Reference Guide: Integrating GBV into UNICEF Emergency Preparedness and Response[1]

Purpose

This guidance provides practical steps and tools to mitigate the risk of GBV in UNICEF's emergency preparedness planning and response and is intended as a reference guide for Emergency Specialists, non-GBV programme sections and Sector Specialists, and Senior Management. The current guidance incorporates specific GBV considerations, guidance and tools developed in response to the COVID-19 pandemic.

UNICEF's Commitment to GBViE

Responding to GBV needs in emergency preparedness planning and response is one of the entry points to deliver on UNICEF's commitment to address GBV in emergencies which is further reaffirmed in the Core Commitments for Children. Through these, UNICEF is committed to ensuring that gender equality is integrated consistently in its disaster prevention, humanitarian response and recovery programmes. The underlying principles is that gender analysis informs decisions based on the different needs and capacities of girls, boys, women and men.

Responding to GBV in emergencies further contributes to meeting UNICEF commitments to promoting Accountability to Affected Population (AAP) with its operational partners, within Humanitarian Country Teams (HCT), UNICEF COs and among Cluster members.

> In May 2019, UNICEF ED Fore announced the following GBViE commitments:
> 1. Increase the visibility of GBV in UNICEF-led clusters' Humanitarian Needs Overviews (HNOs) and Humanitarian Response Plans (HRPs): at least 10 HNO/HRPs for 2020 include GBV risk analysis and risk mitigation measures across all UNICEF-led clusters.
> 2. Increase the visibility of GBV in UNICEF's Humanitarian Appeals for Children (HAC): 50% of HACs to include GBV by 2020; 100% by 2021.
> 3. Strengthen UNICEF's internal systems for tracking the support provided to local women's civil society groups.
>
> In June 2020, ED Fore announced all 130 UNICEF Country Offices will include GBViE in the covid-19 response.

UNICEF has a strong corporate commitment to accountability and specifically to children and their communities. Consistent with UNICEF's mission and mandate, Core Commitments to Children (CCCs), and Humanitarian Principles, UNICEF subscribes is committed to the revised IASC AAP and PSEA commitments to leadership, participation and partnership, information, feedback and action, and results in all aspects of its policies, operational guidelines and programmes.

Protection from Sexual Exploitation and Abuse (PSEA) is an agency-wide responsibility requiring action from management, operations, human resources and programme sections amongst others. UNICEF is a leading contributor to the IASC and UN coordination groups working on PSEA, bringing its GBViE expertise to these initiatives. All sectors have a critical role to play in designing and implementing their interventions in a way that minimizes SEA risks and helps connect survivors of SEA and other forms of GBV to appropriate care (you can find more on Tips for strengthening protection against sexual exploitation and abuse through UNICEF programming).

Taking Action on GBViE: UNICEF's Approach

UNICEF's vision is that girls and women affected by emergencies are able to fulfil their rights to live free from GBV. Three outcomes are linked to the realization of this vision, each of which forms an integral aspect of UNICEF's GBViE programming in practice:

    Outcome 1. Support survivors with access to a comprehensive set of services;
    Outcome 2. Mitigate the risk of GBV across humanitarian sectors; and
    Outcome 3. Prevent GBV by addressing its underlying conditions and drivers.

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[1] This note has been drafted by UNICEF GBViE Specialists from HQ, MENARO, and ESARO in consultation with Emergency Preparedness Focal Points and with considerations for the Emergency Preparedness process.

These outcomes are supported by an ongoing and simultaneous effort to coordinate with the humanitarian community and with governments, civil society and non-governmental organizations (NGOs) on systems strengthening.

Key resources: UNICEF GBViE Operational Guide and UNICEF GBViE Programme Resource Pack

What is GBV risk mitigation?
Integrating GBV risk mitigation promotes better, safer programming for all. The goal of GBV risk mitigation is to make humanitarian systems and services safe, effective and responsive to the needs and rights of women and girls. Concretely, this means ensuring humanitarian service delivery:
   (1) does not increase the likelihood of GBV occurring by creating additional or exacerbating existing GBV risks;
   (2) seeks to identify and mitigate GBV risks;
   (3) conducts ongoing monitoring of access and barriers to services, particularly those faced by women and girls; and
   (4) are equipped to safely and ethically refer survivors of GBV using available GBV referral mechanisms or know what to do in areas where there is not referral mechanism and are familiar with the GBV Pocket Guide.

GBV risks are factors that increase the likelihood of GBV occurring. GBV risks contribute to – but are not the same as – incidents of GBV or forms of GBV (such as sexual violence or intimate partner violence). The figure below provides examples of GBV risks at individual/family, community and societal levels.

GBV risk mitigation interventions are actions taken to reduce identified risks. An example is provided below:
   - GBV risk: The route to a nutrition center passes through an area occupied by armed groups/checkpoints.
   - Implications: Women and children have difficulty accessing services, due to fear and/or experience of assault and harassment.
   - GBV risk mitigation intervention: In some settings, it may be possible to move the facility to a safer location. In others, nutrition actors can set up mobile outreach modalities that provide services closer to target communities and minimize the need for service users to travel on unsafe routes.
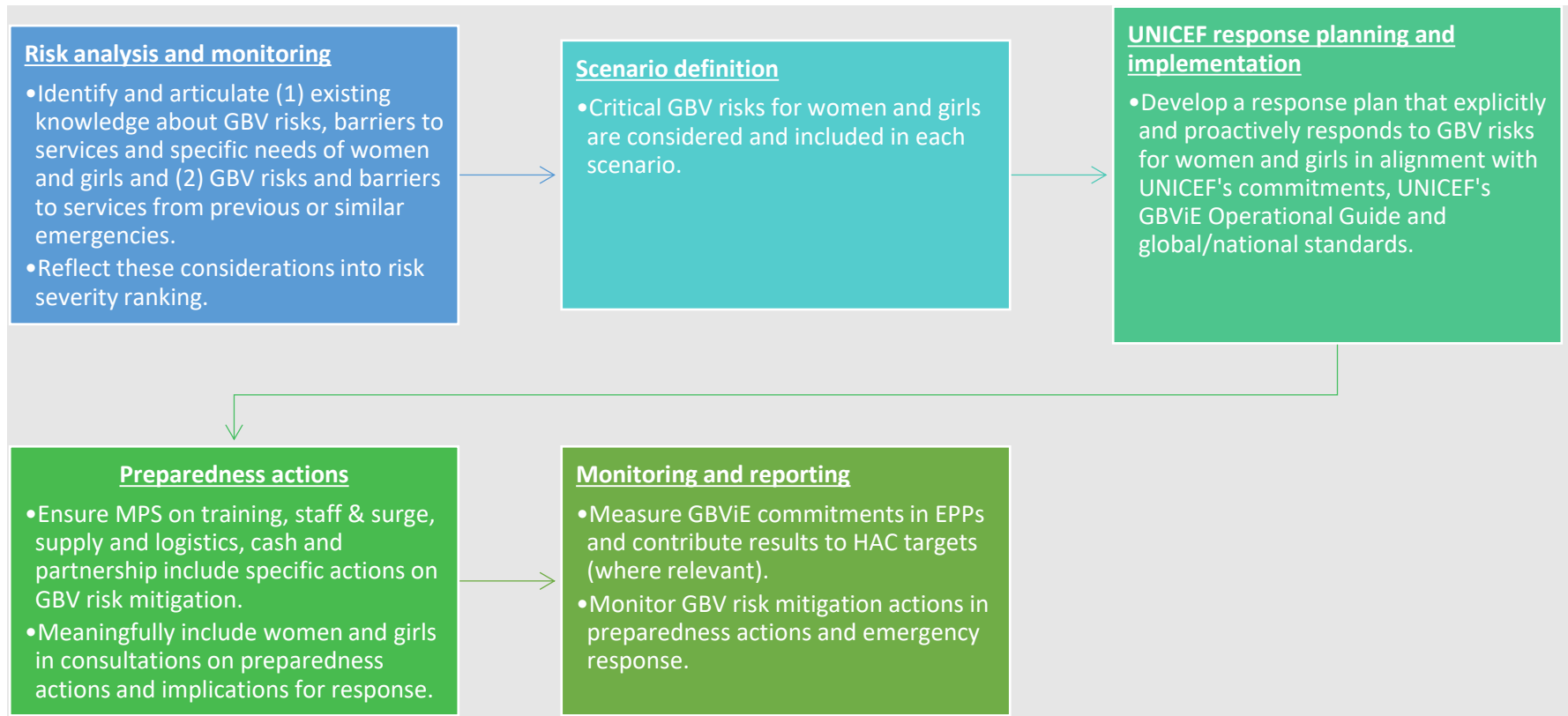
Key messages: GBV and emergency preparedness
1. **Gender-based violence (GBV) is a life-threatening human rights, public health and development issue that affects every aspect of women and girls' life and wellbeing.** GBV is the pervasive yet least visible human rights violation in the world. Gender inequalities and harmful practices/social norms are the causes and contributing factors of GBV. Although GBV affects everyone, at least one in three females – over one billion worldwide – will experience physical and/or sexual violence in their lifetime, simply because they are female.

2. **Women and girls are disproportionately affected by conflict, natural disasters and public health emergencies.** For example, women, girls and boys are 14 times more likely to die in a natural disaster compared with their adult male counterparts. Natural disasters and climate-inducted threats erode women and girls' resilience and access to and control of natural resources. Evidence shows that women and girls bear the burden of public health emergencies, such as Ebola, COVID-19 and cholera, and their risks for GBV, including sexual exploitation and abuse, increase dramatically.

3. **Integrating GBV risk mitigation measures is not only a core responsibility of all humanitarian actors (Centrality of Protection, Accountability to Affected Populations, Core Commitments for Children etc.) it also improves the safety and well-being of people most affected by crisis across all sectors.** By preparing for and delivering aid and services in the safest and most dignified way, access improves, and more people benefit thereby strengthening overall outcomes. On the other hand, failing to address gender-based violence concerns compromise the effectiveness of emergency preparedness and

humanitarian response across all sectors. In some country the cost is up to 3.7% of GDP which is DOUBLE the cost of an education budget. Research indicates that the direct and indirect costs of GBV could be as large as 2 per cent of global gross domestic product.

4. **Preparing for and addressing gender-based violence in emergencies will not only secure the rights, protection and wellbeing of millions of girls and women caught in the midst and aftermath of an emergency, it will also improve prospects for peace, equality and progress toward sustainable development** thus increasing UNICEF's contribution towards SDG Goal 5: Achieve gender equality and empower all women and girls, Goal 16: promote peaceful and inclusive societies for sustainable development as well as Goals 1, 3 and 4**.**

5. With our demonstrated technical expertise, leadership and operational capabilities across multiple sectors, **UNICEF has a unique institutional capacity to prepare for and deliver high-quality, multifaceted GBV in emergencies programming.**

Entry Points and Key Actions to Integrate GBV in Emergency Preparedness Planning

Risk analysis and monitoring

- Identify and articulate (1) existing knowledge about GBV risks, barriers to services and specific needs of women and girls and (2) GBV risks and barriers to services from previous or similar emergencies.
- Reflect these considerations into risk severity ranking.

Scenario definition

- Critical GBV risks for women and girls are considered and included in each scenario.

UNICEF response planning and implementation

- Develop a response plan that explicitly and proactively responds to GBV risks for women and girls in alignment with UNICEF's commitments, UNICEF's GBViE Operational Guide and global/national standards.

Preparedness actions

- Ensure MPS on training, staff & surge, supply and logistics, cash and partnership include specific actions on GBV risk mitigation.
- Meaningfully include women and girls in consultations on preparedness actions and implications for response.

Monitoring and reporting

- Measure GBViE commitments in EPPs and contribute results to HAC targets (where relevant).
- Monitor GBV risk mitigation actions in preparedness actions and emergency response.

Key GBViE Integration Actions in UNICEF's Emergency Preparedness and Response

Entry point	Key Actions	Tools and resources	Focal point / Responsible	Support available
Risk analysis and monitoring	Secondary data review (SDR): Conduct an SDR with specific analytical framework components that identify what is already known about key protection, GBV, child protection concerns and safety risks; existing gender inequalities; and GBV risk information from previous or similar crises in country and/or the region. Ensure SDR analytical frameworks focus data gathering on information that is relevant to the programme section/sector.	Previous HNOs/HRP LVAC surveys Thematic protection reports Cheat Sheet #1: How to Integrate GBV into Secondary Data Review DEEP – a web platform to support data analysis including SDR	Emergency Specialist Sectoral Specialists	SDR examples: GBV AoR SDR tools Global Education Cluster SDR package Global WASH Cluster SDR package Contact for support with analysis of data: CO GBViE Specialist/FP RO GBViE Specialists HQ GBViE Specialists
	Participation of women and girls: Check if consultations with women and girls have already been meaningfully done and information collected contributes to risk analysis. If not or if further information is needed, consider organising multi-sectoral consultations with women, girls and other groups to: (1) identify GBV risks, barriers and specific needs related to emergency preparedness (e.g. evacuation processes, early warning systems etc.), (2) identify GBV risks, barriers and specific needs related to the onset of an emergency, (3) how an emergency impacts women and girls,	UNICEF's AAAQ Framework [low res B&W version]. UNICEF Tip Sheet: Consulting with Women and Girls Box: Key 5 Questions for Women and Girls (Highlights essential aspects to be considered to capture risks, barriers and specific needs)	Emergency Specialist Sectoral Specialists	Contact for support with designing consultations: CO GBViE Specialist/FP RO GBViE Specialists HQ GBViE Specialists

	and (4) identify criteria to assess and monitor the risk of an emergency.

COVID-19 Specific Considerations: In situations where community consultations cannot take place due to quarantine/lockdown policies, the AAAQ framework can act as a starting point to think through potential barriers that women, girls and other at-risk populations are likely to face

Important:
DON'T ask questions about individuals'/specific people's experiences of GBV.
DON'T collect or attempt to collect GBV incident data/numbers of cases.
DON'T attempt to convene a consultation group comprised only of GBV survivors or to find GBV survivors to take part in the consultations.
DON'T make questions too general.

Refer to the tip sheet for more information for Do's and Don't | | | |
| Scenario Definition | Include critical GBV risks for women and girls in each scenario. | SDR findings

Cheat Sheet #2: Scenarios and Potential GBV Risks and Barriers for Women and Girls | Emergency Specialist

Sectoral Specialists | UNICEF remote and dedicated in-person GBV expertise:
• RO GBV Specialists
• GBViE ERT deployment
• Stand-by partner deployment |
| | Participation of women and girls:

Ensure scenario definitions accurately include inputs from women and girls from risk analysis and monitoring. | UNICEF's AAAQ Framework [low res B&W version].

UNICEF Tip Sheet: Consulting with Women and Girls | | |

	Depending on the context or scenario/risks, further consultations may be needed. Refer to available support for resource persons.	Box: Key 5 Questions for Women and Girls		In-country resource people: • GBV specialized partners • Women-led and civil society organizations • GBV Sub-cluster or other GBV/gender coordination platforms
Response Planning and Implementation	Programme design and implementation: Put in place key GBV risk mitigation actions to address identified GBV risks and barriers. Ensure gender parity of 50% of emergency staff, volunteers and responders are female.	Risk mitigation examples in country: South Sudan, Lebanon IASC GBV Guidelines Tip Sheet for covid-19 [EN] [AR] [FR] [SP] WASH: GWC 5 Minimum Commitments, GWC gender resources, UNICEF Gender Responsive WASH, GBV Guidelines WASH TAG [EN] [AR] [FR] [SP] Education: EiE Assessment Training with GBV/PSEA checklist, UNESCO, Global Guidance on addressing School related GBV [EN] [FR], GBV Guidelines Edu TAG [EN] [AR] [FR] [SP] Child Protection: GBV Guidelines CP TAG [EN] [AR] [FR] [SP]; CP Minimum Standards (Standard 9 SGBV), CP AoR Resource Menu for COVID-19	Emergency Specialist Sectoral Specialists, including section focal points for GBV risk mitigation	UNICEF remote and dedicated in-person GBV expertise: • RO GBV Specialist • GBViE ERT deployment • Stand-by partner deployment

| | | COVID-19: GBV Risks to Adolescent Girls and Interventions to Protect and Empower Them [EN]

Nutrition: GNC Webinar on Nutrition and GBV, GNC Preparedness Guidelines for Nutrition in Emergencies with gender and GBV consideration in EPP, GNC resources for GBV integration, GBV Guidelines Nutrition TAG [EN] [AR] [FR] [SP]

Health: UNICEF GBV Help Desk – public health outbreaks and women, MISP, Healthcare for Survivors (UNICEF GBViE Resource Pack), GBV Guidelines Health TAG [EN] [AR] [FR] [SP];
Covid-19 resources – Vietnam: safety instructions for children and women in quarantine centres

Cash: UNICEF GBV and Cash guidance, GBV and Cash/Voucher Assistance Compendium in multiple languages.

UNICEF Guidance on Menstrual Health and Hygiene for all sectors.

Additional tools may be available at HQ, Regional, or CO level (including programme specific) | | |
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| | Monitoring:

Ensure continued monitoring of GBV risks, barriers and specific needs of women and girls throughout programme cycle. Safety Audits are an example one | Cheat Sheet #3: Monitoring and Reporting for GBV Risk Mitigation

Safety Audits
• A How-To Guide
• Safety Audit mapping of tools and resources
• Country specific tools, guides and SOPs | | |

	tool that can be used to monitor risks and barriers.	• EMOPS Good Practice Note on Somalia Safety Audit initiative • South Sudan Safety Audits for Nutrition Facilities		
	Participation of women and girls: Meaningfully involve and consult with women and girls throughout the progrmame cycle.	UNICEF's AAAQ Framework [low res B&W version]. UNICEF Tip Sheet: Consulting with Women and Girls		
	Establish or scale-up existing GBV prevention and response programming *Note: Although the purpose of this document is to identify entry points for integrating GBV risk mitigation in preparedness and response, specific considerations are needed for GBV specialised programming. Depending on the emergency scenarios and risks, there may be a need for COs to establish or scale up GBV specialised programming to meet the needs of women and girls. As such, COs are requested to consider the following and if no expertise is available in country, please check the column "Support available."*	GBViE Operational Guide Decision tree on GBV programming Figure 6 Key response actions UNICEF GBViE Resource Pack Kit M, "key action" section.	Deputy Representative Chief of Child Protection	CO GBViE Specialist/FP RO GBViE Specialists HQ GBViE Specialists
Preparedness Actions	Participation of women and girls: Ensure active participation of women and girls in design of preparedness actions such as early warning systems, identification of supplies and pre-positioning etc.	UNICEF's AAAQ Framework [low res B&W version]. UNICEF Tip Sheet: Consulting with Women and Girls		
	MPS – Training • How to support a survivor of GBV who discloses their experience; how to safely refer	GBV Pocket Guide with User Guide in AR, EN, FR, SP and Burmese. Mobile app ("GBV Pocket Guide") on iOS and Google Play currently in EN.	Emergency Specialist Sectoral Specialists	To request support for trainings (including GBV Core Concepts and Safety Audits) please reach out

	a survivor using referral pathways • How to conduct safety audits	GBV Core Concepts and safety audit training materials. Agora GBV Risk Mitigation Training [EN] [FR] [AR]	GBViE Focal Point (if existing)	to: CO/RO/HQ GBViE Specialists
	MPS – Staff & Surge • Request GBViE ERT • Request Standby Partners (SBPs) for GBV deployment • Identify GBV focal point in sectors	For surge support, please refer to these tools: Link to request for ERT • HQ Surge Deployment Protocol • Walk through Surge Protocol Process • Surge Mission Additional Information GBV Specialist ToR (available, contact RO for sample) For a current overview of deployments and requests for SBPs request, please see the UNICEF External Surge Dashboard	Chief of Child Protection HR Specialist	For SBP Deployments information, contact: Lauren Cheshire lcheshire@unicef.org, Emergency Specialist, Standby Arrangements Alvaro Gomez agomez@unicef.org, Emergency Officer, Standby Arrangements
	MPS 8 – Supply & Logistics • Pre-position post-rape kits including PEP for both staff and affected communities • Pre-position Menstrual Hygiene Management kits • Pre-position Dignity Kits	Supply catalogue • UNICEF WASH Dignity Kit [poster] • UNICEF MHM • Reusable menstrual hygiene materials • Post-rape kits Guidance • UNICEF Guide to Menstrual Health and Hygiene Materials • UNICEF GBViE Resource Pack: Dignity Kits PSEA/AAP messages available for inclusion in kits and distributions	Supply Specialist Sectoral Specialists	CO GBViE Specialists / FPs RO GBViE Specialists HQ GBViE Specialists
	MPS 9 – Cash interventions • Integrate GBV risk analysis and mitigation measures into cash interventions.	UNICEF GBV and Cash guidance, GBV and Cash/Voucher Assistance Compendium in multiple languages.	Emergency Specialist Social Policy Specialist	

	MPS 10 – Partnership • Identify community groups and local women's organizations as non-traditional partners in order to forward the localization agenda[2] • Train and build-capacity of local partners in GBViE • Develop stand-by PD/SSFA if possible, with potential partners for emergency response.	Agora GBV Risk Mitigation Training [EN] [FR] [AR]	Sectoral Specialists Emergency Specialists	To access the GBV Core Concepts training, please contact GBViE Specialists To request support for trainings please reach out to: CO/RO/HQ GBViE Specialists
Monitoring and Reporting	Monitor and document GBViE commitments in EPPs and resulting response including targeting, indicators and achievements. Monitor GBV risk mitigation actions in preparedness actions and emergency response.	Cheat sheet #3: Monitoring and Reporting for GBV Risk Mitigation WASH: Global WASH Cluster Quality Assurance and Accountability Systems and the Analytical Framework Regional Office Guidance on covid-19 GBViE Risk Mitigation Indicator Reporting	Sectoral Specialists Emergency Specialists PME Specialist	

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[2] Refer to ED Fore Commitment # 3

Consultations with women and girls are key commitments in the IASC AAP commitments[3], CCCs[4] and IASC Common Framework for Preparedness[5]. The involvement of women and girls are essential to the analysis, design, implementation and monitoring of emergency preparedness and response actions. Entry points are detailed in the table below.

Guidance on consulting with women and girls:
1. Consult with women and girls on their concerns, specific needs, movement and daily responsibilities. Work with community leaders to ensure women's participation.
2. Be aware of barriers to participation including gender roles; absence in decision making roles; perceptions that women are vulnerable versus capable; limited participation and interaction in the public sphere due to domestic/unpaid labor; women and girls not recognized as frontline responders.
3. Be aware of how women and girls are consulted. Consult women and girls separately, including separate spaces for adult women, younger women, adolescent girls and so on. Be mindful of power relationship and do not assume male community leaders or members know what women, girls, boys or other groups want. Use existing services, such as mother to mother groups in nutrition centers or women and girl safe spaces to engage safely.
4. Create a safe space for consultations by (i) ensuring facilitators and teams are gender balanced, diverse and are trained; (ii) explaining to women and girls how information will be used and ask for their informed consent; iii) ensure that the consultation venue is safe, private and accessible; iv) ensure confidentiality of information shared.

> **Top 5 Questions when Consulting with Women and Girls**
> If time or scope for consultation (onset of an emergency, restricted movement in COVID-19 response) is limited, consider the key priorities of focus which draw from the AAAQ framework:
> 1. Safety considerations in relation to access to services: distance, safety of route to/from services, physical barriers, opening times, confidentiality
> 2. Are certain groups excluded from information/services because of language barriers?
> 3. Does accessing relevant information/service require a bank account, internet access, mobile phone, etc.?
> 4. Are there female frontline workers (including translators/interpreters, if necessary)? Are there certain characteristics of the service providers (i.e. gender, international versus local staff etc.) that make the community more or less comfortable accessing services?
> 5. COVID-19 consideration: is remote access possible and under which conditions?

Key Resources related to COVID-19

GBV response: (Child Protection and GBViE Actors)
1. Technical guide for remote case and data management here
2. Podcast for supervision of remote case management using technology is here COVID-19 Series: Remote Supervision and Staff Care
3. Alternatives to technology for low resource/low-tech settings refer to this Guidance and podcast here through working with local partners including women groups etc.

GBV Risk mitigation: All sections
1. Tip Sheet for GBV risk mitigation in COVID-19 Response for ensuring women and girls' safety during COVID pandemic and other related humanitarian crisis.
2. UNICEF GBViE Core Community Awareness Messages: Covid-19 Response

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[3] IASC AAP commitments: **a) Participation:** Promote equitable, two-way communications between communities and aid providers. This implies engaging communities in planning & M&E processes, starting with country program development to programme implementation and monitoring. **b) Feed-back and complaints mechanisms**: COs must ensure that vulnerable, at-risk and affected people and other stakeholders (such as local first line responders) have safe, equitable and appropriate means to provide feedback and complaints about their experiences and perspectives on the design, quality and effectiveness of responses, and integrate their feedback into decision-making processes related to planning and course correction.

[4] CCCs: Promoting the participation of children, adolescents, women and affected populations, including in the analysis, design and monitoring of humanitarian programmes.

[5] IASC Common Framework for Preparedness: Preparedness aims to reduce vulnerability and enhance resilience and protection by applying a human rights-based approach, including through consultation with the affected population.

Cheat Sheet #1: How to Integrate GBV into Secondary Data Review (SDR)

In the Secondary Data Review across sectors, it is important to identify GBV risks and barriers that women, girls and other at-risk group face as a result of the expected emergency so that appropriate GBV risk mitigation measures can be taken at both the preparedness and the emergency response. The SDR is a basis of the Risk Analysis and the Scenario Definition. If there is an information gap, consider conducting assessments and research to fill the gap. The SDR can be updated regularly as more information comes especially where an ongoing emergency is happening.

What to look at in the SDR	Potential information sources
General GBV situation in the country and right of women and girls (see the GBV AoR's SDR package) • Social norms - acceptance to GBV • Availability and capacity of existing GBV services in the country • Women's and girls' rights and legal system related to GBV • Help-seeking behaviors – key barriers to access GBV services.	• Gender analysis • UNICEF Situation Analysis • Multi-Indicators Cluster Survey (MICS) • National Health Survey • GBV and VAC studies conducted in the country. • Reports from GBV Information Management System
The impact of the past emergencies to women and girls • How the past emergencies impacted women, girls and other at-risk group i.e. increased risks of GBV including SEA, reduced GBV services, reduced access to/availability of essential items and services that women and girls needs etc?	• Evaluation reports of the past emergencies in the country and the region. • Reports from GBV Area of Responsibility (AoR) in the country and at the global level. • Gender analysis from the past emergencies. • Reports from various clusters • Displacement Tracking Matrix (DTM) • REACH
The GBV risks and barriers that women, girls and other at-risk groups faced in the past emergencies. (see the Cheat Sheet #2 for examples of GBV risks and barriers) • What were the GBV risks that women and girls faced to access to emergency response services and emergency related information including early warnings in the past emergencies? • What were the barriers and enablers for women, girls, boys and men of different ages and abilities to accessing emergency response services and emergency related information in the past emergencies?	• Evaluation reports of the past emergencies in the country and the region. • Reports from GBV Area of Responsibility (AoR) in the country • Reports from Gender Working Group in the country • Gender analysis from the past emergencies. • GBV AoR coordinators and Information Management Officers • GBV specialists in the country office, regional office and the HQ. • Reports from various clusters • Displacement Tracking Matrix (DTM) • REACH

Women and girls' participation in decision-making related to emergency preparedness and response. • What were the barriers and enablers for women, girls and other at-risk groups to participate in decision making related to emergency preparedness and response in the past emergencies? • What is the level of participation of women and girls in the emergency preparedness and response planning in the target areas? • What is the capacity of UNICEF and partners to meaningfully and safely engage with women and girls throughout humanitarian programme cycle?	• Evaluation reports of the past emergencies in the country and the region. • Reports from GBV AoR. • Gender analysis • UNICEF Situation Analysis • Organogram of Disaster Management Committee and relevant bodies to govern emergency preparedness and response in the country. • National Red Cross/Red Crescent Society. • Minutes and participants' list of meetings related to emergency preparedness and response. • Reports from various clusters
Women's and girls' preference and special needs during the emergency. • Information Dissemination – including early warning, risk communication and community engagement and other essential information. • Relief distribution system and relief items for all sectors • Design of evacuation centers and infrastructures • Other response services, i.e. child protection, education, health, nutrition and WASH • Participation and feedback mechanisms.	• Evaluation reports of the past emergencies. • Gender Analysis. • Reports from GBV AoR • GBV AoR coordinator • GBV specialists in the country office, regional office and HQ. • National Red Cross/Red Crescent Society. • Cluster and sector specific assessment, reports and researches. • Accountability to Affected Populations specialists
Capacity of UNICEF and partners to mitigate GBV risks in emergency preparedness and response. • The level of knowledge of GBV basics and GBV risk mitigation among UNICEF personnel and partners. • The level of knowledge of PSEA among UNICEF personnel and partners. • To what extent the IASC GBV guidelines are integrated into the national sector standards and key resources? • To what extent PDs include GBV risk mitigation activities across sectors. • Local women's association – where they are, what they do, their capacity and how to contact them.	• Training records and reports. • PDs • GBV AoR reports and the coordinators • GBV specialist in the country office, regional office and HQ. *The information may not be readily available but tools to identify capacity gaps among UNICEF and partners' personnel and tools for self-assessment for GBV risk mitigations are available in UNICEF GBViE Resource Package Kit M and at the GBV guidelines website. If support is required, contact GBV specialist in the regional office and the HQ.*

<center>**Cheat Sheet #2: Scenarios and Potential GBV Risks and Barriers for Women and Girls**</center>

Women and girls face specific GBV risks and barriers to engage in emergency preparedness activities leading to a response that does not fit their unique needs and may cause more harm.

- Examples of GBV risks and barriers experienced by women and girls when engaging in emergency preparedness activities
    - Barriers to participation in community preparedness mechanisms, such as early warning systems or early warning notifications.
    - Mobility restrictions or literacy barriers to participate in community-based risk assessments or early warning systems.
    - Risk of violence in the home as a consequence of participation in "public" parts of life (e.g. social and cultural expectations on women and girls mixing with men outside the family and other strangers).

- Sample GBV risks and barriers of women and girls at the onset and aftermath of an emergency
    - Women and girls are more likely to die in a natural disaster because do not have information, are less mobile (carrying children/other dependents), do not know where the evacuation centers are because they are not included in preparedness planning or notification systems do not fit their needs.
    - Poorly designed services, evacuation centers, shelters, sanitation facilities etc. that do not fit the privacy, safety and acceptability needs of women and girls.
    - Unsafe services due to their design, transfer modality for cash and vouchers, distance/route or other factor(s).

Emergency Scenario Description	
Conflict	Civil unrest/demonstrations, armed conflict, inter-communal or ethnic conflict, electoral violence, etc.
Disaster	Earthquake, flooding/landslide, drought, typhoon etc.
Disease-outbreak	Cholera, Ebola
Potential GBV risks, including SEA, associated with different emergency scenarios	

Conflict, disasters and disease-outbreak including epidemic and pandemic infectious diseases such as cholera. ebola, covid etc can exacerbate risks and exposure to gender-based violence particularly for women and girls during emergencies, which may include the following:

- Break down family and community support mechanisms, destroys homes and basic livelihoods which women and girls have primary responsibility for their safety and wellbeing;
- Increased stress, insecurity, engagement in hazardous and negative coping mechanisms among women and girls due to loss of livelihood and pre-existing protective mechanisms.
- Increased in militarization of communities, attacks and violence against women and girls.
- Forced displacement, migration conscription, abduction, recruitment into armed groups and trafficking of women and girls;
- Women and girl may experience increased risks of protection during including separation when emergencies hit given their gender responsibilities for caring for others.
- Women and girls taking dangerous and unsafe route to flee, sheltering in deplorable living conditions in order to survive;
- Exacerbation of pre-existing gender inequality against women and girls thereby further depriving their rights to decide and access to information and services during emergencies.

- Poor and unsafe design of facilities and services due to lack of women and voices in them.
- Imposed infection prevention and control measures including lockdown and other social distancing that do not take into consideration safety and wellbeing needs for women and girls
- Loss of livelihood and access to basic needs impacting survival
- Disruption of pre-existing access to information, access to available services and service provision arrangements
- De-prioritization of protection and care for vulnerable populations and survivors of gender-based violence during public health emergency response including suspension of existing support services, and or requisition of women and girls' spaces to respond to different outbreaks
- Individuals who were traditionally marginalized tend to be harmed by conflict, disaster, and disease-outbreak more than individuals who were in positions of relative privilege beforehand.
- After disasters, it takes women longer and more difficult to find and prepare food, and care for other family members including children (particularly if schools are ruined or closed) and this may increase exposure to intimate partner violence (IPV);
- Reduced access to sexual and reproductive health information and services during disease outbreak can lead to increased risky behavior, increased obstacles to reporting incidents of sexual violence and seeking care.

	Implications for UNICEF Programmes and Operations
WASH	- **Lack of safe WASH facilities and services:** lack of latrines for example can promote open defecation. Women and girls may even delay eating on time just to avoid open defecation. They may also prefer to wait for the dark to fall in order to use the bush due to taboos open defecation. Due to certain social norms, women and girls may wait to use existing latrines after dark. Women, girls and sometimes boys may have to walk long distances to collect water or to find water do their laundry. At times they must walk to remote locations. They may even use unsafe routes including passing through heavily militarized terrains to avail WASH facilities or services. Women and girls in reproductive age may not participate in group activities because they cannot afford dignity/hygiene supplies. - **Poor designed WASH facilities/services:** women and girls may not be consulted. WASH facilities/services may be designed insensitive to the gender dynamics of a given society or cultural context. - **Inadequate WASH Facilities/services**: Lack of access to water for example may contribute to tension and domestic violence among community members particularly in water-scarce or drought-affected areas. Queuing for extended periods to access water can lead to increase exposure to domestic violence but also fights among community members. The lack of limited WASH facilities including water points, latrines and showers may also create tension among women and men on the usage. This may force women and girls to avail alternates even if this is unsafe. - **Lack of women and girls' participation in WASH programming**: men providing WASH services may be potential perpetrators of GBV and SEA.
Nutrition	- **Existing gender inequalities and social norms:** social norms/cultural practices may impede women and girls from making decisions about what to eat and when. During displacement resulting from conflict or natural disaster, food may be lacking or scare. And where food is available, often it is men who decide on what to eat which has significant impact on pregnant and lactating women. Men may trade family food for personal reasons. Wherein child marriage or polygamy are practiced, adolescent girls or women with special needs may have increased barriers accessing food on time. In addition, barriers for women to own land may also limit their access to food. - **The Lack of basic needs including** food may push women and adolescent girls to engage in survival sex. - **Design of nutrition facilities and services:** locations wherein nutrition facilities are located or the time for providing nutrition services may put women and girls at risk**.** - **Behavior and attitude of nutrition personnel:** during emergencies, personnel are often recruited quickly to life-saving intervention. If not trained on protection, this may increase potential for sexual exploitation and abuse.

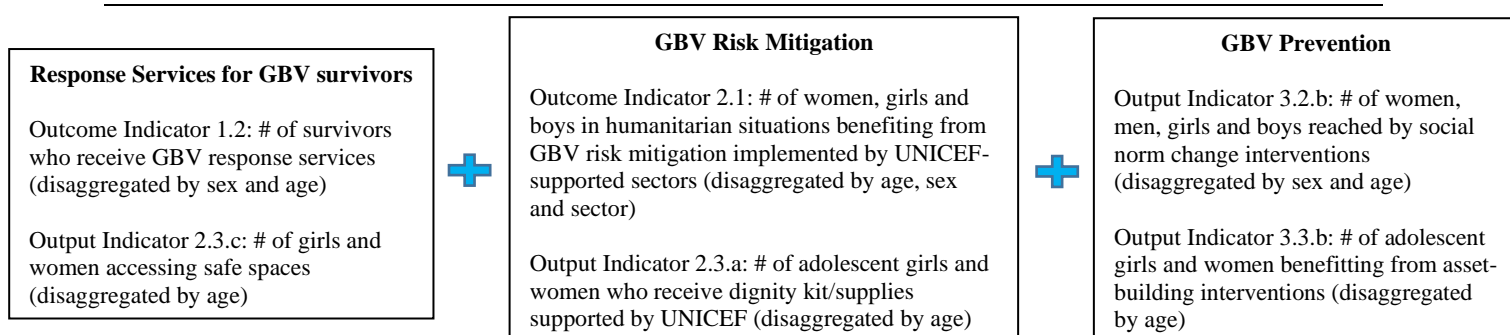|	
Education	• **Lack of learning spaces**: existing learning spaces may be ruined by conflict or disaster. Fighting forces may even occupy learning spaces. Lack of learning spaces means children will have to stay at home; and girls particularly may be married off. Lack of learning spaces also mean children will have to walk long distances to access locations where they can find learning spaces. • **Loss of legal documents**: during emergencies, children may lose their legal documentation including school documents. This may affect them accessing education services in displaced settings. • **Language barriers**: language barrier may also deprive children from accessing education services in some displaced settings. • **Poor designed of Education facilities/services:** Education facilities and services may be designed without community inputs thus increasing safety risks for children, particularly girls. • **Limited basic needs:** the loss of livelihoods, family and community support network can make life difficult for adolescent girls. In many cases, they may not be able to meet their needs of clothing, shoes, cream etc to go to school. This may in turn increase their vulnerability to sexual abuse.
Health	• **Inadequate/lack of healthcare services**: healthcare is a priority and life-saving intervention. Unfortunately, when emergencies hit healthcare services are disrupted. In search of healthcare services, affected communities often walk long distances to avail healthcare services. Wherein humanitarian assistance is not available, fees or in-kind payment may be required to avail healthcare services. Individuals experiencing sexual violence prior or during emergencies may not find medical care.
Child Protection	• **Increased protection needs**- increased separation, child labor, survival sex etc. Separated or unaccompanied children may find themselves with people they do not know. Individuals working in emergencies may be potential child abusers. Children may face increased challenges meeting their daily needs which might further exposes them to abuse or negative coping mechanisms.
C4D	• **Limited access to accurate information and available services:** during conflict or disaster, the existing mechanisms for accessing information about basic services may be erupted and this can lead to further victimization and negative coping mechanism. It is therefore critical for C4D to collaborate with all sectors about the best and appropriate ways of increasing access to life-saving information during emergencies through community risk mitigation and community engagement (RCCE) efforts.
Programme Monitoring Units	• **Lack of evidence on GBV risks and needs for informed programming:** emergencies programming may be developed with urgency without taking into consideration risks factors and protection needs for women and girls. Where data is available, often it is not disaggregated by gender and age. This oversight may result to exacerbating risks which will eventually impact UNICEF's capacity to deliver on its global commitments on CCC including GBViE (e.g. HAC).

	Key Priorities and Actions for Response	
Phase	**GBV prevention and response actions** (Responsible: GBV Specialists/Focal Points, Health specialists for CMR based on needs)	**GBV risk mitigation actions** (Responsible: all sections and clusters, Emergencies, WASH, Education, Health, Nutrition, Child Protection, Gender, C4D, PMU/IMOs etc.)
Preparation	• In consultation with relevant partners and community structures including local women's groups/organizations, identify GBV risks and plan to address them • Have a documented plan for response • Identify key potential actors including local women groups/organizations for response • Access and build capacity of local women groups/organizations on programmatic and governance structures (e.g. HACT) • Have deployable roster with all pre-approvals • Build capacity of first responders on GBViE including PSEA	• In consultation with GBV specialist (GBV AoR), relevant partners and community structures including local women's groups/organizations, identify GBV risks for sections and plan to address them • Have a documented plan for response • Identify Focal Points in sections to lead and support GBV risk mitigation actions • Collaborate with Child Protection Section/GBV Specialist to raise awareness in the section and train Sections' Focal Points on GBV Risk Mitigation
Resource mobilization	• Based on needs identified, ensure GBViE (including response to SEA) actions are costed and included in the contingency plans, proposals and PDs • Partner with relevant actors including local women's group/ organizations • Procure and preposition essential supplies including CMR and tenths for setting up emergency response spaces as necessary • Translate and or print all necessary GBV tools including case management forms	• Work with GBV specialists, Child Protection or Gender Sections to ensure GBV risk mitigations (including SEA risk mitigation) are included in the sections' contingency plans, proposals, and PDs • Ensure sectors' proposals, PCAs and PDs reflect GBV risk mitigation actions based on the GBViE needs and gaps • Procure and preposition relevant GBV risk mitigation supplies including dignity kits, lights etc
	• **Key resource:** GBViE Donors Cheat Chart – August 2019 and CO Resource Mobilization Template	
Implementation	• Map out available clinical services for sexual violence and identify/fill gaps in coverage, supplies and staff capacity • Collaborate with other partners and agencies including UNFPA to build capacity on CMR and GBV case management • Provide psychosocial support services, including GBV case management. • Identify locally appropriate safety options for survivors facing ongoing safety risks. • Establish and/or support GBV referral pathways. • Establish and or strengthen women and girls' safe spaces. • Distribute dignity kits. • Adapt safety audit tools and integrate them into assessments and monitoring.	• Train UNICEF staff and partners in all sectors on the IASC GBV Guidelines. • Identify entry points within existing programming to implement recommended actions from the GBV Guidelines. • Train UNICEF staff and partners in all sectors on how to safety and appropriately support survivors who choose to disclose their experience. • Incorporate regular consultations with women and girls into programmatic monitoring across all sectors • Support the distribution of dignity kits. • Adapt safety audit tools and integrate them into assessments and monitoring.

	• Implement community-based actions to address GBV underlying causes and drivers, including economic, social and political empowerment of women and girls, as well as to tackle social norms that condone GBV	• Conduct community safety planning (safety audit) of sectors services, in consultation with women and girls. • C4D sector to integrate messages about available GBV services and referral pathways in their RCCE efforts
Monitoring and Evaluation	• Include indicators in the contingency plans, proposals and PDs for tracking commitments on GBViE specialized programming: • Ensure GBViE prevention and response indicators are reflected in the sectors plans and results monitoring framework • Regularly collect and report on GBV prevention and response results from UNICEF supported interventions. • Document best practices for future advocacy and programming	• Include indicators in the contingency plans, proposals, and PDs for tracking commitments on GBV Risk mitigation programming: • Ensure the indicator on GBV risk mitigation is reflected in the sectors plans and result monitoring framework • Regularly collect and report on GBV risk mitigation results from UNICEF supported interventions • Document best practices for future advocacy and programming
Coordination	• Participate in GBV coordination forums • Participate in other sectors' coordination forums to raise awareness on GBV needs and gaps • Support GBV service provision- ensure GBV response services are child-friendly and that they consider the needs of child survivors. • Strengthen linkages between GBV and other service referral pathways • Identify Focal Points in the section to support GBViE actions	• As possible, participate in GBV coordination forums to learn about GBV needs and gaps as well implications for improving the sections results outcomes. • Promote information dissemination about the available GBV services in the sections' community engagement efforts. Where there are no GBV service providers, work with protection actors including child protection colleagues to support GBV survivors. • Link GBV survivors with specialists (GBV/CP specialists) • Strive for 50% of women in the decision-making bodies in preparedness and emergency response • Include GBV risk mitigation is a standard agenda in the decision-making bodies. • Ensure that there are linkages with local women's groups and other at-risk groups like (for instance associations or community-based organizations working with people with disabilities). • Where there are sector specific coordination structures, integrate GBV risk mitigation into the sector specific coordination structures, work plan and their preparedness plans. • Donor engagement and funding – advocate funding for GBV risk mitigation, specific needs of women and girls and other at-risk groups.
Sustainability	• GBV does not end when the emergency ends – new forms may emerge, therefore plan to continue working on GBV- ensure funding for this. • Scale up GBV services for prevention and response including continuous capacity building based on lessons learnt • Engage local women's organization take part in the GBViE efforts: risk mitigation, prevention and response	• GBV does not end when the emergency ends – new forms of GBV risks may emerge, therefore plan to continue working on GBV risk mitigation- ensure funding for this • Scale up GBV risk mitigation efforts including continuous capacity building based on lessons learnt • Engage local women's organization take part in the GBViE efforts: risk mitigation

Cheat Sheet #3: Monitoring and Reporting for GBV Risk Mitigation

Strategic Plan Indicator 3.a.6: Percentage of UNICEF-targeted women, girls and boys in humanitarian situations provided with risk mitigation, prevention or response interventions to address gender-based violence through UNICEF-supported programmes.

This indicator aggregates the number of girls, boys and women reached through UNICEF's core GBViE interventions. The SP indicator is an aggregate of the following UNICEF GBViE Operational Guide monitoring framework indicators:

Response Services for GBV survivors	GBV Risk Mitigation	GBV Prevention
Outcome Indicator 1.2: # of survivors who receive GBV response services (disaggregated by sex and age) Output Indicator 2.3.c: # of girls and women accessing safe spaces (disaggregated by age)	Outcome Indicator 2.1: # of women, girls and boys in humanitarian situations benefiting from GBV risk mitigation implemented by UNICEF-supported sectors (disaggregated by age, sex and sector) Output Indicator 2.3.a: # of adolescent girls and women who receive dignity kit/supplies supported by UNICEF (disaggregated by age)	Output Indicator 3.2.b: # of women, men, girls and boys reached by social norm change interventions (disaggregated by sex and age) Output Indicator 3.3.b: # of adolescent girls and women benefitting from asset-building interventions (disaggregated by age)

Sample indicators for HRP, HAC and partnership documents

Thematic area	Sample indicators[6]
Frontline worker and staff composition	% of [sector e.g. WASH, nutrition, education, child protection, health, cash/social protection] staff and frontline workers who have received orientation on the GBV referral pathway and are able to refer survivors to appropriate care. % of [sector] staff who have signed a code of conduct. % of [sector] staff who are female.
Partnerships	% of implementing partners who are local/national women's organizations.
Assessments and monitoring	% of sector assessments and monitoring reports that include a GBV risk and barrier analysis.
Safety audits	# of a safety audits/monitoring conducted jointly with GBV actors. # of locations where a safety audit/monitoring is conducted jointly with GBV actors. % of recommendations from the safety audit implemented.
Barriers to services (applicable to all programme sections)	% of women and girls reporting [type of service] is/are available. % of women and girls reporting [type of service] are available at convenient times. Average distance or time travelled to [facility/service/center etc.]. Average waiting time at [facility/service/center etc.]. % of women and girls who reported that their privacy was ensured at the [e.g. nutrition or health facility]. % of women and girls who report comfort (or satisfaction) in using [type of service].
Technical: WASH	% of latrines that meet the WASH sector/cluster minimum standards, including privacy and dignity. % of bathing facilities that meet the WASH sector/cluster minimum standards, including privacy and dignity. Proportion of female representatives in community-based WASH structures i.e. WASH COMs and Hygiene Committees.

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[6] The following indicators are collated from current global guidance and various CO efforts to operationalize GBV risk mitigation, especially Nigeria and South Sudan.

	# of women and girls of reproductive age receiving culturally acceptable menstrual hygiene management kits. # or % of community members reporting improved safety and comfort accessing WASH facilities/services, disaggregated by age, gender and disability.

Technical: Nutrition	% of nutrition facilities that meet the nutrition sector/cluster minimum standards.
	  Disaggregate data on females seeking nutrition services by age.
	  # of people reached through community awareness on preferential feeding practices.
	  Proportion of female representatives in community-based participation structures.

Technical: Child Protection	# of CFS with a protocol to refer GBV survivors to existing referral mechanisms.
	  # of people reached though CP outreach services which include information on availability of services, disaggregated by gender, age and disability.
	  % of children attending CFS who are female, disaggregated by age.
	  # of placements for separated/unaccompanied children who are receiving visits to monitor risk factors of GBV per year, disaggregated by gender and age.

Technical: Education	% of female education staff/teachers/volunteers in operational areas/schools per year.
	  % of schools with a protocol to refer GBV survivors to existing referral mechanisms.
	  % of women and girls who participate in education community-based committees (e.g. parent teacher associations, child help desks, etc.).
	  % of schools/learning sites with safe and age-appropriate WASH facilities.
	  % of female latrines with facilities for disposal and/or washing of sanitary supplies.
	  % of children attending school and who are female disaggregated by age.

Technical: Health	% of health facilities that meet the health sector/cluster minimum standards, disaggregated by facility type.
	  Disaggregate data on females seeking health services by age and service type.
	  Proportion of female representatives in community-based participation structures, including community-based mechanisms for public health outbreaks.
	  % of health and other care facilities for which a safety audit or risk analysis using the AAAQ has been undertaken quarterly
	  % of health facilities with safe and gender/age/disability-appropriate WASH facilities.
	  % of latrines in health facilities that meet the WASH sector/cluster minimum standards, including privacy and dignity.
	  % of female latrines in health facilities with facilities for disposal and/or washing of sanitary supplies.

Technical: Cash and Voucher Assistance (CVA)	% of women, girls and other groups (disaggregated by age and disability) who report feeling unsafe or at risk of harm due to any aspects related to CVA in or outside the household (i.e. withdrawing, storing, spending).
	  % of beneficiaries self-reporting safe access to cash and markets disaggregated by age, gender, and disability.
	  % of women and girls as primary recipients within households receiving cash-based assistance.
	  Total amount of CVA provided to target population (which is based on eligibility criteria that are inclusive of those at risk of GBV).
	  Net % or % increase in self-reported beneficiary awareness of and access to GBV services.
	  % of households reporting decreased household tensions because of cash assistance.
	  Perceived changes in women and girls' access to and control over household resources; self-reported feelings of increased independence or joint household decision-making (qualitative or % change in beneficiary reporting or women/girls reporting).

Responding to COVID	**Sitrep Indicators- All countries responding to COVID-19 Pandemic**
	  # of UNICEF personnel and partners that have completed training on GBV risk mitigation and referrals for survivors
	  # of UNICEF-targeted women, girls and boys in humanitarian situations provided with risk mitigation, prevention, or response interventions to address gender-based violence