groups on the safe design and implementation of HMA activities that mitigate the risk of GBV	✓	✓	✓	✓
IMPLEMENTATION				
▶ Programming				
Involve women and other at-risk groups as staff and leaders in the design, implementation, monitoring and evaluation of land release, mine risk education (MRE) and victim assistance programming (with due caution where this poses a potential security risk or increases the risk of GBV)	✓	✓	✓	✓
Support and reinforce the land rights of women, girls and other at-risk groups when releasing land previously contaminated with landmines/ERW		✓	✓	✓
Implement strategies that increase the safety, availability and accessibility of victim assistance activities for women, girls and other at-risk groups (e.g. offer emergency and longer-term medical care and physical rehabilitation to all persons and age groups directly affected by landmines/ERW; provide childcare at health and rehabilitation centres; consider providing separate accommodation for females and males; etc.)		✓	✓	✓
Support the inclusion of women, adolescent girls and other at-risk groups in socio-economic reintegration and benefits initiatives (giving particular attention to woman- and child-headed households and women with disabilities)		✓	✓	✓
▶ Policies				
Incorporate relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of HMA programmes (e.g. standards for equal employment of females; procedures and protocols for sharing protected or confidential information about GBV incidents; agency procedures to report, investigate and take disciplinary action in cases of sexual exploitation and abuse; etc.)	✓	✓	✓	✓
Advocate for the integration of GBV risk-reduction strategies into national and local sector policies and plans related to HMA, and allocate funding for sustainability	✓		✓	✓
▶ Communications and Information Sharing				
Consult with GBV specialists to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for GBV survivors, and ensure HMA staff have the basic skills to provide them with information on where they can obtain support	✓	✓	✓	✓
Ensure that HMA programmes sharing information about reports of GBV within the HMA sector or with partners in the larger humanitarian community abide by safety and ethical standards (e.g. shared information does not reveal the identity of or pose a security risk to individual GBV survivors, their families or the broader community)	✓	✓	✓	✓
Incorporate GBV messages (including where to report risk and how to access care) into HMA-related community outreach and awareness-raising activities, using multiple formats to ensure accessibility		✓	✓	✓
Promote the participation of women, girls and other at-risk groups in MRE activities (such as public information dissemination, education and training, and community liaison services)	✓	✓	✓	✓
COORDINATION				
Undertake coordination with other sectors to address GBV risks and ensure protection for women, girls and other at-risk groups		✓	✓	✓
Seek out the GBV coordination mechanism for support and guidance and, whenever possible, assign an HMA focal point to regularly participate in GBV coordination meetings	✓	✓	✓	✓
MONITORING AND EVALUATION				
Identify, collect and analyse a core set of indicators—disaggregated by sex, age, disability, and other relevant vulnerability factors—to monitor GBV risk-reduction activities in HMA programming	✓	✓	✓	✓
Evaluate GBV risk-reduction activities by measuring programme outcomes (including potential adverse effects) and using the data to inform decision-making and ensure accountability		✓	✓	✓

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Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action

LIVELIHOODS

Essential Actions for Reducing Risk, Promoting Resilience and Aiding Recovery throughout the Programme Cycle

	Stage of Emergency Applicable to Each Action			
	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
ASSESSMENT, ANALYSIS AND PLANNING				
Promote the active participation of women, girls and other at-risk groups in all livelihoods assessment processes	✓	✓	✓	✓
Assess the level of participation and leadership of women, adolescent girls and other at-risk groups in all aspects of livelihoods programming (e.g. ratio of male/female livelihoods staff; participation in positions of leadership; strategies for hiring and retaining females and other at-risk groups; etc.)	✓	✓	✓	✓
Assess community norms and practices related to livelihoods, with a focus on the barriers faced by women, adolescent girls and other at-risk groups to accessing safe livelihoods opportunities (e.g. gender norms that exclude women from certain types of work; gender-based discrimination against women in the workplace; etc.)	✓	✓	✓	✓
Conduct market analyses in partnership with those at risk of GBV to identify profitable, accessible and desirable livelihoods activities that do not exacerbate the risk of GBV	✓	✓	✓	✓
Assess the physical safety of and access to livelihoods programmes to identify associated risks of GBV (e.g. safety travelling to/from work; childcare during the workday; exploitation by employers, clients or suppliers; work hours and locations; backlash from family or community members when women start earning money; safe strategies for storing earned money; etc.)	✓	✓	✓	✓
Assess awareness of livelihoods staff on basic issues related to gender, GBV, women's/human rights, social exclusion and sexuality (including knowledge of where survivors can report risk and access care; linkages between livelihoods and GBV; etc.)	✓	✓	✓	✓
Review existing/proposed community outreach material related to livelihoods to ensure it includes basic information about GBV risk reduction (including prevention, where to report risk and how to access care)	✓	✓	✓	✓
RESOURCE MOBILIZATION				
Develop proposals for livelihoods programmes that reflect awareness of GBV risks for the affected population and strategies for reducing these risks	✓	✓	✓	✓
Prepare and provide trainings for government, humanitarian workers, women's groups and community members engaged in livelihoods work on the safe design and implementation of livelihoods programmes that mitigate the risk of GBV	✓	✓	✓	✓
IMPLEMENTATION				
► Programming				
Involve women and other at-risk groups as staff and leaders in livelihoods programming (with due caution where this poses a potential security risk or increases the risk of GBV)	✓	✓	✓	✓
In consultation with women, girls, men and boys, implement livelihoods programmes that are accessible to those at risk of GBV (e.g. address logistical and cultural obstacles that prevent their participation)		✓	✓	✓
In consultation with women, girls, men and boys, implement livelihoods programmes that minimize related GBV risks (e.g. sensitize community members about GBV; work with local authorities to increase security measures; engage men and boys as supportive partners through workshops and discussions on gender issues; work with receptor or host communities to reduce competition over employment or natural resources; etc.)		✓	✓	✓
Promote the economic and professional empowerment of participants through business development, agricultural trainings, value chain integration, vocational skills training, capacity-building and education		✓	✓	✓
Implement strategies that allow participants to control their assets in ways that mitigate the risk of theft or financial exploitation		✓	✓	✓
Implement all livelihoods programmes within the framework of building sustainable livelihoods that are ongoing beyond the crisis stage (e.g. develop culturally sensitive exit strategies to lessen the risks of GBV; link short-term livelihoods programmes with longer-term economic empowerment strategies; etc.)		✓	✓	✓
► Policies				
Incorporate GBV prevention and mitigation strategies into the policies, standards and guidelines of livelihoods programmes (e.g. standards for equal employment of females; procedures and policies for sharing protected or confidential information about GBV incidents; agency procedures to report, investigate and take disciplinary action in cases of sexual exploitation and abuse; etc.)	✓	✓	✓	✓
Support the reform of national and local laws, policies and plans that hinder women, girls and other at-risk groups from economic and professional empowerment, and allocate funding for sustainability	✓		✓	✓
► Communications and Information Sharing				
Consult with GBV specialists to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors, and ensure livelihoods staff have the basic skills to provide them with information on where they can obtain support	✓	✓	✓	✓
Ensure that livelihoods programmes sharing information about reports of GBV within the livelihoods sector or with partners in the larger humanitarian community abide by safety and ethical standards (e.g. shared information does not reveal the identity of or pose a security risk to individual survivors, their families or the broader community)	✓	✓	✓	✓
Incorporate GBV messages (including prevention, where to report risk and how to access care) into livelihoods-related community outreach and awareness-raising activities, using multiple formats to ensure accessibility		✓	✓	✓
COORDINATION				
Undertake coordination with other sectors to address GBV risks, ensure protection and identify livelihoods opportunities for women, girls and other at-risk groups	✓	✓	✓	✓
Seek out the GBV coordination mechanism for support and guidance and, whenever possible, assign a livelihoods focal point to regularly participate in GBV coordination meetings	✓	✓	✓	✓
MONITORING AND EVALUATION				
Identify, collect and analyse a core set of indicators—disaggregated by sex, age, disability and other relevant vulnerability factors—to monitor GBV risk-reduction activities throughout the programme cycle	✓	✓	✓	✓
Evaluate GBV risk-reduction activities by measuring programme outcomes (including potential adverse effects) and using the data to inform decision-making and ensure accountability		✓	✓	✓

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Essential Actions for Reducing Risk, Promoting Resilience and Aiding Recovery throughout the Programme Cycle

	Stage of Emergency Applicable to Each Action			
	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
ASSESSMENT, ANALYSIS AND PLANNING				
Promote the active participation of women, girls and other at-risk groups in all nutrition assessment process (including broader emergency food security assessments, where relevant)	✓	✓	✓	✓
Assess the level of participation and leadership of women, adolescent girls and other at-risk groups in all aspects of nutrition programming (e.g. ratio of male/female nutrition staff; participation in nutrition-related committees; etc.)	✓	✓	✓	✓
Assess community perceptions, norms and practices linked to nutrition that may contribute to GBV (e.g. gender dynamics in food consumption; obstacles to nutritional assistance for at-risk groups; etc.)	✓	✓	✓	✓
Assess physical safety of and access to nutrition services to identify associated risks of GBV (e.g. service hours and locations; safety travelling to/from distribution sites; accessibility features for persons with disabilities; etc.)		✓	✓	✓
Assess awareness of nutrition staff on basic issues related to gender, GBV, women's/human rights, social exclusion and sexuality (including knowledge of where survivors can report risk and access care; linkages between nutrition programming and GBV risk reduction; etc.)	✓	✓	✓	✓
Review existing/proposed community outreach material related to nutrition to ensure it includes basic information about GBV risk reduction (including where to report risk and how to access care)	✓	✓	✓	✓
RESOURCE MOBILIZATION				
Develop proposals for nutrition programmes that reflect awareness of GBV risks for the affected population and strategies for reducing these risks	✓	✓	✓	✓
Prepare and provide trainings for government, nutrition staff and community nutrition groups on the safe design and implementation of nutrition programmes that mitigate the risk of GBV	✓	✓	✓	✓
IMPLEMENTATION				
► Programming				
Involve women and other at-risk groups as staff and leaders in the planning, design, implementation and monitoring of nutrition activities (with due caution where this poses a potential security risk or increases the risk of GBV)	✓	✓	✓	✓
Implement strategies that increase the safety, availability and accessibility of nutrition services for women, girls and other at-risk groups (e.g. locate services in safe areas; establish supplemental feeding schedules in collaboration with women, girls and other at-risk groups; consider the need to bring feeding supplements to GBV survivors and their children in safe shelters; etc.)	✓	✓	✓	✓
Implement proactive strategies to meet the GBV-related needs of those accessing nutrition services (e.g. locate nutrition facilities next to women-, adolescent- and child-friendly spaces and/or health facilities; consider including a GBV caseworker as part of the nutrition staff; organize informal support groups for women at feeding centres; etc.)	✓	✓	✓	✓
► Policies				
Incorporate relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of nutrition programmes (e.g. standards for equal employment of females; procedures and protocols for sharing protected or confidential information about GBV incidents; agency procedures to report, investigate and take disciplinary action in cases of sexual exploitation and abuse; etc.)	✓	✓	✓	✓
Advocate for the integration of GBV risk-reduction strategies into national and local laws and policies related to nutrition, and allocate funding for sustainability (e.g. ensure policies address discriminatory feeding practices; protection and management of natural resources that relate to food and cooking fuel needs; land reform as it relates to securing land for agriculture and food security; etc.)	✓		✓	✓
► Communications and Information Sharing				
Consult with GBV specialists to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors, and ensure nutrition staff have the basic skills to provide them with information on where they can obtain support	✓	✓	✓	✓
Ensure that nutrition programmes sharing information about reports of GBV within the nutrition sector or with partners in the larger humanitarian community abide by safety and ethical standards (e.g. shared information does not reveal the identity of or pose a security risk to individual survivors, their families or the broader community)	✓	✓	✓	✓
Incorporate GBV messages (including where to report risk and how to access care) into nutrition-related community outreach and awareness-raising activities, using multiple formats to ensure accessibility		✓	✓	✓
COORDINATION				
Undertake coordination with other sectors to address GBV risks and ensure protection for women, girls and other at-risk groups	✓	✓	✓	✓
Seek out the GBV coordination mechanism for support and guidance and, whenever possible, assign a nutrition focal point to regularly participate in GBV coordination meetings	✓	✓	✓	✓
MONITORING AND EVALUATION				
Identify, collect and analyse a core set of indicators—disaggregated by sex, age, disability and other relevant vulnerability factors—to monitor GBV risk-reduction activities throughout the programme cycle	✓	✓	✓	✓
Evaluate GBV risk-reduction activities by measuring programme outcomes (including potential adverse effects) and using the data to inform decision-making and ensure accountability		✓	✓	✓

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Essential Actions for Reducing Risk, Promoting Resilience and Aiding Recovery throughout the Programme Cycle

	Stage of Emergency Applicable to Each Action			
	Pre-Emergency/Preparedness	Emergency	Stabilized Stage	Recovery to Development
ASSESSMENT, ANALYSIS AND PLANNING				
Promote the active participation of women, girls and other at-risk groups in all protection assessment processes	✓	✓	✓	✓
Assess the level of participation and leadership of women and other at-risk groups in all aspects of targeted humanitarian protection programming (e.g. ratio of male/female humanitarian protection personnel; participation in community-based protection programming; etc.)	✓	✓	✓	✓
Assess the broader protection factors that exacerbate the risks of GBV in the particular setting (e.g. displacement; unsafe routes to work, to school, to health facilities or to collect water/firewood; safety issues for those who remain in the home; distribution times and locations of foods and non-food items; loss of personal identity documents; proximity to insecure zones or warring parties; etc.)	✓	✓	✓	✓
Assess the capacity of security actors to mitigate the risks of GBV and assist and support GBV survivors (e.g. ratio of male/female officers; existence and implementation of codes of conduct for security personnel and GBV-related policies, protocols, and standard operating procedures; confidential and secure environments for reporting incidents of GBV that limit re-victimization of survivors; etc.)			✓	✓
Assess the capacity of formal and informal justice sector/actors to safely and ethically respond to incidents of GBV (e.g. accessibility of free/low-cost legal aid services; how judicial processes provide protection to GBV survivors and witnesses; how the informal justice system deals with GBV cases; etc.)			✓	✓
Assess awareness of protection staff on basic issues related to gender, GBV, women's/human rights, social exclusion and sexuality (including knowledge of where survivors can report risk and access care; linkages between targeted protection programming and GBV risk reduction; etc.)	✓	✓	✓	✓
Review existing/proposed protection-related community outreach material to ensure it includes basic information about GBV risk reduction (including where to report risk and how to access care)	✓	✓	✓	✓
RESOURCE MOBILIZATION				
Develop proposals for protection programming that reflect awareness of GBV risks for the affected population and strategies for reducing these risks	✓	✓	✓	✓
Target women and other at-risk groups for job skills training related to protection, particularly in leadership roles to ensure their presence in decision-making processes	✓	✓	✓	✓
Prepare and provide trainings for protection actors (including expert protection actors sent to the field as part of a surge response), security and legal/justice personnel, and relevant community members (such as traditional leaders) on the safe design and implementation of protection programmes that mitigate the risk of GBV	✓	✓	✓	✓
IMPLEMENTATION				
► Programming				
Involve women and other at-risk groups in all aspects of protection programming (with due caution where this poses a potential security risk or increases the risk of GBV)	✓	✓	✓	✓
Integrate GBV prevention and mitigation into protection monitoring activities, and support the development of community-based protection strategies	✓	✓	✓	✓
Implement strategies that safeguard those at risk of GBV during documentation, profiling and registration processes (e.g. ensure participation of women, girls and other at-risk groups in the processes; develop strategies that encourage affected populations to report their risk and/or history of GBV; prioritize programmes for women to receive, recover or replace personal documents; consider the need for special protection measures such as relocation and safe houses; etc.)		✓	✓	✓
Enhance the capacity of security institutions/personnel to prevent and respond to GBV (e.g. support employment of women in the security sector; work with GBV specialists to train security personnel on issues of GBV; advocate for implementation of codes of conduct; support secure environments in which GBV can be reported to police; etc.)		✓	✓	✓
Promote access to justice for GBV survivors by strengthening institutional capacities of state and traditional justice actors (e.g. provide training to relevant legal/justice actors on GBV; support free and accessible legal aid; provide protection for GBV survivors and witnesses during court processes; etc.)			✓	✓
► Policies				
Incorporate relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of targeted protection programmes (e.g. standards for equal employment of females; procedures and protocols for sharing protected or confidential information about GBV incidents; agency procedures to report, investigate and take disciplinary action in cases of sexual exploitation and abuse; etc.)	✓	✓	✓	✓
Support the reform of national and local laws and policies (including customary law) to promote access to justice and the rule of law, and allocate funding for sustainability (e.g. strengthen GBV protections; support the ratification of key human rights standards; advocate for frameworks and action plans that contain GBV-related measures in return, relocation and reintegration; etc.)	✓		✓	✓
► Communications and Information Sharing				
Consult with GBV specialists to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors, and ensure that protection staff have the basic skills to provide them with information on where they can obtain support	✓	✓	✓	✓
Ensure that protection programmes sharing information about reports of GBV within the protection sector or with partners in the larger humanitarian community abide by safety and ethical standards (e.g. shared information does not reveal the identity of or pose a security risk to individual survivors, their families or the broader community)	✓	✓	✓	✓
Incorporate GBV messages (including where to report risk and how to access care) into protection-related community outreach and awareness-raising activities, using multiple formats to ensure accessibility		✓	✓	✓
COORDINATION				
Undertake coordination with other sectors and strengthen government coordination mechanisms to address GBV risks and ensure protection for women, girls and other at-risk groups	✓	✓	✓	✓
Seek out the GBV coordination mechanism for support and guidance and, whenever possible, assign a protection focal point to regularly participate in GBV coordination meetings	✓	✓	✓	✓
MONITORING AND EVALUATION				
Identify, collect and analyse a core set of indicators—disaggregated by sex, age, disability and other relevant vulnerability factors—to monitor GBV risk-reduction activities throughout the programme cycle	✓	✓	✓	✓
Evaluate GBV risk-reduction activities by measuring programme outcomes (including potential adverse effects) and using the data to inform decision-making and ensure accountability		✓	✓	✓

NOTE: The essential actions above are organized in chronological order according to an ideal model for programming. The actions that are in bold are the **suggested minimum commitments** for CCCM actors in the early stages of an emergency. These minimum commitments will not necessarily be undertaken according to an ideal model for programming; for this reason, they do not always fall first under each subcategory of the summary table. When it is not possible to implement all actions—particularly in the early stages of an emergency—the minimum commitments should be prioritized and the other actions implemented at a later date. For more information about minimum commitments, see **Part Two: Background to Thematic Area Guidance**.



Essential Actions for Reducing Risk, Promoting Resilience and Aiding Recovery throughout the Programme Cycle

	Stage of Emergency Applicable to Each Action			
	Pre-Emergency/ Preparedness	Emergency	Stabilize Stage	Recovery to Development
ASSESSMENT, ANALYSIS AND PLANNING				
Promote the active participation of women, girls and other at-risk groups in all SS&R assessment processes	✓	✓	✓	✓
Assess the level of participation and leadership of women, adolescent girls and other at-risk groups in all aspects of SS&R programming (e.g. ratio of male/female SS&R staff; participation in committees related to SS&R; etc.)	✓	✓	✓	✓
Assess shelter design and safety to identify associated risks of GBV (e.g. overcrowding; location of shelter; partitions for privacy; locks and lighting; cost of rent; accessibility features for persons with disabilities; etc.)		✓	✓	✓
Assess whether shelters maintain family-community links while still maintaining privacy (e.g. assess if females are forced to share shelter with males who are not family members)	✓	✓	✓	✓
Analyse GBV risks associated with the distribution of SS&R assistance and non-food items (e.g. sexual exploitation or forced and/or coerced prostitution in exchange for shelter materials, cash for rent, work vouchers, etc.)	✓	✓	✓	✓
Assess awareness of SS&R staff on basic issues related to gender, GBV, women's/human rights, social exclusion and sexuality (including knowledge of where survivors can report risk and access care; linkages between SS&R programming and GBV risk reduction; etc.)	✓	✓	✓	✓
Review existing/proposed community outreach material related to SS&R to ensure it includes basic information about GBV risk reduction (including where to report risk and how to access care)	✓	✓	✓	✓
RESOURCE MOBILIZATION				
Identify and pre-position age-, gender-, and culturally appropriate supplies for SS&R that can mitigate risks of GBV (e.g. sheets for partitions; doors; locks; accessibility features for persons with disabilities; etc.)	✓	✓		
Develop proposals that reflect awareness of GBV risks for the affected population related to SS&R assistance (e.g. heightened risk of trading sex or other favours in exchange for shelter materials, construction and/or rent; increased risk of sexual violence in cramped quarters or quarters that lack privacy; etc.)	✓	✓	✓	✓
Prepare and provide trainings for government, SS&R staff and community SS&R groups on the safe design and implementation of SS&R programmes that mitigate the risk of GBVz	✓	✓	✓	✓
IMPLEMENTATION				
► Programming				
Involve women and other at-risk groups as staff and leaders in the design and implementation of SS&R programming (with due caution where this poses a potential security risk or increases the risk of GBV)	✓	✓	✓	
Prioritize GBV risk reduction in the allocation of shelter materials and in shelter construction (e.g. implement Sphere standards for space and density; provide temporary housing for those at risk of GBV; designate women-, adolescent- and child-friendly spaces; etc.)		✓	✓	✓
Ensure equal and impartial distribution of SS&R-related non-food items (NFIs) (e.g. establish clear, consistent and transparent distribution systems; ensure at-risk groups have the same access to NFIs; etc.)	✓	✓	✓	✓
Distribute cooking sets and design cooking facilities that reduce consumption of cooking fuel, which in turn reduces the need to seek fuel in unsafe areas	✓	✓		
► Policies				
Incorporate relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of SS&R programmes (e.g. standards for equal employment of females; procedures and protocols for sharing protected or confidential information about GBV incidents; agency procedures to report, investigate and take disciplinary action in cases of sexual exploitation and abuse; etc.)	✓	✓	✓	✓
Advocate for the integration of GBV risk-reduction strategies into national and local policies and plans related to SS&R, and allocate funding for sustainability (e.g. address discriminatory practices hindering women, girls and other at-risk groups from safe participation in the SS&R sector; consider the construction of women-, adolescent- and child-friendly spaces and safe shelter from the onset of an emergency; etc.)		✓	✓	✓
► Communications and Information Sharing				
Consult with GBV specialists to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors, and ensure SS&R staff have the basic skills to provide them with information on where they can obtain support	✓	✓	✓	✓
Ensure that SS&R programmes sharing information about reports of GBV within the SS&R sector or with partners in the larger humanitarian community abide by safety and ethical standards (e.g. shared information does not reveal the identity of or pose a security risk to individual survivors, their families or the broader community)	✓	✓	✓	✓
Incorporate GBV messages (including where to report risk and how to access care) into SS&R-related community outreach and awareness-raising activities, using multiple formats to ensure accessibility		✓	✓	✓
COORDINATION				
Undertake coordination with other sectors to address GBV risks and ensure protection for women, girls and other at-risk groups	✓	✓	✓	✓
Seek out the GBV coordination mechanism for support and guidance and, whenever possible, assign a SS&R focal point to regularly participate in GBV coordination meetings		✓	✓	✓
MONITORING AND EVALUATION				
Identify, collect and analyse a core set of indicators—disaggregated by sex, age, disability and other relevant vulnerability factors—to monitor GBV risk-reduction activities throughout the programme cycle	✓	✓	✓	✓
Evaluate GBV risk-reduction activities by measuring programme outcomes (including potential adverse effects) and using the data to inform decision-making and ensure accountability		✓	✓	✓

NOTE: The essential actions above are organized in chronological order according to an ideal model for programming. The actions that are in bold are the **suggested minimum commitments** for CCCM actors in the early stages of an emergency. These minimum commitments will not necessarily be undertaken according to an ideal model for programming; for this reason, they do not always fall first under each subcategory of the summary table. When it is not possible to implement all actions—particularly in the early stages of an emergency—the minimum commitments should be prioritized and the other actions implemented at a later date. For more information about minimum commitments, see **Part Two: Background to Thematic Area Guidance**.



Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action

WATER, SANITATION AND HYGIENE

Essential Actions for Reducing Risk, Promoting Resilience and Aiding Recovery throughout the Programme Cycle

	Stage of Emergency Applicable to Each Action			
	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
ASSESSMENT, ANALYSIS AND PLANNING				
Promote the active participation of women, girls and other at-risk groups in all WASH assessment processes (especially assessments focusing on the location and design of water points, toilets, laundry, kitchen and bathing facilities)	✓	✓	✓	✓
Investigate community norms and practices related to WASH that may increase the risk of GBV (e.g. responsibilities of women and girls for water collection, water storage, waste disposal, cleaning, and taking care of children's hygiene; management and maintenance of WASH facilities; etc.)	✓	✓	✓	✓
Assess the level of participation and leadership of women, adolescent girls and other at-risk groups in the design, construction and monitoring of WASH facilities (e.g. ratio of male/female WASH staff; participation in water management groups and water committees; etc.)	✓	✓	✓	✓
Analyse physical safety of and access to WASH facilities to identify associated risks of GBV (e.g. travel to/from WASH facilities; sex-segregated toilets; adequate lighting and privacy; accessibility features for persons with disabilities; etc.)	✓	✓	✓	✓
Assess awareness of WASH staff on basic issues related to gender, GBV, women's/human rights, social exclusion and sexuality (including knowledge of where survivors can report risk and access care; linkages between WASH programming and GBV risk reduction; etc.)	✓	✓	✓	✓
Review existing/proposed community outreach material related to WASH to ensure it includes basic information about GBV risk reduction (including where to report risk and how to access care)	✓	✓	✓	✓
RESOURCE MOBILIZATION				
Identify and pre-position age-, gender-, and culturally appropriate supplies for WASH that can mitigate risks of GBV (e.g. sanitary supplies for menstruation; sturdy locks for toilets and bathing facilities; lights for toilets, laundry, kitchen and bathing facilities; handpumps and water containers that are women- and girl-friendly; accessibility features for persons with disabilities; etc.)	✓	✓		
Develop proposals for WASH programmes that reflect awareness of GBV risks for the affected population and strategies for reducing these risks	✓	✓	✓	✓
Prepare and provide trainings for government, WASH staff and community WASH groups on the safe design and construction of WASH facilities that mitigate the risk of GBV	✓	✓	✓	✓
Target women for job skills training on operation and maintenance of water supply and sanitation, particularly in technical and managerial roles to ensure their presence in decision-making processes	✓	✓	✓	✓
IMPLEMENTATION				
► Programming				
Involve women and other at-risk groups as staff and leaders in the siting, design, construction and maintenance of water and sanitation facilities and in hygiene promotion activities (with due caution where this poses a potential security risk or increases the risk of GBV)	✓	✓	✓	✓
Implement strategies that increase the availability and accessibility of water for women, girls and other at-risk groups (e.g. follow Sphere standards for placement of water points; establish ration schedules in collaboration with women, girls and other at-risk groups; work with receptor/host communities to reduce tension over shared water resources; etc.)		✓	✓	✓
Implement strategies that maximize the safety, privacy and dignity of WASH facilities (e.g. location of facilities; safety patrols along paths; adequate lighting and privacy; sturdy internal locks; sex-segregated facilities; sufficient numbers of facilities based on population demographics; etc.)		✓	✓	✓
Ensure dignified access to hygiene-related materials (e.g. sanitary supplies for women and girls of reproductive age; washing facilities that allow laundry of menstrual cloth; proper disposal of sanitary napkins; etc.)	✓	✓	✓	✓
► Policies				
Incorporate relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of WASH programmes (e.g. standards for equal employment of females; procedures and protocols for sharing protected or confidential information about GBV incidents; agency procedures to report, investigate and take disciplinary action in cases of sexual exploitation and abuse; etc.)	✓	✓	✓	✓
Advocate for the integration of GBV risk-reduction strategies into national and local policies and plans related to WASH, and allocate funding for sustainability (e.g. address discriminatory practices hindering women and other at-risk groups from safe participation in the WASH sector)	✓		✓	✓
► Communications and Information Sharing				
Consult with GBV specialists to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors, and ensure WASH staff have the basic skills to provide them with information on where they can obtain support	✓	✓	✓	✓
Ensure that WASH programmes sharing information about reports of GBV within the WASH sector or with partners in the larger humanitarian community abide by safety and ethical standards (e.g. shared information does not reveal the identity of or pose a security risk to individual survivors, their families or the broader community)		✓	✓	✓
Incorporate GBV messages (including where to report risk and how to access care) into hygiene promotion and other WASH-related community outreach activities, using multiple formats to ensure accessibility		✓	✓	✓
COORDINATION				
Undertake coordination with other sectors to address GBV risks and ensure protection for women, girls and other at-risk groups	✓	✓	✓	✓
Seek out the GBV coordination mechanism for support and guidance and, whenever possible, assign a WASH focal point to regularly participate in GBV coordination meetings	✓	✓	✓	✓
MONITORING AND EVALUATION				
Identify, collect and analyse a core set of indicators—disaggregated by sex, age, disability and other relevant vulnerability factors—to monitor GBV risk-reduction activities throughout the programme cycle	✓	✓	✓	✓
Evaluate GBV risk-reduction activities by measuring programme outcomes (including potential adverse effects) and using the data to inform decision-making and ensure accountability		✓	✓	✓

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