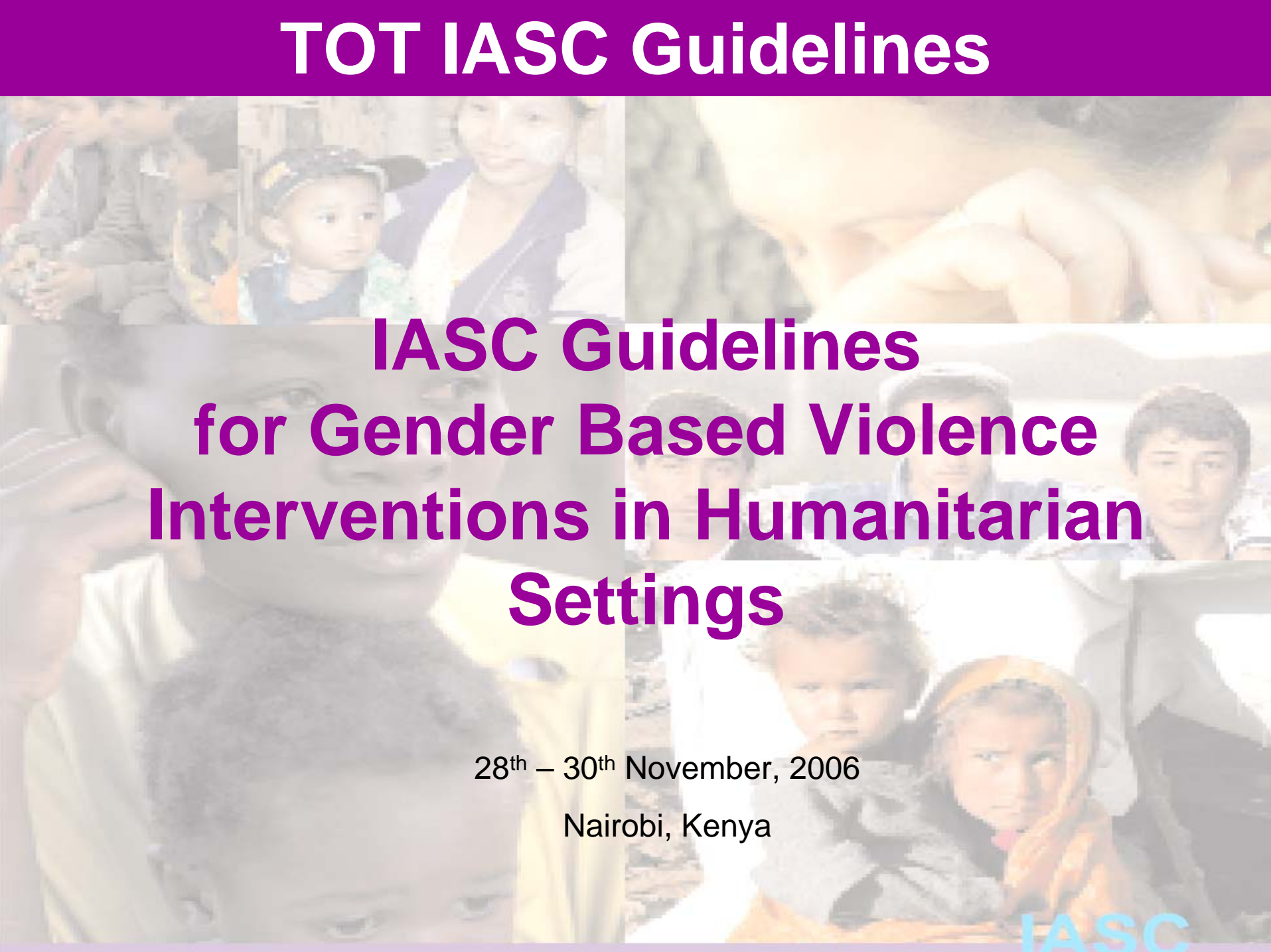


TOT IASC Guidelines



IASC Guidelines for Gender Based Violence Interventions in Humanitarian Settings

28th – 30th November, 2006

Nairobi, Kenya

IASC

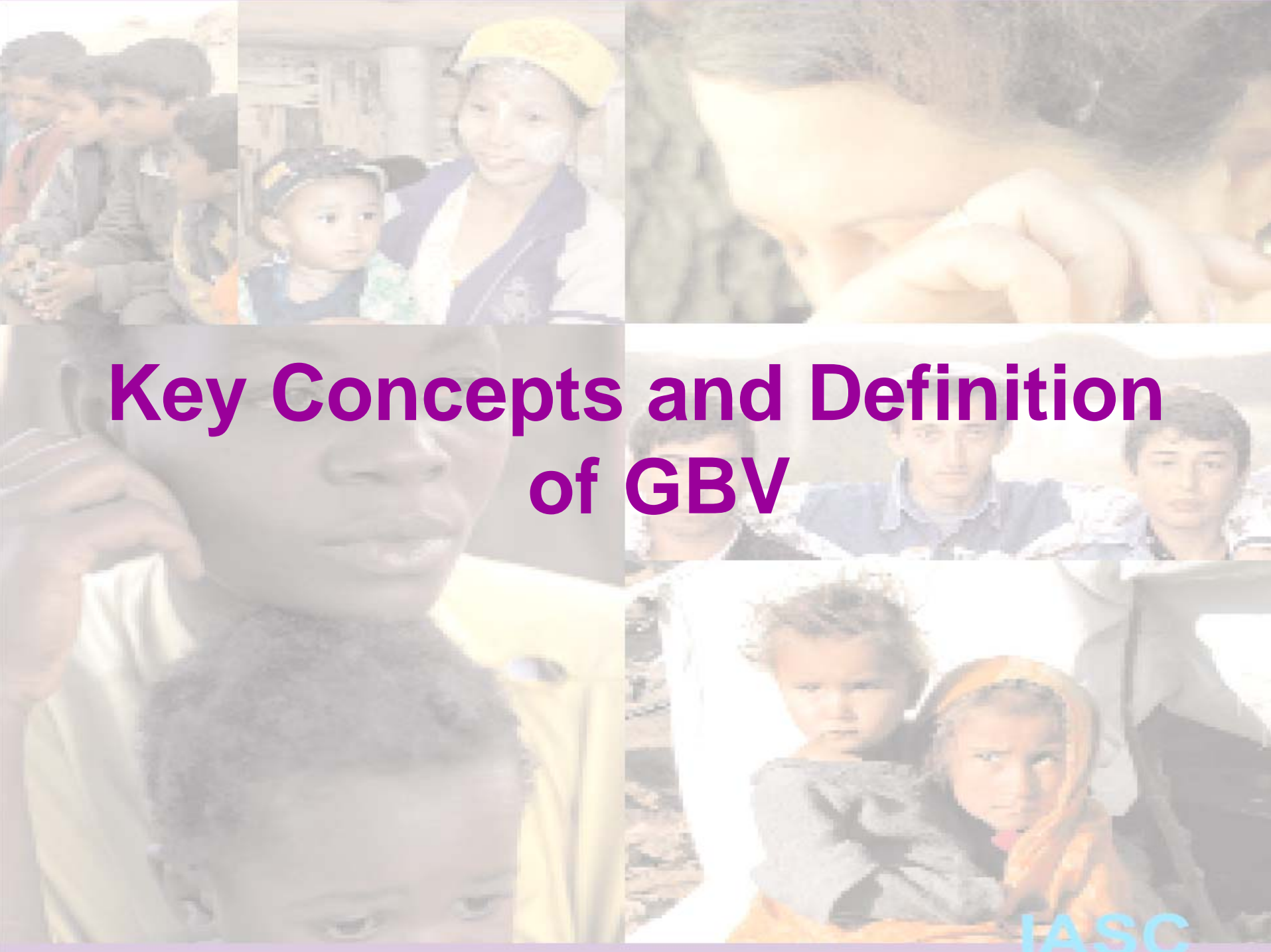
Introduction and Overview

Day 1

- Key concepts
- Definition of GBV
- Why do we use the term
- Types of GBV
- Root Causes and Consequences
- GBV Around the World

Day 2

- Consequences of GBV
- Link between GBV and HIV/AIDS
- IASC guidelines
- Challenges in implementing GBV programs
- Sharing of experiences
- Facilitations skills



Key Concepts and Definition of GBV

Sex vs. Gender

SEX:

Refers to physiological attributes that identify a person as male or female:

- Genital organs
- Type of predominant hormones
- Ability to produce sperm or ovaries
- Ability to give birth and breastfeed

GENDER:

Refers to widely shared ideas and expectations (norms) concerning men and women:

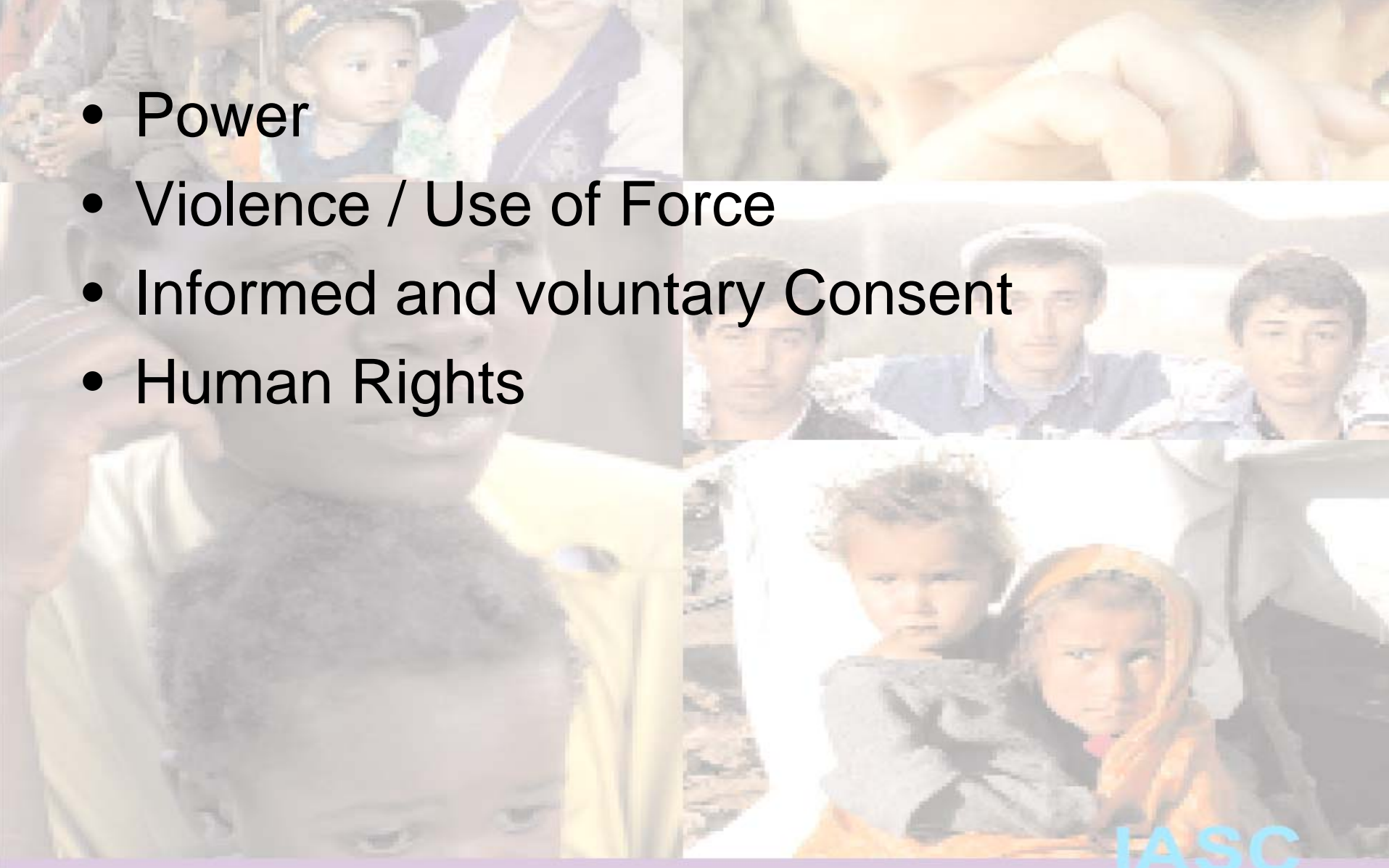
Includes ideas about “typically” feminine/female and masculine/male characteristics, abilities, and behaviors.

Which is it?

- Women give birth to babies, men don't.
- Little girls are gentle and boys are tough.
- In one case, when a child brought up as a girl learned that he was actually a boy, his school marks improved dramatically.
- Among Indian agricultural workers, women are paid 40-60% of the male wage.
- Women can breastfeed babies, men can bottle feed babies.
- Most building workers in Britain are men.
- In ancient Egypt, men stayed at home and did weaving. Women handled family business. Women inherited property and men did not.
- Men's voices break at puberty, women's do not.
- In one study of 224 different cultures, there were 5 in which men did all the cooking, and 36 in which women did all the house building.
- According to U.N. statistics, women do 67% of the world's work, yet their earnings amount to only 10% of the world's income.

Defining gender based violence

- Power
- Violence / Use of Force
- Informed and voluntary Consent
- Human Rights



Definition of GBV IASC guidelines

The IASC guidelines for GBV Interventions in humanitarian Settings defines GBV as:

An umbrella term for any **harmful act** that is **perpetrated** against a person's will (**WITHOUT CONSENT**), and that is based on socially ascribed (**gender**) differences between male and females

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

Why do we use the term “gender-based violence”?

*Because the term attempts to define the **NATURE** of the violence, and suggests that in order to address **VIOLENCE**, it is necessary to address issues of **GENDER** that cause and contribute to the violence*

Around the world GBV has a greater impact on women and girls

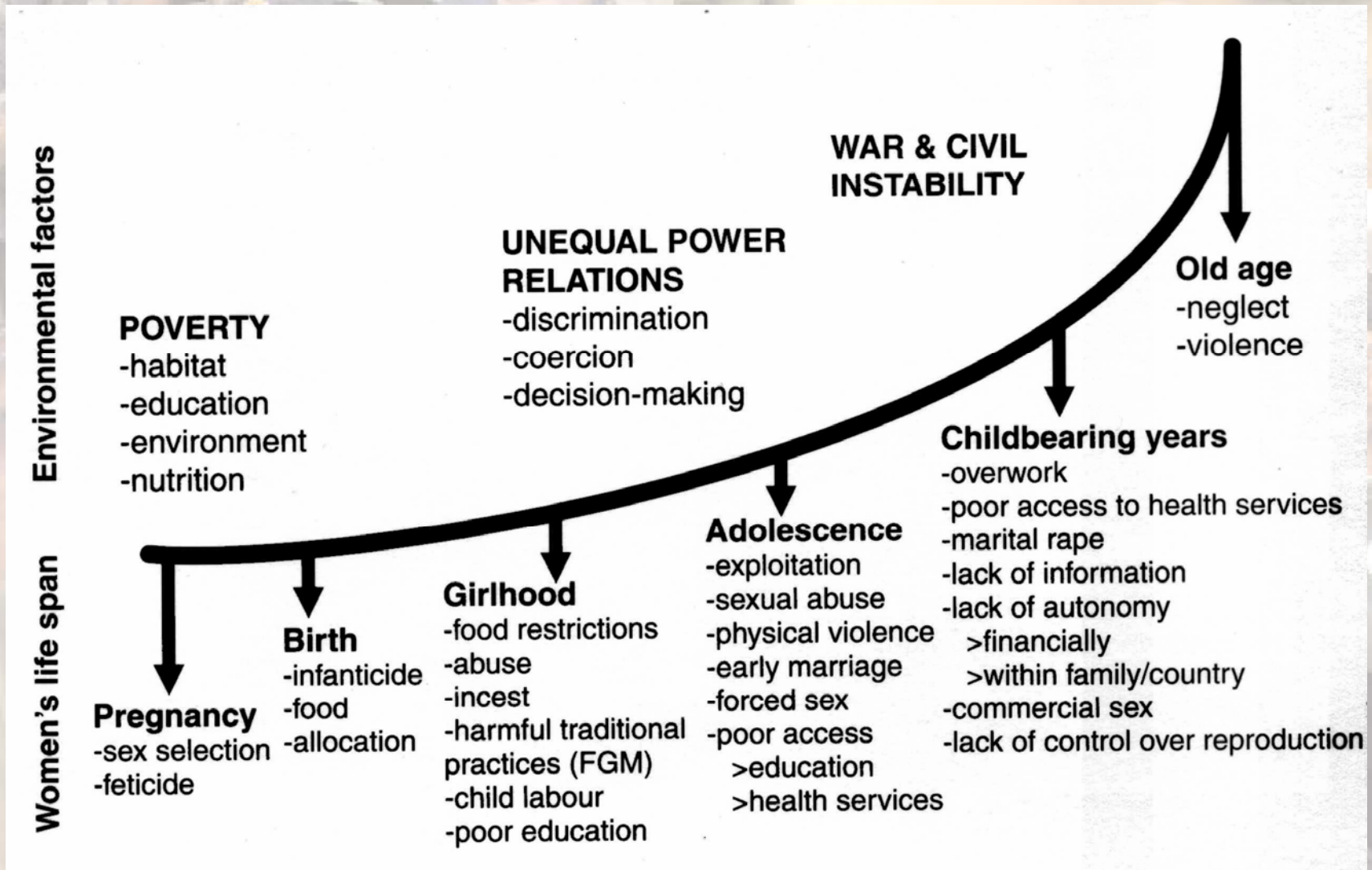
“Violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women.” *According to the UN Declaration on the Elimination of Violence Against Women (1993)*

Some statistics on gender unbalances

- Women are the majority of the world's poor: 70% of people living in poverty (less than \$1/day) are women
- Women represent more than two-thirds of the world's illiterate
- Women are almost entirely excluded from political power: they hold 15.6% of elected parliamentary seats globally
- Women own only 1% of the world's land

But important to note that men and boys may also be victims of Gender Based Violence

Life Span Profile of Discrimination Against Women





Types of GBV

Types of GBV

- **SEXUAL**

Harassment, **rape**, sodomy, attempted rape, marital rape, sexual abuse, exploitation, child sex abuse and exploitation, sexual abuse (non-penetrating) forced prostitution (willing – but involuntary), child prostitution; sex trafficking, **HTP**

- **PHYSICAL**

Spouse beating / **domestic violence**, assault and other physical violence (gender based), **HTP**

- **EMOTIONAL – MENTAL – SOCIAL**

Verbal / emotional abuse, humiliation, discrimination, denial of opportunities and /or services, spouse confinement (domestic violence); **HTP**

- **ECONOMIC**

Can be a component of any of the above

- **HARMFUL TRADITIONAL PRACTICES**

Fit into the 3 main categories. FGM, early / forced marriage, honour killings, dowry abuse, widow ceremonies, punishments directed at women for crimes against culture, denial of education and or food for girls / women due to gender role expectations.

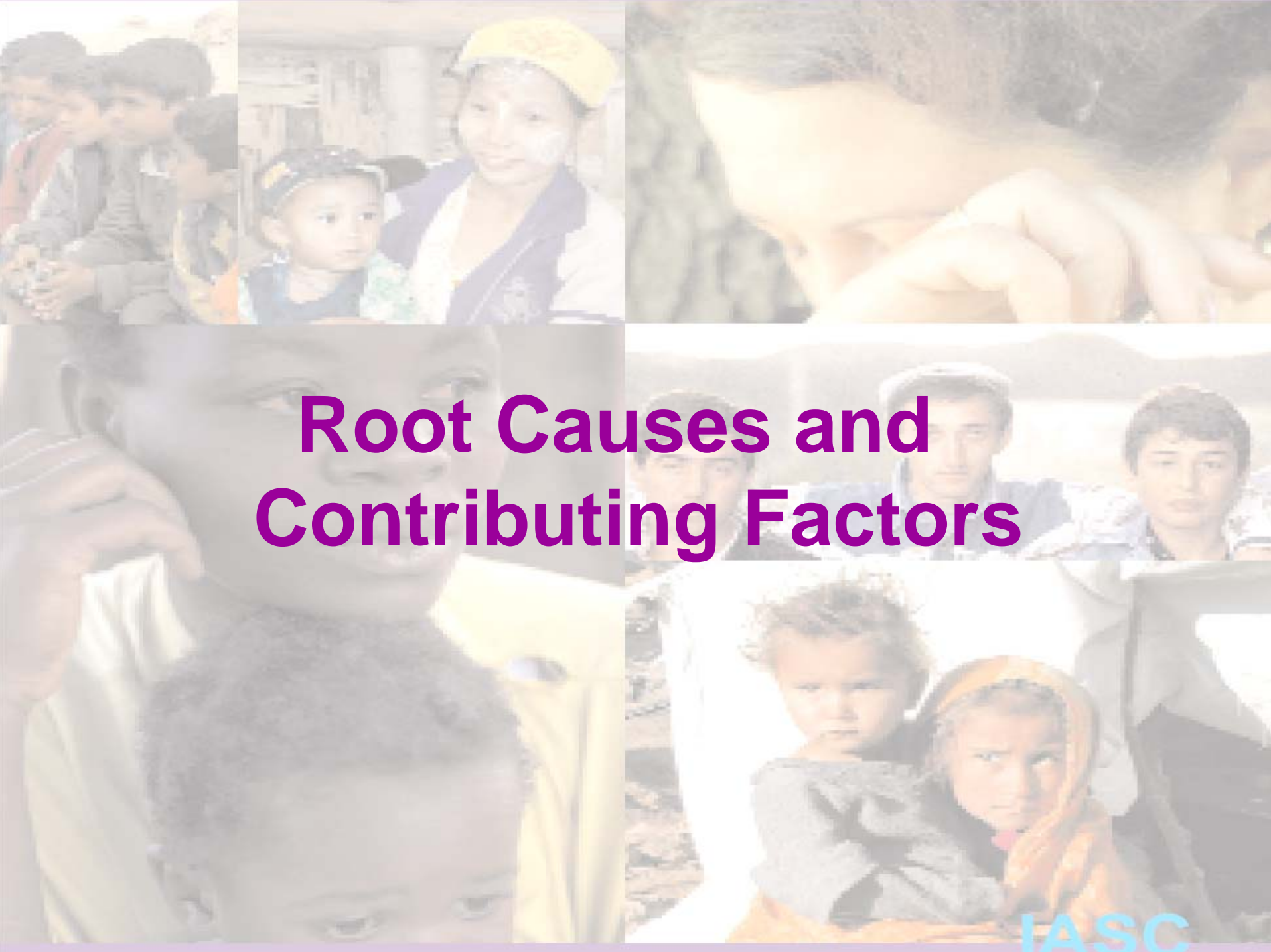
Sexual Exploitation and Abuse

Sexual Exploitation is any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another.

*Exchanging money, shelter, food or other goods for sex or sexual favours from someone in a vulnerable position is **sexual exploitation**.*

Sexual Abuse is the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

*Threatening or forcing someone to have sex or provide sexual favours under unequal or forced conditions is **sexual abuse***



Root Causes and Contributing Factors

Root Causes and Contributing Factors

The **root causes** of all forms of GBV lie in a society's attitudes towards and practices of gender discrimination. Addressing the root causes through prevention activities requires **sustained, long term action** with change occurring slowly over a long period of time.

Abuse of Power

Gender inequality

Lack of belief in equality of human rights for all

Contributing factors are factors that perpetuate GBV or increase risk of GBV, and influence the type and extent of GBV in any setting. Contributing factors **do not cause** GBV although they are associated with some acts of GBV.

- Alcohol / drug abuse
- Poverty
- Conflict
- Availability of food; fuel; wood; income generation
- Collapse of traditional society and family support system

- Lack of police protection
- Impunity
- Loss of male power/ role in the family and community; seeking to assert power
- Retaliation
- Tool / Strategy of war

GBV Tree

EXAMPLES OF GBV

Domestic violence

Verbal emotional abuse

FGM

Verbal emotional abuse based on gender

Rape

Dowry abuse

Sexual abuse

Marital rape

Types of GBV

CONTRIBUTING FACTORS

Poverty

Lack of education

Conflict

- **SEXUAL**
- PHYSICAL
- EMOTIONAL / MENTAL
- ECONOMIC
- HTP

Alcohol / drug abuse

Lack of police protection

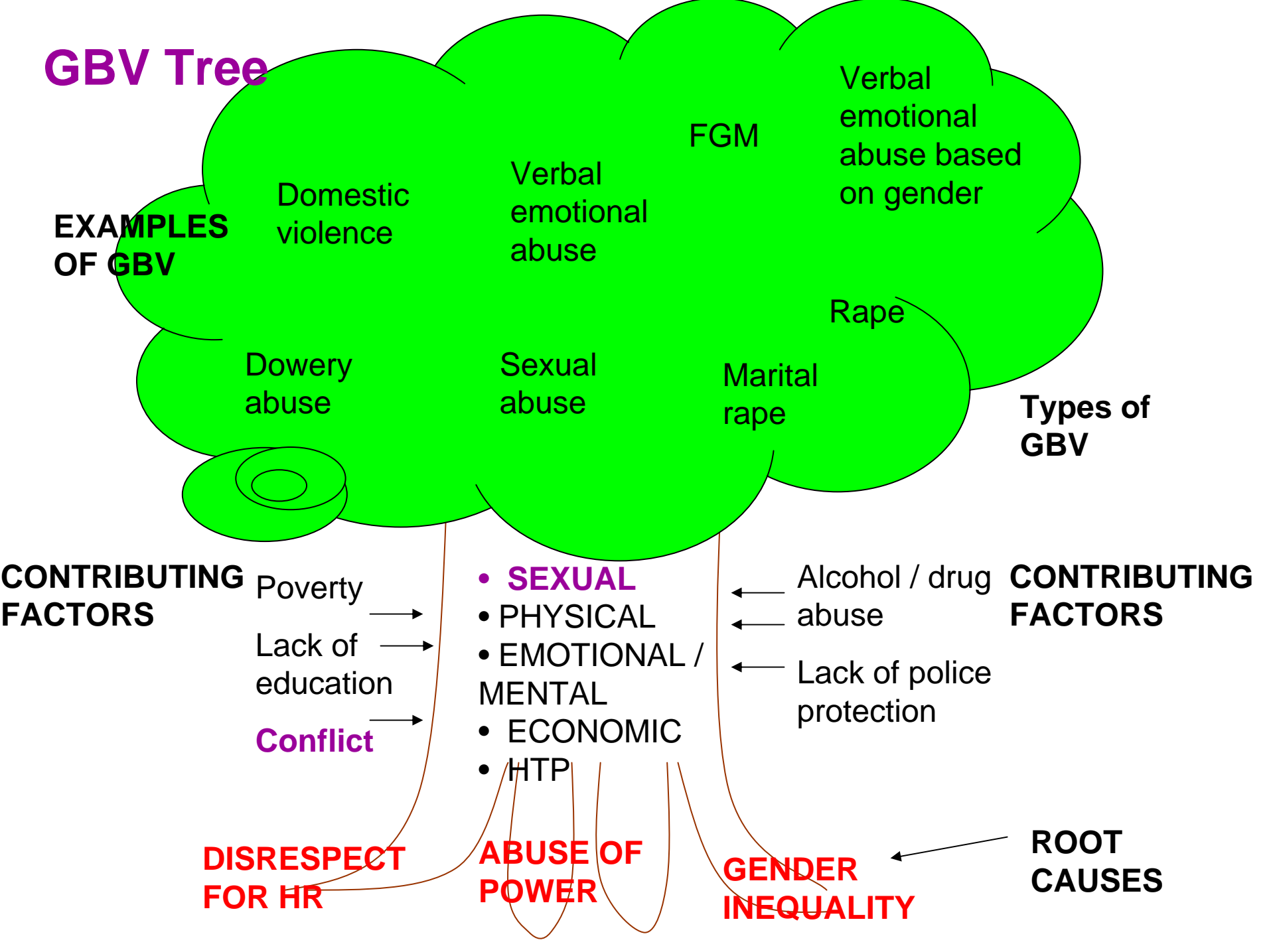
CONTRIBUTING FACTORS

DISRESPECT FOR HR

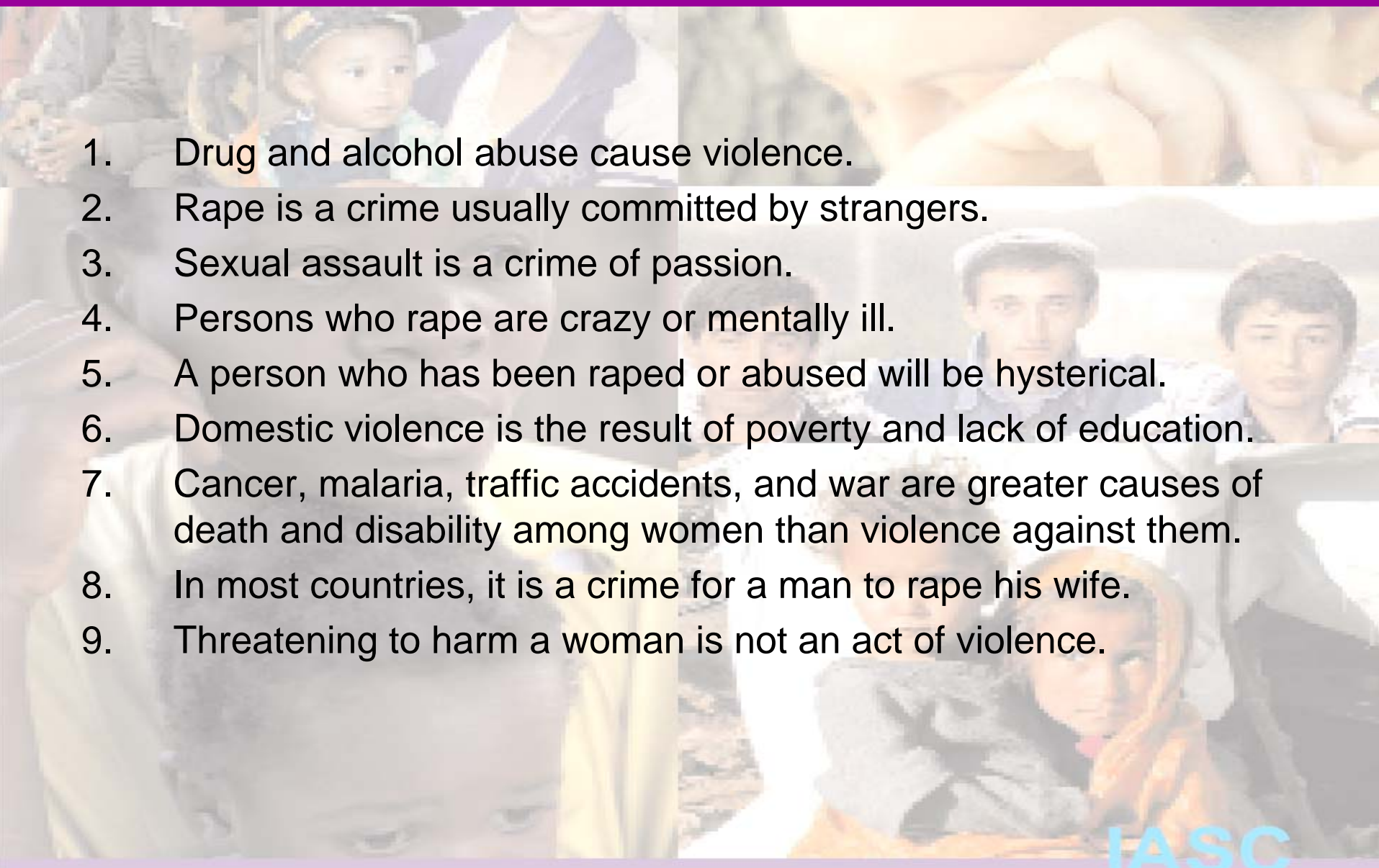
ABUSE OF POWER

GENDER INEQUALITY

ROOT CAUSES



MYTH OR FACT?

- 
1. Drug and alcohol abuse cause violence.
 2. Rape is a crime usually committed by strangers.
 3. Sexual assault is a crime of passion.
 4. Persons who rape are crazy or mentally ill.
 5. A person who has been raped or abused will be hysterical.
 6. Domestic violence is the result of poverty and lack of education.
 7. Cancer, malaria, traffic accidents, and war are greater causes of death and disability among women than violence against them.
 8. In most countries, it is a crime for a man to rape his wife.
 9. Threatening to harm a woman is not an act of violence.

GBV Around the World

In a US National survey, 22% of women reported having been physically assaulted by a male intimate partner in their lifetime. (Tjaden and Thoennes, 1998)

In 2002, approximately 1.8 million women were assaulted by their intimate partner in Spain

In the dominican republic 83% of all female homicides were carried out by their current, past spouse or intimate partner

The prevalence of under-age marriage is between 70 and 80% in Chad, Niger and Bangladesh

In India, an estimated 25,000 women are killed or maimed each year as a result of dowry disputes

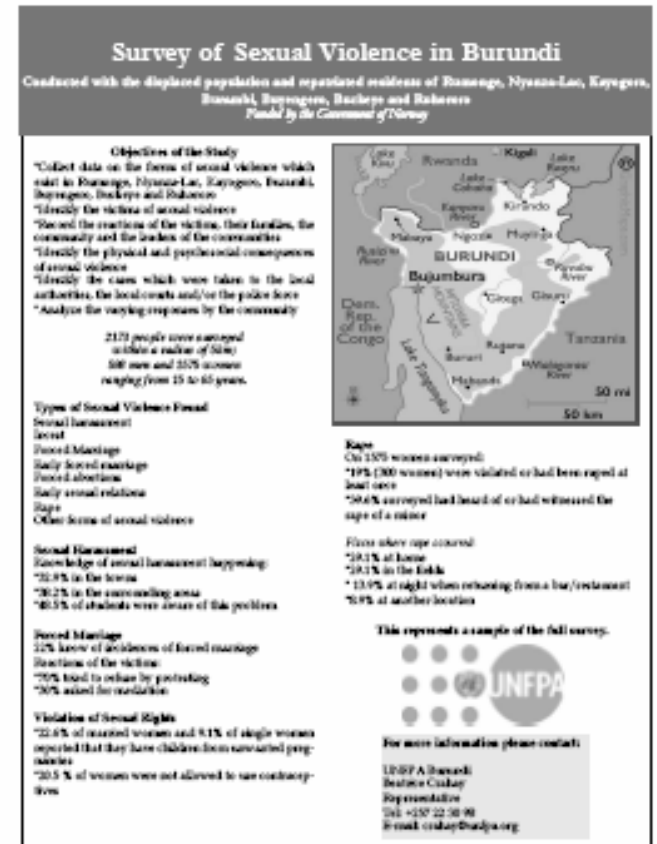
20% of school girls in Botswana said they have been propositioned by their teacher

DV is the leading factor of death, disability and illness among women aged 15 - 44 in Victoria state, Australia

The World

Examples of GBV in crisis

- **Burundi** Sexual Violence survey. 1575 surveyed – 19% experienced sexual violence
- **DRC** 5% of the population was HIV positive before the war in 1997. In 2002 it was 20% in the East of DRC.
- **Darfur** – seeing an increase in domestic violence in the camps.
- After **Hurricane Mitch**, 27% of female survivors (and 21% of male survivors) in Nicaragua told surveyors that woman battering had “increased in the wake of the hurricane in the families of the community.”



Increase Risks during Crisis

***1 in 3 women experience
GBV in world***

- Social structures break down
- Norms regulating social behaviour and traditional social systems weaken
- Separation from family members
- Increased military presence / SEA
- **Weapon/ Strategy of War**

***The violence is the result of
gender-based power
imbalances, primarily
between males and females,
and sometimes between
males, or between females.***



Credit: G. Cranston

GBV during the refugee cycle

During Conflict, prior to flight

Rape as a tool of war;
Sexual attack / exploitation by combatants;
Forced prostitution;
Increased domestic violence; Trafficking;
Female infanticide;
Early and/or forced marriage

During Flight

Sexual attack /exploitation by bandits, border guards, military;
Trafficking;
Forced prostitution

In country of assylum

Sexual attack /exploitation by persons in authority including camp representatives, host country officials (i.e. police officers), humanitarian workers, foster care families;
Domestic violence;
Sexual attack when collecting wood, water...;
Early/forced marriage
Trafficking; Sex for survival (ration cards, clothing, etc.)

During Repatriation

Sexual attack/exploitation of women and girls who have been separated from family; Sexual attack/exploitation by persons in power, including government officials and humanitarian workers ; Sexual attack /exploitation by bandits, border guards, military

During Reintegration and post conflict

Returnees may suffer sexual attack as retribution, Prostitution
Trafficking, Domestic violence, Sexual exploitation in order to obtain legal status

Source: *Sexual violence against refugees, Guidelines on prevention and response.*

Geneva, United Nations High Commissioner for Refugees, 1995.

After-effects and outcomes of GBV

HEALTH:

- With all types of gender-based violence, there are serious and potentially life threatening health outcomes.

Fatal Outcomes

Homicide
Suicide
Maternal mortality
Infant mortality
AIDS-related

Non-Fatal Outcomes

Acute Physical

Injury
Shock
Disease
Infection

Chronic Physical

Disability
Somatic complaints
Chronic Infections
Chronic Pain
Gastrointestinal
Eating Disorders
Sleep Disorders
Alcohol/ Drug abuse

Reproductive

Miscarriage
Unwanted Pregnancy
Unsafe abortion
STIs including HIV/AIDS
Menstrual disorders
Pregnancy complications
Gynecological disorders
Sexual disorders

Mental Health

Post traumatic stress
Depression
Mental disorders

After-effects and outcomes of GBV

- **EMOTIONAL – PSYCHOLOGICAL - SOCIAL**

- With all types of gender-based violence, there are serious and potentially life threatening mental and psychosocial outcomes.

Emotional & Psychological After – Effects	Social Consequences
Post traumatic stress	Blaming the victim
Depression	Loss of role functions in society (e.g., earn income, care for children)
Anxiety, Fear	Social stigma
Anger	Social rejection and isolation
Shame, insecurity, self-hate, self-blame	
Mental illness	
Suicidal thoughts, behavior	

Most societies tend to blame the victim, and the social rejection results in further emotional damage including shame, self-hate, and depression



Under Reporting Game

IASC

Under Reporting

Women with fistula having been gang raped by three men. Goma DRC



Credit: G. Cranston



Credit: ICRC

Sierra Leone, Aminata still suffers from the sexual violence she experienced.

As a result of the social stigma, most survivors never report the incident. **It should be understood and expected that gender-based violence is under-reported.**



Increase Risks during Crisis

HIV/AIDS and GBV

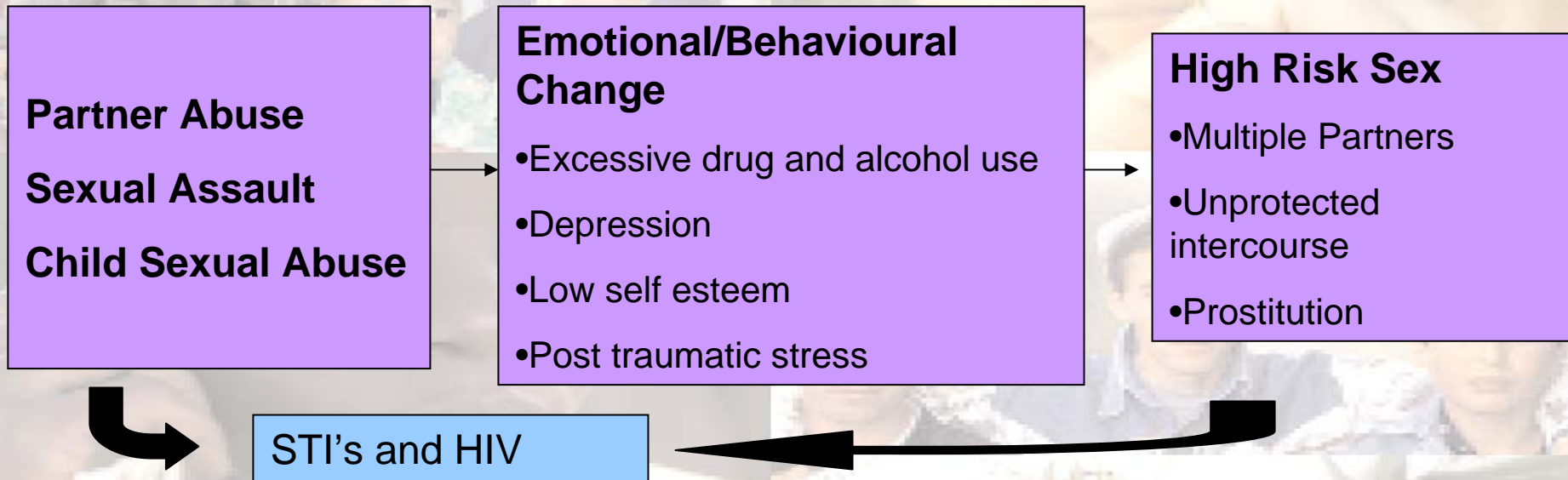
The link

Women and girls face increased risk of acquiring STIs and HIV by:

GBV:

- Direct Transmission through rape
- ‘Survival sex’ – Sexual Exploitation and Abuse
- Increased levels of overall violence including intimate partner violence, which in turns, makes it difficult to negotiate safe sex in their relationships.
- Deliberate infection
- Increase presence of military

GBV and HIV/AIDS



Possible Direct and Indirect pathways to STI's and HIV



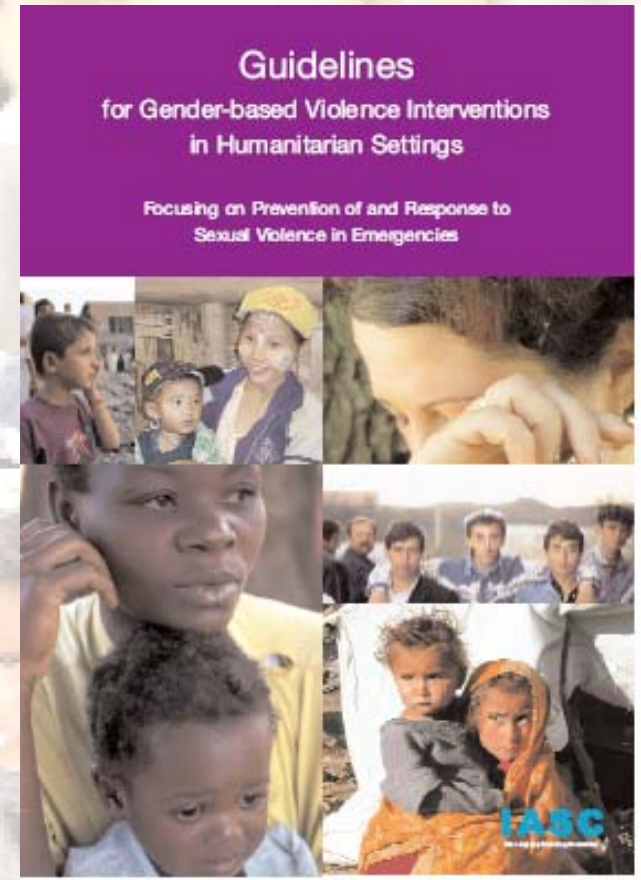
Client Scenario Game

Measures to Prevent and Respond to GBV

They are a set of Best “sectoral” practices presented in a framework to facilitate coordination and information sharing and Document and resources on CD

Their Purpose is To enable the delivery of the minimum required multi-sectoral interventions to prevent and respond to Sexual Violence in the early phases of an emergency

And they target Authorities, personnel and organizations working in emergency settings

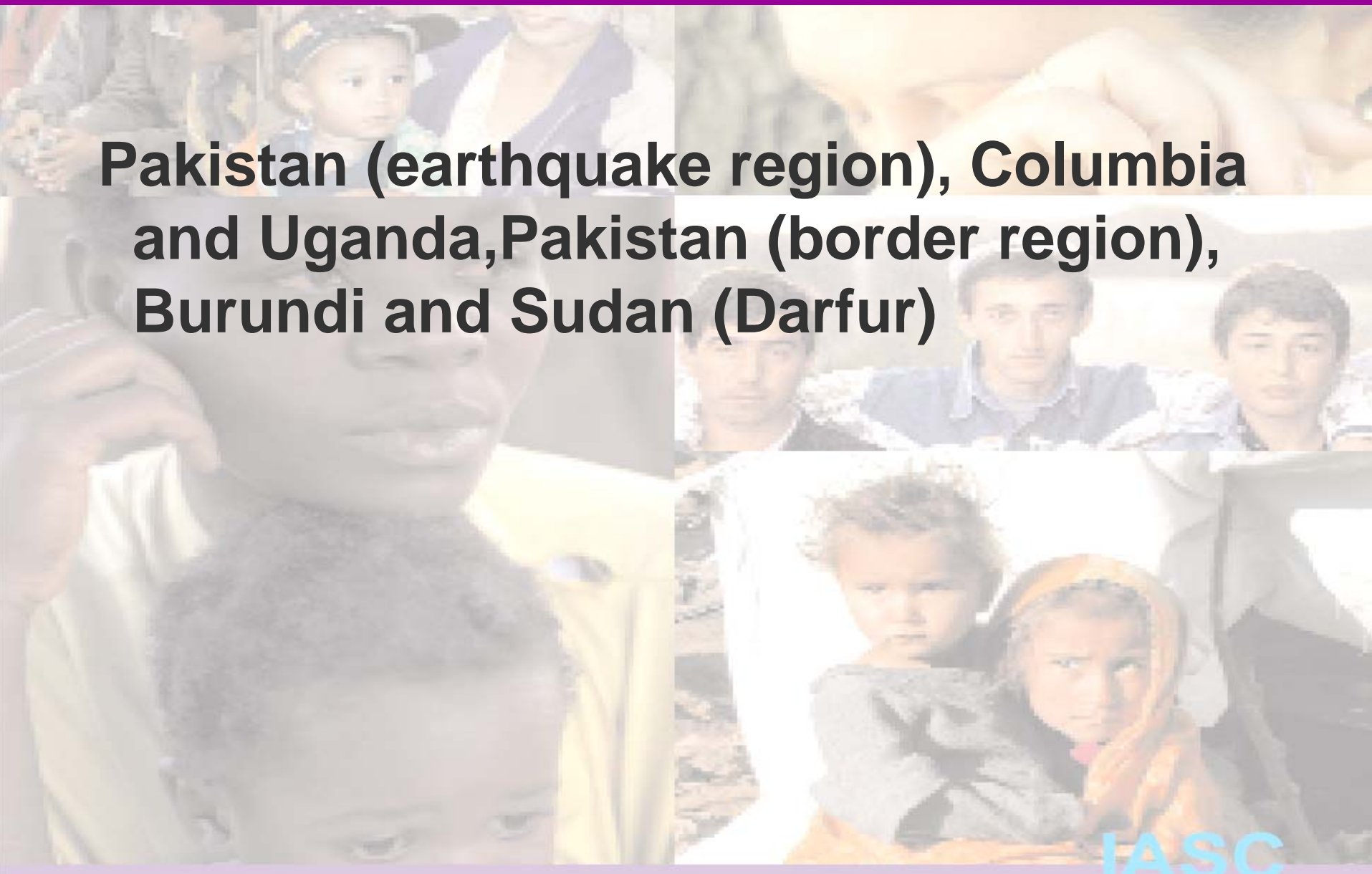


Background and development of the guidelines

- IASC WG November 2003
 - Ongoing and increasing concern about SV in humanitarian settings
 - IASC TF on Gender and Humanitarian Assistance asked to develop guidance
- Initial wide-ranging discussions which concluded:
 - that guidance exists but implementation is lacking
 - There is a need to integrate GBV considerations in all humanitarian planning and programming
 - Only multi-sectoral responsibility with mutual accountability will have an impact
- Dedicated focal points took off “agency hats”
- Wide participation of field-based colleagues
- Financial contributions from TF member agencies

Field Support / Testing

**Pakistan (earthquake region), Columbia
and Uganda, Pakistan (border region),
Burundi and Sudan (Darfur)**



Key Principle of the guidelines

All humanitarian actors must take action, from the earliest stages of any emergency to prevent sexual violence and provide appropriate assistance



North Darfur, Aboushok Camp Market

IASC Matrix

Sectors and Functions	Emergency Preparedness	Minimum prevention and response	Comprehensive prevention and response
1.Coordination		1.1 Action Sheets 1.2	
2. Assessment and Monitoring		2.1 2.2	
3. Protection		3.1 3.2 3.3	
4. Human Resources		4.1	
5. Water and Sanitation		5.1	
6. Food security and Nutrition		6.1	
7. Shelter, site planning, non-food		7.1 7.2	
8. Health, community services		8.1 8.2	
9. Education		9.1	
10. IEC		10.1	

Action Sheets

ACTION SHEET

10.1 Inform community about sexual violence and the availability of services
Function: Information Education Communication
Phase: Minimum Prevention and Response

Background

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

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

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

- To inform survivors/victims about the potential severe and life-threatening consequences of sexual violence.
- To inform the community about the availability of sexual violence services, how to access them, and that the services will help survivors/victims and their families.

- To inform and build trust in the community that services respect and preserve the confidentiality and dignity of the survivor/victim and her family

- To inform the community of the need to protect and care for survivors of violence and not to discriminate against them.

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

Key Actions

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

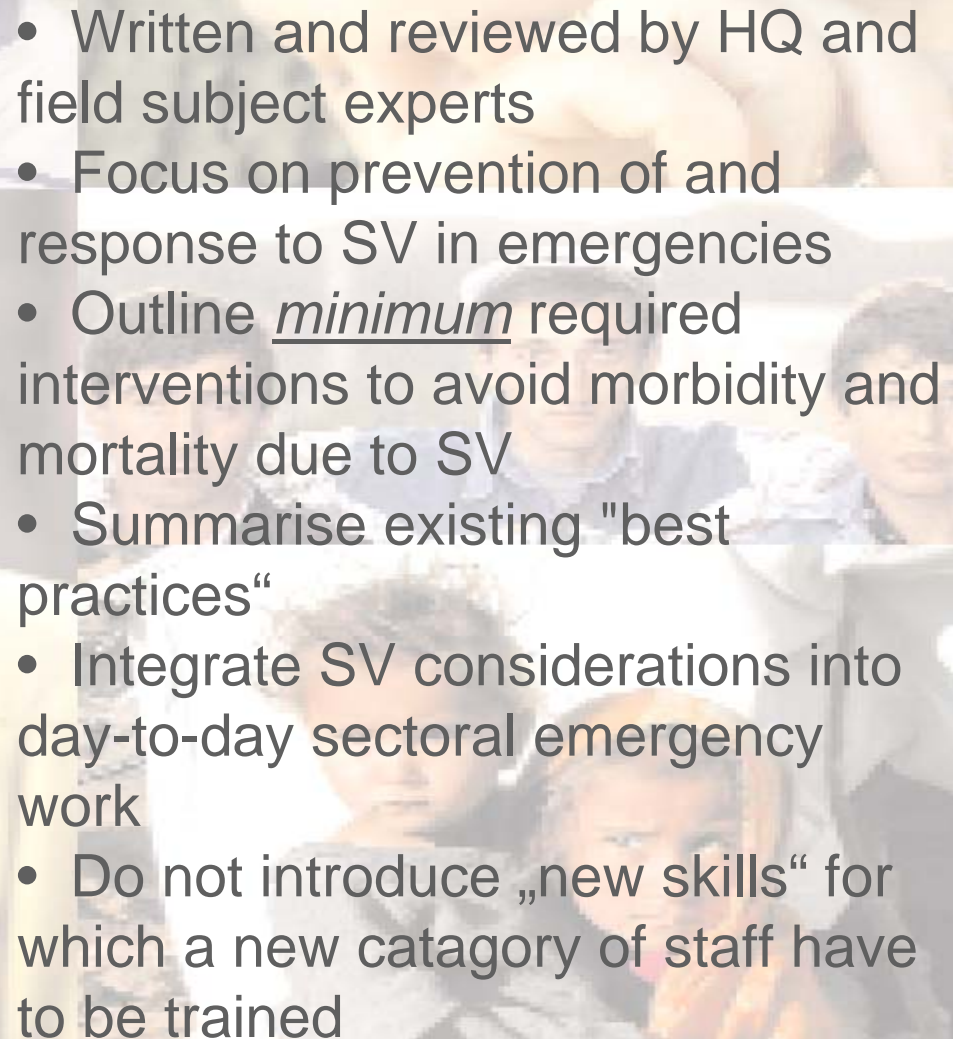
1. Identify existing resources and potential channels for communication that can be mobilized to inform women about their reproductive health and access to sexual services. (See *Annex Section 2.1, Monitor and evaluate awareness*. Consider the following:
 - Existing mass media channels (radio, television, health, maternal, water/sanitation, community development, agriculture, education, indigenous health, antenatal care, etc.)
 - Women's leaders, teachers, religious and cultural groups
 - Places where community members gather
 - Places where women often go to get services
 - Places where information can be disseminated (e.g., health centers, migration centers, communal markets, etc.)
 - Popular music programmes
2. Compile a measure list of organizations and services in government and outside of sexual services provision that can be mobilized to disseminate information mechanisms and intent to personnel and distribution channels. Consider the following:
 - Government and non-governmental organizations and related community organizations
3. Determine the key messages to be disseminated, based on the coordinated situation analysis in the previous step. Consider the following:
 - The key messages to be disseminated in the setting. Some or all of the following messages may be needed and appropriate:
 - The importance of access to sexual services (unwanted pregnancy, HIV prevention, etc.)
 - The importance of maternal, newborn, and child health (HIV infection, etc.)
 - Emotional and social consequences of sexual violence
 - The importance of maternal and child health, with emphasis on helping babies, school attendance, etc.
 - The importance of helping boys, girls, adolescent girls, and young women

Gender-based Violence Interventions in Humanitarian Settings

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

Key Reference Materials

- [illegible]

- 
- Written and reviewed by HQ and field subject experts
 - Focus on prevention of and response to SV in emergencies
 - Outline minimum required interventions to avoid morbidity and mortality due to SV
 - Summarise existing "best practices"
 - Integrate SV considerations into day-to-day sectoral emergency work
 - Do not introduce „new skills“ for which a new category of staff have to be trained

"UNFPA - because everyone counts."

Coordination Action priorities: Minimum Response Requirements

Establish
coordination
Mechanisms



Aim is to provide accessible, prompt, confidential, and appropriate services to survivors/victims

Advocate and
raise funds

Humanitarian community is responsible for advocating on behalf of civilian communities

Ensure Sphere
standards are
disseminated
and adhered to

Zimbabwe
Darfur

The prevention and management of GBV requires collaboration and coordination among members of the community and between agencies.

Assessment and Monitoring: Minimum Response Requirements

Conduct
Coordinated
rapid situation
analysis

Collect information about the type (s) and extent of sexual violence experience in the community. Also help to identify policies, attitudes and practices of key actors.

Monitor and
evaluate
activities

Agree on
Indicators



Protection: Minimum Response Requirements

Assess Security and define protection strategy

Be familiar with contributing factors



Provide security in accordance with needs

It is important to understand the types and extent of SV

Abduction in Ethiopia – case of Ethiopian RC.

Advocate for implementation of and compliance with intl instruments

United Nations, human rights, and humanitarian agencies share the responsibility with states to ensure that human rights are protected

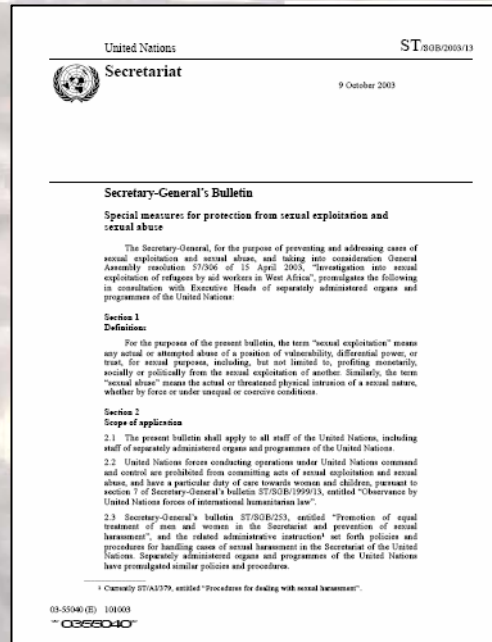
Human Resources: Minimum Response Requirements

Recruit staff in manner to discourage SEA

Disseminate and inform all partners on codes of conduct

Implement confidential complaints mechanism

Implement SEA focal group network



Careful recruitment, screening, and hiring practices are essential prevention activities

SG's Bulletin Special measures for SEA – applies to all!

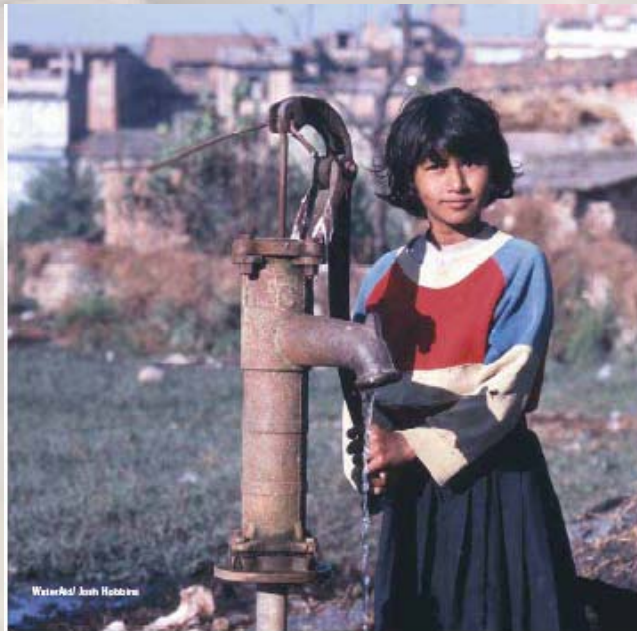
Should be established within system developed for GBV

Includes all representatives from UN agencies, plus DPKO, Red Cross/Crescent and relevant national and international NGOs

Water and Sanitation: Minimum Response Requirements

Implement safe water
/ sanitation
programmes

Women and children are particularly at risk because they are usually the largest percentage of the poorest of the poor and comprise the majority in displaced populations.



Food Security and Nutrition: Minimum Response Requirements

Implement safe
food security and
nutrition
programmes

Need to understand the gender
dimensions of crises and the community



Shelter and Site Planning and NFIs: Minimum Response Requirements

Implement safe
site planning and
shelter
programmes

Ensure that
survivors of SV
have safe shelter

Implement safe
fuel collection
strategies

Provide sanitary
materials to
women and girls



Understand the vulnerability of
the populations.

Community based solutions
should always be sought out first

Look at aspect of risk of collecting
fuel

Sanitary materials have a direct
impact on the dignity, health,
education, mobility, community
involvement, economic
involvement...

Uganda
UNHCR
sub office
Western
Uganda

Health and Community Services: Minimum Response Requirements



Ensure women's' access to basic health services

Health centers often first 'neutral' location to provide information and counselling

Provide sexual violence related health services

PEP, EC, trained staff; female staff

Provide community based psychosocial and social support

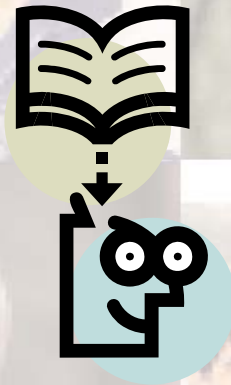
Referral system in place to respond to needs including mental health

UNFPA Ethiopia and IMC

Through CTC program implementing the MISP - Providing PEP kits, training, condoms, clean delivery kit including prevention messages

Education: Minimum Response Requirements

Ensure girls' and boys' access to safe education



Ensuring that girls can go to school in protective learning environments in emergency situations may help to protect them from sexual violence and other abuses

Uganda UNHCR – set up multi functional drop in centers adjacent to 13 primary schools with trained counsellors who work in coordination with education and community services.

Ethiopia – girls forum initiative – providing spaces and forum to empower high school girls against sexual harassment

IEC: Minimum Response Requirements



Inform community about SV and the availability of services

To inform about the consequences of SV and the help that is available and is confidential

Disseminate information on IHL to arms bearers

objective of all IHL dissemination activities is to prevent violations

World Vision Somalia – awareness raising on women's rights, FGM etc...

HI – Kenya awareness creation

IMC Campaigns in Uganda on GBV – individual households / food distribution days, community educators

World Vision Somalia – awareness raising on women's rights, FGM etc...

Guiding Principles for All when working On GBV Programs:

- ⇒ Safety
- ⇒ Confidentiality
- ⇒ Respect

**ACCOUNTABILITY
and
SUSTAINABILITY**

Challenges in implementing GBV programs

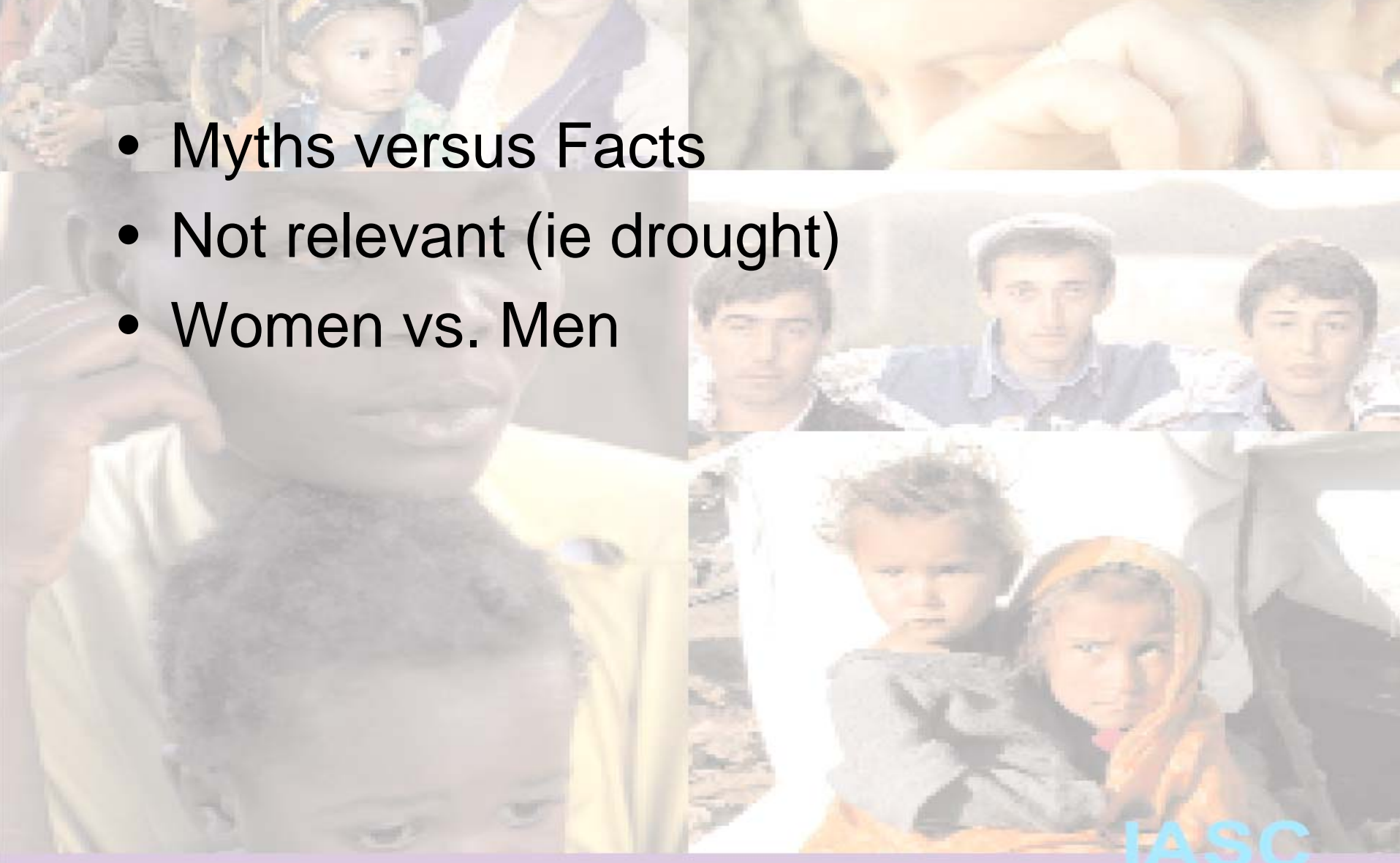
- Inconsistent efforts and inadequate resources indicating a lack of political will
- Lack of a comprehensive and integrated approach
- Lack of access to funding
- Failure to end impunity
- The intersection of multiple forms of discrimination
- Lack of evaluation

Challenges in implementing GBV programs continued

- **Lack of understanding of GBV**
- **Taboo**
- **Not a priority – life saving issue?**
- **Lack of data**
 - it doesn't happen
 - on populations affected
- **Under reporting**
- **'Not in my community'**
- **Sexual Exploitation and Abuse**
 - By humanitarian workers
 - Accepted and hidden
- **Lack of capacity (medical, legal, psychosocial)**
- **Laws in the country**
 - regarding abortion, emergency contraception, definition of rape, condoms
 - VCT, condoms – access not known
- **Guiding principles are not known**

Challenges in presenting and discussing GBV

- Myths versus Facts
- Not relevant (ie drought)
- Women vs. Men





Facilitation



Good and Bad facilitation game

Good and Bad Facilitation

- What is facilitation?


- Simply means to make things easier!

- What makes a bad facilitator?

- What makes a good facilitator?

- Remain patient
- Never argues
- Tries to understand the different beliefs and attitudes of the community members
- Work towards changing belief that lead toward harmful attitudes towards women and girls

In GBV training



Facilitators are good listeners, good communicators, respectful, maintain order, open to feedback, non-discriminating, build on participants' ideas and comments, encourage participation and **ARE PREPARED!**

Learning to be a good facilitator never stops!

Example of Exercise / Practice

THE SITUATION

- 20,000 people have moved over the border. Approximately 3000 are still arriving per day
- Closest town in 20 km away where there is a hospital and a few health centres are scattered in the district
- Close proximity to river
- Cooking fuel is a problem but there are some woods approx 1 km away
- Reports of rapes, abductions, killings during the flight

THE RESPONSE

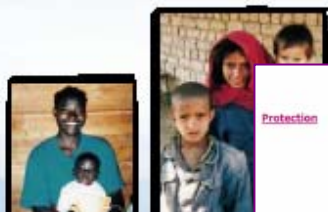
- International help has been asked. **YOU** are part of a team that has come to assist the refugees. You have the above information.
- You are participating in a GBV coordination meeting (the first). What do you do? How do you proceed? How would you prevent further GBV cases and respond to the ones you have heard? And to the GBV situation in general?

STATISTICS

- 12,000 women
- 5,000 children
- HIV/AIDS prevalence is 10%

Resources

Reproductive Health in refugee situations



Clinical Management of Rape Survivors

Developing protocols for use with refugees
and internally displaced persons

Revised edition

Protection

Conflict over scarce resources increase during droughts and put women and girls at higher risks of experiencing sexual violence. Other coping mechanisms that have an effect on protection have been men divorcing their wives because they can no longer feed them and women begging on the streets – both of which also increase the likelihood of sexual exploitation and abuse. Resource scarcities also create tensions in the home which can heighten risks of domestic violence and families may also resort to harmful traditional practices such as early and/or forced marriages in order to shore up family assets.

Action Sheet 3.3 Advocate for compliance and implementation of international instruments

Human Resources

Women and girls in emergency situations are vulnerable to all forms of sexual violence, including sexual exploitation, by all persons in position of power including humanitarian & medical workers and peacekeepers. Additionally, one of the contributing factors to increased vulnerability to drought is the lack of basic health services including trained/skilled health workers. There is a need to build capacities among health workers to handle victims and even to build awareness of GBV and possible treatment sites & protocols.

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

Action Sheet 4.2 Disseminate and inform all partners on codes of conduct

Action Sheet 4.3 Implement confidential complaints mechanisms

Action Sheet 4.4 Implement SEA focal point network

Water and Sanitation

During droughts women and girls often have to walk longer distances to obtain water or to use toilets – increasing their exposure to sexual violence and abuse. In Kaliado, Kenya we were told of women having to wait 10 hours in the water queue, having to wake up at 3 a.m. and walking up to 20 kms to fetch water.

Action Sheet 5.1 Implement safe water/sanitation programmes

Food Security and Nutrition

During droughts, women may find themselves having to take care of the whole family leading them to the possibility of being sexually exploited in exchange for food. The participation of women in food security and nutrition decisions is crucial to minimise sexual violence and abuse.

Action Sheet 6.1 Implement safe food security and nutrition programmes

Shelter and Site Planning

During droughts, people may leave their homes and become displaced in order to find food and/or water. They may have also lost their animals and are not able to carry the possessions they had – leaving them with little shelter and protection in particular for women and girls.

Action Sheet 7.1 Implement safe site planning and shelter programmes

Action Sheet 7.2 Ensure that survivors/victims of sexual violence have safe shelter

Action Sheet 7.3 Implement safe fuel collection strategies

Action Sheet 7.4 Provide sanitary materials to women and girls

Health and Community Services

Increase in rates of anaemia among women and in particular pregnant women result in an increase in miscarriages and complicated pregnancies. Unless facilities can accommodate these needs, maternal mortality will increase sharply. Additionally, health care services for survivors need to be available – such as staff and PEP kits to reduce the likelihood of HIV/AIDS transmission. (All health staff should be sensitised to sexual violence and are aware of and abide by medical confidentiality). Units to capacity building of health workers.

Action Sheet 8.1 Ensure women's access to basic health services

Action Sheet 8.2 Provide sexual violence-related health services

Action Sheet 8.3 Provide community-based psychological and social support

Education

During droughts, school enrolment rates often drops as children stay at home to help their families or are displaced with them – another issue that increases their vulnerability to sexual exploitation. Girl child education is always more at risk during drought because of the increased domestic workload.

Action Sheet 9.1 Ensure girls' and boys' access to safe education

Livelihoods

Drought brings the loss of livelihoods for communities and this impact is more severely affected by female headed households. Unfortunately, coping mechanisms that women and girls are forced sometimes to undertake involve begging and prostitution. Loss of livelihoods has cross-sectoral implications and response programming should follow sectoral actions as above.

¹ The above information can be found in more detail in the IASC field guidelines on GBV in emergencies.
<http://www.humanitarianinfo.org/iasc/content/2008/07/gbv-emergencies.pdf>

Guidelines

for Gender-based Violence Interventions in Humanitarian Settings

Focusing on Prevention of and Response to Sexual Violence in Emergencies



Drought and GBV



www.aidsandemergencies.org

www.humanitarianinfo.org/iasc

Integrating STI/RTI Care for Reproductive Health

Sexually Transmitted and Other Reproductive Tract Infections

A guide to essential practice



GUIDELINES

for HIV/AIDS Interventions in emergency settings



IASC

For more information on the IASC guidelines and their roll out please contact either:

Wilma Doedens – UNFPA Humanitarian Response Unit – Geneva

doedens@unfpa.org

Jennifer Miquel – UNFPA – Humanitarian Response Unit - Nairobi

miquel@unfpa.org

Available electronically (IASC and agency websites)

<http://www.humanitarianinfo.org/iasc/>



Dadaab
Refugee
Camp

Thank you

IASC