

# Humanitarian Exchange

Commissioned and published by the Humanitarian Practice Network at ODI

Number 60 February 2014

## **Special feature** **Gender-based violence in emergencies**



## Contents

### Gender-based violence in emergencies

- 3** Tackling gender-based violence in emergencies: what works?
- 5** Gender-based violence: a confused and contested term
- 8** Revising the 2005 IASC *Guidelines for Gender-based Violence Interventions in Humanitarian Settings*: prioritising accountability
- 10** If GBV programming is essential in emergencies, how do we do it? Developing a model to operationalise existing guidance
- 13** Preventing gender-based violence: getting it right
- 15** Impacting the lives of survivors: using service-based data in GBV programmes
- 18** Collecting data on sexual violence: what do we need to know? The case of MSF in the Democratic Republic of Congo
- 20** Engaging armed non-state actors on the prohibition of sexual violence in armed conflict
- 23** The ICRC's response to sexual violence in armed conflict and other situations of violence
- 24** Building a web of protection in Darfur
- 27** Violence, gender and WASH: a practitioners' toolkit
- 30** Linking food security, food assistance and protection from gender-based violence: WFP's experience
- 33** Adolescent girls in emergencies: a neglected priority

### About HPN

The Humanitarian Practice Network at the Overseas Development Institute is an independent forum where field workers, managers and policymakers in the humanitarian sector share information, analysis and experience. The views and opinions expressed in HPN's publications do not necessarily state or reflect those of the Humanitarian Policy Group or the Overseas Development Institute.

**Cover photo:** © Jesper Guhle/Danish Refugee Council



Britain's leading independent think-tank on international development and humanitarian issues

Overseas Development Institute  
203 Blackfriars Road, London SE1 8NJ  
United Kingdom.

Tel. +44 (0) 20 7922 0300, Fax. +44 (0) 20 7922 0399

HPN e-mail: [hpn@odi.org.uk](mailto:hpn@odi.org.uk)  
HPN website: <http://www.odihpn.org>

## Editorial



© UNAMID – Albert Gonzalez Ferran

The special feature of this edition of *Humanitarian Exchange* focuses on gender-based violence (GBV) in humanitarian crises. International concern over GBV in emergencies has grown significantly in recent years, and good practice standards, guidelines, training resources and other tools have been developed. Yet as Dharini Bhuvanendra and Rebecca Holmes point out in their article on the findings of their recent review of literature on GBV in humanitarian contexts, very little of the evidence and learning from good practice has been adequately documented or disseminated, and there is a profound lack of agreement amongst humanitarian practitioners on how to define, prevent and respond to GBV.

Sophie Read-Hamilton's analysis of the different interpretations of GBV helps to explain why there are conflicting perspectives, and Jeanne Ward provides an update on the revision of the 2005 Inter-Agency Standing Committee (IASC) *Guidelines for Gender-based Violence Interventions in Humanitarian Settings*. Alina Potts and Virginia Zuco report on the International Rescue Committee (IRC)'s experience of operationalising GBV guidance, and Dale Buscher discusses the programming choices agencies can make to help prevent or reduce GBV.

The article by Aisha Bain and Marie-France Guimond uses examples from West Africa and the Democratic Republic of Congo (DRC) to demonstrate how service-based data can be used to improve GBV programming, while Claire Magone cautions against an over-emphasis on collecting prevalence data over addressing victims' needs. Aurélie Lamazière explains how Geneva Call uses *Deeds of Commitment* to promote humanitarian norms by armed non-state actors, and Sarah Cotton and Charlotte Nicol describe the International Committee of the Red Cross (ICRC)'s efforts to address GBV. Martha Thompson, Mary Okumu and Atema Eclai reflect on a programme implemented in Darfur from 2008–2011 using the agency of affected communities to improve the safety of women and girls, and Sarah House and colleagues report on a new Violence, Gender and WASH Toolkit. The issue concludes with an article by Gina Pattugalan on the links between food assistance programmes and GBV, and how the World Food Programme (WFP) is adjusting its programming to respond, and Jean Casey and Kelly Hawrylyshyn from Plan International report on the results of a recent survey of humanitarian response in relation to adolescent girls.

As always, we welcome any comments or feedback, which can be sent to [hpn@odi.org.uk](mailto:hpn@odi.org.uk) or to The Coordinator, 203 Blackfriars Road, London SE1 8NJ.

## Tackling gender-based violence in emergencies: what works?

Dharini Bhuvanendra and Rebecca Holmes

International concern over gender-based violence (GBV) has increased considerably in recent years, and the international humanitarian response to GBV in populations affected by armed conflict, disaster and displacement has also grown exponentially over the past decade. In the aftermath of Typhoon Haiyan in the Philippines, for example, the UK government announced a £21.6 million aid package to protect women and girls from sexual violence.<sup>1</sup> At the same time, however, there remains a lack of data on and understanding of good practice in relation to GBV programming in humanitarian contexts, and a lack of consensus on how to apply GBV concepts and terminology. While good practice standards, guidelines and training do exist, little in the way of evidence from GBV programming has been collected and consolidated in a coherent way, and there is confusion around how to define, prioritise, prevent and respond to gender-based violence in humanitarian contexts.

This article provides an overview of good practice in GBV programming, drawn from a literature review funded by the UK Department for International Development.<sup>2</sup> Although the studies looked at in the review are very context-specific, they enable us to draw indicative conclusions about the types of GBV programming that can work in emergencies. The emerging lessons discussed here are drawn from the following types of interventions:

- Prevention interventions:
  - Awareness-raising at the community level.
  - Women's empowerment.
- Response interventions:
  - Psychosocial care.
  - Community-based healthcare.
- Prevention and response interventions:
  - Multi-sectoral, including economic empowerment,

<sup>1</sup> Liz Ford, 'Typhoon Haiyan: UK Aid Delivery Must Assess Risk of Violence Against Women', *The Guardian*, 14 November 2013, [www.theguardian.com](http://www.theguardian.com).

<sup>2</sup> The literature review – *Preventing and Responding to Gender-based Violence in Humanitarian Contexts: Mapping and Analysing the Evidence and Identifying the Gaps*, by Rebecca Holmes and Dharini Bhuvanendra – is available on the DFID website at <http://r4d.dfid.gov.uk>. Key findings are summarised in an HPN Network Paper (NP 77), available from the HPN website at [www.odihpn.org](http://www.odihpn.org).



© Caroline Cluck/Oxfam

*Training session with a local women's committee in Bweru, eastern Democratic Republic of Congo*

psychosocial counselling, referrals, legal assistance and counselling, awareness-raising and community training activities.

### Emerging lessons and indicative good practice

Monitoring and evaluating changes in the incidence of violence and attributing this to a programme intervention is challenging. One programme, the International Rescue Committee (IRC)'s economic and social empowerment programme in Burundi (EA\$E), measured changes using a randomised control trial of its intervention. The EA\$E programme compared the impacts of its economic programme (Village Saving and Loan Associations) with and without an additional component comprising integrated tailored discussions. The six-session discussion group series, called 'Talking about Talking' (TaT), provided opportunities for dialogue about joint economic decision-making between men and women in the household, and challenged gender norms about financial decision-making (money and assets) using 'non-threatening' entry points focusing on improving overall household wellbeing and participatory methods.<sup>3</sup> The TaT intervention created significant and positive changes in the incidence of reported intimate partner violence: women in the high or moderate risk category at baseline reported a 22% reduction in the incidence of violence in the two weeks before the evaluation, and a 46% reduction in physical harm.

<sup>3</sup> International Rescue Committee, *Getting Down to Business: Women's Economic and Social Empowerment in Burundi* (New York: IRC, n.d.).

Other types of programmes report important impacts in terms of changing attitudes, perceptions and knowledge around GBV in the community and at the household/individual level. Innovative awareness-raising activities, such as cinema, radio, behaviour change and education, seem to be particularly effective at increasing recognition of different types of violence (not just physical, but also other forms of violence such as early marriage and female genital mutilation (FGM)), reducing levels of victim blame, decreasing acceptance of violence and increasing knowledge of rights and legal issues. One study suggested that the more exposure participants had to the messages, the stronger the effect.<sup>4</sup> At the household/individual level, targeted and tailored awareness-raising and discussion groups, including men or specifically targeting men (via men's groups), have also been found to reduce the acceptance of violence, improve empathy for survivors and increase knowledge of gender relations and women's rights. However, a key challenge highlighted across numerous studies is that attitudes, perceptions and gender norms are difficult to shift. These include women's reproductive and sexual rights (e.g. a married woman's right to refuse to have sex with her husband) and the entrenched norms around the gendered division of labour within the household (e.g. a woman deciding to go to work while her husband stays at home and takes care of the children). None of the programmes reviewed measured changes in attitudes and perceptions in the long term, and only a few noted changes in wider community attitudes beyond the target group.<sup>5</sup>

In terms of response to GBV, improved access to services for victims of violence can be achieved not only by increasing the provision of services, but also by ensuring that services are delivered appropriately and are sensitive to survivors' needs and the context. Services such as mobile clinic visits, increasing the capacity of staff to understand, coordinate and refer GBV survivors to relevant services and ensuring confidentiality and cultural sensitivity in the delivery of services have been identified as important features. This has resulted in improved access to healthcare (and response within 72 hours), better-quality services and improved referrals to a range of services, including health, counselling and legal assistance. Many of these design and implementation features have also involved community partnerships, such as community protection committees and establishing focal points or 'gender desks' to deal with GBV, and awareness-raising techniques. Reductions in the harmful effects of violence have also been reported from psychosocial counselling interventions, such as reduced post-traumatic stress disorder, depression and anxiety and improved social skills.

Providing counselling and therapy in groups is important to the success of these programmes. As reported in an intervention in Afghanistan, the group approach helped women to express and verbalise their complaints,

<sup>4</sup> Search for Common Ground, *Informing Refugees and Returnees on Gender Based Violence: Program Evaluation* (Kinshasa: Search for Common Ground, 2011).

<sup>5</sup> Beyond Borders, *Rethinking Power's SASA! Adaptation in Haiti: Project Final Report for UUSC* (Washington DC: Beyond Borders, 2013).

provided an avenue to share their problems with others in an appropriate manner and improved their social skills.<sup>6</sup> Ensuring that therapy sessions are delivered by skilled staff who have received appropriate training and supervision, as well as adapting the therapy to the target group – notably illiterate participants and those potentially exposed to on-going violence or in difficult contexts – have also been identified as important programme features to ensure the appropriate care of survivors of violence.<sup>7</sup>

## Implications for future GBV programming in emergencies

Reviewing good practice in responding to GBV in emergencies points to a number of lessons for future programming – not only in terms of what has worked well, but also in identifying challenges and offering suggestions for what needs to be done differently. While every context is different, a number of implications for policy and practice can be drawn out.

Firstly, there is a pressing need to promote the collection of data on GBV, and to share and disseminate this data to inform GBV programming. Partnerships with research institutions can be established to conduct prevalence research in ways that do not take resources away from GBV programmes during the earliest stages of a crisis, and GBV data could be shared more widely, while at the same time safeguarding confidentiality. The accessibility of data also needs to be improved in order to promote learning across different contexts and interventions. A centralised database of evaluations could be established,<sup>8</sup> and longitudinal studies, where feasible, are also needed to better understand long-term gains and the sustainability of interventions.

Secondly, ensuring that programmes are appropriate to survivors' needs and the cultural and social context is critical. However, documentation and evaluation of complex multi-sectoral programmes and coordination functions remain limited, and we still do not know what factors contribute to good outcomes and effective programmes, and which aspects of GBV are more or less critical in different contexts. For example, what measures are in place to address transactional sex or trafficking in emergency contexts? What types of intervention might be needed to respond to intimate partner violence (sexual and non-sexual) versus rape perpetrated as an act of war?

A number of studies in the review highlighted the importance of 'fluid' or 'adaptable' programmes which could respond to contextual changes, and which are culturally

<sup>6</sup> S. Mannes Schmidt and K. Griese, 'Evaluating Psychological Groups Counselling with Afghan Women: Is This a Useful Intervention?', *Torture*, 19(1), 2009.

<sup>7</sup> J. K. Bass et al., 'Controlled Trial of Psychotherapy for Congolese Survivors of Sexual Violence', *New England Journal of Medicine*, 368(23), 2013; S. Hustache et al., 'Evaluation of Psychological Support for Victims of Sexual Violence in a Conflict Setting: Results from Brazzaville, Congo', *International Journal of Mental Health Systems*, 3(7), 2009.

<sup>8</sup> The GBV Information Management System is a good starting point for this. See <http://www.gbvim.org>.

appropriate to the context. This is seen as particularly important in complex emergencies. Many studies also flagged up the importance of involving men in programmes, suggesting that a balance needs to be found between a women-focused approach and the inclusion and integration of men, and the provision of appropriate gender-responsive services. There is a need to recognise the programming implications of working with men and boys in the prevention and response to violence, as well as identifying the needs of men and boys as survivors of violence. A number of studies also highlighted the need for girl-friendly services to address the specific types of violence that girls may face (e.g. FGM).

Thirdly, investment in building staff capacity and improving coordination is important to ensure the effective implementation of programmes. Studies highlighted the need to invest in continuous specialised and culturally appropriate training to staff (men and women) as well as other relevant service providers (such as the police). Strengthening coordination mechanisms between sectors and programmes, and between institutions and agencies, is necessary to build synergies with other organisations to support GBV programming.

Fourthly, monitoring and evaluation mechanisms must be strengthened across GBV programming. Establishing

and improving monitoring and evaluation mechanisms would ideally involve GBV implementing organisations incorporating robust monitoring systems and independent evaluations in programme plans and budgets, which would provide findings on the effects of interventions, including baseline and end-line data collection and analysis.

Finally, given the limited number of studies included in the review, more evidence on interventions in emergency settings is needed. Particular research gaps include the need to generate evidence on the incidence of violence, particularly as the majority of studies reviewed focused on prevention, as well as the access, quality and outcomes of services for GBV response interventions; understanding the type of gender-based violence addressed at specific stages of emergencies (and whether interventions are appropriate to the needs of survivors of particular types of GBV at specific times); generating evidence on the impacts of GBV interventions in post-disaster settings; and collecting and analysing evidence from across countries and regions to expand the evidence base.

**Dharini Bhuvanendra** is an independent researcher working for the Overseas Development Institute (ODI). **Rebecca Holmes** is a Research Fellow in the Social Protection Programme at ODI.

## Gender-based violence: a confused and contested term

Sophie Read-Hamilton

Addressing gender-based violence (GBV) in communities affected by armed conflict and disasters is an evolving field of practice, and increasingly a contested one due to confusion about what the term actually means. There are various, at times conflicting, views on what gender-based violence is and is not, and therefore what humanitarian responses to it should look like. Some protection and child protection actors argue that GBV is a broad term which should include different forms of gendered and sexualised violence, such as sexual violence directed at men and forced recruitment of boys into fighting forces. For others, gender-based violence is synonymous with violence against women.

The current debate about what constitutes GBV raises a number of issues and questions that need to be considered if we are to promote theory- and evidence-based humanitarian practice in this area. Is it a good idea to have an all-encompassing definition of GBV? Where does the term come from in the first place, and what does it actually mean? Will a broad definition serve the needs, interests and rights of diverse groups affected by different forms of gendered and sexualised violence in humanitarian settings? Is there a risk of rolling back the hard-won gains made to have violence against women and girls in humanitarian settings recognised and prioritised by the international community? Is GBV still a useful term if it has so many different meanings?

### The history of GBV in humanitarian action

While preventing and responding to GBV is now a core component of humanitarian action, as recently as the early 1990s the problem in conflict and disaster-affected settings was all but invisible. In the 1990s a number of factors led to the issue of violence against women in conflict, sexual violence in particular, becoming recognised by the international community. These factors include the efforts

#### Box 1: The United Nations Declaration on the Elimination of All Forms of Violence Against Women

The actual term 'GBV' first entered widespread use following its inclusion in the United Nations Declaration on the Elimination of All Forms of Violence Against Women (UN DEVAW) of 1993. This described violence against women as gender-based violence, defining it as 'any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life'. Thus, as a term GBV was originally adopted by the humanitarian community as a way to articulate the problem of violence against women and girls.

of women's rights advocates and activists to position violence against women and girls as a human rights issue and move the problem of violence against women from the private to the public realm. The visibility, scale and scope of sexual violence perpetrated against women in conflicts in the former Yugoslavia and Rwanda also gave the issue momentum and spurred the international community to act in response.

The 1990s saw the first sexual violence programme, in refugee camps in western Tanzania. Since then, GBV prevention and response, as with humanitarian protection more generally, has become an integral aspect of humanitarian action. The past decade has witnessed the development of policy frameworks, programme guidance and standards and capacity-building for preventing and responding to GBV in humanitarian emergencies. The responsibilities of all humanitarian actors to prevent and respond to GBV are now clearly spelt out in the Inter-Agency Standing Committee (IASC)'s *Guidelines for Gender-based Violence Interventions in Humanitarian Settings*, first published in 2005 and currently under revision. This document outlines actions to be taken across humanitarian sectors to prevent and respond to GBV, sexual violence in particular. Many humanitarian agencies, NGOs and UN agencies alike, have resources dedicated to GBV, with technical advisors in headquarters and in the field; the UN High Commissioner for Refugees (UNHCR) has Standard Operating Procedures (SOPS) for GBV in place in virtually every camp under its jurisdiction.

### A shifting paradigm

The growth of GBV prevention and response and its evolution into a distinct field of practice within humanitarian action have been largely driven by practitioners, activists and researchers at the forefront of building humanitarian accountability and capacity for responding to violence against women and girls in conflict, post-conflict and disaster settings. Feminist theory and practice have informed intervention frameworks and models. Responding to survivors of GBV in humanitarian settings is grounded in a survivor-centred, empowerment approach that prioritises a survivor's rights to self-determination, an approach which has been the cornerstone of the feminist-based rape crisis and domestic violence movements around the world for decades. For many humanitarian agencies and practitioners, gender-based violence remains synonymous with violence against women and girls.

This paradigm is, however, shifting. There are now calls for GBV prevention and response in humanitarian settings to focus on a wider range of gendered and sexualised violence, such as sexual violence directed at men in conflict, and violence against gay, lesbian, transgendered and intersex people. Some child protection actors argue that forced recruitment of boys into fighting forces is a form of gender-based violence. The call for a broader interpretation of GBV in humanitarian action appears to have a number of drivers. One is increasing awareness of

the different forms of gendered and sexualised violence in conflict and disaster-affected settings which, like violence against women, are hidden for reasons of shame, stigma and taboo and entrenched social norms around sex, sexuality and gender. This growing awareness of other forms of gendered and sexualised violence facing individuals and groups in humanitarian contexts brings with it an imperative for protection actors to act.

Another driver appears to be a paradoxical outcome of gender mainstreaming within humanitarian action. Gender mainstreaming emerged in the 1980s as a strategy to further women's empowerment and promote gender equality through ensuring that public policy reflects the needs and interests of women as well as those of men. Within some parts of the humanitarian community the intended aims of gender mainstreaming have become lost, and working on gender issues has come to mean demonstrating that women/girls and men/boys benefit equally from humanitarian interventions (see, for example, the IASC Gender Marker, a tool developed to track gender allocations in humanitarian projects and ensure that humanitarian action is equally meeting the distinct needs of female and male beneficiaries). This interpretation has led to men and boys being 'added' to definitions, documents, policies and programmes that focus on violence against women and girls. One can find many examples of this, such as one country's GBV sub-Cluster Terms of Reference, in which GBV is defined using the definition of violence against women from the UN DEVAW, with 'men and boys' added. This particular document describes different forms of violence against men, such as trafficking, as gender-based by using the definition of violence against women.

The idea that men and boys can simply be added to policies, documents and frameworks that aim to address violence against women is simplistic and problematic. It does not help build knowledge or understanding of the causes and consequences of sexualised and gendered violence against men and boys in conflict and disaster-affected settings, nor does it contribute to the development of good practice in responding to violence, which requires evidence-based and theory-driven frameworks. While there may be similarities between different forms of gendered and sexualised violence experienced by men and women, they are not the same. The causes, dynamics and outcomes of violence against women are different from those of violence against men. Adding men into documents and policies for responding to violence against women and girls does not account for these differences.

### So what is GBV?

So what is GBV? Is forced recruitment of boys into fighting forces GBV? Is so-called 'corrective rape' of lesbians GBV? Is the sexualised torture of male prisoners of war GBV? Is refusing to register a transgendered person as an IDP because the sex on their documentation does not match their appearance GBV? Is sexual abuse of boys by men with a sexual preference for pre-pubertal children GBV?



A meeting in South Africa to improve state response to gender-based violence

if ever contributes to or confirms the overall subjugation of men as an entire subgroup of people'.<sup>2</sup>

A second major interpretation of GBV has emerged from the study of masculinity and sexuality. This sees GBV as *violence primarily used by men against women, some males, and inclusive of sexual violence against children*. In this interpretation, GBV is used to oppress some men as well as women and girls, and is a policing mechanism to enforce gender hierarchies in which men are privileged in relation to women, but also in relation to some groups of men.<sup>3</sup> Homophobic violence and sexual exploitation and abuse of children are considered forms of GBV in this interpretation.

A third interpretation of GBV – and the broadest – refers to violence ‘directed at an individual, male or female, based on his or her specific role in society’.<sup>4</sup> In this interpretation GBV is *violence used against women, girls, men and boys to assert and reproduce gender roles and norms*. According to this understanding, GBV can happen equally to a person of either sex and is used to reinforce conformity to gender roles. It includes violence against women and girls, sexual violence against men and violence that is directed at girls because they are girls and boys because they are boys, for example the recruitment of boys as combatants into armed groups.

### Why does this matter?

Why does it matter that humanitarian agencies and workers have multiple, different, shifting and sometimes even conflicting perspectives on what is and is not GBV, and therefore what should and should not constitute humanitarian response to it? Divergent views and perspectives could lead to healthy and rigorous debate and to more appropriate and more effective humanitarian response. However, lumping all forms of gendered and sexualised violence together under a violence against women and girls framework without a sound understanding and explanation of the causes, drivers and impacts of such violence on individuals, families and communities is potentially harmful. A broad definition of GBV that is not clearly grounded in sound analysis and does not draw on expertise and experience will lead to poor practice and potentially to ineffective interventions. To prevent this, humanitarian actors need first to be clear about which types and manifestations

2 J. Ward, *From Invisible to Indivisible: Promoting and Protecting the Right of the Girl Child To Be Free from Violence* (New York: UNICEF, 2008), p. 18.

3 J. Lang, ‘Men, Masculinities and Violence’, Key Note Speech presented at the International Conference ‘Eradicating Violence against Women and Girls – Strengthening Human Rights’, Berlin, 2002.

4 J. Benjamin and L. Murchison, *Gender-Based Violence: Care & Protection of Children in Emergencies, A Field Guide*, Save the Children, 2004.

If you survey practitioners about their understanding of GBV, as I have done,<sup>1</sup> you will find a diverse range of perspectives and understandings of what GBV is and isn’t. For many practitioners and policymakers, their interpretation does not necessarily even accord with that of their agency. Individuals often have different views about what should and should not constitute gender-based violence from those of their organisation. These divergent and contested views on what GBV actually means, what forms of violence it includes and what GBV programmes should be preventing and responding to causes significant confusion. Analysing the different interpretations of GBV may help to shed some light on this confusion, explain why there are conflicting perspectives and help move the debate forward.

### Different interpretations

There appear to be three main interpretations of GBV, each of which includes different forms of violence, and each with different theoretical roots. The first and most common interpretation is GBV as *primarily men’s violence against women and girls*. Thus, gender-based violence was used in the UN DEVAW to underscore the structural nature of male violence against women across the lifespan, and to highlight the gendered power relations that cause and perpetuate it. Within a violence against women framework, which is informed by feminist theory, the gendered dimensions of violence against women are different from those of violence against men, because ‘while men may certainly be exposed to violence as a result of their socially determined gender roles and norms, the violence they experience – or even perpetrate against other men – rarely

1 In 2012 I interviewed 35 GBV and Child Protection specialists from international humanitarian and development organisations about their understanding of the term ‘gender-based violence’, as well as how the term is interpreted by their organisation. The interviews were conducted as part of a larger literature and practice review on children and gender-based violence.

of violence their interventions are aimed at addressing. They then must use or develop definitions, conceptual frameworks and programmes based on theories underpinning the particular types of violence they are seeking to address.

Issues of violence, gender and sexuality are complex. Addressing them has political dimensions, and requires engaging with multiple relationships and layers of power and oppression, and with multiple theories and intersections of causation. There is a very real risk that putting all gendered and sexualised violence under the GBV umbrella will take attention and resources away

from violence against women and girls. While all forms of gendered and sexualised violence must be addressed as a component of humanitarian protection and assistance, humanitarian response must be grounded in a sound understanding of who this violence affects, how and why it happens and how it is best addressed.

**Sophie Read-Hamilton** is an independent consultant with 20 years' experience of working on issues of children's and women's rights. She focuses on violence against women and girls in humanitarian settings, and has worked for various humanitarian agencies on GBV policy, strategy, practice and capacity-building.

## Revising the 2005 IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings: prioritising accountability

Jeanne Ward

The Inter-Agency Standing Committee (IASC) *Guidelines for Gender-based Violence Interventions in Humanitarian Settings* were published in 2005 to establish standards across all areas of humanitarian response related to preventing and responding to gender-based violence, particularly sexual violence in the early stages of an emergency. The immediate impetus behind the Guidelines stemmed in large part from the failure of humanitarian agencies to institute basic protection against sexual violence in Darfur, with the longer-term goal of establishing essential steps all humanitarian actors could take in their areas of operation to reduce the risk of exposure to GBV. Following publication, the Guidelines were rolled out in humanitarian settings globally via training and other information-sharing activities. In many settings the recommendations in the Guidelines are often consolidated by GBV actors into sector-specific one-page 'action sheets' that are distributed across humanitarian sectors or clusters as a summary reference of key responsibilities.

### Why a revision now?

The Guidelines represented an important step forward in articulating the need for a holistic approach to GBV prevention and protection in the early stages of emergencies. However, many recommendations still go unheeded; in the maelstrom of emergency response, basic safeguards related to GBV – locks on latrines, for example, or targeted food distributions and monitoring and preventing GBV in learning centres – might be considered non-essential rather than life-saving interventions. Those working in humanitarian response may also feel they do not have the expertise to undertake the recommendations outlined in the Guidelines, assuming this is the domain of GBV specialists. While targeted GBV specialist programming (e.g. programming that requires specific training and expertise in the area of GBV prevention and response) is essential

<sup>1</sup> The 2005 edition of the Guidelines is available at <http://gbvaor.net/wp-content/uploads/2012/10/Guidelines-for-Gender-based-Violence-Interventions-in-Humanitarian-Settings-IASC-2005-ENGLISH.pdf>.

during an emergency, it is also essential that non-specialists understand the important contribution they can make in ensuring basic protection against GBV. The ongoing scope of the problem of GBV in humanitarian settings suggests that the Guidelines have not been wholly successful in delivering this message. In addition, the 2005 Guidelines predate the Humanitarian Reform and Transformative Agenda processes and therefore do not reflect the Cluster System and other changes in humanitarian coordination, leadership, accountability and partnership, while a number of important lessons, strategies and tools have been generated in the years since 2005.

### The revision process: a focus on accountability through inclusion

In November 2012, the global Gender-based Violence Area of Responsibility Working Group (GBV AoR)<sup>2</sup> initiated a two-year process for revising the Guidelines, with funding from the US Bureau of Population, Refugees and Migration. The project is facilitated by two consultants and overseen by an advisory group (the Task Team) within the GBV AoR. A central theme from the outset of the project has been ensuring the accountability of humanitarian actors to the revised Guidelines. A multi-pronged approach was developed to try to ensure ownership of the revisions process and, ultimately, the finalised revised Guidelines.

The first component of the revision involved intensive and broad-based consultation with sector/cluster actors at the global level in order to solicit recommendations for the content, design and distribution of the revised Guidelines. This preliminary consultation process included direct dialogue with over 100 individuals representing all regions of the world, all clusters and AoRs, all cross-cutting areas, 26 international NGOs, 11 UN agencies and other entities (e.g. Red Cross/Red Crescent) and five donor agencies. In addition, two surveys were distributed globally in four languages to approximately 160 individuals

<sup>2</sup> See <http://gbvaor.net>.



© Albert González Ferrán – UNAMID

*Women in El Fasher, Darfur, march against gender-based violence*

and organisations and eight interagency distribution lists, which resulted in 428 completed responses.

Based on the feedback during the preliminary consultation, the Task Team overseeing the project agreed that the revised Guidelines would serve specifically as a mainstreaming tool focused on building the capacity of non-GBV specialists working in humanitarian settings to meet their responsibilities with regard to GBV prevention and response. The revised Guidelines will underscore the importance of addressing multiple types of GBV, rather than focusing solely on sexual violence in emergencies, and will cover natural disasters in addition to conflict-affected settings. Recommendations will consider short-term interventions to maximise immediate protection, as well as longer-term, sustainable interventions that can be taken up at the national/local level, and that move beyond risk mitigation and work towards the elimination of GBV.

The content will be organised in terms of a broad introductory section covering key theoretical aspects of GBV prevention and response (e.g. definitions, programming principles, ethics and safety), followed by a series of sector-/cluster-specific sections (referred to in the revised Guidelines as ‘thematic areas’) which will link to the Transformative Agenda by outlining the key responsibilities of sector/cluster actors in terms of the programme cycle (assessment and design, resource mobilisation, implementation and monitoring and evaluation). Each thematic area will also highlight key coordination partners and provide a two-page sector-specific ‘checklist’ that can be removed from the Guidelines and used as a quick reference tool. Voluntary focal points within each sector

have been called upon to facilitate ongoing reviews of drafts of the Guidelines by providing direct commentary, as well as encouraging colleagues to provide feedback.

The second component of the revision involved taking the draft thematic area sections to the field for review and input. The consultants visited five countries in mid-2013 (Kenya, Jordan, Pakistan, the Philippines and El Salvador) to conduct group consultations with local, national and international representatives of each of the key sectors covered in the thematic sections. The information gathered from these consultations will be incorporated into the draft, which will be piloted, along with associated training tools, in at least four additional field sites in 2014 before being finalised.

The third component will involve developing an accountability strategy, a process that will be overseen by the Task Team. This strategy will be based on a review of various accountability mechanisms, for example the Gender Marker, to determine how they might be adapted and applied by different actors to encourage uptake of the revised Guidelines. The strategy will also consider how to engage donors, governments and senior managers in the implementation of the revised Guidelines’ recommendations. The strategy will be piloted along with the contents of the Guidelines in 2014, and then amended according to field and global feedback. Its development will run concurrently with the development by the GBV AoR of an advocacy strategy that will seek to underscore the importance of all humanitarian actors undertaking basic protection work against GBV, from emergency preparedness through to recovery operations.

## The way forward

These strategies for accountability represent a starting point, rather than an endpoint. Once the revised Guidelines are released (anticipated for the end of 2014), the real task of accountability will begin. The GBV AoR intends to develop a monitoring mechanism for the uptake of the Guidelines, as well as supplemental tools to assist sector-specific actors in implementing the summary recommendations. As with the development of the revised Guidelines themselves, the process of capacity-building will be as participatory as possible, guided by those whom the Guidelines intend to serve: humanitarian actors and, ultimately, GBV survivors and those at risk.

Even with these additional tools, some humanitarian actors may still believe that GBV is not a critical concern. Because of the hidden nature of GBV (including the high rate of under-reporting of sexual and other forms of violence), as well as the lack of GBV experts deployed in the early stages of emergencies to assess GBV issues, it is often a challenge to counter this view until well after the

emergency has subsided and data can be more routinely collected. Some humanitarian actors also maintain that responding to acts of GBV (particularly those not directly related to conflict and displacement) is the preserve of culture, and therefore outside the scope of humanitarian intervention.

As articulated in the 2005 IASC GBV Guidelines, humanitarian actors should not wait until data is generated to undertake basic protection against GBV; the assumption should instead be that GBV is occurring regardless of the availability of evidence. By not instituting basic protection, humanitarian actors may be inadvertently causing harm. The responsibility for addressing GBV is central to the humanitarian responsibility to promote and protect the rights of everyone affected by conflicts and natural disasters; accountability to the recommendations within the revised GBV Guidelines is a critical step in this process.

**Jeanne Ward** is an independent consultant on gender-based violence in emergencies.

## If GBV programming is essential in emergencies, how do we do it? Developing a model to operationalise existing guidance

Alina Potts and Virginia Zuco

Emergencies occur against a backdrop of pre-existing gender inequality. From Darfur to New Orleans, such inequality is exacerbated as any existing systems and structures to protect women and girls are changed, weakened or destroyed, when fighting breaks out or a hurricane hits. This creates specific risks that the humanitarian community cannot ignore – risks that disproportionately affect women and girls. Gender-based violence (GBV) programming in emergencies aims to meet the immediate, lifesaving needs of women and girls while laying the groundwork for survivors of such violence, their families and their communities to recover. Failing to include GBV-specific programming in emergency interventions carries consequences: first responders may inadvertently expose women and girls to additional risks; weaken the foundation for their resilience and health; and create barriers to reconstructing the lives and livelihoods of individuals, families and communities.

While attention to violence against women and girls in emergencies – particularly during armed conflict – has increased over the last decade, humanitarian responses do not prioritise responding to this violence as a lifesaving intervention. Programmes to provide essential services to GBV survivors are rarely part of the first stage of an emergency response, despite wider acknowledgement of the pervasiveness of GBV in humanitarian contexts and the existence of clear standards outlining the necessity of addressing it.

### The investment

The volatility and complexity of emergencies has been cited as one reason for the humanitarian community's failure to address GBV from the outset. In response to this, the Inter-Agency Standing Committee (IASC) released the *Guidelines for GBV Interventions in Humanitarian Settings* in 2005. These standard-setting guidelines clearly state that 'All humanitarian actors must take action, from the earliest stages of an emergency, to prevent sexual violence and provide appropriate assistance to survivors/victims'.<sup>1</sup> The Guidelines include actions that all sectors – protection, shelter, water and sanitation, camp management, etc. – should take to reduce the risks for women and girls in emergencies, as well as meeting the specialised needs of GBV survivors. Numerous other inter-agency and internal standards and guidelines have since been developed to reinforce these messages.<sup>2</sup> Yet time and again, experience in the field has shown that actors often overlook the effects that pre-existing gender inequality has on all facets of programming – shelter, food and non-food distributions and water and sanitation – and miss numerous opportunities to

<sup>1</sup> The IASC *Guidelines on Gender-based Violence Interventions in Humanitarian Settings* (2005) (p. 1).

<sup>2</sup> Examples include *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response* (UNHCR); *Handbook for the Protection of Women and Girls* (UNHCR); *Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings* (GBV Area of Responsibility); *Gender Handbook for Humanitarian Action – Women, Girls, Boys and Men – Different Needs Equal Opportunities* (IASC).



© Kevin Maundy

*Women displaced by the conflict in Mali often walk long distances in search of water and wood outside makeshift camps in Niger*

reduce risks for women and girls, or to offer services that meet the specialised needs of GBV survivors.

The International Rescue Committee (IRC) has witnessed these challenges first hand, as our own staff have struggled to prioritise actions outlined under best practice standards. If the humanitarian community at large does not understand how to put guidelines in place and is not comfortable with them, the chaos and complexity of emergencies will lend itself to saying it's too hard or too complex. In short, guidelines that are not operationalised or that lack institutional backing, consensus and understanding are unlikely to be used.

The IRC decided to invest, to dedicate time and resources to developing a programme model based on the existing guidelines and a system for capacity-building that would train GBV actors, as well as those from other sectors, on how to undertake priority actions in emergencies, and continue to support them as they attempted to put the training into practice. The outcome of this investment was the GBV Emergency Response Program Model and capacity-building package. Its goal is to enable all humanitarian practitioners, in particular field staff, to feel comfortable and confident in dealing with the most immediate and life-threatening results of gender inequality, as they manifest themselves in the midst of an emergency.

### **Developing resources for the humanitarian community**

The GBV Emergency Response Program Model outlines the concrete steps emergency practitioners need to take in ensuring that GBV survivors have access to appropriate services in a safe and timely manner, and that coordination and advocacy are undertaken to reduce risks to women and girls. The IRC built a resource package around the model (including standard assessment and planning tools, training and guidance to adapt these to their specific contexts and access to technical support to put learning

#### **Box 1: The GBV Emergency Toolkit**

- Preparedness Planning
  - Outcome-based Template
  - Scenario-based Template
- GBV Assessment toolkit:
  - GBV Rapid Assessment Checklist
  - Safety Audit Tool
  - Service Mapping Tool
  - Individual Interview Guide
  - Focus Group Discussion Guide
  - Community Mapping Guidance Note
- GBV Emergency Response Program Model
  - Available with sample indicators
- GBV Emergency Response and Preparedness Training
  - Participant Handbook
- Training Slides

All available for download online at:  
[www.gbvresponders.org](http://www.gbvresponders.org).

into action; see Box 1), and a capacity-building strategy focused on specialised GBV programming as well as risk mitigation across sectors (mainstreaming).

Once rolled out, field staff identified the need for further interaction and support, specifically a platform from which they could access resources as they are adapted and updated based on use in the field, alongside remote technical support and online learning opportunities. In response to these requests, the IRC created a website – [www.gbvresponders.org](http://www.gbvresponders.org) – to provide access to these resources, as well as a platform to exchange and learn from technical experts and fellow practitioners in the field.

As part of field-testing these resources, the IRC also adapted the After-Action Review (AAR) method. The IRC's

AAR process is designed to provide first-line responders with an opportunity to pause, reflect and analyse how they applied learning and tools during a recent GBV emergency preparedness or response intervention, reflect on any obstacles to effective response, and formulate ways to improve future responses based on this experience. In short, AARs are a way to apply real-time learning to emergency programming.

To date, the IRC has used this package to train almost 400 practitioners from 27 different countries, almost half of them staff from other organisations, and almost half working in sectors other than GBV. This is a resource, and a competency, meant for the entire humanitarian field.

### What we learned

How do we know if this capacity-building package, and the GBV Emergency Response Program Model on which it is based, is effective in building the knowledge, confidence and skills of practitioners? The IRC recently concluded a three-year evaluation (funded by the Bill and Melinda Gates Foundation) to assess just this. Trained practitioners demonstrated significant increases in knowledge and confidence across the three core competency areas of the training curriculum: understanding GBV in emergencies, conducting GBV assessments and implementing a GBV emergency intervention. Put another way, capacity-building with an operational emphasis – model, tools, practice and ongoing technical support – leads to increased knowledge, confidence and skills.

Other learning opportunities are equally informative. Key lessons from the IRC's 2012 response in the Democratic Republic of Congo, supported through funds from the US Office of Foreign Disaster Assistance, highlight the effect that GBV preparedness actions had on our ability to quickly and effectively respond when the conflict in North Kivu reignited. Investments in preparedness included training IRC and partner staff, pre-positioning key materials (such as post-rape kits), organising clinical care training for health providers, involving the Ministry of Health in preparedness planning and developing protocols with UNHCR, UNICEF and MONUSCO for response, as well as agreements between different sectors within the IRC.

These actions had clear impacts on the IRC's ability to respond. In addition to IRC field offices providing ongoing services, trained staff deployed to conflict-affected areas over 40 times between April and December 2012, as part of two- to four-strong GBV rapid response teams providing services to over 200 GBV survivors; services in IRC's existing areas of operation treated almost 2,100 women and girls. The IRC shared assessment reports and trained 132 service providers and outreach workers from local and international NGOs. This emphasis on local capacity paid off as services never stopped: even when displaced themselves, psychosocial assistants ensured ongoing service provision.

Investing in preparedness meant investing time and resources in building the capacity of IRC staff and partners to identify likely emergency scenarios, develop and take action based on agreed plans, ensure emergency response materials were pre-positioned and advocate for the prioritisation of GBV response at the height of an emergency. During the AAR, IRC and partner staff reported that this focus on capacity building *before* the crisis hit gave them more confidence in their ability to rapidly respond to the protection needs of women and girls.

### How the humanitarian community can take it forward

If specialised GBV programmes are established in the first phase of an emergency, women and girls take the first step towards recovery and in turn are then better able to support others. If such programmes are not in place, not only do survivors not receive support, but opportunities to reduce the daily risks faced by women and girls are missed or, worse, these risks are exacerbated. They may face a trade-off of risking their safety to access the goods and services that aim to be lifesaving. They face threats and violence because of poorly designed and placed latrines and water points, insufficient shelter and badly implemented distributions.

The GBV Emergency Response Program Model, its related tools and resources and the website that houses them were all developed with the intention of being adopted and adapted by other organisations. To that end, the IRC has hosted a series of meetings and roundtables in London, Brussels and Washington with UN agencies, donors, policymakers and sister organisations. As evidenced through the UK government's Call to Action and the US government's Safe from the Start initiatives, the time is ripe for humanitarian actors to build on these resources as they see fit to further investment in programming that addresses the specific needs of women and girls in emergencies.

The IRC's vision is one in which women and girls, with their communities, work to create a world where they are valued, live free from violence and exercise their rights to promote their own safety, equality and voice. In working towards this, we recognise and value the primacy of collaborating across disciplines and sectors to achieve our collective aims. The GBV Emergency Response Program Model and capacity-building package were not developed in isolation, nor should they be used that way. They exist to supplement what organisations already have – to be adapted and developed so that we, as a community, can build consensus and move forward to face the next challenge together.

**Alina Potts** is Emergency Response & Preparedness Coordinator of the IRC's Women's Protection & Empowerment Technical Team. **Virginia Zuco** is the Emergency Response & Preparedness Manager of the Women's Protection and Empowerment Technical Team.

## Preventing gender-based violence: getting it right

Dale Buscher

Gender-based violence (GBV) remains epidemic in situations of conflict, disaster and displacement. Despite the rhetoric, the new language around GBV, the UN Security Council Resolutions and the myriad of guidelines, women and girls, and to a lesser extent men and boys, continue to be raped, abused and violated in these contexts. Much is known about the facts of GBV and how to respond. It is known, for example, that incidents of GBV escalate, often dramatically, during conflict and displacement. It is also known that 50% of survivors are under the age of 16,<sup>1</sup> and that women and girls with disabilities are 4–10 times more likely to be targeted by GBV as those without disabilities.<sup>2</sup> Humanitarian practitioners know how to set up healthcare responses and, to some extent, legal and psychosocial responses. Far less, however, is known about GBV prevention. How is it operationalised? How is existing guidance on lighting and separate latrines implemented? How are emergency responders held accountable for following globally agreed standards? How can the heightened and varied risks women and girls, in particular, face during conflict and displacement be mitigated?

One reason why prevention has received less attention and is not well understood is that it is complex and can be difficult to measure. Vital, life-saving response services for survivors, by contrast, are concrete and measurable. For example, we can say that 50 women who had been raped were treated with medical care and emergency contraceptives. Prevention activities are far less tangible; no one can state that, as a result of their rule of law programme, 15 girls were *not* raped. Enhancing physical security – the three ‘L’s’: lighting, locks and latrines – is one piece of prevention. Yet even this most basic level of protection, along with well-placed, well-lit water points and the establishment of neighbourhood watches and external security patrols, is unevenly implemented. The humanitarian community needs to assess why implementation is so haphazard and why basic guidance is not being put into practice. The answer, no doubt, is complex, and will include resource constraints, a lack of familiarity with existing guidance and emergency responders being left out of broader humanitarian discussions and guideline development processes and, hence, unaware of the guidelines that are to be followed. The lack



© Elin Patrick/WRC

*A displaced mother and her family in Haiti, weeks after the massive earthquake of 2010*

1 UNFPA, *State of World Population*, 2003.

2 WHO and the World Bank, *World Report on Disability*, 2011, p. 59.

of accountability mechanisms for ensuring that guidance is implemented no doubt also plays a role.

What is clear is that everything humanitarian workers do in the early days and weeks of emergency response either heightens exposure to risks or helps mitigate risks of GBV. Where the water point is placed matters; how food distributions are organised matters; which shelter materials are distributed matters. And, if these things are not done right at the beginning, some of the harm is irreversible. Water pumps placed near a boys' soccer field, for instance, cannot be moved later, even when girls complain of harassment and intimidation when collecting water, because the funds have been spent and the WASH guys have moved on.

### **Socio-cultural norms and the legal and policy framework**

Addressing social and cultural norms, those beliefs and practices that allow for the subjugation of women and permit domestic violence, is another piece of the prevention puzzle, and one that is likely to get little traction during emergencies and protracted humanitarian contexts. Often when people have fled their homes and communities, their cultural practices become even more important as perhaps the only thing they can hold onto, the one constant. It is not just social-cultural norms and physical security, however, which need to be considered when mitigating the risks of GBV. It is important to identify the universe of risks that exist in conflict and displacement settings, which may be context- and situation-specific, and design targeted interventions to reduce or mitigate those risks. Research conducted by the Women's Refugee Commission, for example, found that affected people, and women and girls in particular, face a variety of risks in these contexts – around many of which humanitarian practitioners can develop programmes to reduce or minimise vulnerability. Some of the risks identified include inadequate legal or policy frameworks; lack of basic/survival needs; and lack of economic, educational and social opportunities, as well as those previously mentioned – socio-cultural norms and insecurity and lack of physical protection.<sup>3</sup>

Addressing the legal and policy framework can be complicated. In refugee settings, host governments often do not allow refugees freedom of movement and the right to work, both of which create conditions for GBV by forcing refugees into the unregulated, informal economy and resulting in possible harassment, arrest, detention and deportation. The issue of impunity, too, can be challenging. Traditional systems of justice function in many rural, clan and tribal settings, are closely linked to existing socio-cultural norms and are generally dominated by men, with little priority given to the needs and concerns of women and girls. Even when there are functioning government law enforcement and judicial systems, procedures can be excruciatingly slow, and personnel under-paid and influenced by bribes and corruption. This does not imply that rule of law and good governance programmes are not

<sup>3</sup> Women's Refugee Commission, *Preventing Gender-based Violence, Building Livelihoods: Guidance and Tools for Improved Programming*, December 2011.

worthwhile interventions, but it does mean that attempting to reduce GBV by prosecuting offenders may not lead quickly to the desired outcomes. One international NGO, for example, has been trying to prosecute a perpetrator for the abduction and rape of a 13-year-old girl in Ethiopia for nearly ten years without success. The perpetrator has been released and acquitted by both lower and higher courts as a result of bribes and inherent gender discrimination within the legal system.<sup>4</sup>

### **Basic needs and opportunities**

The Women's Refugee Commission has identified two other broad areas of risk – lack of basic/survival needs and lack of economic, educational and social opportunities – which can be more readily addressed by humanitarian practitioners. The lack of basic/survival needs clearly creates conditions conducive to GBV. When populations are unable to meet their basic needs in situations where the social fabric has been ripped and traditional safety nets have been broken, people will do whatever they can and trade and sell the only things available to them in order to survive – girls exchange their bodies for food and clothes, women risk rape by journeying long distances to collect firewood for cooking and to sell, and women turn to prostitution as a source of income. When we, as the humanitarian community, do not or are not able to deliver enough aid to raise uprooted people out of desperation and misery, we are leaving women and girls with untenable choices for their own and their families' survival. Adequate funding for humanitarian programming, however, can ensure that such conditions are not created, that those displaced by crisis and conflict have the basic necessities to survive – access to shelter, food and a means to cook it, and water – and that access is monitored to ensure receipt by those most in need. Furthermore, promoting self-reliance early could address ever-problematic resource constraints.

It is the final cluster of vulnerabilities – the lack of economic, educational and social opportunities – that humanitarian actors can further mitigate through thoughtfully planned, well-targeted interventions. The direct provision of firewood or alternative energy sources for cooking food can reduce women's and girls' risk of GBV as they no longer have to venture out into unsafe areas far from their shelters to scavenge for brush and timber. Establishing girls-only spaces for adolescent girls to meet, build their social networks and for use as portals for a variety of protection and empowerment programming, such as mentorship programmes, savings clubs and financial literacy classes, can enhance girls' negotiation and decision-making skills and build their sense of agency and self-esteem so that they make better and safer choices for themselves. Getting and keeping girls in school is one of the best protections available, even though schools are not always safe places. And while the provision of primary education is part of standard humanitarian response, which girls attend and which do not is seldom taken into consideration. It is very likely that the most vulnerable and those at most risk of GBV, unaccompanied girls, young married girls

<sup>4</sup> See the work of Equality Now's Adolescent Girls' Legal Defense Fund, <http://www.equalitynow.org/AGLDF>.

and girls with disabilities, are among those not attending, thereby requiring special, targeted outreach efforts. Finally, providing safe, market-driven economic opportunities for women and female youth can mitigate their risks of GBV.

Economic programmes, when not designed and implemented with a protection and GBV prevention lens, can actually increase the risk of exposure to GBV. Accessing the public sphere in ways they have not before, for example, or travelling to and from work sites on foot or by public transport after dark can put women at risk. The workplace itself can expose women and girls to abuse by supervisors, business owners, fellow employees and customers. And yet it is vital that women are provided with these opportunities, as only then will they be able to leave abusive relationships and control resources that can be used for the betterment of their families. Humanitarian workers have a responsibility to provide equal access to economic opportunities to women and men and, in order to live up to the humanitarian imperative of 'do no harm', have an obligation to make these opportunities as safe as possible. This requires understanding how participation in them might increase exposure to risks, and then adapting the programme design to mitigate those risks as much as humanly possible. The Women's Refugee Commission developed a safety mapping tool to help economic programmers understand the possible risks, and produced a two-minute video that explains the concept, asking not only where risks increase, but when, at what times of the day and week, and from encounters or interactions with whom.<sup>5</sup>

Engaging men and boys has been another much-touted but seldom realised approach to preventing GBV. Raising awareness among men and boys about GBV and the human rights that GBV violates, a common tactic for

<sup>5</sup> These resources can be accessed at: <http://www.women-srefugeecommission.org/programs/livelihoods/research-and-resources?start=10> and <http://www.womensrefugeecommission.org/resources/video-gallery>.

engaging males, may not be the most effective entry point for this work. At least some research indicates that starting with and reinforcing positive behaviours, men's role as protector of and provider for their spouses and daughters, for example, may be more effective.<sup>6</sup> Identifying and engaging male role models and religious and formal and informal leaders as spokesmen on the issue may do more than an approach that labels men as merely perpetrators and problems. Additionally, when livelihood programmes that target women have parallel programmes that target men or engage men in other ways directly in women-focused programmes, those programmes are safer for the female participants.

Lastly, the humanitarian system has to question whether our increased expertise by sector has led us away from collective action and collective responsibility. When humanitarian workers were by and large generalists, everyone worried about needs, not just those identified within their sector of work. Has it now become too easy to relegate GBV to the GBV experts, gender to the gender advisors and persons with disabilities to the disability organisations? Has our growing expertise led to growing segmentation and a relinquishing of responsibility? Making progress on the prevention of GBV in these complex humanitarian settings is going to require renewed collective action, comprehensive, cross-sectoral approaches, a GBV prevention focus and lens on everything we do and a system of accountability for organisations and individuals that do not adhere to globally agreed guidance. The humanitarian imperative of 'do no harm' requires no less, and means that the prevention of GBV is everyone's business.

**Dale Buscher** is Senior Director for Programmes at the Women's Refugee Commission.

<sup>6</sup> A. Berkowitz, *Working with Men To Prevent Violence Against Women*, Applied Research Forum, National Electronic Network on Violence Against Women, <http://www.alanberkowitz.com/articles/VAWNET.pdf>.

## Impacting the lives of survivors: using service-based data in GBV programmes

Aisha Bain and Marie-France Guimond

Gender-based violence (GBV) is a pervasive risk that cuts across continents and contexts. Programming to respond to GBV saves lives and mitigates the debilitating consequences of violence. Yet such programming – and funding to support it – remains a secondary priority in humanitarian crises and development contexts. The dearth of responses is often attributed to a lack of evidence that GBV is occurring. Despite decades of research that points to the pervasiveness of GBV, prevalence or incidence data has become a near-requirement to demonstrate that GBV is on a scale that merits funding and action. However, on its own prevalence data does not provide sufficient contextual information to allow policymakers, donors and

practitioners to make informed decisions about funding and designing GBV programmes. Additionally, the drive to collect prevalence data can prioritise information collection over the care and protection of survivors, and can lead to their exploitation and further traumatisation.

While prevalence, or even exact incidence numbers, may not be available, important information can be garnered through the provision of services. Practitioners, policymakers and donors can make informed decisions through the use of contextualised GBV information, such as service-based statistics, monitoring data and best practice standards. Thus, prevalence is not a prerequisite

for understanding GBV in a given context; service provision is. Collected safely and ethically, this contextualised service-based data can help practitioners, donors and policymakers improve programming, address gaps in assistance and develop policies to address pervasive forms of violence.

### Prevalence – the red herring

GBV is difficult to quantify as many cases go unreported, its scope is difficult to estimate and existing data is often misunderstood, misrepresented and ineffectively utilised. Globally, only a fraction of GBV incidents are reported to service providers.

Prevalence studies can provide some idea of the overall picture of GBV in a country or area. However, they are only estimates and generally provide little information on more subtle or short-term changes in GBV trends, the particular needs of specific groups of survivors or the quality of available services – all of which require a nuanced understanding of the context and detailed case information. More importantly, prevalence studies can risk further traumatising survivors by asking questions about violence where support services are not in place. As indicated in the World Health Organisation (WHO)'s *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*, 'Basic care and support for survivors must be available locally before commencing any activity that may involve individuals disclosing information about their experiences of sexual violence'. Prevalence studies and other types of data collection conducted in the absence of GBV services are in violation of humanitarian ethics.

The absence of prevalence data should not impede humanitarian action. The Inter-Agency Standing Committee (IASC) *Guidelines for Gender-based Violence Interventions in Humanitarian Settings* recommend that 'All humanitarian actors must take action, from the earliest stages of an emergency, to prevent sexual violence and provide appropriate assistance to survivors'. These guidelines 'apply whether the "known" prevalence of sexual violence is high or low'.

### The need for services, and the data that follows

Global studies tell us that upwards of one in three women will be raped or abused in their lifetime. The onus is on the international community to provide lifesaving services to survivors of GBV, regardless of the available data, because violence must be assumed to be happening.

Through over a decade of women's protection and empowerment programming in 18 countries, the International Rescue Committee (IRC) has found that, once GBV services are in place, survivors of violence feel safe and supported to come forward, disclose acts of violence and get the specialised, confidential assistance they require. For example, in late 2012, the emergency in North Kivu in the Democratic Republic of Congo (DRC) caused widespread population displacement. According to the many general needs

assessments conducted by NGOs, there were no reports of GBV incidents during displacement or in the camps. Yet when support centres with specially trained staff from the community were established, GBV survivors came forward to report incidents on the first day the centre opened – in every camp, every time. The risk of stigmatisation and shame can affect safety and survival. Hence, survivors did not report the violence they experienced until safe, trusted and confidential services were in place.

In the drive to design and improve programmes that respond to needs through the evolution of an emergency and post-emergency context, GBV service agencies wanted to know how to effectively capture more information. Questions were raised such as: who is walking through our doors and who is not? Are these services and the management of cases safe for survivors and do they respect confidentiality? Does the way we store and share information create further security risks for survivors? Different data collection methods arose from these questions, including the GBV Information Management System (IMS).

The GBVIMS system allows for the collection, storing and sharing of GBV data in compliance with internationally recognised ethical and safety standards, while upholding the dignity and rights of survivors. It can be used anywhere from urban hospitals and clinics to remote rural huts that serve as support centres for women and girls. The system allows service providers to better understand reported cases of GBV. In examining GBV incidents over time, one can assess valuable information, such as survivor demographics, types of GBV reported, the timeframe and location of incidents, perpetrator profiles (demographics, relationship to survivor, etc.) and service availability and utilisation.

These numbers come from a particular geographic area with unique contextual dynamics, and every number is a survivor with a specific story. Therefore, GBV data cannot be thoroughly analysed without the expertise and input of service providers from the setting where services are provided. For example, when the number of reported GBV cases changes, this can indicate several different phenomena: there can be significant change in the environment or context (natural disaster or conflict); more or fewer services may be available; more or less information on GBV services may have been communicated; or the quality of available services may have improved or deteriorated. These factors can all determine if, when and how survivors come forward. In the absence of contextual information, the data can be misinterpreted, in turn affecting programming and funding streams.

The GBVIMS produces the highest-quality GBV client/incident data currently available to humanitarian actors. When implemented as intended, the GBVIMS upholds the highest ethical and safety standards regarding data collection and sharing. Confidentiality and coding methods are incorporated into the system, so that records need not identify survivors and place them at further risk of violence or expose them to acts of retribution, community



© Aisha Bain

*A member of a local women's organisation in South Kivu, DRC*

stigmatisation or family abandonment. The GBVIMS also enables actors to safely share data internally across project sites and externally with agencies for broader trends analysis and to improve GBV coordination. Data is strongest when combined or triangulated with a range of different sources, and where possible service-based data should be combined with surveys, needs assessments, situational analyses and others methods.

While there are limitations to service-based data, it is the one form of data most readily accessible in humanitarian settings, and when contextualised can provide concrete information to inform programmes and policies for GBV survivors.

### **Data-informed programming**

Between 2009 and 2012, the IRC provided essential services to over 10,000 GBV survivors in eastern DRC. Through an analysis of service-based GBV data, the IRC learned that an increase in incident reporting corresponded to the introduction of services through local women's community-based organisations. It was determined that survivors were more comfortable reporting their information, and trusted the confidentiality of that information, when they were able to speak to someone from a local women's organisation, rather than a non-governmental organisation that was perceived as 'external'. Based on this information, IRC changed its programming strategy to ensure that GBV services and referrals were available from existing community-based organisations. Reporting of incidents of rape within 72 hours increased by 18%, and there was a threefold increase in reported incidents of intimate partner violence. Data analysis also showed an underreporting of

15.7% for minors under the age of 18, which revealed that programming in the DRC needed to look more specifically at working with girls and ensuring their access to services. Another trend revealed that, of the total number of survivors, 0.6% were male; while internationally the vast majority of survivors of violence are women and girls, service providers also need to understand how men and boys access services. In addition, data analysis showed that 37% of alleged perpetrators were reported as armed actors and 18% as intimate partners. The remaining 45% of alleged perpetrators included community members, unknown individuals, teachers, employers, service providers and others. Thus, the common narrative that the vast majority of GBV is perpetrated by armed actors in the DRC is not nearly nuanced enough to capture the reality on the ground.

In Sierra Leone, Côte d'Ivoire and Liberia, the GBV discourse also centred on sexual violence perpetrated by armed actors. Yet when IRC analysed its service-based data, over 60% of survivors seeking assistance from the IRC reported violence at the hands of an intimate partner or a spouse. This information allowed IRC to change the scope of programming to respond to these needs, as well as working with partners to advocate for appropriate action from donors and policymakers. This led to new efforts in Liberia to draft legislation on domestic violence. It also attracted regional attention to a previously invisible issue.

Mapping existing GBV services, and where they are *not* available, can be an excellent guide to determine where services are needed. Another way to understand who needs services and where is to explore who is *not*

accessing existing services. Reported GBV data is available because there are available GBV services; at the same time, it can provide information on what barriers may exist to accessing these existing services. What is the profile of survivors reporting these incidents? Are they mostly adults, meaning that there may be barriers for children and adolescents in accessing services? Are reported incidents perpetrated by strangers only, meaning that there are little to no reported incidents perpetrated by intimate partners, family members or community members? Are services available for individuals who are not reporting incidents, and if so how can their access to these services be increased? This kind of analysis can ensure that existing GBV programmes are improved and reach more survivors.

In summary, prevalence data is not a prerequisite for designing and implementing lifesaving GBV programmes. It has been proven in multiple countries and contexts that

GBV occurs in humanitarian crises, and will continue to do so if left unaddressed. In providing critical services during the onset of emergencies, humanitarian actors can save lives and meet the multifaceted needs of survivors, while safely and ethically contributing to data collection that can be used to inform programmes that are responsive to the needs of survivors over the evolution of an emergency. Service-based data can assist in monitoring programmes and identifying programming gaps and opportunities. This information, when analysed within the appropriate contexts, can lead to properly informed practices and policies that allow for the development of the most appropriate GBV prevention and response interventions.

**Aisha Bain** is Advocacy Advisor for the Women's Protection & Empowerment Unit, International Rescue Committee (IRC). **Marie-France Guimond** is a monitoring, evaluation and research specialist at IRC.

## Collecting data on sexual violence: what do we need to know? The case of MSF in the Democratic Republic of Congo

Claire Magone

A woman arrives at a health centre somewhere in the Democratic Republic of Congo (DRC). She was raped a few days ago. She does not feel well, she has pelvic pain and she fears she might be pregnant. While admitting her, the consultant asks her a series of questions: Where are you from? What religion are you? What ethnic group do you belong to? What do you do for a living? Do you have any children? Are you married? What happened? When? How? Who did it? What ethnic group did they belong to? How many of them were there? Can you estimate their age? Did they give you money or food for having sex with them? The answers to these questions are then noted down in a standardised intake and initial assessment form, one of the tools used in the Gender-Based Violence Information Management System (GBVIMS).<sup>1</sup> The consultant may be skilled enough – and have enough time – to obtain this information without transforming the first contact with the victim into an interrogation. Yet a legitimate reaction on the part of a person who has come seeking care would be: 'Why are you asking me this?' – especially questions about the alleged perpetrator.

### Context: perpetrators in the spotlight

Rape is a crime under international law. It is also recognised by the UN Security Council as a threat to international peace and security in Resolution 1325, adopted in 2000. A central component of the UN's strategy for preventing conflict-related sexual violence is addressing impunity and identifying perpetrators. In UN Security Council Resolution 1960 of 2010, the Secretary-General is asked to provide

<sup>1</sup> The GBVIMS was developed by UNHCR, UNICEF, the UN Population Fund (UNFPA), WHO and the International Rescue Committee (IRC). It is in place in several humanitarian settings, including the DRC. See <http://www.gbvims.org>.

'detailed information on parties to armed conflict that are credibly suspected of committing or being responsible for acts of rape or other forms of sexual violence, and to list ... the parties that are credibly suspected of committing or being responsible for patterns of rape and other forms of sexual violence in situations of armed conflict on the Security Council agenda'. Under Resolution 1820 of 2008, NGOs, human rights organisations, UN agencies, civil society groups and healthcare providers are specifically requested to 'enhance data collection and analysis of incidents, trends and patterns of rape', and Resolution 2106 (2013) requires them to 'contribute to more timely, objective, accurate and reliable information on sexual violence'. This concern is reflected in the Comprehensive Strategy on Combating Sexual Violence in the DRC, adopted by the Congolese government in 2009.<sup>2</sup>

Numerous reports and research articles by NGOs, human rights organisations, peace institutes and academics explore the issue of sexual violence in the DRC from a variety of angles: the profiles of the perpetrators, the proportion of members of the military amongst them and their motivations. This last aspect aims to determine what objectives, other than the sole fulfilment of sexual desire by force – a motivation that does not fit with the 'strategic rape theory', the dominant leading explanation for war rape since the conflict in Yugoslavia<sup>3</sup> – are being pursued through rape: destruction, humiliation, punishment or

<sup>2</sup> *Comprehensive Strategy on Combating Sexual Violence in the DRC*, <http://monusco.unmissions.org>.

<sup>3</sup> Jonathan Gottschal, 'Explaining Wartime Rape', *Journal of Sex Research*, vol. 41, no. 2, May 2004. The strategic rape theory takes for granted that 'war time rape is a coherent, coordinated, logical and brutally effective means of prosecuting warfare'.



© Cédric Gerbehaive/Agence Vu

*A victim of sexual violence at a MSF health centre, Kamako, Western Kasai, DRC, 2007*

is needed to guide the victim's case management. When did the incident happen? Was the victim injured in the assault? Is there a safe place for her to go? Does she intend to report the assault to the police? Has she talked about the assault with a person close to her? Can she provide for her own needs when she goes home? How does she feel?

The answers to these questions help the medical staff provide the victim with better and more appropriate care. In addition to a standardised health package, which includes prophylaxis against sexually transmitted diseases and tetanus as well as hepatitis B vaccinations, treatment is provided for any injuries sustained and HIV prophylaxis and emergency

revenge against the enemy. Research in this area usually reaches the same conclusion, namely that more research is required to respond to the same unanswered question: to 'understand the motives that drive perpetrators to commit such brutal acts of violence in a systematic manner [by] comparing the experiences and attitudes of multiple militias in order to better understand how behaviors around sexual violence vary amongst groups',<sup>4</sup> or to 'elucidate the links between soldiers' perpetration of, command-structure attitude toward, and motivation for sexual violence'.<sup>5</sup>

### Data collection during case reporting

This article considers observations made during a field visit in July 2013 to a Médecins Sans Frontières (MSF) project for victims of sexual violence based in the general hospital in Rutshuru in North Kivu. For MSF, collecting information on sexual violence is part of the daily routine of medical staff dealing with victims of this type of assault. It is generally understood at MSF that the information collected serves three main purposes: to ensure appropriate patient care, for programme monitoring and for advocacy.

#### Data collection and patient care

MSF has been running activities at Rutshuru hospital since 2005. When a victim of rape – usually a woman – arrives at the hospital, her account of the assault is noted down by a nurse in a medical file. When she has finished her description of what happened, the consultant asks her for clarification and additional information. Besides determining her medical history in order to adjust her medical care, a certain amount of information

contraception are offered if the assault occurred less than three days previously. MSF staff also help to find somewhere safe for the victim to live, as well as giving short-term assistance (money, food, shelter, clothes) for the duration of the treatment so that material constraints do not prevent the patient from receiving adequate follow-up. If deemed necessary, the patient will also be referred to the psychologist assigned to the programme.

To ensure appropriate case management, information about the perpetrator is also needed. For example, should the perpetrator be close to the victim, i.e. someone who lives with her or nearby (which is the case for 10% of victims under 13 years of age admitted to MSF's Rutshuru programme), discussions between the victim (or his/her caretaker), the consultant, the psychologist and the social worker (usually all national staff) can help keep the victim from further harm, for instance by offering a bed in the hospital for the night or paying for the rental of accommodation while family arrangements are made, or even helping the victim to relocate permanently.

An integral part of a victim's case management is the establishment of a medical certificate, upon the victim's request. The certificate, which is signed by a doctor, establishes and certifies the existence of injuries or trauma and reports the victim's account of the assault. However, characterising the offence or giving information on the perpetrator is not deemed part of a doctor's expertise in any legal process.

#### Data collection for programme monitoring

From the narrative of the assault, the consultant also extracts information that will later be translated into statistics regarding the circumstances of the assault: recurrence, physical assault, place, date; the profile of the perpetrator(s) (number, civilian/non-civilian), weapons and types of weapon; and the profile of the victim (age, sex,

<sup>4</sup> *Now, the World Is Without Me*, Harvard Humanitarian Initiative with the support of Oxfam America, April 2010, <http://www.oxfamamerica.org/publications/now-the-world-is-without-me>.

<sup>5</sup> Jocelyn Kelly, *Rape in War: Motives of Militia in DRC*, United States Institute of Peace, June 2010, <http://www.usip.org/sites/default/files/resources/SR243Kelly.pdf>.

resident/displaced person, marital situation, number of children to support). Some of this information is needed to identify patterns that may lead to programmatic changes. For example, analysing the number and frequency of assaults by location or area may indicate a need to modify service coverage. In 2006, when the number of cases admitted to Rutshuru from the Birambizo health zone rose significantly (up to 70% of total monthly admissions), MSF opened another project in Nyanzale.

Demographic data on the age and sex of victims can also be useful when aggregated. For example, by monitoring the number of males coming to the Rutshuru programme every month it became clear that sexual violence against males – especially boys and teenagers – was commonplace (males accounting for 3% to 5% of victims since 2010). This led to a change in the messages relayed during outreach activities, and the programme was adapted to include men as possible victims, not just as perpetrators. Identifying a significant proportion of young children in the programme enabled MSF to adapt medical examinations and psychological care to this specific group.

With regard to the perpetrator's profile, the distinction between 'known' and 'unknown' is much more relevant than that between 'civilian' or 'non-civilian' for programme monitoring. Desertion from the army is extensive; attempts to reintegrate combatants into civilian life have been numerous; 'self-defence' groups organised by local leaders arming rural young men are commonplace. In this context, what does 'civilian' mean? The distinction can vary according to the interpretation of the victim or the staff member: some will identify a 'non-civilian' by the fact that he was wearing a uniform or carrying a weapon or because of his alleged links with a particular armed group.

#### Data collection for advocacy

Within MSF, the definition of the type of data needed for advocacy purposes can be as vague as the purpose of the advocacy itself. Nevertheless, two main approaches can be distinguished. The first involves making local appeals to actors – the UN, government forces, non-state actors – believed to have an influence on levels of sexual violence

in a given area. For example, MSF issued a press release in January 2013 describing a significant increase in the number of victims being treated in its clinic in Mugunga III camp near Goma, and appealing for 'action on the part of those responsible for protecting civilians' and improvements to 'the poor security conditions in Goma camp'.<sup>6</sup> The number of incidents was the only element used to back up this appeal, which was exclusively aimed at improving security, not 'naming and shaming' perpetrators. The appeal was used by the MSF head of mission to open a direct dialogue with the UN mission MONUSCO, government forces and M23 rebels, and to raise concerns about insecurity in the camp.

A more global approach to advocacy is used in attempts to tackle the 'root causes' of sexual violence in the DRC. Underlying assumptions can vary widely from one MSF team to another, depending on their particular 'rape theory'. But the belief common to proponents of this type of advocacy is that sexual violence in the DRC has an underlying cause. Hence the insatiable quest for data in the hope that adding and cross-referencing information will reveal the reality, when in fact the only power data has is to describe it. Collecting data while caring for survivors of sexual violence is necessary to guide their case management and ensure that the programme remains relevant and effective. Speaking out can also be an effective advocacy tool, especially in the case of a specific large-scale incident perpetrated by a particular group. But the conviction that the best way to tackle sexual violence in the DRC is to understand its root causes can lead to too great an emphasis on collecting information on the perpetrators and their motives, and not enough on addressing the needs of the victims. As helping the survivors of attacks to recover should be the first priority of those responding to sexual violence, the focus should be on collecting and analysing data which enables them to do this better.

**Claire Magone** is Director of Studies at the Centre de réflexion sur l'action et les savoirs humanitaires (CRASH), Médecins Sans Frontières.

<sup>6</sup> 'DRC: High Levels of Sexual Violence in Goma Camps', Press Release, 16 January 2013, <http://www.doctorswithoutborders.org>.

## Engaging armed non-state actors on the prohibition of sexual violence in armed conflict

Aurélie Lamazière

Sexual violence has always been part of war. Armed conflicts disrupt law and order and create a sense of impunity among belligerents. These factors, among others, are conducive to many forms of sexual violence. Whereas most international and national assistance rightly focuses on the survivors of sexual violence, very few initiatives in situations of armed conflict tackle prevention and address the issue of command responsibility. Moreover, although

sexual violence is committed by armed non-state actors (ANSAs) and government forces alike, little is known about the specific challenges involved in advocating against the use of sexual violence by ANSAs.

As parties to armed conflicts, ANSAs are bound by international humanitarian law and can be called on to uphold certain human rights in areas where they exercise authority.

While measures are taken once violations have occurred (for instance through UN listing processes or denunciation by human rights actors), little is done to ensure that ANSAs understand the international legal and policy framework and have the capacity to implement their obligations in the first place. Although engagement with ANSAs on sexual violence in the context of armed conflict is still at a pioneering stage, Geneva Call's experience is contributing to international efforts and understanding in this area.

### Geneva Call's approach and the *Deed of Commitment*

Created in 2000, Geneva Call works with ANSAs through a constructive and sustained dialogue aimed at improving their compliance with international humanitarian norms. This engagement mainly focuses on specific norms, namely the ban on anti-personnel mines, child protection, the prohibition of sexual violence and gender discrimination. Geneva Call seeks to address the issue of command responsibility, and to promote ownership and acceptance of humanitarian norms. Its innovative tool of engagement is the *Deed of Commitment*.

In July 2012, following a comprehensive consultation process with academics, practitioners and ANSAs themselves, Geneva Call launched its *Deed of Commitment for the Prohibition of Sexual Violence in Situations of Armed Conflict and towards the Elimination of Gender Discrimination*.<sup>1</sup> In December 2012 five Iranian Kurdish ANSAs became the first signatories to the Deed. Two other ANSAs, the Zomi Re-unification Organisation in India and the Karen National Union/Karen National Liberation Army (KNU/KNLA) in Myanmar, signed the Deed in June and July 2013. Engagement is ongoing with about 23 ANSAs from ten countries worldwide.

The *Deed* covers the absolute prohibition of sexual violence in the context of armed conflict, and recognises the positive role that ANSAs can play in preventing and responding to sexual violence in areas under their authority. The *Deed* also addresses aspects of gender discrimination, notably the issue of women's participation in decision-making. Experience from Geneva Call's dialogue with ANSAs indicates that certain aspects of their policies and practices are discriminatory, notably against women. This is a common trend: many female members associated with various ANSAs share similar concerns that they are often excluded from decision-making processes, although the ANSA's internal policy anticipates their participation. Women often wish to be more systematically or regularly involved, not only in issues related to them but also in key political issues, such as peace negotiations. Although sexual violence and gender discrimination have different legal frameworks, Geneva Call decided to use the opportunity of a sustained dialogue to address both issues.

<sup>1</sup> This *Deed of Commitment* is the third one developed by Geneva Call, alongside the *Deed of Commitment on the Protection of Children from the Effects of Armed Conflict* and the *Deed of Commitment for Adherence to a Total Ban on Anti-Personnel Mines and for Cooperation in Mine Action*. The text of the *Deed of Commitment* is available on Geneva, Call's website : <http://www.genevacall.org>.

### Engagement on sexual violence and gender discrimination

Engaging ANSAs is a long-term effort requiring an understanding of the specific nature and circumstances of each group. ANSAs are not homogenous entities; they are diverse in size, operating modes, ideologies and motivations. Their armed campaigns are framed by particular cultural, social and religious beliefs, which are also reflected in the behaviour of their members. Trust and confidence are critical factors to a successful engagement process, particularly on sensitive issues such as sexual violence and gender discrimination, and the relations Geneva Call has built up with a number of ANSAs over the years on the anti-personnel mine ban has allowed it to initiate a dialogue with ANSAs open to further discussion on these issues.

As exploratory exercises and in order to understand how to address such a sensitive issue with ANSAs, Geneva Call organised several training sessions to familiarise participants with general concepts linked to sexual violence and gender discrimination, the international legal and policy framework and the obligations contained in the *Deed of Commitment*, and to help them find ways to integrate relevant standards into their internal policies and practices. With the support of a professional trainer, Geneva Call developed modules specifically targeted at ANSAs, using a mix of presentations and practical exercises and scenarios based on concrete field situations. The training and sensitisation sessions still continue on a regular basis, as they are a key part of the engagement. ANSA representatives are drawn from the political and military branches, and both men and women participate. Participants have diverse levels of seniority and responsibility within their ANSA. The workshops act as platforms where ANSAs can freely review how they were addressing the issue, and how acts of violence perpetrated by their members can be better prevented and sanctioned. As a result, the participants also explore how they might improve their policies and practices and, where necessary, bring them into line with relevant international standards.

### Some lessons

Contrary to a commonly held view, at least some ANSAs are keen to address sexual violence. They recognise that they lack the knowledge and support they need to meet their obligations, and have expressed their willingness to engage in a dialogue with Geneva Call on this issue. This acknowledgement is the key to starting engagement. As one workshop participant put it: 'In our own organization, we do not have a code of conduct or rules and regulations on how to protect women and girls because we are more focused on political issues. However, we realize that gender issues are as important as political issues. We can prevent many things before they happen'. According to another: 'Liberation movements also perpetrate gender-based violence as part of the armed conflict. Addressing this issue takes us beyond our comfort zone'.<sup>2</sup>

<sup>2</sup> The quotes are from 'Improving the Protection of Women and Girls during Armed Conflict', workshop report, Geneva, 6–9 December 2010. The full report is available at [www.genevacall.org](http://www.genevacall.org).

ANSAs themselves approached Geneva Call and requested training for their political and military representatives. Even with ANSAs that may traditionally be more reluctant to engage because of the cultural sensitivity of these issues, a dialogue is possible. In July 2010, the leaders of the Moro Islamic Liberation Front (MILF) from the Philippines organised a presentation and discussion with Geneva Call on the organisation's perspectives on the protection of women. This was very positive in two ways. Firstly, it was the first time that an ANSA has offered to share its views on gender issues in such a forum with Geneva Call. Secondly, it was apparent from dialogue with others that this was a rare undertaking by the MILF, which has been reluctant to engage in dialogue on such topics.

Engaging in dialogue with ANSAs and their signing of the *Deed of Commitment* encourages their efforts in this direction, and puts pressure on the ANSA leadership to work towards greater transparency and accountability in the decisions and measures they take. Pressure and leverage can come from outside as well as within the ANSA.

Women from various ANSAs with which Geneva Call had discussions in focus groups welcomed a dialogue with the leadership as it helps their own efforts to push these issues forward. On women's participation, for instance, some ANSAs have adopted, in their internal regulations, quotas for women's participation at various levels, yet very few if any take part in peace negotiations. Engagement with Geneva Call and the *Deed of Commitment* support the efforts of women associated with ANSAs, who often push within their movement for the promotion of women's rights and participation.

A key component of Geneva Call's work is to build local civil society knowledge and capacity to advocate on these issues with ANSAs, supporting them in implementing their commitments and assisting Geneva Call in monitoring the commitments undertaken. Following a workshop with an ANSA in Asia, civil society organisations reported to Geneva Call that they noticed an improvement in its general behaviour as well as a reduction in reported cases of sexual violence. Although these are not confirmed facts, this suggests that increased public attention on ANSAs can make them feel more accountable for their behaviour, at least in this context.

Addressing sexual violence in conflict also has an impact and significance when peace negotiations start. Certain ANSAs involved in peace processes reported to Geneva Call the need to address greater risks of abuse, notably sexual violence, due to the increased interaction between their members and communities created by a ceasefire. With regard to violations committed by government forces, the ANSAs have themselves decided to support advocacy efforts in the context of peace talks. Sensitising them on the issue of sexual violence and gender discrimination may thus enable them to include these topics in the negotiation agenda.

## The prohibition of sexual violence and gender discrimination in ANSA policies

While Geneva Call seeks to influence ANSAs' policies with a view to improving their compliance with humanitarian norms, there is actually little knowledge about their policies when it comes to prohibiting sexual violence or addressing gender discrimination. Drawing from *Their Words*, a new directory of ANSA Humanitarian Commitments,<sup>3</sup> Geneva Call reviewed about 400 documents (unilateral declarations, codes of conduct, agreements and other documents related to international humanitarian law and human rights issues) in order to better understand how ANSAs tackle the issue of sexual violence and gender discrimination. A total of 67 documents were analysed in more detail.<sup>4</sup> This is a preliminary analysis and it is clear that more research is needed.

The overall record of ANSAs committing to curtail sexual violence and gender discrimination is quite poor. Documents demonstrating that some ANSAs prohibit sexual violence and gender discrimination in line with international humanitarian standards are sparse. One of the key findings is the apparent lack of priority given to the issue of sexual violence. Within the documents that do contain provisions addressing such issues, there is a tendency to group women with other 'victims'.

Another important issue is the extent to which the commitments that do address sexual violence and gender discrimination have been implemented. A principal consideration in this respect is whether disciplinary procedures exist to address violations, whether procedures are effectively followed and whether members are appropriately sanctioned. If they are, the foremost consideration is whether these factors have any influence on the behaviour of an ANSA's members.

## Conclusion

Engaging ANSAs on the prohibition of sexual violence and gender discrimination is still in a learning phase and many challenges remain, notably with the engagement of reluctant ANSAs in contexts where sexual violence is widespread. Furthermore, monitoring the extent to which ANSAs respect the obligations contained in the *Deed of Commitment* presents difficulties of access and evidence. To address some of these issues, Geneva Call is in the process of developing a comprehensive framework with adequate tools and methodologies to improve the way Geneva Call monitors compliance by the signatories and supports them in implementing their obligations. Despite the challenges, openings for dialogue and progress in engagement confirm the added value of such an approach, and encourage efforts to continue in this direction.

**Aurélie Lamazière** is Gender Issues Coordinator at Geneva Call.

<sup>3</sup> Launched in November 2012, the database is available at [www.theirwords.org](http://www.theirwords.org).

<sup>4</sup> The research, which remains an internal document, was undertaken by Annie Hylton for Geneva Call.

# The ICRC's response to sexual violence in armed conflict and other situations of violence

Sarah Cotton and Charlotte Nicol

Sexual violence is an appalling violation of moral codes and international law which occurs in practically all situations of armed conflict and sustained violence. It is an abuse that has severe physical and psychological consequences for the individual, first and foremost, as well as the capacity to tear societies and communities apart. The International Committee of the Red Cross (ICRC) works to protect and assist victims of armed conflict and other situations of violence across the world, including victims of sexual abuse. In recent years, the ICRC has extended and improved what it is able to do for victims of sexual violence as a discrete, vulnerable group that is often silent and silenced. Its response is context-specific and holistic, working with every part of the population involved in the problem and throughout its timeline – from activities with armed actors and states to prevent abuse, to the protection of individuals most at risk of sexual violence, and finally emergency response.

## What does the ICRC do for victims of sexual violence?

A key part of the organisation's work to prevent sexual violence involves helping states to build systemic legal protection for people at risk. There is an imperative on countries to prevent acts such as sexual violence from occurring by applying sanctions on perpetrators, providing adequate codes of conduct for armed forces and others in positions of power and deploying resources to monitor adherence to national legislation. In its bilateral and confidential discussions, the ICRC promotes three levels of action: halting abuse, working alongside victims and promoting lasting changes to decrease the likelihood of recurrence. By working directly with states to understand the relationship between authority, perpetrator and victim, the ICRC helps countries to put in place laws and policies that reduce opportunities to commit sexual violence, and increase the penalties when it takes place.

ICRC teams seek to counter sexual violence in war and violent situations even where there is no concrete knowledge of abuse. What this means in practice is that the ICRC has recognised the need to find ways of helping those who are not asking for help – through fear of stigmatisation or shame or because of more pressing concerns, such as feeding children.

While women, men, girls and boys can all be victims of sexual violence, vulnerable communities such as the internally displaced, migrants, widows, female heads of households and detainees are often at heightened risk. Economic insecurity and lack of resources can force people to venture into potentially unsafe areas to look for food, firewood or water. In some circumstances, armed forces or groups take advantage of the economic vulnerability of individuals to demand sexual services in exchange for food and basic items. Contextual analysis is



© ICRC/Dieter Revolt

*A 'maison d'écoute' run by the DRC Red Cross in Minova, which shelters victims of violence, including sexual violence, and offers them psychosocial support and medical referrals*

required to identify those at risk and to guide efforts to protect them. ICRC conducts this research and analysis through extensive networking in every society in which it works, and talks to all sides of a conflict. Networking with weapons carriers, community leaders, health and humanitarian staff and local NGOs helps the ICRC to construct programmes that are understood and accepted by local communities.

## The ICRC in the Democratic Republic of Congo

Rape and sexual abuse is a systematic and devastating feature of life in the Democratic Republic of Congo (DRC). The ICRC's priorities in the country include responding to the needs of families who have had to flee their homes and resident communities living in terrible conditions; providing medical care and materials to hospitals and clinics; visiting detainees held as a result of fighting; and promoting respect for the law in the ICRC's discussion with all parties to the conflict.

A key component of the ICRC's work in the DRC is its response to sexual violence. One of the most successful parts of the approach has been the support the organisation

has provided to 40 listening houses, or ‘maisons d’écoute’. Victims of sexual violence can receive counselling from these locally run structures, and where necessary are referred to nearby health facilities. Over 5,000 victims received counselling in 2012 and 2,250 were referred for medical treatment. The listening houses also seek to raise awareness of the problem of sexual violence, informing communities about the existence of health facilities for victims and the importance of receiving urgent medical treatment within 72 hours of being raped. This is done through workshops and radio broadcasts to try to reach as many people as possible, including those isolated by war and with no local health facilities to go to.

The ICRC also raises the suffering experienced by those affected by sexual violence – including the broader community and children born out of rape – with the armed forces and groups involved. The ICRC hosts workshops and seminars with various groups, including UN peacekeepers, the national military and armed opposition groups. In these sessions, the ICRC highlights the physical and psychological trauma experienced by victims, the risk of pregnancy and HIV and possible rejection of victims by their families.

The fact that organisations such as the ICRC have been working to prevent sexual violence in the DRC for so long shows how ingrained this behaviour is, as well as the absolute impunity that exists for perpetrators. In other words, the environment remains unchanged; when it comes to making arrests, convicting perpetrators and effective policing, the ability to change the status quo lies not in the hands of humanitarian organisations, but those of local and national authorities.

### The ICRC in Colombia

The ICRC has been working in Colombia for more than 40 years. Its work in the country has helped families who have had to flee their homes as a result of violence, supported mothers, daughters and wives whose loved ones have gone missing, visited detainees and promoted International Humanitarian Law (IHL) to authorities and armed groups. The ICRC also talks extensively to armed forces, the opposition, groups and communities affected by violence and local NGOs. Through this contact the ICRC has identified two specific groups at risk of sexual violence – young people and migrants. With a local NGO called Profamilia, the ICRC works

to make young people aware of the risk of sexual violence, and what they can do in the interests of their own protection. This is done through workshops with Profamilia, which also provides healthcare, psychological support and legal advice to victims of sexual violence.

Colombia has one of the world’s largest populations of internally displaced people, with official estimates putting the number registered since 1997 at nearly four million. Families and individuals who have been victims of sexual violence or are at threat of such abuse and need to leave their homes are provided with emergency assistance by the ICRC to enable them to move to a safer place, as well as psychological support if they have been abused. The main challenge – and a key factor in the continuing vulnerability, including to sexual violence, of those who have had to move on – is ensuring that displaced groups have a means of earning a living, so that they can restart their lives. The ICRC seeks to ensure that work is available for families once they have settled somewhere new. One ICRC project encourages farmers to exchange their knowledge of cultivating cocoa near the San Miguel river, allowing vulnerable communities to improve their crops and earn money, increasing their resilience to abuse.

### Looking forward

Responding effectively to the blight of sexual abuse in conflict is a priority for the ICRC and an activity the organisation has prioritised for a long time. Sexual violence has been a feature of the battlefield for centuries and, despite the efforts of the ICRC and others, it remains a constant feature of today’s conflicts. More must therefore be done to enhance the practical response by all actors in armed conflict, whilst retaining the principles of prevention, protection and response at the centre of this action. Political discussions and initiatives at the level of the international community are essential to send the message that sexual violence is not acceptable and does not conform to international law or ethical norms of behaviour. Only when such top-down messaging is combined with initiatives and work that seek to change patterns of behaviour at a grass-roots level will we be able to begin to tackle sexual violence in war for good.

**Sarah Cotton** is Public Affairs Advisor at the ICRC in London. **Charlotte Nicol** is Sexual Violence Focal Point, Women and War Section, ICRC.

## Building a web of protection in Darfur

Martha Thompson, Mary Okumu and Atema Eclai

Humanitarian workers can give a plethora of reasons why they do not prioritise addressing gender-based violence (GBV) in humanitarian crises. Unlike lack of food, water or shelter, GBV is often not seen as life-threatening. The reality, however, is that rape, sexual harassment, physical assault and murder are committed largely against women and girls in camps, displacement situations and conflict areas. Despite the UN Assembly passing numerous

resolutions addressing violence against women in conflict, high-level advocacy has had little effect on the situation on the ground. In humanitarian crises where there is continuing violence against civilians, what can we do to make women and girls safer? What are the gendered factors that make women and girls vulnerable? What are women and girls’ own ideas about their level of safety and their protection needs?



© Albert González Ferrán – UNAMID

*Women in Zam Zam IDP camp at an event to promote a campaign on protecting women from violence, Darfur*

### Building a ‘protection web’

This article reflects on a programme to improve women’s and girls’ safety developed by the US-based Unitarian Universalist Service Committee (UUSC) and implemented by UNIFEM in 11 camps in Darfur from 2008–2011. From the outset we rejected the traditional protection approach, built on the assumption that state-directed advocacy underpinned by evidence is an effective way to stop gender-based violence. This approach assumes that protection of civilians can be achieved by using statistics and human rights reports to pressure states into complying with international human rights standards and laws. However, although at least three well-researched and documented human rights reports<sup>1</sup> had been produced on gender-based violence in Darfur, the Sudanese government did not accept that gender-based violence existed, and these reports had little to no impact on women’s safety. The situation on the ground in Darfur also worked against state-centered advocacy: there was a high level of violence by non-state actors and a general sense of impunity, exacerbated by shifting political alliances and the fragmentation of opposition groups. Strategies for state-centred advocacy could gain little traction in this environment. Traditional human rights strategies also do not recognise the agency of affected communities in transforming their situation. In fact many threatened communities continuously develop and adapt strategies for their own protection.<sup>2</sup>

<sup>1</sup> STAND Canada, *The Prevalence of Sexual Violence in Darfur*, 2008; Physicians for Human Rights in conjunction with the Harvard Humanitarian Initiative, *Nowhere To Turn: Failure To Protect, Support and Assure Justice for Darfuri Women*, 2009, Refugees International, *Ending Sexual Violence in Darfur: An Advocacy Agenda*, 2007.

<sup>2</sup> Ashley South et al., *Local to Global Protection in Myanmar (Burma), Sudan, South Sudan and Zimbabwe*, Network Paper 72 (London: HPN, 2012).

The project drew on experience gained working with refugees and civilian populations in El Salvador and Guatemala during the 1980s and 1990s. This provided two key lessons that were applied in Darfur. Firstly, affected people themselves often have valuable information on what threatens their safety and ideas on how to address these threats, and can be agents in a protection strategy. Secondly, to address GBV in emergencies effectively it is essential also to tackle the gender inequality that makes women and girls more vulnerable. Protection strategies should then be tailored to address those vulnerabilities. Marginalised communities in Central America suffered significant violence at the hands of armed groups during the civil wars of the 1970s, 1980s and 1990s. Once they grasped the idea of framing their experience in the context of human rights, a transformation process began. From feeling like victims with no rights whose suffering was invisible, they moved to learning about and articulating their rights and then demanding that those rights be respected. Understanding the causes of inequality, and linking it to a rights framework, encouraged them to take concrete actions. In Guatemala, women refugees trained on the provisions of the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) quickly made the link between their lack of representation and participation and the lack of programmes that focused on their protection. Having an outside institution reaffirm their rights was empowering, and the women had a wealth of suggestions and ideas on how to improve their protection and enhance their representation and voice in camp decision-making structures.

Drawing on this experience, we began the project by talking to women about the gendered factors that made them vulnerable, and what would make them safer. Women identified three issues that put them at risk. The

first was the division of roles between men and women in work, shelter and aid distribution. Women had to leave the camps to get firewood, fodder, materials, employment and water. This made them vulnerable to attack by armed men outside the camp. They were also vulnerable when they visited latrines at night because there was no lighting. Some women were subject to violence standing in line for distributions, and young girls were vulnerable when running errands. Single women were vulnerable to attack in their tents because there was little internal security and there were no private areas for them. Poverty and scarcity of food made women extremely vulnerable to sexual manipulation, and ethnic divisions made it difficult for women to organise around their problems.

The second set of gendered factors concerned the attitudes and mindsets that underpinned and upheld the first. Women had little influence in camp governance structures: female representatives were present only in the bottom tier of camp management, not in the higher governance levels. This made it easy for their needs to be ignored, their safety issues overlooked and their participation sidelined. This lack of participation and voice had many repercussions. Although firewood patrols did exist, there were no forums for women to give suggestions to the UN Police who accompanied women on the patrols. Women did not trust the UN Police, did not have information about patrol logistics and in some cases were met by the police at collection sites but not accompanied into forested areas where they were subsequently attacked.

A culture of silence around GBV in Darfur exacerbated women's vulnerability. Reporting sexual violence to the authorities had a huge social cost. Married women could be ostracised by their husbands, and single women seen as unmarriageable. The lack of reporting reinforced the lack of understanding of the extent of GBV in and around the camps. The male-dominated police force, both local and United Nations, was another reason why women were reluctant to report incidents because they did not feel comfortable reporting intimate violence to men. Even more profound was the fact that sexual violence against women had become a weapon of war in Darfur.

The programme tried to address the key issues the women raised by seeking to build what we called a 'web of protection'.<sup>3</sup> We began by trying to give women more voice and agency, providing training in women's rights and leadership and supporting women's centres so that women could share experiences with each other. This offered women a safe place to talk about strategies and helped them identify common problems. Camp leaders, officials and police were trained in gender sensitivity and programmes were offered to UN and local police on gender-based violence and protection. As part of the course, the trainer helped participants to develop skills in conflict resolution, communication and problem solving, which they practiced repeatedly in real-life camp situations. The immediate benefits convinced the UN Police about the efficacy of this approach, and opened them up to the rest of the curriculum. Other sceptics were convinced when the trainer asked them to reflect on their

<sup>3</sup> Atema Eclai, *Program Strategy Framework for Darfur*, 2008.

feelings if the women in their families were suffering the kind of violence women in the camps were experiencing. She also kept a balance between the theoretical (what made women vulnerable), and the practical (what steps could be done to address these vulnerabilities).

Camp leaders formed gender committees and firewood committees so that women had access to decision-makers. Through the firewood committees, women were able to give regular feedback on patrols, and UN Police began to understand some of the women's concerns. Relations with the community changed to such an extent that the head of the Department of Peacekeeping Operations (DPKO) in Darfur signed an agreement with UN Women to train all police in gender sensitivity. The Sudanese police also requested training and agreed to deploy more female police in the camps, and men in the camps asked for training on women's rights and protection. Several camps also formed community policing groups, approximately half of whose members were women. The community police became a very effective bridge between the community and the UN Police, improving women's reporting of incidents significantly and enhancing their feelings of security.

Several useful lessons emerged from the sensitisation and training part of the project. The first was that it is essential to train camp leaders in GBV so that they understand the problems and learn practical skills on how to translate ideas and principles into tangible prevention and response actions. Secondly, the type of training is crucial. Training does not change people's attitudes, behaviour or actions unless it is participatory, draws on participants' experience, teaches them induction and analysis, provides practical skills and involves them in formulating solutions. Thirdly, to create lasting change at the level of camp leadership, training should occur at least every six months, with regular follow-up and support. This allows camp leaders to experiment with strategies and seek help to improve.

More concrete changes in practice suggested by the women, such as using donkey carts for firewood collection or improving firewood patrols, had varied results. There was great enthusiasm for income-generating projects, but there were not enough funds or technical assistance available at the time to scale up these projects to the level needed. Suggestions for improving firewood patrols were very successful because the UN Police were much better versed in GBV thanks to the training they had received. However, sustaining positive change requires continual follow-up and training, which was difficult as UN Police were rotated out every few months. Training community police seems to have had a longer-term impact in improving internal security for women in the camp. Reporting of problems and incidents increased notably because women were much more willing to approach female community police. Increased reporting gave camp leaders a clearer picture of the security problems that women faced.

A key component of the project focused on changing the mindset, created by the war, that violence against women was permissible and inevitable. To that end, UUSC supported a programme to train imams in speaking out

against violence against women in their preaching in mosques, using values articulated in the Koran. Radio and television programmes featuring imams reinforcing these messages were hugely popular, and several imams have signed a public declaration against domestic violence.

The experience in Darfur demonstrates the need to change attitudes towards gender-based violence in order to change practice, and shows that doing so is possible. Practical action to address a problem (security) can often help lead people to greater understanding of the underlying causes of the problem. While beginning work on changing attitudes, it is possible to simultaneously introduce changes in practice, such as income generation so that women do not have to leave the camp to earn money and separate areas in the camp for single women. In this way different types of work reinforce each other and build the will for change.

### Conclusion

Despite training on gender, GBV manuals, agreements to uphold the Sphere guidelines and human rights reports and advocacy, the record of international NGOs in prioritising GBV in emergencies is dismal. Experience in Darfur suggests

that a better way to enhance safety for women and girls in camps is to focus training and sensitisation at the level of camp leaders, religious leaders, community decision-makers and local NGOs. Lessons from work in Darfur suggest that putting the safety of girls and women at the centre keeps the focus on their protection. Bringing women's voices into the problem analysis and proposed solutions is crucial to programme development. Building women's agency increases their voice and thus their chances of building alliances for protection. Multi-faceted programmes which include mutually reinforcing practical actions, such as providing lighting in latrines, with training to change attitudes help to create the will to address GBV. Focusing on changing the attitudes of grassroots and community leaders so that they take action might have much more impact than focusing attention on trying to change the mindset of transitory relief workers, and working to strengthen calls for addressing GBV at the grassroots is more effective than high-level advocacy in reducing the incidence and acceptability of violence against women and girls in the long term.

**Martha Thompson, Mary Okumu and Atema Eclai** are independent consultants.

## Violence, gender and WASH: a practitioners' toolkit

### Making water, sanitation and hygiene safer through improved programming

Sarah House, Suzanne Ferron, Marni Sommer and Sue Cavill

Poor access to water, sanitation and hygiene (WASH), whilst not the root cause of violence, can exacerbate the vulnerability of women and girls to violence. Men and boys, people of other gender or sexual identities or other marginalised groups can also sometimes be at risk. As WASH practitioners working in humanitarian and development contexts, we are often aware of the anecdotal but regular examples of incidents of violence in relation to WASH. However, we often do not appreciate the scale of the problem, why it happens or what, if anything, we can or should do about it. In order to better understand and respond to issues related to violence, including gender-based violence (GBV), WaterAid, through the SHARE Consortium,<sup>1</sup> has undertaken research to document the connections between violence and WASH, and develop practical guidance on what the sector can do better. The result is a WASH practitioners' toolkit aimed at building the capacity of those working in a range of humanitarian and development contexts.

### Violence linked to WASH

Vulnerability to violence can have a significant impact on people's access to adequate water, sanitation and hygiene and vice versa. In both urban and rural contexts, girls and

women frequently face harassment when defecating in the open. They may delay drinking and eating in order to wait until nightfall to relieve themselves because of feelings of shame and risks to their dignity if they are seen defecating in the daylight. Given taboos around defecation and menstruation, and the frequent lack of privacy at WASH facilities in internally displaced or refugee camps, women and girls may decide to use the toilet or bathing units under cover of darkness. Walking to remote locations to collect water for drinking, cooking or laundry or using WASH facilities after dark puts women and girls at risk of harassment, sexual assault and rape. Lack of access to water may also contribute to tensions between husband and wife, particularly in water-scarce or drought-affected areas, and this can lead to violence. Where women and children have to queue for extended periods at water points, this can lead to fights with other service users, particularly where refugees or other displaced people are accessing water previously only used by the host community. Women and children are often the target of these conflicts because it is usually their responsibility to collect water. In conflict situations, men and boys may also be vulnerable to abduction or murder when accessing water points outside the boundaries of a camp, with boys also vulnerable to rape.

A report by Médecins Sans Frontières (MSF) noted that, between October 2004 and February 2005, MSF health clinics in West Darfur treated 297 rape victims, 99% of

<sup>1</sup> The Sanitation and Hygiene Applied Research for Equity (SHARE) Consortium is funded by the UK Department for International Development (DFID) and led by the London School of Hygiene and Tropical Medicine.

whom were women.<sup>2</sup> Almost 90% said that their rape had occurred outside a populated village, and 82% were raped while pursuing ordinary daily activities, such as searching for firewood or thatch, working in their fields, fetching water from river beds or travelling to the market. The implications of harassment and rape can result in fear and stress, which can undermine mental health; lead women to be accused of being unfaithful by their husbands, being disowned by families or mocked by other community members; and cause unwanted pregnancies or sexually transmitted infections. Cases have been documented in the Democratic Republic of Congo of girls being raped and gang raped when going to practice open defecation or collecting water, including cases resulting in fistula.<sup>3</sup>

As WASH programmes seek to improve gender equality in projects, women may take on what are perceived to be traditionally male roles in the WASH sector, such as being part of a WASH Committee or accepting a paid job (e.g. pump mechanic). As a result, they may face emotional (psychological) abuse, such as being excluded from relevant meetings, being bullied or victimised or becoming the subject of scorn from other community members. They may even face physical violence.

### Violence and WASH staff

Staff within WASH organisations may also be the perpetrators of violence, or may face violence because of their gender. In some contexts, female professionals training for or working in the WASH sector may need to fend off sexual advances that carry the promise of better grades, jobs or promotion. Where gender power differences are particularly stark, women may have to deal with their views not being respected, being ignored or actively undermined, or if their work is complimented by a male colleague or line manager, women may be accused of having a sexual liaison. At the other end of the spectrum, staff members who control the distribution of non-food items and the use of WASH facilities may abuse their power by demanding sexual favours from vulnerable individuals.

### Challenges in reducing vulnerabilities to violence linked to WASH

Wider societal norms, practices and power relations intersect with the work that we do in sanitation, water and hygiene. WASH professionals working with communities may find people confiding in them and reporting abuse, even though they are not protection or GBV specialists. Therefore, as professionals, it is critical for us to at least understand the basics of such power dynamics, how they can contribute to violence, what we can do to minimise vulnerabilities and who can help when incidents do occur.

Considering the link between violence and WASH is an important part of quality WASH programming. There are, however, challenges in responding to these issues:

<sup>2</sup> Médecins Sans Frontières Amsterdam, *The Crushing Burden of Rape: Sexual Violence in Darfur*, Briefing Paper, 8 March 2005.

<sup>3</sup> A. O. Longombe, K. M. Claude and J. Ruminjo, 'Fistula and Traumatic Genital Injury from Sexual Violence in a Conflict Setting in Eastern Congo: Case Studies', *Reproductive Health Matters*, 16(31).

### Box 1: Collaboration between the WASH and protection sectors

Some organisations have sought to strengthen the links between protection and WASH actors. In the Democratic Republic of Congo (DRC), for instance, the Programme de Promotion des Soins de Santé Primaires (PPSSP), in partnership with Tearfund, has created links between WASH and protection committees in an attempt to increase access to information on preventing violence, and how to access services following an assault.<sup>4</sup> Assessment protocols include questions about violence and safety and the design of facilities includes features that consider safety aspects, such as bringing water supplies nearer the village, clearing bushes on pathways and having two exits from the water point to allow for escape in the event of an attack. Awareness-raising about GBV is included in health and hygiene promotion efforts.

In Yemen, South Sudan and the DRC, Oxfam-GB has been exploring whether community WASH staff can provide information on self-referral systems for people who have experienced violence.<sup>5</sup> Pilots have included the mapping of available services, 'walking through' services with key actors, the development of standard operating procedures (including ethical communication guidelines) and the training of WASH staff and WASH committees on gender and protection.

In refugee camps for Malian refugees in Burkina Faso and Mauritania, Oxfam-Intermon found that the domestic servants of some of the refugees were living in conditions of semi-slavery and were being prevented from using household toilets and taking part in hygiene promotion activities.<sup>6</sup> A protection specialist was brought in to adapt the programme to ensure safe and equal access to WASH services, set up a referral system and develop an advocacy strategy at local, national and international levels to ensure that assistance was provided to this particularly vulnerable group.

- Lack of knowledge among WASH sector professionals about the problem, what their responsibilities are and what practical actions they can take.
- Concerns about engaging in discussions with communities on issues relating to violence, including GBV, because of the sensitivity of the subject and concerns over the community's reaction.
- The limited number of women professionals working in the WASH sector (this has been improving, but parity is still a long way off). Having female and male staff in decision-making posts and working at community level helps (although does not guarantee) that male and female concerns, perspectives and priorities will

<sup>4</sup> Programme de Promotion des Soins de Santé Primaires and Tearfund, *Hope Out of Conflict – How Sanitation Plays a Vital Role in Protecting Women and Children from Sexual Violence in DRC*, 2011; and personal communication with Deogratias Mwaka, 8 May 2013.

<sup>5</sup> Personal communication, Rachel Hastie, Oxfam, 2013.

<sup>6</sup> Personal communication, Pilar Duch and Simone Carter, Oxfam-Intermon.

**Figure 1: Ten key principles for reducing vulnerability to violence linked to WASH through improved policy, programming and institutional practices, including human resource management**

**Principle 1.** Institutionalise the requirement to analyse and respond to vulnerabilities to violence in WASH-related policies, strategies, plans, budgets and systems (human resource management and M&E) – refer to BN3 for further information

**Principle 2.** Build the capacity of staff and partners to understand the problem of violence related to WASH and what their responsibilities are in relation to this issue – refer to BN3 for further information

**Principle 3.** Make links with protection, gender and GBV specialists to assist in improving programmes and responding to challenges faced – refer to BN4 for further information

**Principle 4.** Consider possible vulnerabilities to violence linked to WASH. Integrate programmes into all stages of WASH programming/service delivery

**Principle 5.** Adapt existing participatory tools and involve women, men, girls and boys in the process of identifying the risks and identifying solutions, allowing women to express their views separately where necessary

**Principle 6.** Pay particular attention to considering the safety of people who are in vulnerable, marginalised or special circumstances when accessing WASH services

**Principle 7.** Build the self-esteem and self-worth of all, but with particular attention on women and adolescent girls, linking to existing groups and networks to provide support and help respond to backlash

**Principle 8.** Ensure that community members have adequate information on safety linked to WASH and that community feedback processes are built into programmes

**Principle 9.** Ensure that WASH facilities are designed, constructed and managed in ways that reduce vulnerabilities to violence

**Principle 10.** Pay particular attention to transparency in processes where non-food items are distributed in humanitarian contexts

be considered and integrated into programme design. On sensitive issues such as GBV, it is more likely that people will be prepared to speak with someone of the same gender, and in some contexts, particularly where seclusion is practiced, it may not be culturally acceptable for women and men to meet. Male-only field teams limit the possibility that violence towards women and girls will be revealed or discussed.

- Concerns over how to ensure that any response to incidents of violence does not make the situation worse, including how to ensure the ethical handling of information.
- Limited (if any) monitoring of violent incidents or safety concerns related to WASH, and limited documentation of successful approaches. Because of this we are still working mainly on *promising* approaches that have the *potential* to reduce violence.

As well as strengthening links between WASH and protection actors, there are a range of other practical ways that WASH actors can respond to violence, many of which simply require some slight modifications to standard tools already used by the sector. For example, it may involve incorporating safety concerns into transect walks or undertaking safety audits while planning projects; involving adolescent girls, as a particularly vulnerable group, in project design; using role play to encourage communities to consider and design their own strategies for

**Box 2: ‘Safe-scaping’ in refugee camps for Somali refugees in Ethiopia<sup>7</sup>**

A ‘safe-scaping’ exercise was undertaken by the Women’s Refugee Commission as part of research into the safety of adolescent Somali girls in refugee camps. It is a useful methodology that could be integrated into standard assessment and monitoring processes. The process included interviews with adolescent girls, as well as adolescent boys and adult key informants, gender-segregated focus group discussions and a ‘safe-scaping’ mapping exercise which identified places where girls and boys felt unsafe in accessing WASH facilities and in other aspects of camp life, and gave girls the opportunity to identify ways to increase their safety.

minimising risks; and establishing feedback mechanisms to ensure that people feel safe when reporting problems. Well-articulated institutional commitments to take this issue seriously, to develop protection policies and codes of conduct that are upheld and enforced, to integrate the issue into WASH-related policies, to train and support staff and to integrate the issue into monitoring and learning processes are all essential steps. Such procedures need

<sup>7</sup> S. Schulte and Z. Rizvi, *In Search of Safety & Solutions: Somali Refugee Adolescent Girls at Sheder and Aw Barre Camps, Ethiopia*, Women’s Refugee Commission, 2012.

to ensure that beneficiaries are protected, that staff who may be facing violence within the workplace feel able to report bullying, harassment and assault and that support will be provided.

### Violence, gender and WASH: a practitioner's toolkit

The practitioner's toolkit<sup>8</sup> provides guidance on making WASH safer through improving programming and services. It is designed to complement existing materials, including the cross-sectoral materials developed by the Inter-Agency Steering Committee (IASC) GBV Area of Responsibility (some of which are currently being updated), and gender mainstreaming materials. The intention is to raise awareness of violence related to WASH, and what WASH practitioners should be doing to reduce vulnerabilities. The toolkit assumes that most professionals working in the WASH sector are not protection or GBV specialists, and may lack confidence in raising these issues. At the same time, it is hoped that the toolkit will help other professionals, including those working on GBV, protection, health and education, to understand how poorly designed and located WASH interventions can increase people's vulnerability to violence.

Although much of the violence related to WASH is rooted in unequal power relations between genders, the scope of the toolkit has been defined more broadly as 'violence' rather than GBV, to allow for violence that occurs because of a person's social grouping, or that occurs between people of the same gender. The toolkit has been developed for use in both humanitarian and development contexts, as the distinction between the two is often artificial, contexts can change and there is valuable cross-contextual learning

<sup>8</sup> Sarah House, Suzanne Ferron, Marni Sommer and Sue Cavill, *Violence, Gender and WASH: A Practitioner's Toolkit – Making Water, Sanitation and Hygiene Safer through Improved Programming and Services*, WaterAid/SHARE, 2014.

on this topic from both humanitarian and development sub-sectors.

The toolkit consists of four Briefing Notes, a checklist of actions based on the ten key principles in Figure 1 and a range of tools including case studies of good practice in the WASH sector that have the potential to reduce violence:

- Briefing Note 1: About the toolkit and how to use it.
- Briefing Note 2: What gender-based violence linked to WASH can look like, why we should be considering it and examples of good programming.
- Briefing Note 3: Institutional commitment and staff capacity, codes of conduct, policies, staff training, monitoring, financing and what to do if you or your colleagues experience violence.
- Briefing Note 4: Understanding the protection sector, examples of partnerships between WASH and the protection sector and what to do if faced with violence in communities.

The materials also include videos, scenarios for training and tools for use with communities, key extracts from international human rights instruments and a folder of additional supporting information. The toolkit will be freely available electronically for any actor working in humanitarian, development or transitional contexts. To access the materials please send an email to [gbv@wateraid.org](mailto:gbv@wateraid.org).

**Sarah House** and **Suzanne Ferron** are independent consultants. **Dr Marni Sommer** is an Assistant Professor of Sociomedical Sciences in the Mailman School of Public Health, Columbia University, and **Dr Sue Cavill** is the SHARE Research Manager for WaterAid. The authors would like to thank the Programme de Promotion des Soins de Santé Primaires, Oxfam-GB, Oxfam-Intermon, the Women's Refugee Commission and the WeCan Campaign for sharing the case studies of good practice described in this article.

## Linking food security, food assistance and protection from gender-based violence: WFP's experience

Gina Pattugalan

The link between sexual and gender-based violence (SGBV) and food insecurity is well documented.<sup>1</sup> Tensions within households, including domestic violence, can rise during periods of food scarcity, and tends to decline as assistance fills the food gap. Food assistance can also reduce the incidence of survival sex or sex for food. While food assistance programmes can support initiatives that contribute to preventing and mitigating SGBV, they can also undermine the protection of women and girls if they are implemented without sufficient understanding of the operational context. Beyond usual relief operations, food

<sup>1</sup> See, for instance, G. Pattugalan and N. Crawford, *Protection in Practice: Food Assistance with Safety and Dignity* (Rome: WFP, 2013); and M. Berg, H. Mattinen and G. Pattugalan, *Examining Protection and Gender in Cash and Voucher Transfers* (Rome: WFP, 2013).

assistance is also directly used to support SGBV survivors and to complement other services, such as medical care and psychosocial support.

### WFP: working to support gender change

Depending on the type and length of its programmes, the World Food Programme (WFP) contributes to women's access to livelihoods and income, and can support wider gender changes in the household and the community. For example, women in Bangladesh have benefited from comprehensive training on business planning, income generation, financial literacy and disaster preparedness, as well as gender sensitisation, under the two-year WFP project on Food Security for the Ultra-Poor. Women participants say that the project has yielded positive changes for them,



© WFP / Pa Sjöstrand Lahnhaier

*WFP's SAFE programme enables women in Darfur to make their own fuel-efficient cook stoves*

including the accrual of income and expansion of livelihood sources, better mobility, networking and support groups, reduced domestic violence and enhanced participation in community life, including new roles for these women in terms of the prevention of early marriage within their communities. Women participants also claim that they feel they are being valued and listened to by their spouses and other members of the community, resulting from their capacity to contribute financially to meeting household needs.

WFP's inclusion of a gender strategy as a central element of the Purchase for Progress (P4P) initiative<sup>2</sup> addressed food security-related triggers leading to SGBV. Launched in 2009, and currently piloted in 20 countries, P4P provides smallholder farmers, who could otherwise not compete with larger traders, the opportunity to become suppliers of cereals and pulses to WFP through their farmers' organisations. P4P has tried to include women, not only as labour providers, but also as full participants in farm activities, including earning and investing income generated along the agricultural value chain. Women, categorised as farmers, unpaid family workers or wage labourers, are given access to agricultural inputs, skills training, credit and markets. However, these women need much more support. Of the 851 farmers' organisations under P4P programmes in the pilot countries, women constitute only 29% of the total membership and occupy just 34% of the leadership positions.<sup>3</sup> A more consistent application of the P4P gender strategy, including adequate analysis of gender relations and the possible negative consequences of women's expanded participation in agricultural activities (e.g. increased workload, less time for childcare) and

income-earning potential (causing resentment from their husbands), could help prevent gender-based violence as a consequence of these programmes.

Also in 2009, WFP launched the Safe Access to Firewood and alternative Energy (SAFE) programme. While the project approach is multi-sectoral, SAFE has been predominantly driven by WFP's desire to help address protection threats, faced mostly by female beneficiaries, when collecting firewood and other types of cooking fuel. The programme has demonstrated encouraging results in terms of reducing women's risk of exposure to SGBV. The programme in North Darfur, comprising 33 centres where women make fuel-efficient stoves and fuel briquettes, has resulted in women having to venture out less frequently to collect firewood and charcoal. This, in turn, has decreased exposure to rape and other types of sexual assault. The SAFE centres have also created 'safe' social spaces for women, as well as venues for training on income generation, literacy, nutrition and hygiene and community reforestation.

A 2013 study by WFP and the US State Department Bureau of Population and Refugee Movement (BPRM) found positive links between fuel-efficient stoves, GBV sensitisation and reduced exposure to the risk of GBV during firewood collection in Kakuma, Kenya, where WFP has provided fuel-efficient stoves to refugees and host communities. The provision of fuel-efficient stoves has reduced fuel consumption, thereby reducing the frequency of trips to collect firewood and reducing women's exposure to the threat of SGBV. Recipients, who also received sensitisation on SGBV mitigation measures, have indicated increased knowledge about support for victims of violence and available reporting options. Focus group discussions with these beneficiaries revealed better community-based protection strategies during firewood collection (for

<sup>2</sup> See <http://www.wfp.org/purchase-progress>.

<sup>3</sup> B. Somé and L. Hildyard, 'Female Smallholder Farmers Empowerment: Understanding Gender Subtleties and Preserving Household Harmony', Learnings from WFP, January 2013.

example an increase in the number of women travelling in groups to collect firewood and more involvement of men in firewood collection). However, the study also highlighted that firewood collection cannot be totally eliminated, as it is also a significant source of income.<sup>4</sup>

WFP's flagship school-feeding programme has helped increase the enrolment and retention of girls in school. Education is one of the most important factors in stopping violence against women. WFP case studies in Chad and the Democratic Republic of Congo (DRC) indicate that providing take-home rations for girls in their last two years of primary school contributed to a decrease in the frequency of early marriage.<sup>5</sup> In Kenya, food assistance to boarding schools in the arid and semi-arid northern region has helped girls remain in school. WFP has also provided support to government boarding schools which accommodate girls who have run away from early or forced marriages.

Despite these positive developments, unintended consequences remain in food assistance delivery in general. Women are at risk of violence on the way to and from food distribution points; domestic violence against women may increase as spouses fight over control of assistance, or men react negatively to the role of women as the family's ration holder; raids on communities after food distributions expose women and girls to greater risk of rape and sexual assault, and women may suffer reprisal attacks for their participation in income-generating activities or for their new-found mobility and voice in local communities; aid workers may sexually exploit women in exchange for access to relief assistance. There have also been cases where women's participation in food assistance activities, for example cash or food for work or training, has further increased their workload, and the activities involved may not suit their physical capacity. Many of these unintended negative effects often arise because of lapses in analysis of the context, gender relations and the protection issues facing women and men. There may also be shortcomings in vetting partners and their staff, insufficient attention to safe distribution modalities (especially during quick-onset emergencies) and inadequate communication with and feedback from beneficiary and non-beneficiary communities.

### Elements of a strategy to prevent and respond to SGBV

Based on WFP's experience, this article proposes a set of possible elements of an SGBV prevention and response strategy for organisations providing food assistance in challenging contexts.

#### 1. Developing the necessary policy framework for action

WFP has developed policy frameworks demonstrating organisational commitment to SGBV prevention and res-

<sup>4</sup> WFP, 'WFP SAFE Project in Kenya, Kakuma: Fuel-Efficient Stoves and Gender-Based Violence', June 2013.

<sup>5</sup> Each girl must attend school 80% of the time to receive these rations, which are shared with the family. It is in the family's interest, therefore, to allow their daughter to attend school rather than marry.

ponse. The 2009 Gender Policy has placed the protection of women and girls from SGBV as a top programmatic priority for the agency, and the 2012 Humanitarian Protection Policy affirms WFP's responsibility to help protect its beneficiaries from harm and seek ways to contribute to their safety and dignity. Such policy frameworks have been critical in providing the foundation for staff to translate rhetoric into action in the field.

#### 2. Investing in consistent and dynamic context and gender analysis in all field programmes

Field research has shown that, in country offices where WFP has invested in analysis as part and parcel of programming, such as in Bangladesh, Malawi and Kenya, SGBV prevention programmes have achieved better results. This suggests that support for SGBV prevention needs to be based on in-depth analysis of the programme context, gender relations and the specific threats to and vulnerabilities of women and men; mapping of actors dealing with SGBV issues; and an understanding of the possible negative impacts of various assistance delivery methods (food aid, cash, vouchers). This analysis should be regularly reviewed and revised, and should feed into programme reviews and adjustments. This dynamic analytical approach should be built into rolling food security analysis as well as the monitoring and reporting tools of the organisation.

#### 3. Linking analysis with design and implementation: making SGBV prevention an explicit programme objective

WFP's experience shows that food assistance programmes, whether relief, P4P, asset creation, resilience-building or school feeding, can complement other interventions and strategically support SGBV prevention and response efforts. This will be most successful when programme objectives are explicitly linked to addressing SGBV or its consequences through targeted assistance, and making distributions safer for women and girls. Engaging men in programmes that have an SGBV prevention component is vital.

#### 4. Mitigating risks associated with food utilisation

The SAFE programme is a good example of how WFP is addressing SGBV threats associated with food utilisation. Some WFP country-level SAFE programmes, such as in North Darfur, are demonstrating success, especially if linked with livelihoods and income-generating activities. Organisations engaged in food and livelihood assistance programmes should build on this, and on the growing interest among international agencies and the private sector in innovative fuel-efficient technology.

#### 5. Listening and reaching out to affected communities

The field studies have highlighted the need for WFP to improve accountability to beneficiaries. Over the last two years, several WFP field offices have established beneficiary feedback and complaints mechanisms (including relating to SGBV), corruption and other issues that may arise from the delivery of food assistance. By consulting women, girls, men and boys separately in the design of programmes, engaging them in implementation and informing them of their food entitlements, it is hoped that such steps will

foster transparency, build trust with communities and facilitate better reporting of SGBV cases.

#### 6. Supporting and sustaining knowledge-building, awareness-raising and attitudinal change

To date, more than 3,000 WFP and implementing partner staff have received training on protection, including SGBV prevention. This has changed views within WFP about the importance of protection and human rights. This demonstrates the importance of investing in training and raising the awareness of staff and holding them accountable for contributing to SGBV prevention.

#### 7. Reporting, measuring results and instilling accountability among staff and managers

WFP's experience also demonstrates the need to continue to monitor whether its programme outputs, outcomes and processes are exacerbating SGBV or contributing to SGBV prevention and response. Having organisational results frameworks and country-level reporting tools with measurable indicators and impact assessments which help staff to understand the effect of food assistance on SGBV at the local level can help in this regard.

**Gina Pattugalan** is a Policy Officer with WFP.

## Adolescent girls in emergencies: a neglected priority

Jean Casey and Kelly Hawrylyshyn

As part of the primary research for the *State of the World's Girls 2013* report,<sup>1</sup> Plan conducted an online survey of humanitarian practitioners and decision-makers. The purpose of the survey was to provide an indication of what is actually happening in humanitarian response settings, with specific reference to adolescent girls. Respondents were asked to express their opinions of present practice and how it might be improved. The survey findings provide an illuminating insight into how response interventions are failing adolescent girls affected by disasters. They also provide an opportunity for practitioners to share practical suggestions for how different sectors can better address these failings. The survey questions were framed around the Sphere Project's minimum standards and a set of good practice actions devised by an internal working group specialising in adolescent girls in emergency response settings.<sup>2</sup>

The survey had a total of 318 respondents, 71% female and 29% male. The majority of the respondents, 61%, came from international NGOs and 22% from UN agencies. Of the 54% of respondents who indicated they had undergone gender training, two-thirds were women and one-third men. Participants' gender training had direct implications for how they responded to the survey: those who had completed gender training gave more gender-aware responses than those who had not undergone training. Geographical coverage was worldwide, with many respondents specialising in more than one region and representing all the targeted clusters (WASH, Protection, Shelter, Health and Education).

### WASH cluster responses

Although WASH interventions receive the highest proportion of humanitarian funding,<sup>3</sup> key protection risks that lead to increased exposure to GBV and sexual violence

<sup>1</sup> The full report, entitled *In Double Jeopardy: Adolescent Girls and Disasters*, is available at <http://plan-international.org/girls/reports-and-publications/the-state-of-the-worlds-girls-2013.php?lang=en>.

<sup>2</sup> The Sphere Project, *Humanitarian Charter and Minimum Standards in Humanitarian Response*, 2011.

<sup>3</sup> Global Humanitarian Assistance, *Global Humanitarian Assistance Report 2013*, <http://www.globalhumanitarianassistance.org/wp-content/uploads/2013/07/GHA-Report-2013.pdf>.

in IDP camps and shelters are not being adequately addressed. Only 16% of respondents said that lighting to and from shower blocks in IDP camps and shelters was in place, and for latrines it was 21%. Provision of locks for latrines and showers is not the norm according to 60% and 78% of respondents respectively. Given that women and girls, particularly when menstruating, often use facilities after dark for more privacy and to avoid embarrassment, the lack of prioritisation of lighting and locks as part of these emergency services can greatly increase the risk of gender-based violence in unsafe humanitarian settings.

### Protection: GBV-focused cluster responses

The survey found that the participation of women in needs assessment teams varied considerably. For example, under the child protection cluster a third of respondents said that usually there were no women in their post-disaster assessment teams. According to respondents in the camp management cluster, more than half of assessment teams lack female representation, despite the fact that the Inter-Agency Standing Committee (IASC) protection standards stipulate that assessment teams should have equal numbers of men and women. The small number of women in needs assessment teams correlates strongly with high rates of gender-blind humanitarian response programmes. Male domination of the humanitarian sector is being tackled through interventions such as proactive female recruitment and investing in building the capacity of local staff, but the challenge remains.

Considering the high incidence of sexual assault, violation and rape of adolescent girls in camp settings,<sup>4</sup> the findings regarding the provision of humanitarian services to address GBV in emergencies are alarming. Only roughly one-third of survey respondents claimed that their emergency contraception and post-service protection response met World Health Organisation (WHO) standards. This figure rose to 41% among those who had undergone gender training. Responses to the survey illustrate the exposure of adolescent girls in humanitarian settings: only 39% of

<sup>4</sup> UNHCR, *Action against Sexual and Gender Based Violence: An Updated Strategy*, UNHCR Division of International Protection, 2011, <http://www.unhcr.org/4e1d5aba9.pdf>.



© Plan / Petterik Wiggins

*A girl makes her way through windswept Mentao refugee camp near Djibo, Burkina Faso*

interventions prioritised the provision of safe spaces for girls, and half of GBV interventions are not targeting men.

We also asked respondents to indicate which of a number of actions had been implemented in recent emergencies to address the specific risk of one particular form of GBV, child marriage, in the aftermath of disasters. These included gathering evidence, monitoring increased incidence of child marriage, initiating strategies to prevent it and consultation with adolescent girls. Out of a total of 208 responses, 41% indicated that *some* strategies to address child marriage had been part of the emergency response, while 38% indicated that it had not been considered at all. The responses highlight a lack of general awareness of how to tackle the issue, despite growing evidence of an increase in child marriage.<sup>5</sup> As child marriage is not currently addressed in the IASC GBV guidelines,<sup>6</sup> there is a lack of clarity around its cluster responsibility, and it tends to fall between the Child Protection and GBV clusters.

### Camp Management responses

Sex and age disaggregation is a core standard in responding to the needs of vulnerable people in Sphere, and in the IASC Guidelines. Yet around half of the 232 respondents said that they are not collating this data in humanitarian settings. Minimum standards also stipulate that women and girls should be consulted, but less than half of respondents reported gender equity in their needs assessment teams. This has a direct implication for women and girls reporting incidents or fears of

<sup>5</sup> *Weathering the Storm: Adolescent Girls and Climate Change*, Plan, 2011.

<sup>6</sup> IASC, *Guidelines for Gender-based Violence Interventions in Humanitarian Settings*, 2005.

GBV or sexual assaults. Similarly, the survey results indicate that group consultations with adolescent girls are uncommon, despite the specification in the Sphere standards (Core Standard 1) that the affected population ‘should be engaged in a meaningful consultation process regarding decisions that affect their lives, without creating additional risks. This is one way of assisting them to assert their rights’.

### Education responses

Education was highlighted as a key intervention protecting girls in emergency situations. Although 72% of respondents said that their response operations ensure equal access for girls and boys to education, only 34% stated that security measures were in place to safeguard education services in emergencies from GBV risks. The provision of a safe learning environment for displaced girls and boys needs to address GBV risks in regard to access routes, content and messaging of education services, and the monitoring of teachers’ performance and behaviour, as well as that of students. Going to school, or taking part in less formal learning spaces, means that adolescent girls can access information about health, protection and rights. This information in turn can help them better negotiate the situation they find themselves in and equip them to pursue better outcomes for their lives.

Overall, the survey findings indicate that, although guidelines and minimum standards are in place, in response situations they are not being followed. This is to the detriment of the people they are designed to protect – particularly adolescent girls, who remain largely invisible in response interventions.

### Box 1: Tailoring humanitarian responses to the needs of adolescent girls

A large number of survey respondents (177) contributed to identifying key steps for delivering a successful integrated approach to girls' needs in emergencies. These include:

**1. Make girls visible.** Consult girls and make space for them to participate in decision-making on humanitarian response programming and design. Survey respondents working in the different clusters said that 'meaningful consultation with adolescent girls' was low, at its highest in the WASH cluster (47%) and at its lowest in the Protection cluster (27%). And yet 83% of respondents identified this as an important priority in humanitarian planning and programming.

**2. Count girls and build evidence.** The findings of this survey clearly indicate that respondents are asking for greater evidence, more research and accurate data in order to persuade donors to invest in programming for adolescent girls. Evidence on the challenges facing this group is largely anecdotal, and there is very limited quantifiable research due to the lack of sex- and age disaggregated data-gathering mechanisms in emergency response. Comprehensive mechanisms to document the unique experience of adolescent girls in disasters need to be set up and implemented, and data, properly disaggregated by sex and age, gathered and more widely reported to influence the sector's policy and practice.

**3. Increase cluster coordination.** It was evident from the survey responses that more coordination between clusters

is a shared priority. The protection and wellbeing of adolescent girls is falling between the designated remits of the different sectoral clusters. For example, as many respondents reported, the provision of WASH services needs to be prioritised within education interventions. In addition, GBV and Child Protection clusters need to be much more closely aligned, particularly regarding challenging issues such as early marriage.

**4. Increase commitment to gender training to ensure a better focus on adolescent girls.** The survey clearly brought to light that those respondents who had undergone gender training incorporated activities into humanitarian response which were more tailored to the individual needs of girls affected by emergencies than respondents who had not had such training. In the area of sexual and reproductive health youth-friendly services and family planning for unmarried girls increased significantly according to the level of gender training received.

**5. Involve the community and adolescent girls in disaster preparedness and recovery.** Respondents recognised that both the wider community and adolescent girls themselves should have the opportunity to act as agents of change in reconstruction and rehabilitation efforts. This was seen as the most effective way to challenge the root causes of discrimination and exclusion.

Commitments made at the High level Summit on Violence Against Women and Girls in Emergencies,<sup>7</sup> hosted by the UK Department for International Development (DFID) in November 2013, are a welcome step towards ensuring that the humanitarian sector stops making bad situations worse for adolescent girls. Positive changes in practice by leading humanitarian donors (ECHO, the UN Consolidated Appeal and DFID, among others), making use of the Gender Marker<sup>8</sup> in funding decisions, are long overdue. Research carried out by Plan demonstrates that many

<sup>7</sup> See <https://www.gov.uk/government/news/greening-girls-and-women-must-be-kept-safe-in-emergencies>.

<sup>8</sup> The IASC Gender Marker codes, on a 0–2 scale, whether a humanitarian project is designed well enough to ensure that women/girls and men/boys will benefit equally from it, or that it will advance gender equality in another way. If the project has the potential to contribute to gender equality, the marker predicts whether the results are likely to be limited or significant. Since 2012, the Gender Marker has been required in all CAPs and in selected ERFs and CHFs.

humanitarian practitioners agree that protecting women and girls from violence, including sexual exploitation and abuse, sexual assault, forced marriage and trafficking, remains a neglected priority in life-saving responses. We all know that guidelines to address GBV in humanitarian settings exist – and are being ignored – and that more and more adolescent girls and women are exposed to GBV risks. While many do not dispute that women and girls' safety, protection and dignity should not be compromised in emergency settings, when they are most vulnerable, the question remains: will the humanitarian community as a whole commit its financial resources, operational staff and management to put the five steps above into practice?

**Jean Casey** is Lead Researcher and Project Coordinator for the *State of the World's Girls 2013* report. **Kelly Hawrylyshyn** is Disaster Risk Reduction (DRR) and Resilience Advisor at Plan UK.

## Humanitarian Practice Network

The Humanitarian Practice Network (HPN) is an independent forum where field workers, managers and policymakers in the humanitarian sector share information, analysis and experience.

HPN's aim is to improve the performance of humanitarian action by contributing to individual and institutional learning.

HPN's activities include:

- A series of specialist publications: *Humanitarian Exchange* magazine, Network Papers and Good Practice Reviews.
- A resource website at [www.odihpn.org](http://www.odihpn.org).
- Occasional seminars and workshops bringing together practitioners, policymakers and analysts.

HPN's members and audience comprise individuals and organisations engaged in humanitarian action. They are in 80 countries worldwide, working in northern and southern NGOs, the UN and other multilateral agencies, governments and donors, academic institutions and consultancies. HPN's publications are written by a similarly wide range of contributors.

HPN's institutional location is the Humanitarian Policy Group (HPG) at the Overseas Development Institute (ODI), an independent think tank on humanitarian and development policy. HPN's publications are researched and written by a wide range of individuals and organisations, and are published by HPN in order to encourage and facilitate knowledge-sharing within the sector. The views and opinions expressed in HPN's publications do not necessarily state or reflect those of the Humanitarian Policy Group or the Overseas Development Institute.

Funding support is provided through the HPG Integrated Programme by the Australian Government Department of Foreign Affairs and Trade (DFAT), the British Red Cross, the Canadian Department of Foreign Affairs, Trade and Development (DFATD), the Swiss Federal Department of Foreign Affairs (FDFA), the Ministry of Foreign Affairs (MFA) Denmark, the Ministry of Foreign Affairs (MFA) Netherlands, Oxfam GB, the Swedish International Development Cooperation Agency (SIDA), World Vision International, the Office of Foreign Disaster Assistance (OFDA) (USAID), the Ministry of Foreign Affairs (MFA) Norway, the International Rescue Committee (IRC) UK and Irish Aid.

This edition of *Humanitarian Exchange* was edited by  
Wendy Fenton and Matthew Foley.

Humanitarian Practice Network (HPN)  
Overseas Development Institute  
203 Blackfriars Road  
London, SE1 8NJ  
United Kingdom

Tel: +44 (0)20 7922 0300  
Fax: +44 (0)20 7922 0399  
HPN e-mail: [hpn@odi.org.uk](mailto:hpn@odi.org.uk)  
HPN website: <http://www.odihpn.org>

Typesetting Design To Print Solutions Limited  
Printed and bound in the UK by Charlesworth.  
ISSN: 1472-4847

© Overseas Development Institute, London, 2014.