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| Good Shelter Programming |
| Good Shelter Programming: Reducing the Risk of GBV in Shelter Programmes |
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# Glossary of terms

**GBV Specialist**: A humanitarian professional with specialised knowledge and expertise on Gender-Based Violence. This could be an internal GBV Specialist within shelter actors’ own organisation or external GBV Specialists through the GBV Working Group or Protection Cluster.

**GBV Disclosure:** A disclosure of GBV is when a person/people make it known that they, or someone they know, has experienced GBV.

**Guidance Note, The:**  this document (Good Shelter Programming: Reducing the Risk of GBV in Shelter Programmes

**Shelter practitioner:** Any shelter staff in field, project management or advisory positions

**Shelter typologies or modalities:** Different types of shelter responses used in an emergency context

**Sphere Standards:** The Sphere Handbook, Humanitarian Charter and Minimum Standards in Humanitarian Response, internationally recognised set of common principles and universal minimum standards in life-saving areas of humanitarian response.

**Toolkit, The:** the three Shelter & GBV tools and the supporting guidance note

**Tool, The:** there are three practical tools which make upthis toolkit, Assessment, Mitigation and Responding to GBV.

**Psychological First Aid:** Psychological First Aid involves humane, supportive and practical help to fellow human beings suffering serious crisis events.

**Psychosocial support:** A scale of care and support which influences both the individual and the social environment in which people live and ranges from care and support offered by caregivers, family members, friends, neighbours, teachers, health workers and community members on a daily basis but also extends to care and support offered by specialised psychological and social services.

**Referral pathway:** A flexible mechanism that safely links survivors to supportive and competent services, such as medical care, mental health and psychosocial support, police assistance and legal/justice support.

Acronyms

CaLP: The Cash Learning Partnership

FHH: Female Headed Household

GBV: Gender-based violence

HoH - head of household

IASC: Inter-Agency Standing Committee

IDP: Internally displaced person

IOM: International Organization for Migration

IPV: Intimate Partner Violence

NFIs: Non-Food Items

SEA: Sexual Exploitation and Abuses

SOPs: Standard Operating Procedures

UNFPA: United Nations Populations Fund

# Introduction

## Purpose of the Toolkit

This toolkit is part of a wider effort to provide impactful and sustainable capacity development for shelter practitioners to address Gender-Based Violence (GBV) related issues through site planning and shelter and settlement responses. The approach will be to mainstream GBV risk reduction within shelter programming from assessments through to evaluation. This toolkit includes key tools with which to ensure this integration namely through (Assessments, Risk and Mitigation and Responding to GBV incidents). This toolkit also aims to improve the contextual guidance and the evidence base available relating to GBV in shelter and settlement response. It supports the IASC GBV Guidelines and aims to contextualise the advice given in a practical way for Shelter, Settlement and Recovery (SS&R) practitioners.

This toolkit will provide shelter practitioners with key tools for assessing and mitigating GBV within regular shelter activities in order to provide suitable and safe shelter assistance. It consists of this guidance note which supports the tools in the appendices. These tools aim to help shelter practitioners to mainstream GBV risk mitigation into their shelter programming - ultimately reducing vulnerabilities to GBV, particularly for women and girls.

GBV Definition: ‘Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.’ IASC Thematic Area Guide for: Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, Reducing risk, promoting resilience and aiding recovery, 2015 (IASC GBV Guidelines 2015)

## What is Gender Based Violence?

Gender-Based Violence (GBV) can affect women, girls, men and boys, although the overwhelming majority of survivors worldwide are women and girls. GBV is a violation of basic human rights and undermines every person’s right to safety, health, privacy and dignity, and further disrupts the impact of shelter interventions.

‘For the purposes of this guidance note, the term ‘GBV’ will be used as the umbrella term where appropriate, but in order to discuss the ways that specific interventions can have an effect upon the risk of GBV, the discussions will refer as much as possible to the specific types of violence which may be encountered in specific locations within shelters, camps or sites to better understand the concrete connections between each site intervention, and the risk-reduction objectives of that intervention’. (Site Planning: GBV Reduction, Kennedy 2016)

Types of GBV:

Rape and sexual assault

Physical assault

Force marriage

Emotional/psychological abuse

Denial of resources or opportunities

GBV can be perpetrated in the framework of armed violence or by strangers/armed actors as well as by family member and intimate partners such as husbands (cf. domestic violence).

## **GBV includes**

I was attacked when I tried to collect firewood to cook food.

Inflicting physical harm

I was raped in the alleyway behind some shelters

I am sexually abused by my uncle ever since they placed our families in one shelter

Inflicting sexual harm

Men insult me and tell me to use the woman’s latrine because I’m gay

Inflicting mental harm

I can only walk to the health clinic if I have someone else to protect me because men in the streets threatened to rape me last time I tried to go to the clinic’

Men harass us near the front entrance of the camp – we fear what they will do next

Threats

My husband will not allow me to go to the market

My caretaker will not let me go to school if I don’t have sex with him

Exclusion [[1]](#footnote-1)

I am forced to marry my cousin, to get a better shelter plot in the camp

Coercion

## Why it is Important to consider GBV risks in shelter programming

In humanitarian crises, women, children and marginalised groups are highly vulnerable to violence and exploitation due to pre-existing inequalities and discriminative norms that worsens due to the displacement. As a result, forms of GBV, such as intimate partner violence (IPV) takes place within the home or shelter, but can also occur within the larger camp or site. There is no part of a camp or site where this risk may not be present. Often it is the fear of violence which prevents women and girls – and/or other groups affected by violence - from accessing life-saving services. Shelter interventions can contribute positively to reducing GBV risks for women, girls, men and boys in and around shelters and settlements; ensuring to secure their health, security, privacy, and dignity. Failure to consider GBV-related risks in Shelter, Settlement and Recovery (SS&R) can therefore result in heightened GBV exposure for inhabitants.

Often it is the fear of violence which prevents women and girls – and/or other groups affected by violence - from accessing life-saving services. Shelter interventions can contribute positively to reducing GBV risks for women, girls, men and boys in and around shelters and settlements; helping to secure their health, security, privacy, and dignity.

Remember: Failure to consider GBV-related risks in SS&R can therefore result in heightened GBV exposure for inhabitants. Although specific measures will vary by context, they should always involve multi-sectoral efforts in cooperation with humanitarian actors, local authorities, and host communities; particularly the women and girls most affected by violence.

## How to Use this toolkit

The toolkit offers tools supported by guidance notes which shelter practitioners can use to enhance and improve shelter projects to make sure that they are responding to the specific needs of the population. The tools are intentionally designed to **complement** **existing shelter tools already in use.** This means that the tools presented in this toolkit are NOT intended as additional check boxes to be ticked or extra work to be done. Instead, they ARE designed to be added into and/or combined with existing shelter tools already in use in the sector. This will improve what shelter practitioners already do, as part of their regular work, ensuring continued effectiveness and high quality projects.

To that end, the toolkit does not offer specific shelter activities or solutions for reducing or preventing GBV within the areas or communities targeted by shelter programming. Each context and project is different, and the level and type of GBV risk present will differ from project to project, context to context and site to site. Instead, the toolkit will improve:

* **Shelter Assessments** (Section 2) by mainstreaming GBV considerations into shelter related context analysis and tools
* **Mitigation of GBV Risks** (Section 3) through guidance regarding how to analyse GBV related assessment results, incorporate them into an action plan, and monitor and prioritise project actions
* **Response Capacity** (Section 4) in those cases when GBV incidents are disclosed to shelter practitioners. This will help non-specialised GBV actors provide initial, front line support for survivors appropriately and effectively when needed.

## Audience for the Toolkit

The toolkit is targeted at shelter practitioners in the field, staff who are involved in direct implementation as well as programme leads or shelter coordinators. It also provides key information for shelter advisors, as well as gender and protection actors who work in collaboration with shelter practitioners on specific projects. The aim of the toolkit is to provide guidance on addressing or mitigation of GBV incidents in shelter programmes, in keeping with the ‘Do No Harm’ principle of humanitarian practice and a survivor centered approach to GBV response.

**Attention!** Shelter staff should not be providing specialized GBV services or prevention activities to survivors as part of regular shelter activities. This toolkit should therefore NOT be used as guidance for designing or implementing specific GBV prevention or response activities. Wherever and whenever possible, shelter staff should work with specialized GBV personnel so that each technical team is tasked with assessing, designing and implementing specialized activities within their sector of expertise. This toolkit builds on the IASC GBV guidelines to help shelter staff identify ways to mitigate GBV risks in regular shelter activities as this is a key step in designing and implementing good, appropriate, and safe shelter interventions – from design to completion and evaluation.

Box 1: “Do No Harm”

The Do No Harm analytical framework was originally developed as a tool to design/re-design, monitor and evaluate humanitarian and development assistance programs so as to minimize conflict. Specifically, the framework:

• Identifies the categories of information that have been found to be important for understanding how assistance affects conflict;

• Organises these categories in a visual lay out that highlights their actual and potential relationships; and

• Helps us predict the potential negative impacts of different programming decisions, and identify possible opportunities to avoid harm.

For more information on “Do No Harm” please consult the foundational work by Mary B. Anderson Do No Harm. How Aid can Support Peace - Or War and the wealth of information at the Collaborative of Development Action’s (CDA) website**: www.cdainc.com//.**

CARE also has an annotated bibliography of resources relevant to “Do No Harm” in the context of GBV, available at [**http://gender.care2share.wikispaces.net/Do+no+harm+guidelines+for+GBV**](http://gender.care2share.wikispaces.net/Do+no+harm+guidelines+for+GBV)

## Guiding Principles for the toolkit

**Survivor Centered Approaches**

A survivor-centred approach means that the survivor’s rights, needs and wishes are prioritized when designing and developing GBV-related programming. The illustration above contrasts survivor’s rights (in the left-hand column) with the negative impacts a survivor may experience when the survivor-centred approach is not employed. The survivor-centred approach can guide professionals—regardless of their role—in their engagement with persons who have experienced GBV. It aims to create a supportive environment in which a GBV survivor’s rights are respected, safety is ensured, and the survivor is treated with dignity and respect. The approach helps to promote a survivor’s recovery and strengthen her or his ability to identify and express needs and wishes; it also reinforces the person’s capacity to make decisions about possible interventions (adapted from IASC Gender SWG and GBV AoR, 2010).

1) Safety: The safety and security of the survivor and others, such as her/his children and people who have assisted her/him, must be the number one priority for all actors. Individuals who disclose an incident of GBV or a history of abuse are often at high risk of further violence from the perpetrator(s) or from others around them.

2) Confidentiality: Confidentiality reflects the belief that people have the right to choose to whom they will, or will not, tell their story. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the person concerned. Confidentiality promotes safety, trust and empowerment.

3) Respect: The survivor is the primary actor, and the role of helpers is to facilitate recovery and provide resources for problem-solving. All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor.

4) Non-discrimination: Survivors of violence should receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity, sexual orientation or any other characteristic.

## Brief introduction/summary paragraph on each of the three tools

**Assessment Tool:** This tool provides a set of shelter assessment questions presented in tabular format including explanations of each question, the importance of asking it in relation to GBV and some practical programme implications that are then expanded upon in the Risk and Mitigation Register.

**Risk and Mitigation Register:** The register provides information on GBV risks associated with standard shelter response modalities and gives suggested mitigation measures to consider in shelter programs. The tool can also be used as a template for creating a context-specific Risk and Mitigation register in the field.

**Responding to GBV Tool**

The responding to GBV tool provides shelter practitioners with practical step-by-step advice on how to react if you are faced with a disclosure of Gender-Based Violence (GBV) during shelter programming. It includes a decision making flow chart and a quick reference guide on how to respond and who to refer to in the case of a disclosure.

**Attention!** Unexpected outcomes

When a program works to alter societal/structural factors that challenge existing gender roles and norms, GBV can emerge. At times, this outcome can occur despite specific attempts to positively influence gender norms. For example, when some programs seek to improve gender equality by including women in programmatic processes, women may take on more culturally traditional male roles, such as being part of a program committee or accepting a paid task. As a result, when risks are not properly factored into the design of the program, women may face psychological abuse, like becoming the subject of scorn by community members who are threatened by their new role, or they may be subject to physical violence from partners who do not appreciate how women’s new responsibilities reduce their time to tend to duties at home.

Similarly, when programs aim to empower women by improving their access to and control over economic resources [or significant assets such as a shelter or a home], they may succeed in putting resources in women’s hands, but the resulting challenge to household power dynamics may cause higher incidents of GBV overall.

Hence, risks associated with women’s empowerment and other interventions targeting women and girls and other vulnerable groups, need to be properly documented and mitigated in the design of the program. When it cannot be done, it is preferable to prevent from intervening rather than to risk to do more harm

# SS&R Standard assessment tool

**This section outlines the SS&R standard assessment reinforced with GBV risk, the information it provides, and how to use it as part of standard shelter assessment work.**

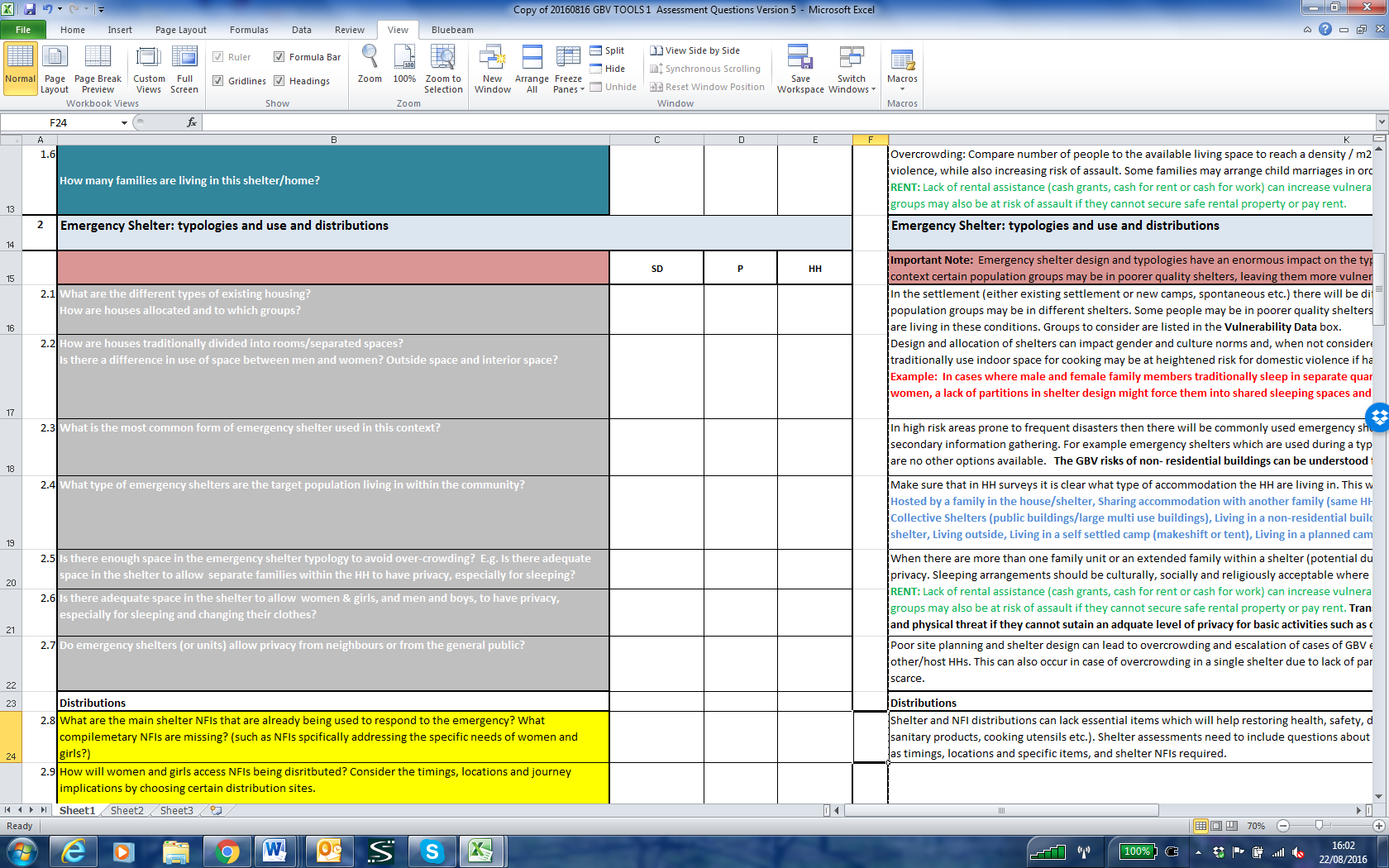
## Purpose of the Assessment Tool

**Purpose:** To provide shelter practitioners with key shelter questions that will help identify and assess potential GBV risks related to shelter needs and activities in emergency contexts. The questions are designed to be shelter questions which also capture GBV and Gender information

**The Tool:** The assessment tool consists of an Excel sheet (Annex 1) outlining 8 **key questions areas** that practitioners can use to assess the presence and/or likelihood of different GBV risks in relation to shelter needs, activities or contexts. (See Figure 1)

**How to use the tool:** Staff members do not necessarily need to ask ALL of the questions in the Assessment tool. The questions in the tool are designed so that shelter practitioners can select the most appropriate questions to use in a given context and include them in a standard shelter assessment.

Figure 1: This is a snapshot of the *questions presented in the Assessment Tool.*

 **Tip:** It must be emphasised that ANY interventions addressing risks of GBV must be done in consultation with the women and girls, and/or other at-risk groups affected. These consultations must be safe, confidential, and appropriate and avoid stigmatizing survivors and/or other populations. It is encouraged that SS&R staff hold consult with GBV specialists in the design and implementation of the assessment and the use of questions, as well as other sector specialists. As mitigation strategies and safe and timely responses to GBV incidents can be coordinated across multiple sectors to be more effective.

**Attention!** Staff should NOT be asking people directly if they are survivors of violence and/or have experienced GBV in their HH as this puts them at risk. The questions are designed to capture information which can inform shelter design to mitigate against GBV, they should not seek out cases of GBV. Section X – the tool for responding to GBV cases/disclosure will help shelter practitioners to address any unprompted disclosures or reports of GBV which are made directly to them.

**Tip:** Interviewing Women and Girls - Enumerators interviewing women and girls should be female staff, and (if possible) trained on gender-sensitive interview techniques, they should understand the basic PFA and GBV referral mechanisms explained in the Responding to GBV Tool (Section 4 and Annex 3) in the unlikely case of disclosure of GBV during the discussion.

## How to navigate the assessment tool

The tool questions: The questions are presented on the left hand side of the table, under the 8 key areas of enquiry. The columns to the right make suggestions to the level of assessment for which these questions are needed or suitable. SD = Secondary Data, P = Primary Data such as focus groups and key informant interviews, and HH is Household level questions which may be suitable for baseline surveys and more detailed needs assessments.

Shelter practitioners should select which of the questions in the assessment tool to include in their shelter assessment activities based on assessment needs and pre-existing information. However, all assessments should include information and/or questions from each of these categories to build a picture of the GBV risks that shelter beneficiaries can be exposed to in a given context.

Figure 2: Example questions from the Assessment Tool (Annex 1)

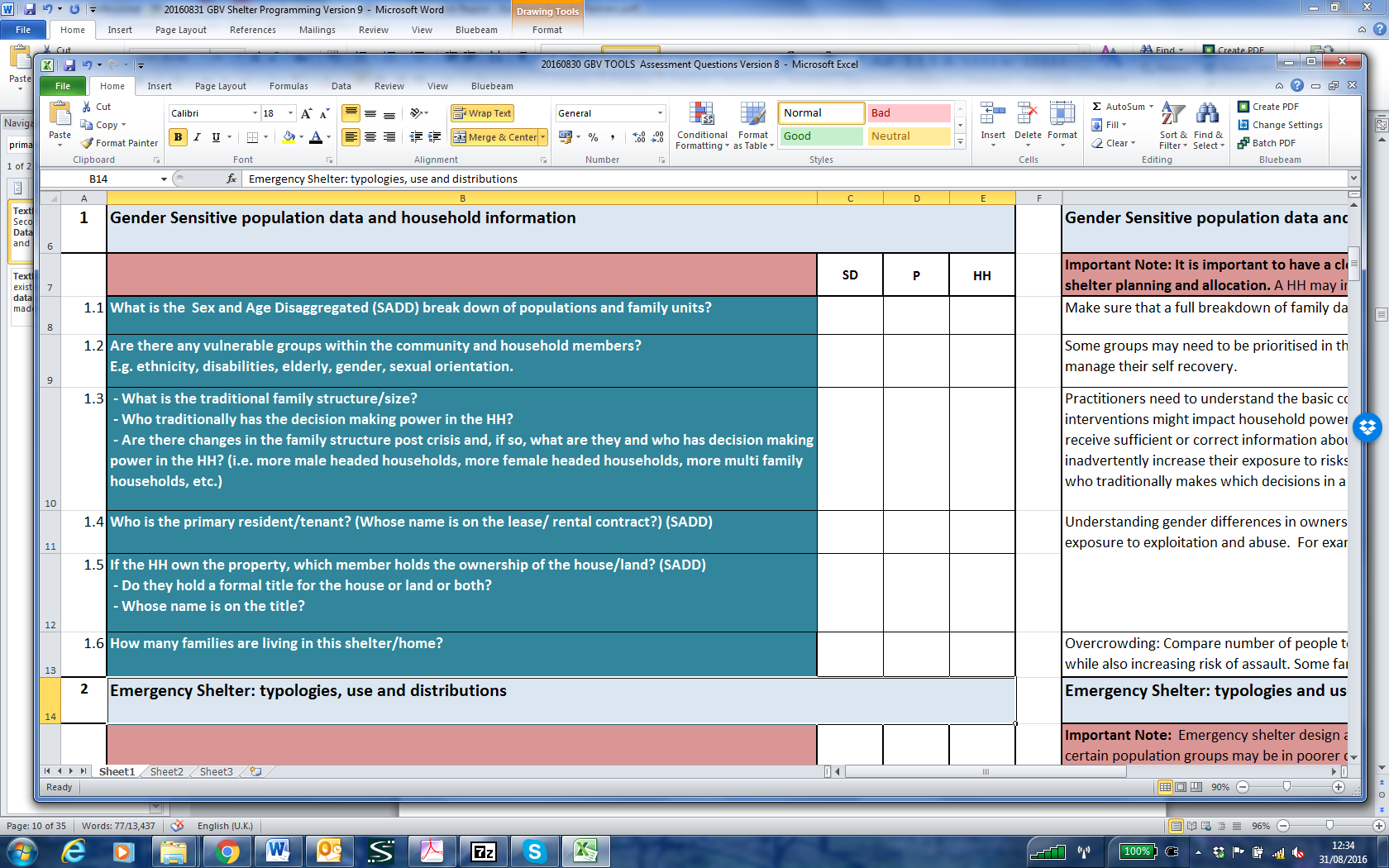
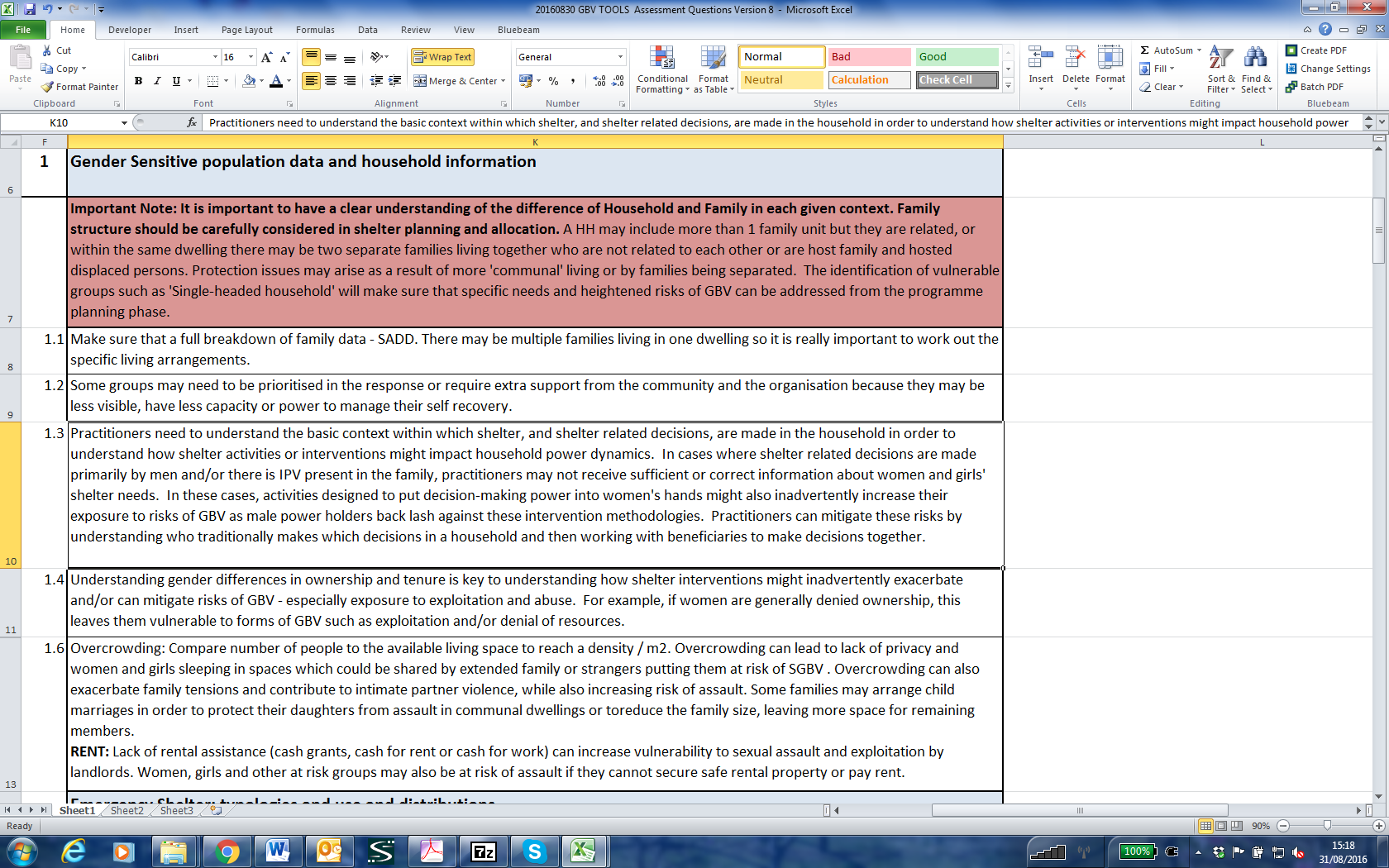
The tool also contains specific guidance on each question and explains in more detail what information is intended to be captured.

Figure 3: Example questions from the Assessment Tool (Annex 1)



## Building gender and GBV responsive shelter assessments

By including the shelter questions aimed to capture threat of GBV in regular shelter assessments is a key element of good shelter programming. It can help shelter practitioners identify:

* Where, how and when populations are at risk of GBV threats in their homes and settlements
* How current shelter and settlement arrangements either exacerbate – or mitigate – those risks
* How future shelter and settlement interventions – from design to lay out and distribution – can further mitigate those risks
* How shelter and settlements interventions can be appropriate, safe and accessible for all

In order to develop appropriate gender and GBV responsive shelter interventions, shelter programs can start by drawing on valuable information from existing pre-crisis or rapid post-crisis gender analyses. However all programs need to understand **at a minimum** how gender and the risk of GBV affects people’s needs, access to power or resources, and how interventions have different effects on men and women[[2]](#footnote-2). The knowledge of gender dynamics in the context is vital to understanding the GBV risks.

**Needs:** The needs of men and women in relation to shelter and settlements will differ based on their needs, their position in society and the risks they are exposed to. For example women and girls will need specific sanitary items for personal hygiene, but may also need specific items of clothing to facilitate their mobility or access to public spaces. To reduce the risk of sexual violence they need separate toilets and showers, lockable doors and internal partitions.

**Power/Resources:** Housing and land are some of the most important assets that a person can own. In many contexts housing and land recorded ownership is limited to male members of the household excluding women from decision making on these assets. Males are often granted the roles of head of household and may exercise control over household and productive assets. At the community and political levels there is a lack of female representation that can lead to policies that ignore their needs, for example by endangering women or marginalised groups by not considering the risks associated with the distribution of non-food items NFIs or the allocation of shelters within a community..

**Effects:** Shelter interventions can have different (and unintended) consequences on women, girls, men and boys. For example interventions that target women without engaging men have the potential to lead to increases in intimate partner violence (IPV). It has been documented that the change in gender roles of men as breadwinner as a result of the displacement can contribute to intimate partner violence. In contexts where dowry is paid to the bride’s family, families may hurry to marry their daughters to secure funding to complement shelter assistance to rebuild or repair, increasing risks of GBV incidents among young women.

**Scenario A: Analysis of gender dynamics and GBV risks not carried out.**

**Potential Risk:** Frequently not enough time is made for a thorough analysis of assessment results. Assessment forms can often be lengthy which can also hinder time for analysis, meaning that the different areas (social, economic, institutional etc.) are not all considered. Collecting data particularly around sensitive issues such as GBV, without appropriate analysis and subsequent follow-up, can create community mistrust and even put people in danger e.g. in terms of providing information on GBV prevalence.

**Mitigation:** Secondary data analysis can take place before a primary assessment. A lot of valuable data can be derived from existing information. Primary data can test assumptions made from this initial desk based analysis and to understand how and to what extent the emergency context has exacerbated GBV risks and gender inequalities.

**Actions:** Use a frame work / analysis tools to make sure all the data has been collected and captured and then a pre- and post- crisis analysis is integrated to discuss impacts, opportunities and challenges. Highlighting where is it possible to intervene.

## Assessment design process and methodology

To ensure GBV risks are successfully captured during the process of an assessment, practitioners should pay attention to the **assessment design process and methodology** and consider the following:

1. Ensure that qualitative as well as quantitative information is collected
2. Recruit female enumerators
3. Ensure sex-segregated focus groups (FG)/respondents
4. Triangulate assessment information with existing GBV/protection assessments and gender analysis
5. Share findings with GBV and Protection actors

Shelter practitioners should be aware that sometimes, by simply asking about GBV has the potential to expose people to additional risk. GBV is often a taboo, private subject, with survivors being stigmatized or further exposed to violence if they disclose or if their experience of violence becomes known by others. Given this, shelter practitioners have to understand what they can and cannot ask, as well as how and when to ask it, so that assessment activities contribute to mitigating risks rather than exacerbating them. To that end:

* Do not raise false expectations. Only ask questions which are relevant.
* Do not ask people directly or include questions that can prompt survivors to talk about their experience of violence.
* As much as possible, ask assessment questions in safe, confidential, spaces
* Do not ask GBV or sensitive questions in mixed-sex or mixed-age groups and, when in groups, ensure that everyone present agrees to keep the conversation confidential

## Key Areas of Enquiry

To assess GBV risks as related to shelter interventions, it is important for practitioners to ask GBV sensitive **assessment questions** related to the following **8 key** **areas of enquiry** areas:

1. Gender sensitive population and household information (disaggregated by sex and age)
2. Emergency shelter: typologies and use
3. Shelter construction and/or maintenance
4. Household activities and use of household space
5. Safety, security, privacy and dignity at shelter level
6. WASH integration
7. Community and Settlement level information (For Non Displaced and Displaced populations)
8. Safety, dignity and security at Settlement level

Exploring these areas of enquiry will help practitioners better understand how and why existing gender inequalities can expose women and girls – and/or men and boys – to different forms of GBV. It will also help practitioners understand and identify groups’ vulnerabilities, capacities, and opportunities for safety or protection from GBV within different shelter and settlement contexts. If these areas are not successfully examined, then there are risks to the quality and relevance of any proposed project.

**Scenario B: Poor assessment resulting in a misunderstanding of family structures**

**Potential Risk:** A misunderstanding of the relationships between members of the HH can mean support is unsuitably targeted or can lead to cases of tensions and potential GBV or domestic violence. This particularly applies to case of polygamous societies, whereby a lack of understanding of household dynamics can contribute to isolation and ostracising women and children in the family, making them more vulnerable to GBV. (Annex 1: 4.1)

**Mitigation:** Make sure staff members understand the dynamics of the family and how to interact and intervene with the HH to avoid causing tensions (potential GBV) within a family. (Annex 1: 4.2-4.5)

**Actions:** Participation and involvement - In the assessment a range of focus group discussions (FGD) including separate FGDs for men, women, adolescent boys and girls and HH surveys to collect both qualitative and quantitative data. Avoid targeting one group more over another (e.g. targeting only women for assessments) because this can create tensions amongst men and women in the community.

### Gender Sensitive population data and household information

**Why?** Intimate partner violence (IPV) and other forms of domestic violence (DV) are some of the most common forms of GBV. The recent global prevalence statistics suggest that approximately 1 in 3 or 35% of women globally have experienced either physical and/or sexual intimate partner violence or non-partner violence. This is mostly intimate partner violence, reported by nearly 30% of women in a relationship worldwide (WHO 2016)[[3]](#endnote-1). This makes the home and the household one of the most unsafe places for women and girls in the world. However, despite this, the family or the household – and household shelter design – often approaches the household and family as if it is a safe, non-violent space for all household members. Understanding family information and household structures can provide practitioners with some key information to understand whether household structures and the shelter and settlement spaces they occupy, have the potential to exacerbate existing GBV risks, or to enforce existing protections measures, or not. This can be assessed by better understanding things such as how the family members support each other, who is the main decision maker, or provider, and how many dependents do families have.

**What?** ***Demographic Data:*** Demographic data should include sex and age disaggregated information for each family and household. This should include, at a minimum, the # of women, girls, men and boys, living in a household as sub divided by age group. This is important background information for shelter practitioners to better understand general household dynamics and related shelter needs – including privacy, amenities, spatial layout and required services, among other things (see Annex 1, Assessment Guidance Note for the full list). Understanding these elements will allow shelter staff to better understand how current designs, spatial layouts, shelter NFI distributions and construction activities, might expose women, girls, men and boys to GBV risks or reduce them (Annex 1:1)

***Vulnerable groups:*** Identifying vulnerable groups will help practitioners i) ensure they are accounting for these groups’ specific needs and ii) address specific GBV risks facing these groups from the programme planning phase onwards. For example, women, girls, men and boys living with disabilities are often at heightened risk of GBV, specifically sexual violence and exploitation, as they are often isolated and marginalised in their communities. Identifying these groups and their specific shelter needs – including needs for support and community connectivity – can help shelter staff to mitigate these risks by designing assessments, community awareness and distributions to reach all groups and for shelter designs and layout to consider the specific needs of isolated groups.

**Scenario C: The assessment fails to identify major vulnerable groups among the affected population**

**Potential Risk:** Vulnerable groups may be less visible, have less capacity or power to manage their self-recovery: adolescent girls, elderly women, female headed households, indigenous households, LGBTI persons etc. Exposure to GBV and sexual exploitation may escalate due to their dependency on others for survival.

**Mitigation:** Make sure that vulnerable groups are identified in the initial assessment phase so that specific needs and heightened risks of GBV can be addressed during programme planning and include vulnerability criteria in the demographic data collection during assessments/monitoring. (See Annex 1:1)

**Actions:** Establish partnerships with locally based NGOs and civil society groups (e.g. women’s groups) with good knowledge of the context and existing social dynamics to be involved in programme assessment, planning and implementation.

**Household (HH) structure:** HH structures and size have implications for the type of assistance, shelter size, and which method of delivery is appropriate to use with beneficiaries. If the head of household (HoH) is male or female, single headed female, male or child, can have significant impacts on GBV risks facing the household and its members. Collecting this information allows shelter practitioners to understand how living spaces should be allocated between families and how shelter materials should be supplied/distributed to mitigate against GBV. Single female headed families for instance will have different needs and be exposed to different external risks than male headed households. (Annex 1: 1)

Both capacities and risks for HH members must be assessed when determining the type of assistance to provide, how and to whom. If there have been changes in the family structure capacity and resilience may be lower than usual and this should be accounted for in activities. For example the HH may have been split up or divided because of the crisis, other family members (men) may have gone elsewhere to find work - leaving female members alone and potentially at risk.

If the "primary resident" of the HH is also the decision maker then it may mean that other resident’s needs /vulnerabilities/concerns may not be addressed. Shelter staff must make additional efforts to get other residents' input. In most societies, the head of HH will be a male; therefore programme staff should not only consult with the male family members but also ensure that the assistance provided reflects the needs and opinion of women, girls, men and boys.

**Scenario D: The needs assessment fails to identify specific needs and preferences of women & girls**

**Potential Risk:** Shelter and NFI distributions can lack essential items which will help restoring safety, health, privacy and dignity of households including their female members (e.g. clothing, sanitary products, cooking utensils etc.)

**Mitigation:** Consultation with community groups prior to procuring standardised packages. Make sure staff members understand that needs and perceptions of priority needs will vary in men and women.

**Actions:** Shelter assessments need to include questions about type of support preferred by the households, concerns related to distributions, such as timings, locations and specific items, and shelter NFIs required.

### Emergency shelter: typologies and use

**Why?** Emergency shelter design and typologies have an enormous impact on the types – and extent – of GBV risks women, girls, men and boys are exposed to. In any emergency context certain population groups may be in poorer quality shelters, leaving them more vulnerable to GBV risks.

For analysis is it important to ask **why** people are in poor living conditions and to understand the risks associated to these conditions on their safety, health, privacy and dignity. It is essential to **disaggregate** since using non disaggregated data to respond to these questions will not provide staff with the information required to assess GBV risks effectively for women, girls, men and boys (Annex 1: 2)

**What?** Assessments need to capture details of the shelter typologies and solutions being used in the emergency to help establish the specific needs of different vulnerable groups. This should include the quality of the living conditions, how much covered living space there is per person, their cultural and gendered appropriateness (i.e. for privacy or bodily needs) and whether there is good light, ventilation and security in the shelter.

Having an understanding of specific gendered NFI needs is also essential in designing the most suitable NFI packages and other forms of assistance, making sure those actions ‘Do No Harm’ and do not increase GBV risk. For example, bedding and mattresses might have gendered implications, or cooking or other household care items. The Sphere Project’s ‘Shelter and settlement standard 3: Covered living space’ stipulates that people should have ‘sufficient covered living space providing thermal comfort, fresh air and protection from the climate ensuring their privacy, safety and health and enabling essential household and livelihood activities to be undertaken’.

[Sphere Guidelines: Shelter](http://www.ifrc.org/PageFiles/95884/D.01.02.a.%20SPHERE%20Chap.%204-%20shelter%20and%20NFIs_%20English.pdf%20) ([Standard 3: Covered living space](http://www.spherehandbook.org/en/shelter-and-settlement-standard-3-covered-living-space/))

[Example]: IASC guidelines includes examples of overcrowding in urban areas or camp situations that can exacerbate family tensions or intimate partner violence; poorly designed shelters that provide inadequate privacy and can increase the risk of sexual harassment and assault for inhabitants; inadequate distribution of shelter-related non-food items that can increase vulnerability for women, girls and other at-risk groups, who might be forced to trade sex or other favours in exchange for these items. Additionally distress on males caused by the losses or the devaluation of their traditional roles related to the home may contribute to domestic, intimate partner, and other types of gender-based violence.

It should be very clear what type of accommodation the HH are living in as this will inform other questions on dignity and privacy. For example in cases where male and female family members traditionally sleep in separate quarters and/or younger girls or boys might sleep separately from adult men and women, a lack of partitions in shelter typology might force them into shared sleeping spaces and could be increasing the risk of GBV.

Examples of shelter typologies include;

* Tents or transitional shelters
* Hosted by a family in the house/shelter
* Sharing accommodation with another family (same HH or not?)
* Collective Shelters (public buildings/large multi- use buildings)
* Living in a non-residential building
* Damaged house (own residence)
* Squatting in another person’s shelter,
* Working for shelter,
* Living outside
* Living in a self-settled camp (makeshift or tent)
* Living in a planned camp

### Shelter construction and/or maintenance

**Why?** Understanding men and women’s different roles regarding shelter construction and/or maintenance can help mitigate GBV risks and potential exploitation. For example, shelter projects intended to empower women by placing them in non-traditional roles (i.e. builder, carpenter, owner or main tenant) may actually expose them to GBV risks if male household or community members feel threatened and/or as if their traditional roles are being usurped. Additionally, involving women in shelter-related roles may add additional work or burdens onto existing responsibilities for child rearing and household care, resulting in domestic violence or protection risks for children if left with extended family (or not considered).

**Tip:** For analysis in post-crisis settings consider how males' and females' roles have changed in the crisis and why and how these changes can potentially lead to backlash or negative consequences.

It must be emphasised that shelter staff should work with protection and GBV actors to challenge underlying gender inequalities. However, shelter staff should consider how to do so without inadvertently increasing people’s risks of backlash and GBV. For example, if women (especially in rural areas where families build houses) are responsible for building the house, but do not have decision making powers or access to the funds needed to get the materials, then this could lead to GBV or IPV. Shelter activities can mitigate this risk by working with households to determine – together – who receives the materials and/or funds, and how these are distributed and controlled.

**What?** Gathering information regarding men and women’s roles in construction, maintenance and payments of housing is a key area of investigation. This allows staff to understand who is responsible for what and how and, in turn, how to provide information, to whom, and when to engage members of the community in shelter programming so as to avoid the unintended negative impacts described above.

### Household activities and use of household space

**Why?** The spaces in and around the home can be private, semi private or public. Understanding what activities occur in each of the different spaces in the home, at what time of the day, and by whom can inform the project of inhabitants’ activities, capacities and the risks they may be exposed to. Monitoring changes in these practices can also highlight any problems or new GBV risks. Design and allocation of shelters can impact gender and cultural norms that, when not considered, can impact the protection of at-risk individuals. For example, women that traditionally use indoor space for cooking may be at heightened risk for domestic violence if having to cook outside, or alternatively face health risks when cooking indoors.

**What?** Specifically, information on which activities men are responsible for and which activities women are responsible for within, or related to, the household needs to be captured. This will provide a better understanding of the types of shelter spaces, lay outs and amenities they need to complete their activities. For example, women are often tasked with more care activities than men and therefore have specific needs with regards to their shelter, layout and related amenities in order to perform these duties that may, or may not, be taken into account during shelter design. (Annex 1: 4)

### Safety, security & dignity in shelters and settlements

**Why?** Different population groups' experience spaces in their settlement and homes differently depending on the risks they feel exposed to in each space. Understanding the types of GBV risks males and females each perceive in their immediate shelters, community space, as well as the areas or times where people feel protected and safe in the community, helps practitioners understand i) the different GBV risks present in homes and communities and ii) how shelter and settlement design can contribute to – or mitigate – those risks. Identifying the vulnerable groups within a community helps understand who may be subject to, or at risk of, GBV and specifically where and when these risks may occur in the home or settlement. Practitioners should use this information to better understand: why different groups i) may find it hard to access adequate shelter, thereby leaving them in situations where shelter is unsafe or ii) are susceptible to exploitation linked to distributions or access to shelter.

**What?** Information on the type of materials used in the shelter, how the shelters are occupied and by whom, and access to facilities such as electricity, water and lighting are all important to ensure that an understanding of shelter level risk are captured. All data collected needs to be disaggregated by sex and age to ensure that more vulnerable groups are identified. (Annex 1: 6)

Crucially, shelter practitioners must not assume that traditional shelter design, or occupancy arrangements, are necessarily the safest or most desired. The home can be a site of violence for many women, girls, men and boys and traditional designs and occupancy patterns might increase those risks rather than mitigate them (for example, young adult men and boys in the same sleeping area can sometimes pose a risk of sexual abuse for boys). It is therefore important for shelter practitioners to consult with women, girls, men and boys about the elements they need in a home in order to feel safe prior to designing interventions.

Practitioners can use risk mapping of the settlement to gather information about potential areas where women and girls, or men and boys, are susceptible to or feel at risk of violence. This can be done using either direct questions or community maps. One of the key elements to assess is whether or not women, girls, men and boys have equal access to the materials being distributed, if either group has fears for their safety in the distribution areas or on their routes home. If either of these events are occurring, shelter staff have to probe to find out why this is happening and consult with affected people regarding how best to address the situation. This can be done by:

- Ensuring staff ask women and girls, men and boys about any trade-offs they have to make in order to participate in the distribution channels and systems in place and, if they do;

- What those impacts are and if it exposes them to any additional risk? (i.e. if they can't get their household work done, because they are waiting and participating in our programmes, does this leave them at risk of increased IPV (Intimate partner violence?

### Community level information (For Non Displaced and Displaced populations)

**Example:** If women are tasked with caring for both young and elderly household members, they might need more water and/or more access to areas where they can bathe those in their care. If shelter layouts and/or washing locations are not sited so as to provide sufficient privacy and/or access to enough water, this i) may force women or those in their care to go elsewhere, i) potentially exposing them to GBV risks en route, or ii) increasing their risks of household level GBV such as denial or resources, intimate partner violence and/or abuse.

**Settlement typologies and activities**

**Why?** The layout of settlements and the way shelters are arranged can either exacerbate GBV risks or mitigate against them - i.e. by ensuring privacy between shelters and families or providing safe and adequate community services in well lit, central, safe locations. The division between public and private areas should be considered in order to ensure dignity for the population.

**What?** Different types of shelter typologies present in the area, and who is occupying them, have to be understood. Specific design elements and/or the lack of those elements can both exacerbate people's vulnerability and risk of GBV or mitigate them. For example, if girl-headed households are largely concentrated in collective shelters or shared accommodation where there is little division between families and households because they do not have the funds or space to have their own shelters, this might increase their exposure to GBV risks from those they are sharing with. Conversely, it might also present opportunities for increasing protective mechanisms for girl-headed households if the families and households they are sharing with provide oversight and support for their households. Understanding which types of households are in which types of shelters, will help practitioners better understand potential associated GBV risks or mitigation mechanisms. (Annex 1: 6 & 8)

**Tip:** Use the shelter and GBV specific assessment questions to understand the different GBV risks present in the collective centres and/or camps as well as different households' specific needs to feel safe in/around their shelter structures.

## Choosing Assessment Questions

Sector specific assessment questionnaires risk being very long especially those incorporate cross cutting issues. The assessment teams therefore collect vast amounts of information which is not necessarily useful or relevant to the context or M&E teams do not have time to analyse all the data and give concrete advice to technical staff. Here are a couple of examples of ways to prioritise areas of inquiry and the specific questions to include in the assessments.

### Risk mapping

Using risk mapping to inform assessment questions can also help with the decision making process. **By carrying out these tasks before an assessment is developed staff will have an understanding of which questions are relevant to the context.**

Depending on the phases in an emergency and the time available, various kinds of mapping methodologies can be used to assess risks and map them in a given context/area/camp. For instance: safety audits, participatory mapping of “hotspots” / perceived unsafe spaces and community “transect” walks. Transect walks across a neighbourhood with residents that can highlight in informal and spatial ways the threats and locations of past or potential attacks/violence.

### Four reflections

Below is a flow chart which can assist in deciding when to include certain questions in the assessment. This can help eliminate unnecessary questions or those which may have a harmful impact. Use these reflections to prioritise which questions to ask and which questions NOT to ask:

# Mitigation and Risk

## Mitigating GBV risks in shelter programmes

Once staff members have collected relevant information via GBV sensitive shelter assessments, staff should better understand the different GBV risks facing women, girls, men and boys in the emergency context and related to response activities.

The analysis should consider the different dimensions of the crisis, and response activities, as experienced by women, girls, men and boys separately. In addition to general household measurements of damage, vulnerability and capacity, consider the individuals within the households and describe who is affected, how they are affected, the level of access of female and male population to assistance and barriers accessing services, and who are priority groups and why. Consider how gender differences vary between different cultural groups, age and economic groupings and how these impact their potential experiences of GBV.

Protection and shelter are linked as there many occasions where shelter-related interventions can feasibly prevent or mitigate or also even facilitate possible abuses, exploitation, and other human rights violations. Trying to understand these potential risks can therefore help us see where shelter projects can prevent and mitigate any additional harm within the communities. Shelter interventions should therefore aim to mitigate GBV risks in 2 ways:

1. Using shelter interventions to mitigate GBV risks associated with the emergency and/or local context
2. Mitigating GBV risks posed, or exacerbated by, shelter interventions themselves

**Example:** If the context includes a prevalence of IPV then shelter actors can mitigate these risks by siting shelters so they are not isolated from each other and/or offer well lit and visible routes to and from facilities to make sure residents are not subject to violence within or to and from the home. This would allow IPV survivors to access specialized help and community support more easily.

Shelter materials such as tarpaulin can often be of poor quality and become transparent when lit from behind. This can lead to outside observers seeing when family members are at home alone and potentially at risk from violence.

NFI distribution: Women and girls and other at-risk groups are often provided directly with materials and physical support to construct their own shelters this can help avoid protection concerns such as theft of goods, exchanging sexual favours for support with construction, and attack if collecting shelter materials from a distant location. (See Annex 2 : Risk Register ‘Shelter NFIs’)

## Purpose of the Tool

**Purpose:** The Risk and Mitigation Tool aims to provide shelter practitioners and field staff with a template for a simple risk register that can be used to identify GBV risks, and mitigation measures associated with different shelter programme modalities. The tool helps with the decision making process involved when choosing programme design and implementation methodologies, firstly by presenting the associated GBV risk with each shelter modality and secondly providing a template for shelter practitioners to complete when designing programmes. The tool provides contextualised information on risks (those identified in the assessment) and then proposes mitigation measures and project level activities to help reduce those risks.

**The Tool:** The mitigation tool consists of a **simple excel table of GBV risks relating to the implementation of different shelter modalities** and template of a simple adaptable risk register. The tool is intended to help shelter programme staff select the method of shelter assistance most suitable for meeting shelter needs while also mitigating the GBV risks associated with each shelter assistance method.

This is NOT the only tool which should be used when choosing the most effective shelter assistance methods to use in a response. Many other factors will need to be taken into account e.g. capacity/capability of implementing agency; level of funding available, government strategy etc. This tool is designed to mitigate the risk of shelter and settlement programmes supporting existing, or increasing the risk of, GBV as a result of their activities.

**How to Use the Tool:** This tool is directly linked to the Assessment tool presented in section 2 (Annex 1). The data collected from the assessment should be analysed using the suggested headings in Annex 1B). The results from the analysis should be fed directly into the project/programme Risk and Mitigation Register where the associated GBV risks are listed in the example table (in Annex 2) according to each shelter intervention.

The Risk and Mitigation Register is a matrix which includes clear examples of GBV risks that could be identified through the assessment. However, the matrix should be adapted for use for shelter projects in different contexts based on the results of the GBV-sensitive shelter assessment.

**How to steps:**

1. Staff should begin by populating the tool with the different shelter modalities or shelter solutions being considered as part of their response.
2. They should then use the GBV assessment results to consider the different GBV risks related to each modality – both contextual risks and those specific to the shelter solution under consideration.
3. After considering each possible risk, staff should then consult with GBV actors (where possible) and the populations affected to consider possible mitigation measures and to select priority actions.

**Scenario E: Collective Shelters are located in non-residential buildings without space to separate HHs**

**Potential Risk:** Overcrowding and/or integrating groups that do not have social histories together has the potential to increase risks of exposure to different forms of GBV. Overcrowding can lead to lack of privacy and women and girls sleeping in spaces which could be shared by extended family or strangers putting them at risk.

**Mitigation:** Minimise the shelter options requiring displacement and/or use collective centres as a temporary solution. If this is not possible consider specific actions to increase dignity and privacy.

**Actions:** Ensure adequate provision of blankets/bedding materials so that different groups (who might practice violence on one another) are not forced to share and prioritise relocation to individual household shelter solutions.

## Assessing and Mitigating GBV Risks

The needs analysis is likely to reveal a multitude of GBV risks and/or GBV related problems in the emergency context and it is rarely possible to address all of them. It is therefore important to identify:

1. Which risks are within the project/programme’s sphere of influence and can be addressed?
2. Which risks require outside interventions or actors to address?
3. Which risks require long term interventions or change processes to address?
4. Which risks can be addressed quickly and effectively?
5. Which risks require the intervention of other actors, including specialized GBV actors?

While shelter practitioners ought to understand all of the GBV risks associated with their contexts and activities, it is crucial to note that they will not be able to address all of them within the lifetime of their project. For example, if there are high rates of intimate partner violence within a specific community, this will likely take a longer term, concerted, sustained intervention to address. From this perspective, practitioners should understand the context that leads to IPV, how their shelter interventions can exacerbate the situations that lead to IPV, and then focus on designing interventions to mitigate those specific situations. For example, if male control of cash assets and “denial of resources” (a common form of GBV against women) is present, then shelter practitioners should design their intervention so that i) women have access to cash but ii) have access in ways that are safe and will not necessarily expose them to higher rates of IPV or negative repercussions. Additionally shelter staff members will not necessarily have the experience or training to take on GBV activities, the risk analysis should also include understanding roles and responsibilities (as well as limitation of these) for shelter staff.

The Risk and Mitigation Register tool attached to this guidance (Annex 2) helps with this decision-making process by;

* Aiding staff in identifying the different GBV risks associated with shelter modalities and
* Sorting through those risks that can and should be addressed safely and quickly
* Identifying measures for addressing or mitigating those risks within shelter practitioners’ sphere of control and/or identifying where specific GBV risks are particularly high but shelter practitioners need support and/or to work with others in order to address them (as they are beyond their sphere of influence).

## General Project Mitigation Measures

Below are some basic cross-cutting steps that should be taken to ensure GBV is mitigated regardless of the shelter modality selected[[4]](#footnote-3):

* Establish a mechanism for reporting GBV within the project team and based on the existing recommendations as per the interagency GBV referral pathway, if any. (See section 4 ‘Responding to GBV incidents’ for more guidance)
* Provide all personnel who engage with affected populations with written information about where to refer survivors for care and support.
* Identify emergency housing for women, girls and other at-risk groups facing safety concerns.
* Train all personnel who engage with affected populations specifically on GBV basic concepts, communication skills and psychological first aid that would include how to supportively engage with survivors and provide information in an ethical, safe and confidential manner about their rights and options to report risk and access care).
* Incorporate GBV messages into shelter-related community outreach and awareness-raising activities. For example, shelter practitioners can partner with protection and sexual and reproductive health colleagues to conduct mini-discussions during the various trainings and community meetings.
* Referral cards that list GBV service providers to distribute to women and girls in order for potential GBV survivors to have access to response services.
* Involve gender equality programmes within shelter interventions.

**Tip:** (I)NGOs need to engage in communicating and working with communities on identifying vulnerable groups and justifying the reason behind chosen beneficiaries to mitigate against unwanted repercussions.

**Box 2: Consider the following mitigation measures in your programme activities:**

Partnering with organisations that have GBV expertise to provide GBV-related trainings to the groups you are already going to work with, e.g., producer groups, mothers groups, Village Savings and Loans groups.

Working with local organisations that have expertise in facilitating single-sex safe spaces for critical reflection on men’s/women’s own experiences of gender norms and expectations, followed by opportunities for mixed sex dialogue and reflection.

Engage the community and partner organisations in programme planning. While it is good practice for program planning in all development sectors, engaging the community and partner organisations can be especially beneficial to preventing or mitigating GBV related issues that might emerge in a project (This is a step that should usually take place as part of a project’s gender analysis process).

Involve relevant community members. This step enables the community to learn about how the programme will operate and offer information on how the program may positively and/or negatively impact community norms and existing gender roles and inequalities.

Involve existing community groups. Different programming sectors necessitate engagement with different types of groups. For example, in agricultural programmes, existing producer groups and co-ops that have already involved women can offer valuable information based on their own experience about the potential unintended effects of a programme and the gender and GBV related barriers that need to be taken into account.

Engage men and gatekeepers in the community. If your programme plans to engage the participation of women and/ or girls in different activities by inviting them, for example, to attend meetings or groups, men can often become suspicious. To reduce the risk of violence that may result from this suspicion, it is vital to – at the outset– inform the men and gatekeepers of the community of the project’s goals and expectations for female programme participation. Informing the men and gatekeepers in the community at the outset about the project’s goals and expectations for female participation can go a long way in reducing the risk of violence at the outset.

Engage key individuals and organisations who are already working in the community. Reach out to extension workers, health workers, and other existing development actors who might have already received gender training, or might have experience with some aspects of gender and development. Think about who will be allies in all the various levels at which the programme work will take place and who can partner with your project to mitigate or prevent any potential unintended GBV effects.

Depending on cultural and context-specific considerations, general security and privacy interventions – such as providing lockable doors, partitions, good quality materials, segregating toilets and washing facilities by gender, adequate accommodation and respect of minimum standards – seem to have a great impact on GBV risk reduction. This is due both to general protection / good shelter programming, and to the fact that in longer-term situations inadequate shelter can increase tensions.

(Adapted from the CARE UK Good Shelter & Gender Programming Guide);

Need to insert link to CARE UK Gender/Shelter Guidelines

## Shelter typologies: mitigation risks and measures

The Risk and Mitigation Register tool (Annex 2) presents a range of shelter typologies and the associated GBV risks of each. The guidance below adds more details to the two main shelter response typologies which are most commonly used:

1. Emergency NFIs and distributions
2. Cash transfer and Rental Grants

### Emergency NFIs and Distributions

**Design of emergency shelter kits (gender & GBV sensitive)**

The design of kits/packages of relief items should be based on results from gender analysis or gender sensitive need assessments and the contents should suit the contexts and particular vulnerabilities. Ensure women are consulted separately on the most needed items and on the most appropriate way to distribute them.

The Emergency Shelter Cluster guidance for Selecting NFIs for Shelter defines four steps for selecting NFI packages: **Assess & Observe, Consult and Decide**[[5]](#footnote-4). Below are considerations related to gender/GBV in each of those steps (adapted from the CARE UK Good Shelter & Gender Programming);

**Step 1, Assess & observe:** Refer to the analysis and determine specific cultural norms that may influence GBV in the working context and, therefore, the items to prioritize.

(For example, the suitable level of privacy can vary across cultures and this may indicate the need for items that provide additional privacy such as partitions screens. Marriage practices can also affect how relief items are used and who in the household has access to and control of them - Second wives and their children should be registered for relief items. )

Develop a fair understanding of what women, girls men and boys lost, what they already have or have been able to salvage and how they use it. (For example consider if cooking practices are individual or communal, who in the family/community is responsible for securing fuel, what type of fuel do they prefer and how are they accessing it, and consider if there are inherent safety risks in the process of securing fuel or water.)

**Step2, Consult:** Consult specific groups for their specific needs, practices and preferences. For example ask women about their practices to address hygiene and sanitary needs especially during menstruation, and what products do they use or need.

**Step 3, Decide**: Select the range of items that will meet the needs of all affected women, girls, men and boys. When designing relief kits/packs consider the following:

* Sleeping arrangements: provide enough mats/mattresses and blankets to cover the needs of all members of the family and enable separate sleeping arrangements as required;
* Privacy: determine the need to provide items that can separate living areas for women, girls, men and boys;
* Heating and cooking fuel: women and girls are often responsible for securing water and fuel and these activities often put them at risk. Provision should be made to ensure safe access to adequate fuel supplies. Providing energy saving stoves can reduce the amount of fuel needed and thus reduce exposure.
* Clothing: consider the underwear clothing typically used by women, men, girls and boys, including infants. Account for pregnant and lactating women.
* Personal hygiene: know the number of girls and women between 13-49 years of age for the purpose of sanitary and hygiene kit distribution, and find what product they typically use and need. Make sure underwear is provided with sanitary products and that they are suitably packaged.
* Seasonal changes: when planning the distribution of winterization kits consider which spaces are heated/winterized. If boys and girls normally sleep in separate spaces and only one space is winterized how would that affect privacy or who may be denied access to the heated space.

[Example] ***From the IASC gender handbook:* Do not make assumptions about family size or structure**: NFIs are often calculated per household with the assumption that a traditional family is made up of two parents and several children. However average family size and composition of the families may vary especially for families affected by crisis. Often households are headed by one parent or a grandparent with children and cousins. In many instances they might not have lived together previously. Care needs to be taken to ensure that the distribution of NFIs does not exclude or put any members of the new family unit at additional risk.

**[Reference] See Nepal Shelter Projects Case Study for more information (Annex 5)**

**Safe access:**

* Distribution times, locations and durations should be planned jointly with men and women from the community, according to women’s and men’s convenience and cultural habits. Distributions should be conducted at times that allow people to travel and reach home in daylight, also use tools such as daily time clocks to determine which time of the day is less disruptive with regards to household activities.
* Ensure confidentiality during registration, especially for vulnerable groups including female-headed households, and child-headed households.
* Assess the impact of distribution activities on women and girls, identify any protection risks and establish a referral system for reporting and responding to security incidents during distributions
* Women should be actively employed in the registration and distribution process including as registration officers, drivers, distribution officers, tally clerks, monitors and managers.
* Establish mechanisms to monitor and respond to safety concerns including coercion, intimidation, violence, or exploitation, including actions perpetrated by project staff. Disseminate information on those mechanisms to the community. All staff must sign a code of conduct, and activities are to provide orientation and awareness to all staff involved in distributions on prevention of sexual exploitation. Complaints against staff must be investigated and disciplinary measures implemented when required.

[Example] **Sexual abuse & exploitation (SEA) linked to distributions:** According to the IASC GBV guidelines, one must assume and believe that SEA – and all forms of SGBV – are happening at a heightened rate during crisis. The distribution of relief items introduces powerful resources into the community that can be misused and abused. Distributions can increase the protection risks to vulnerable groups—in particular a heightened risk of SEA, and gender-based violence. Perpetrators can be from the beneficiary group or other public in the area, community leaders, or humanitarian staff, thus concrete measures and protocols must be put into place to minimize the risk of this happening. A zero tolerance policy must be enforced for staff engaged in using their relative power over the shelter resources and allocation to obtain sexual or other favours. One way to reduce the risk of SEA perpetrated by the humanitarian staff is to make sure that the distribution is done by a gender-balanced team. A monitoring system to identify when other community members may be sexually exploitative must be in place.

### Cash transfer and Rental Grants

A lack of rental assistance (e.g. cash grants, cash-for-rent or cash-for-work) can increase vulnerability to sexual exploitation and/or assault by landlords or other influential person in the community as well as other forms of GBV such as forced or early marriage. Women, girls and other at-risk groups may also be at risk if they cannot secure rental property or pay their rent and are therefore obliged to seek shelter in public spaces (such as churches or mosques) or in multi-family dwellings. (IASC GBV Guidelines 2015 p. 264) For example, if a landlord controls the property which houses displaced HH’s, consider if they have access to the house/shelter without permission of the occupiers, there is a potential for exploitation of women, girls, men and boys (sexual exploitation and abuse (SEA)).

Cash transfers that do not understand or account for gendered patterns of decision-making in the household - specifically, who controls cash assets and makes related decisions - have the potential to increase women’s and girls' (or other less powerful members' of the household) exposure to GBV risks in the household, i.e. intimate partner violence or domestic violence if decision-making is not shared.

**Tip:** If engaging in a cash for work/ cash for rent consider how to involve women in the process and to understand the power dynamics in the family when it comes to distributions – i.e. staff should define who is best placed in the family to receive the assistance.

Add more contents from CALP/GBV tip sheet (forth-coming) – add reference

# Responding to GBV Incidents

## What is the Responding to GBV Tool?

This Responding to GBV Tool provides shelter practitioners with practical step-by-step advice on how to react *if you are faced with* *a disclosure of Gender-Based Violence* (GBV).

This toolkit is therefore ***reactive***and is ***only*** intended to be used when staff need support handling unsolicited and/or spontaneous GBV disclosures, rather than for planning or implementing specific GBV programming.

The tool is made up of two parts (A and B)

1. Responding to GBV Flow chart
2. Constant Companion Card for Field Staff

### What is GBV disclosure?

A disclosure of GBV is when a person/people make it known that they, or someone they know, has experienced GBV. This disclosure might be made to a specialised actor, such as a health worker who can provide treatment or to a friend, shelter actor or anyone else. As with disclosure of any form of abuse, it is the *choice of the survivor* whether they wish to pursue specialist support or not regardless of whether this is medical, health, legal or psychological support.

The Responding to GBV tool therefore shows the simple and practical steps for shelter practitioners who receive a GBV disclosure to (a) provide initial support and comfort if necessary and (b) to provide information to the survivor about available support.

**Indirect reporting of GBV**

Indirect reporting of a GBV incident is when a GBV incident is reported by a *third party*. For example, a community leader tells shelter staff that there are cases of young women being attacked on the way back from receiving NFI distributions.

If shelter staff members receive an indirect report of a GBV incident, and no team GBV specialist is present, the following steps should be taken:

* Provide basic Psychological First Aid if the person reporting the incident is experiencing trauma or stress. E.g. a child reporting that their mother is experiencing domestic abuse.
* Note down information about the incident in a confidential manner – i.e. no identifying details or information – and ask the survivor for consent to seek advice from a GBV specialist.
* If the survivor gives her or his consent, access specialist GBV support through your team leader, the cluster or indirectly. The objective of the consultation is to facilitate a survivor’s access to care.

After consulting the GBV specialist and passing the survivor’s information to them, staff should NOT attempt to contact the survivor directly as it can put her or his safety at risk. As per the survivor-centred approach, access to care should be based on a survivor’s wishes. The exception to this rule is if staff are informed of a life-threatening situation and/or if the survivor is below the age of consent. In these cases, staff should seek specialist GBV advice before taking any actions and any related interventions should be made in conjunction with GBV staff.

**Note that no referral for the GBV survivor can be made if a GBV incident is reported indirectly.** The referral pathway process can **only** be used with the informed consent of the GBV survivor him/herself (If the GBV survivor is a child or vulnerable adult, the parent/caregiver should give consent. Please see Box 3)

This GBV tool is intended primarily for disclosure of GBV incidents.

### The GBV Response Tool

The GBV Response Tool is a simple and practical tool that shows the key steps to take when faced with a GBV incident disclosure and key factors to consider. This includes two steps:

* **REACT** (Basic Do’s and Don’ts based on Psychological First Aid)
* **REFER** (If appropriate and upon the survivor’s informed consent how to make a basic referral while respecting safety and confidentiality)

Shelter actors can follow up with the GBV service providers who received the referral to make sure that follow up action has been taken. However, if staff choose to do so, they should not ask for any other information, such as which services or other details that are confidential to the survivor and their case workers.

In the event that a survivor approaches a staff member for further support after a disclosure or a referral has been made, and/or wants to share more details or ask for advice, staff should remind the survivor that GBV specialists and/or service providers are the correct people to discuss their case with and refer them back to the appropriate person. When doing so, remember to follow PFA principles and to provide confidential and compassionate listening. Managing this dynamic can be tricky and, if the survivor persists in continuing to ask for advice or support beyond the Shelter staff member’s role, ensure you ask trained GBV specialists for support.

**Incident**

Shelter practitioners provide basic PFA assistance

Shelter practitioners provide referral information to survivor

**REACT: Psychological First Aid**

**REFER: Specialist Support**

If referral is chosen, basic referral is made.

Figure 4: The Responding to GBV tool, as shown through the above diagram, provides guidance on how to provide immediate Psychological First Aid and, if appropriate, to make a basic referral

### How to use the tool

This tool should be used by shelter practitioners as a practical guide to use when faced with a GBV disclosure. In order to use the tool effectively, the following should have taken place at the inception of the programming:

* A copy of the interagency referral pathway for GBV survivors’ access to specialised care. The referral pathway is a tool developed by the GBV sub-cluster/working group to outline the service providers who have been trained and able to respond to GBV cases, such as health, legal or psychosocial services.
* Training for shelter field staff on GBV key concepts, Psychological First Aid and the referral pathway system. Support should also be provided for staff due to the personal stress and trauma that can be caused by receiving GBV disclosures. Managers should ensure that shelter actors on the ground know the referral pathway.

## Responding to GBV tool: When this tool applies

These are different examples that a shelter practitioner might encounter in the framework of a disclosure of GBV:

* A woman comes to you to report that she is being sexually harassed by her landlord.
* A young woman tells you she feels very unsafe when she needs to go to the toilet at night because she was physically assaulted by strangers on her way to the toilet a previous night.
* A girl tells you that her uncle is trading her for cash and/or assaulting her in their home.

If you are faced with any of the above situations, what is the first thing that comes to your mind? It is likely that you will have this question first and foremost in your head…

“***I need to act on this. But what should I do?”***

## 4.1.4 What to do

Shelter staff are **NOT** expected to solve any of the above problems or provide counselling or information to the survivor. In as much as possible this should be done by specialized, trained, GBV and/or Protection staff. You are a point of contact from which the person/people can access the specific type of support they need (if this support is available).

As this point of contact, you can **react (using psychological first aid skills) and, if appropriate, provide the survivor with information on specialist support** in a way that respects the survivor’s **safety, health, privacy, dignity and rights.**

REACT

**Key principles for frontline response to GBV disclosure (based on Psychological First Aid skills)**

To provide immediate assistance and comfort to a survivor of GBV, use the following steps based on Psychological First Aid.

**DO**

* **Listen** to what they have to say without any judgement.
* Provide **comfort** to reduce anxiety, for example you can use statements such as, “It’s not your fault” and “I understand that must have been difficult for you”.
* When providing options for a referral, **help them to understand their options** and the ramifications of each option, and let them make their own decisions about what to do – they know their lives best.
* Provide **practical care and support** without intruding on a survivor’s autonomy (e.g. offer a glass of water, somewhere to sit)
* Show them that they are **respected** and taken seriously.
* Ensure that you are in a place where the survivor feels as **safe** as possible and where there is as much **confidentiality** as possible. Explain to the survivor that you will always take measures to ensure their confidentiality.

**DO NOT**

* Provide counselling. You are not there to interview the survivor or give proposed solutions.
* Push for information or further details. This can cause the survivor to unnecessarily relive the trauma. Allow for the survivor to be silent if they wish.
* Write sensitive information, such as names and locations, on documents that are not confidential (i.e. don’t write sensitive and confidential information on hard copies of documents that can easily be misplaced).
* Share personal or identifying details of the survivor with people unless this is strictly necessary in order to receive support

**Box 3: CONFIDENTIALITY**

* Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the person concerned.
* When reporting or documenting on the GBV disclosure, ensure to leave out personal details such as names/locations. Only provide this information, with consent from the survivor, to the GBV service provider who is supporting the survivor.
* Training and SOPs should include specific guidance on confidentiality when reporting and documenting disclosures of GBV.

REFER

## Referral pathway guidelines

In humanitarian emergencies, it is challenging to know what services are available where. It is even more challenging to know what services there are to support GBV survivors because these types of services might be very discreet or informal due to their sensitive nature.

Your first port of call should be your team or organisation’s GBV/protection advisor as they have specific skills in identifying referral options and might have been involved in a GBV service-mapping process.

The following recommendations are intended for use for basic referrals:

Team leaders should share with their staff a **referral list** that outlines available GBV services in the area of operation. This is usually part of an agreed GBV SOP made available by the GBV Sub Cluster. It is not up to Shelter practitioners to develop one. If a referral list does not exist in your area of operation, shelter staff should refer to their Team Leader to access information from the Protection Cluster on nearby available services and/or consult with a GBV specialist who knows which services survivors can be referred to.

If a GBV service mapping needs to take place, this should be carried out with support from a GBV Advisor and/or the Sub Cluster through engaging the community in order to understand different dynamics e.g. the differences between formal and informal GBV services. (It might be, for example, in your area that police do operate but people prefer to seek support from village leaders due to lack of trust in the police and allegations that the police side with armed groups).

**Box 4: SURVIVOR’S RIGHTS**

* The survivor has the right to choose *if and which* specialist services they need and make their own informed decision.
* If the survivor chooses not to seek any specialist support, do not try to coerce them as this might cause further stress. Let them know that they can change their mind at any time and you are available to listen and help.
* If the survivor chooses to seek specialist support, ensure that they access this support in a safe and discreet way. It is best to ask the person if they feel comfortable to access this service and ensure they are accompanied by a trusted person if possible.
* Know your role and the limits of your role. If you are in an environment where there are no services available then the most you might be able to do is provide a safe space for them to talk to you if they choose to do that.

1. **Once the survivor has decided to seek specialist support and made an informed decision based on the available services, you can make a basic referral.**

It is not expected of you to make a detailed referral as you are not a GBV case worker and you might not have all the relevant information. Your role is to ensure that the survivor accesses the service in a safe and discreet manner. Depending on your context, this might be straightforward or challenging and it is crucial to ensure always that the survivor feels as safe as possible and they are not exposed to further dangers.

Ensure that the referral process is documented (ensure documentation is kept confidential) and that this information is relayed back to the Team Leader who will share with relevant actors in the approved and shared reporting mechanism (as identified by the SOPs). Follow all agreements on data protection and confidentiality for survivors. Any challenges that were faced, or extra needs for support, should be highlighted in the report so that lessons can be learnt for the future.

Remember that is not usually the responsibility of shelter practitioners to follow up on referrals. However if there are no GBV specialist staff available, shelter practitioners can follow up with GBV service providers to ensure that the service was provided, without requesting further information or trying to contact the survivor directly.

**Box 5: RECOMMENDATIONS FOR CHILD SURVIVORS AND VULNERABLE ADULTS**

If you are faced with a GBV incident involving a child or a vulnerable adult (for example, an adult with mental health difficulties) it is advised to obtain consent from their parent/caregiver before carrying out a referral. Note that the age that a child reaches adulthood and/or the legal age of consent varies in different countries. In the absence of any clear laws or adherence to rules, children under the age of 15 require caregiver consent as a general rule. (Adapted from Reference Footnote: IRC Caring for Child Survivors Guidelines)

However, be aware that perpetrators might be the parent or caregiver of the child/vulnerable adult and that asking for their consent might cause additional harm to the survivor. To ensure this does not happen, ask the child or vulnerable person for permission to speak to their parent or caregiver prior to approaching them. If the child does not give this permission, do not disclose to the adult in question and brainstorm with the child to identify “safe” adults they can approach for support instead.

**General guidelines regarding children and informed consent/assent:** (Adapted from IRC Caring for Child Survivors Guidelines)

For infants and toddlers (0-5 years), informed consent should be sought from the parents’ caregiver or a trusted source.

Younger children (6-14 years): For children in this age range, written parental/caregiver informed consent is required, along with the child’s informed assent. If it is not possible to obtain informed consent from a parent or caregiver, then another trusted adult, identified by the child, who can be safely brought into care and treatment decisions should be approached to consent for the child. If children aged between 12-14 years old, who have higher maturity levels, don’t wish to have caregiver consent, consult with your team leader or GBV specialist.

Older Adolescents (15/17 years): Older adolescents are generally considered mature enough to make decisions. This means that older adolescents can give their informed consent or assent in accordance with local laws. Ideally, supportive and non-offending caregivers are also included in care and treatment decision-making from the outset and provide their informed consent as well.

If the GBV survivor has a disability, ensure wherever possible that they are able to access specialist support services and consider any specific health needs they might have.

# References

* **CARE M&E GBV Guidelines:** <http://www.care.org/sites/default/files/documents/CARE%20GBV%20M%26E%20Guidance_0.pdf>
* **CASH:** CRS, 2016, useful recommendations and a table for decision making e.g. page 3 diagram <http://www.cashlearning.org/downloads/pintakasi-review-of-shelter-wash-post-disaster.pdf>
* **Coordination Toolkit MHPSS:** https://mhpss.net/?get=67/1366737449-2013WHOUNHCRneedsassessmenttoolkit.pdf
* **Gender tips sheet (CARE**) http://gender.care2share.wikispaces.net/
* **Gender and Syrian Refugees:** Oxfam-Abaad report in Lebanon: <https://www.oxfam.org/sites/www.oxfam.org/files/rr-shifting-sands-lebanon-syria-refugees-gender-030913-summ-en.pdf>
* **IASC Gender Toolkit:** [2015 IASC Gender Based Violence Guidelines](http://gbvguidelines.org/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf%20)
* **Sphere Project, The:** Shelter and settlement standard 3: Covered living space. Available at <http://www.spherehandbook.org/en/shelter-and-settlement-standard-3-covered-living-space/>.
* **Site Planning –** Guidance to reduce the Risk of Gender-based violence. (Jim kennedy, 2016)
* **Violence against women:** WHO. January 2016. Violence against women: Intimate partner and sexual violence against women fact sheet No. 239. Available at <http://www.who.int/mediacentre/factsheets/fs239/en/>.

# Annexes

## **Annex 1: Assessment Tool**

Annex 1 B- Possible analysis Summary Report headings:

**Introduction**

**Methods**

**Shelter in the context**

**Overview of Gender Relations and GBV**

Population

HH structure

Discrimination

Child marriage

Access

Negative Coping mechanisms

Religion

Class, caste, Social Structures

Disabilities

Sex and Age Disaggregated Data

**How Gender relations impact GBV**

**How shelter activities could impact GBV**

**Initial GBV Recommendations**

**Overall recommendations**

## **Annex 2: Risk and Mitigation Tool**

## **Annex 3: Responding to GBV incidents:**

## **3A: Responding to GBV Flow Chart**

## **3B: GBV Constant Companion**

## **Annex 4: Resources and Budgeting**

## **Annex 5: Case Studies**

[Box] Key:



1. \*Exclusion, denial of rights, opportunities and services [↑](#footnote-ref-1)
2. The three areas below adapted from UNFPA gender analysis framework [↑](#footnote-ref-2)
3. Disaggregated by region, the lifetime prevalence of intimate partner violence or non-partner sexual violence is estimated at 45.6% in Africa and 40.2% in South-East Asia (WHO 2013, p. 2). [↑](#endnote-ref-1)
4. IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action 2015 [↑](#footnote-ref-3)
5. IASC Emergency Shelter Cluster: Selecting NFIs for Shelter 2008 [↑](#footnote-ref-4)