GBV AoR HELPDESK
Gender-Based Violence in Emergencies

Briefing Note: How Development Actors Can Support Safe and Effective Response to GBV When Emergencies Occur
Jeanne Ward | March 2024

Introduction

Gender-based violence (GBV) is a pervasive and under-reported human rights violation that has profoundly detrimental effects on the health, well-being, opportunities and lives of women and girls worldwide, as well as on the economic productivity and development of countries. Conflict situations and disasters can intensify many forms of GBV, including, for example, intimate partner violence, child marriage, sexual violence, trafficking for labor and/or sexual exploitation and other forms prevalent in specific contexts.

The acceleration over the past decades in the number of disasters and complex emergencies globally means that development actors—including donors, governments, UN agencies, international and national non-governmental organizations (NGOs) and community-based organization (CBOs)—are increasingly called upon to respond to humanitarian crises arising in their midst. There is every indication that these global trends will continue with crises that are more protracted, more diverse, and of greater intensity and wider geographic coverage.

This briefing note is targeted to development actors working on GBV who increasingly may be facing humanitarian emergencies. Historically, aid to countries has been largely divided into humanitarian response and development progress, which in many countries has resulted in development investments being isolated or distinct from humanitarian response systems and programs. However, on-going challenges associated with climate change, global epidemics such as COVID-19, conflict and population movements mean that increasing numbers of settings experience cyclical humanitarian crises. This makes traditional delineations between

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1 This briefing note is the result of a request to the GBV AoR Helpdesk from UN Women’s Regional Office for Asia and the Pacific. Melissa Alvarado, Dina Deligiorgis, Ozlem Hangul and Amy Reggers at UN Women provided contributions and review.

2 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. The term “GBV” originated and is most used to underscore how systemic inequality between males and females—which exists in every society in the world—acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls. The term GBV is often used interchangeably with “violence against women and girls (VAWG).” The United Nations Declaration on the Elimination of Violence against Women (DEVAW) defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women.” As a manifestation of gender inequality between males and females, GBV stands as a fundamental barrier to equal participation of women in social, economic, and political spheres. GBV impedes gender equality and the achievement of a range of development outcomes. See Inter-Agency Standing Committee, Guidelines for Integrating GBV Interventions in Humanitarian Action, 2015, pg. 5, and DEVAW, 1993.
“humanitarian” and “development” settings less applicable. Being able to work across the development-
humanitarian-peace continuum is often referred to as a ‘nexus’ approach.3 (See Box 1). When working on GBV,
many of the interventions to mitigate it and support survivors, families and communities are the same in
development and conflict settings. Nevertheless, there are important actions that development actors can
undertake, even from the preparedness stage of an emergency, to support more effective GBV prevention and
response after the emergency strikes.

The information provided below explores the nexus approach for addressing GBV. The
briefing note starts by briefly summarizing some of the GBV risks that exist for women and girls in humanitarian crises. It then defines what is
meant by a nexus approach to addressing GBV and considers the similarities—and
differences—between working on GBV in
development contexts and in humanitarian emergencies. It identifies some of the key
considerations for development actors when preparing for and responding to GBV in
emergencies and provides specific recommendations to governments and national
organizations for integrating humanitarian considerations into development planning,
policies, and programming. The briefing note also provides a bibliography of resources to
support further learning on the HDP nexus and GBV prevention and response.

Box 1: Understanding the HDP Nexus

The concept of a ‘humanitarian-development nexus’, or a
‘humanitarian-development-peace nexus’ (HDP nexus)
focuses on the work needed to coherently address
people’s vulnerability before, during and after crises. It
challenges the status quo of the aid system, which …
operates with little coordination between project-based
development and humanitarian interventions, resulting in
it not effectively meeting the needs of the most vulnerable
people. Achieving the right mix of humanitarian,
development, and peace approaches, and how they are
integrated, is critical. A nexus approach should never be a
reason not to deliver timely humanitarian assistance
where needed, nor a reason to scale back development
assistance.

-Excerpted from Oxfam (2019). The Humanitarian-
Development-Peace Nexus: What does it mean for multi-
mandated organizations?

What are the GBV risks for women and girls in humanitarian crises?

Women and girls are harmed by humanitarian emergencies in myriad ways. In climate-induced events, women
and girls face specific challenges. Women, constituting the majority of the world’s poor, are more vulnerable
to the effects of climate change than men as their livelihood relies more on natural resources that are impacted
by climate change. Additionally, existing social, economic, and political barriers may limit their coping capacity
and resilience.4 In the aftermath of an emergency, women and girls are at risk of multiple forms of GBV. (See
Box 2 for examples of links between GBV and disasters5 in Asia and the Pacific). Although the nature and levels of
exposure vary across the world, evidence suggests that intimate partner violence, child marriage, and sexual
exploitation are among the most common forms of GBV that tend to be exacerbated by crises. During the
COVID-19 pandemic intimate partner violence escalated in many parts of the world, as, lockdowns and other
mobility restrictions meant women and girls were more likely to be trapped in abusive situations, without
access to support networks. Mass population movements, food insecurity, and loss of livelihoods and shelter

3 The Inter-agency Standing Committee of the UN has a designated Task Force 4 on Humanitarian Development Collaboration and its
Linkages to Peace, which in December 2023 published a Guidance Note on Advancing the Humanitarian-Development-Peace Nexus
Approach through IASC Global Clusters. This note articulates the nexus as “a whole-of-system approach, a policy and an operational
imperative in which humanitarian, development and peace actors take account of each other’s actions and collaborate to be efficient
and effective, because their activities have an impact on each other, and each actor is affected by the broader context in which
peace, development and humanitarian action interacts.” The guidance emphasizes the importance of collective action of
humanitarian, development and, where relevant and appropriate, peace actors to reduce people’s needs, risks and vulnerabilities by
working towards ‘collective outcomes’ in humanitarian action and beyond. (See pp 1-2.)
5 Disasters are often referred to as “natural disasters”, emphasizing their relation to events of nature; however, this term has been
contested because the scope and impact of disasters can be significantly determined by human action. For discussion of this, see
are just a few other factors that increase vulnerability to GBV for women and girls affected by crisis.\(^6\)

While important to understand and address the compounding factors that increase women and girls’ risk of GBV during crises, at the heart of this risk is the problem of gender-based discrimination and inequality. In settings with significant discrimination against women, the risks of GBV are higher—whether development or humanitarian contexts. This means any successful efforts to reduce risks and promote women’s and girls’ resilience, rights, and safety during and following crises must include—in both the short-term and long-term—attention to gender equality and women’s empowerment.

**Box 2: Select Data on Incidents of GBV in Disasters in Asia and the Pacific**

- In Bangladesh, child marriages spiked following cyclone Sidr in 2007.
- In India and Sri Lanka, girls were rushed into child marriages to “tsunami widowers” who sought government subsidies for marrying and starting a family.
- In the Solomon Islands, increased rates of GBV, including rape, were reported after the Gizo tsunami in 2007.
- In Indonesia, following Pidie Jaya earthquake and Bima floods in 2016, 13 per cent of respondents reported that women and girls felt distressed by the rise in domestic violence after the disasters. Adolescent boys and girls reported that unsafe temporary housing arrangements during the disasters triggered an increase in sexual harassment.
- Tonga’s National Survey found that violence is exacerbated by living with extended family, alcohol consumption and economic hardship faced by men, which are factors common in the recovery phase in the aftermath of disasters.
- In Samoa after the tsunami of 2009 and Cyclone Evan of 2012, unequal distribution of relief supplies created disillusionment, agitation, and community tensions, indirectly increasing the risk of physical violence amongst intimate partners.


**What do we mean by an HDP nexus approach to addressing GBV?**

The HDP nexus approach in relation to GBV essentially means that work to address GBV is integrated from development into crisis and back to development phases, ensuring that momentum is maintained across these phases. In this approach, humanitarian and development programming for GBV are not distinct, but rather “two sides of the same coin.” A successful HDP nexus approach requires that whether in development or humanitarian phases, there is a recognition of the importance of anticipating and designing for the next phase, so that GBV programming is sustained in any (and all) phases.

For development actors, this means not only ensuring GBV interventions support sustainability of programs and the long-term reduction of GBV, they also facilitate rapid response to GBV in the case of an emergency through support to preparedness, resourcing, and collective action with humanitarian partners (e.g. through integrating emergency response policies and protocols into the national legal framework; supporting the development of GBV-responsive preparedness plans; capacity building of relevant providers, especially empowerment of local women’s organizations/networks for response; working with donors to support flexible funding; etc.). For programmers working predominantly in humanitarian response, this means they must not only ensure rapid response to GBV, but also seek to ensure long-term sustainability of interventions by actively engaging those already leading on GBV in order to build on what exists, drawing on local knowledge and

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\(^6\) For a summary of global data on GBV in emergencies, see the IASC (2015). [Guidelines for Integrating GBV Interventions in Humanitarian Action.](Guidelines_for_Integrating_GBV_Interventions_in_Humanitarian_Action)
expertise and supporting capacity building of local partners when needed. After essential services are in place, efforts can be scaled up to reduce GBV over the long term, through efforts such as social norms work, legal reform, policy development, and multi-sectoral systems strengthening.

In many instances, those working to address GBV in either humanitarian or development settings are doing similar work, according to the same overarching goals and based on the same fundamental principles that underpin safe and ethical GBV programming. This is explored further in the next section.

Responding to GBV in Development vs Emergency Contexts: What is the difference?

A core tool guiding many development partners utilize in their efforts to address GBV is the Essential Services Package for Women and Girls Subject to Violence (commonly referred to as the ESP). The ESP is a global resource package to support service providers in delivering quality, survivor-centered, and multi-sectoral services to women and girls who have experienced violence. The ESP is in use across countries globally and has been translated into many languages. The ESP primarily addresses intimate partner violence and non-partner sexual violence, focusing on the immediate and long-term needs of survivors, including health, justice, and social support services.

The Framework for the ESP for the delivery of quality essential services incorporates four interlinked components:

- **Principles** which underpin the delivery of all essential services. These include: a rights-based approach; advancing gender equality and women’s empowerment; survivor-centered approach; safety; culturally and age-appropriate; and perpetrator accountability.
- **Common characteristics** which describe a range of activities and approaches that are common across all areas, and which support the effective functioning and delivery of services. These include availability, accessibility, adaptability, and appropriateness; safety; data collection and information management; informed consent; effective communication; and referral and coordination.
- **Essential services and actions** which set out the guidelines required for services to secure the human rights, safety and well-being of any woman, girls or child who experience intimate partner violence and or non-partner sexual violence. Essential services are grouped into three sector specific areas: health, justice and policing, and social services (see Diagram 1 below). They are underpinned by a fourth element: essential actions for coordination and governance of coordination (see Diagram 2 below).
- **Foundational elements** which must be in place to enable the delivery of quality services across all essential services and actions. These include comprehensive legislation and legal framework; governance oversight and accountability; training and workforce development; and gender-sensitive policies and practices.

The principles and approaches outlined in the ESP are in many ways aligned with the core guidance that exists for ensuring safe, ethical, and comprehensive response to GBV survivors in emergencies. In humanitarian response, the HDP nexus approach is recognized by GBV actors as good practice for GBV programming. From the time that efforts to address GBV began to be formalized in humanitarian contexts twenty years ago, guidance has included recommendations for how to build sustainable programs. GBV experts have long recognized that one key determinant of a successful GBV program is how its design has planned for continuation of activities even after a humanitarian crisis and humanitarian funding has waned. More recently, additional guidance has focused on how to prepare for crises to reduce the risk of GBV before and at the onset of emergencies and ensure rapid response should GBV incidents occur.

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7 The ESP development was led by UN Women, UNFPA, WHO and UNDP, with intensive consultations with frontline service providers and practitioners globally to reflect practice-based knowledge.


9 The GBV Minimum Standards include, for example, guidance on preparedness action for all its program standards.
Diagram 1: Essential Services and Actions Across Three Key Sectors of ESP

<table>
<thead>
<tr>
<th>Health</th>
<th>Justice and Policing</th>
<th>Social services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identification of survivors of intimate partner violence</td>
<td>1. Prevention</td>
<td>1. Crisis information</td>
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<tr>
<td>2. First line support</td>
<td>2. Initial contact</td>
<td>2. Crisis counselling</td>
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<tr>
<td>3. Care of injuries and urgent medical treatment</td>
<td>3. Assessment/investigation</td>
<td>3. Help lines</td>
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<tr>
<td>5. Mental health assessment and care</td>
<td>5. Trial processes</td>
<td>5. Material and financial aid</td>
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<td></td>
<td>7. Post-trial processes</td>
<td>7. Legal and rights information, advice and representation, including in plural legal systems</td>
</tr>
<tr>
<td></td>
<td>8. Safety and protection</td>
<td>8. Psycho-social support and counselling</td>
</tr>
<tr>
<td></td>
<td>10. Communication and information</td>
<td>10. Children’s services for any child affected by violence</td>
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<td></td>
<td></td>
<td>12. Assistance towards economic independence, recovery and autonomy</td>
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Diagram 2: Essential Actions for Coordination and Governance of Coordination in the ESP

<table>
<thead>
<tr>
<th>Coordination and governance of coordination</th>
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<tbody>
<tr>
<td><strong>National level: Essential actions</strong></td>
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<tr>
<td>1. Law and policy making</td>
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<tr>
<td>2. Appropriation and allocation of resources</td>
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<tr>
<td>3. Standard setting for establishment of local level coordinated responses</td>
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<tr>
<td>4. Inclusive approaches to coordinated responses</td>
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<tr>
<td>5. Facilitate capacity development of policy makers and other decision-makers on coordinated responses to VAWG</td>
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<tr>
<td>6. Monitoring and evaluation of coordination at national and local levels</td>
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The primary reference tool for GBV prevention and response in humanitarian action is the Inter-Agency Minimum Standards for GBV in Emergencies Programming. Developed by the GBV Area of Responsibility (the global coordinating body for supporting efforts to address GBV in emergencies of internal displacement), it presents 16 minimum standards for GBV prevention and response programming in emergencies. The 16 minimum standards define what agencies working on specialized GBV programming need to achieve to prevent and respond to GBV and deliver multisectoral services (see Diagram 3). The objective of the minimum standards is to establish a common understanding of what constitutes minimum GBV prevention and response programming in emergencies. Each standard details key actions that represent common agreement on that specific programmatic element to be of adequate quality. The key actions include suggestions for the stage in an emergency in which they are most likely to be taken: preparedness, response or recovery. Although some actions are specific to one stage, most actions are conducted across all stages.

A quick comparison of the Inter-agency Minimum Standards and the ESP reveal many shared priorities (see Annex A for more details). Both tools reinforce the same core guiding principles that underpin all work on GBV and help to ensure all interventions are safe, ethical, and survivor centered. Both also underscore the importance of addressing gender inequality to reduce and prevent GBV. Additionally, both tools highlight the importance of ensuring specialized, coordinated multi-sectoral response to survivors that includes psychosocial, health and legal/justice services. Effective response includes ensuring effective referrals pathways are in place, and that all actors across all sectors of response act according to standard operating procedures (SOPs). All this work must prioritize the leadership of women and girls, and support livelihoods and other strategies for empowerment and transformative change.

Although many aspects of GBV response in development and emergencies are the same, there are differences that will inform planning and scale up of GBV prevention and response in

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**Diagram 3: GBV Minimum Standards for Emergencies**

<table>
<thead>
<tr>
<th>Foundational Standards</th>
<th>Programme Standards</th>
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<tbody>
<tr>
<td>The three Foundational Standards are critical individually and also foundational to the implementation of all the Minimum Standards, they must underpin all programme elements and actions.</td>
<td>The 10 Programme Standards provide guidance to respond to, mitigate and prevent GBV in emergencies. They reflect core GBV programming elements.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>GBV Guiding Principles</th>
<th>Health Care for GBV Survivors</th>
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<tbody>
<tr>
<td>Women’s and Girls’ Participation and Empowerment</td>
<td>Psychosocial Support</td>
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<tr>
<td>Staff Care and Support</td>
<td>GBV Case Management</td>
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<td>Referral Systems</td>
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<td></td>
<td>Women’s and Girls’ Safe Spaces</td>
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<td></td>
<td>Safety and Risk Mitigation</td>
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<td></td>
<td>Justice and Legal Aid</td>
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<tr>
<td></td>
<td>Dignity Kits, Cash and Voucher Assistance</td>
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<tr>
<td></td>
<td>Economic Empowerment and Livelihoods</td>
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<tr>
<td></td>
<td>Transforming Systems and Social Norms</td>
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<table>
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<tr>
<th>Process Standards</th>
<th>Collection and Use of GBV Survivor Data</th>
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<tbody>
<tr>
<td>The three Process Standards provide guidance on critical processes for implementing elements of GBV programming.</td>
<td>GBV Coordination</td>
</tr>
<tr>
<td></td>
<td>Assessment, Monitoring and Evaluation</td>
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10 Standard operating procedures (SOPs) are specific procedures and agreements among organizations in a particular context that outline a plan of action, and the roles and responsibilities of each actor in the prevention of and response to GBV. In addition to coordinating response programming, SOPs should reinforce the GBV Guiding Principles and standards for ethical, safe, and coordinated multisectoral service delivery. The SOP development process is an intervention in itself because it must engage all relevant actors, and involves collaboration, interorganizational and cross-sectoral exchange, community participation and negotiation, thereby increasing all participants’ understanding of how to prevent and respond to GBV. Agreed and documented SOPs for GBV prevention and response actions are considered a good practice. Any plan of action for the GBV humanitarian response should include a plan for developing SOPs. In addition to inter-agency SOPs, individual organizations should establish internal policy and procedural guidance with regard to their GBV activities and programs. See p 56 of the Inter-Agency Minimum Standards for GBV in Emergencies Programming. Also see Inter-Agency Standing Committee (IASC) Sub-Working Group on Gender and Humanitarian Action (2008). Establishing Gender-based Standard Operating Procedures (SOPs) for Multi-sectoral and Inter-organisational Prevention and Response to Gender-based Violence in Humanitarian Settings.
emergencies. It is critical that development actors understand these differences and have the skills and capacity to manage them. Perhaps the greatest consideration for development actors who find themselves in or at risk of an emergency is to ensure basic GBV health and psychosocial services are in place as soon as the emergency happens and that survivors know where and how to access safe and ethical care and support, and that efforts are also immediately scaled up to reduce risks for women and girls for repeated or ongoing GBV.

In many emergencies, even basic services will not be in place. In these contexts, development actors must take on a variety of responsibilities from preparedness forward, in which they can apply their expertise from working on GBV in development settings and expand this expertise to understanding and engaging in humanitarian systems and with humanitarian actors in a way that supports attention to, and empowerment of women and girls affected by the crisis. Specific tips are highlighted in the next section.

**What are specific tips development actors working on GBV should bear in mind to enable more effective humanitarian response to GBV?**

The tips provided below are not meant to be exhaustive, but rather to highlight some of the key considerations for development actors to improve national and local GBV response in emergencies. They are organized in terms of priority areas for action: policy development and advocacy; partnership and coordination; capacity development; knowledge and data management; and service delivery. Some of the tips assume a certain level of GBV resourcing and should be adjusted according to the context. All these tips reflect—and are opportunities to reinforce—the core standards related to work on GBV that are laid out in both the GBV ESP for development action and the Inter-agency GBV Minimum Standards for humanitarian response.

**Policy Development and Advocacy**

1. **Ensuring GBV is addressed in national and local laws and policies is key to enabling a rapid scale-up of GBV prevention and response activities in emergencies.** This not only means comprehensive legal protections against the perpetration of GBV, but it also means laws and policies related to survivor response. Standard operating procedures that outline responsibilities for coordinated, safe and survivor-centered GBV response across all key sectors, in line with global good practice, should also be in place. These laws, policies, procedures and guidance should reference responsibilities in emergency response.

2. **Attention to GBV should be integrated into disaster risk reduction (DRR), including preparedness planning.** This involves understanding national DRR and preparedness systems and undertaking advocacy to ensure these systems put in place strategies for GBV response that include supply chain management (such as for dignity kits, and reproductive health kits that include post-rape treatment supplies such as post-exposure prophylaxis and emergency contraception); GBV data collection capacity before and during the emergency; GBV systems strengthening of multi-sectoral response services; and identifying and mobilizing dedicated first responders with GBV expertise that can support the implementation of the Inter-agency Minimum Standards. In settings where national

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11 Disaster Risk Reduction (DRR) typically seeks to manage the threat that acute disasters pose. Strategies of disaster risk reduction attempt to identify, assess, and reduce society’s exposure to such hazards, reducing the overall vulnerability humans face. Put forward by the UN Office of Disaster Risk Reduction, the Sendai Framework for Disaster Risk Reduction sets out four priorities for action to prevent and reduce disaster risks. These include 1) understanding disaster risk, 2) strengthening disaster risk governance, 3) investing in disaster risk reduction for resilience, and 4) enhancing disaster preparedness for effective response and “Building Back Better.” United Nations Office for Disaster Risk Reduction. “Sendai Framework for Disaster Risk Reduction 2015-2030.”

12 Preparedness is the fourth priority of DRR, and refers to the readiness of an organization, or community, to anticipate and respond to incoming disasters. This involves recognizing the potential impacts of a disaster before it strikes, and then improving the speed and effectiveness of a response once the event occurs. Four principles crucial to implementing preparedness activities are: 1) identifying local vulnerabilities; 2) tracking environmental conditions; 3) considering climate change’s impacts when designing new and existing communities; and 4) informing communities on the likely timing and size of impacts, as well as how to respond. See National Resources Defense Council, 2008. “Preparing for Global Warming: a framework for protecting community health and then environment in a warmer world.”
systems are too weak to undertake these core actions, local, national and international GBV coordination partners should be designated.

3. Some national governments—particularly those affected by cyclical disasters—may have other approaches to emergencies beyond DRR and preparedness planning, such as anticipatory action\(^3\) and climate change adaptation.\(^4\) It is important that key GBV-related government partners (such as ministries related to women’s affairs) and national and local women’s organizations build their understanding of these systems, have access to them and have the know-how to be able to influence them to support GBV prevention and response.

4. **Development actors working in humanitarian crises must also participate in recovery planning and processes.** Very often, recovery plans tend to focus on infrastructure. Women’s rights, GBV and gender equality are not prioritized, despite global evidence that successful and sustainable recovery is linked to gender equality. This requires GBV actors to actively engage in drafting recovery frameworks—whether as part of the larger national recovery planning process, or as part of humanitarian GBV coordination partners’ strategic planning. This includes ensuring GBV is attended to in policy and legal frameworks, sector-based recovery plans, and monitoring and evaluation (M&E) frameworks for recovery. Engaging in recovery planning and processes can be an important opportunity to support leadership of local women’s groups and organizations. It is also an opportunity to ensure that the standards of the GBV ESP are adequately integrated into recovery plans, especially, but not limited to social services.

**Coordination and Partnerships**

5. **Governments will often dedicate specific entities to the oversight of emergency management.** Development actors preparing for GBV response to emergencies must understand how government systems—especially those responsible for coordinating emergencies—will adjust to effectively manage an emergency (i.e., some governments may invite accelerated support from the UN and other governments). They then must analyze and advocate for inclusion of GBV issues in these systems. If there is a GBV coordination mechanism operating in the development context, this mechanism should link to the national disaster response structures and entities.

6. **This includes ensuring that there is a GBV-specific coordination mechanism that facilitates action on GBV in the emergency.** This coordination mechanism should draw from and/or work in collaboration with any existing GBV coordination mechanisms; if existing coordination mechanisms do not exist, then humanitarian GBV coordination mechanisms should be mobilized as part of emergency response. Priorities should align with guidance such as the GBV Coordination Handbook, which details how to coordinate GBV in settings where the cluster system is activated. Leveraging skills of different GBV partners is critical. (See Box 3 for example).

7. **Link GBV coordination with the Protection from Sexual Exploitation and Abuse (PSEA) coordination network to ensure access to safe and accessible services for SEA survivors.** While the primary responsibility for mobilizing PSEA efforts falls to the PSEA network rather than GBV coordination partners, ensuring referrals to services is a key contribution that GBV actors can make to addressing SEA.

8. **Promoting leadership of and partnerships with women’s organizations are critical to develop as**

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\(^3\) Aimed at reducing or mitigating the impact of disasters and enhancing post-disaster response, anticipatory action is driven by early warning systems. Intended to be distinct from risk reduction and preparedness (the former which occurs continuously before a disaster and the latter which occurs following a disaster), anticipatory action preemptively responds to an imminent, specific shock in space and time. See [https://www.unocha.org/anticipatory-action#:~:text=Anticipatory%20action%20is%20now%20commonly%20impacts%20before%20they%20fully%20unfold](https://www.unocha.org/anticipatory-action#:~:text=Anticipatory%20action%20is%20now%20commonly%20impacts%20before%20they%20fully%20unfold)

\(^4\) The humanitarian community is increasingly promoting the strategy of climate change adaptation to help communities anticipate their future risk to the negative effects of climate change. Although climate change affects all regions of the Earth, it has a differentiated impact on areas and individuals that are more vulnerable, i.e. less able to anticipate, absorb, and adjust to its effects. Adaptation approaches address this vulnerability by helping communities set the current and future risk levels they are willing to accept, and to create strategies that will allow them to adjust to such risks. See Someshwar, Shiv. “Adaptation to Climate Change: Moving Beyond “Reactive” Approaches.”
part of preparedness. Localization is now commonly accepted as a central approach to humanitarian action, and is especially important in designing and implementing GBV programming. This means identifying and resourcing women’s organizations with expertise on GBV to take leadership in the humanitarian response.

9. Funding for humanitarian response still tends to be distinct from development aid. As part of preparedness, GBV actors should identify potential funding partnerships to mobilize resources quickly and efficiently. GBV actors must also be prepared for the likelihood of shorter funding streams (until these shift) and design programming strategies accordingly. Humanitarian funding can be challenging to distribute directly to local organizations; this challenge should be addressed as part of preparedness work with donors so that donors are able to flexibly meet emerging needs, and so that women’s organizations receive sustained funding during emergencies.

Box 3: Leveraging the Essential Services Package during COVID-19

A consultation on the ESP model was undertaken by UNFPA in 2021 covering 62 countries. The report found that coordination achieved through the ESP implementation provided a critical foundation for rapid pivoting to meet the needs of survivors during this crisis. The report also found that many countries employed the ESP and the Interagency Minimum Standards for GBVIE in complementarity to respond to the crisis. New and innovative ways to bring attention to GBV (which increased during this time), and provide services also emerged from bringing together the standards, knowledge and expertise from development and crisis settings. For example, the Safe and Fair program, a joint initiative between UN Women and the International Labour Organization, focused on violence against women migrant workers in the Association of Southeast Asian Nations region. As part of this program, UN Women supported development and revision of SOPs to enhance coordinated, quality services and referral mechanisms at national and local levels in line with the ESP. These partnerships and groundwork allowed for quick adaptation to support migrant workers during the COVID-19 pandemic, including by providing technical guidance and training to service providers on safe online and remote service delivery, which built on materials earlier developed for emergency settings.


Capacity Development

10. In most settings, response systems will have gaps—sometimes these are quite significant. Addressing these gaps will require capacity building at the national and sub-national level. (See Box 4 for a case example.) It is particularly important to support, sustain and, as necessary, build out the health and psychosocial rapid response, and to ensure strategies are in place for safe spaces and for GBV shelters and safe housing, if these services do not exist or are not sufficient to meet the needs of GBV survivors affected by the emergency. As possible this is also important to build police and legal/justice capacity. Where governments are not resourced or do not have the expertise to undertake capacity building, national and international GBV partners should take on this responsibility, in a manner that supports local and national expertise, and builds out government oversight capacity.

11. Yet another critical difference in GBV response in emergencies is that all sectors of humanitarian response deployed in an emergency are expected to understand and mitigate the risks their sector interventions, such as those working in non-GBV specialist response areas, such as water and sanitation, shelter, etc., have a clear understanding of how their interventions can promote protection

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15 Recognizing the critical role local actors play in humanitarian action, the Secretary-General at the World Humanitarian Summit of 2016 highlighted the need for humanitarian response to be “as local as possible and as international as necessary.” For more information on localization in humanitarian action, see https://interagencystandingcommittee.org/localisation

16 The GBV AoR Task Team on Localization supported research related to localizing GBV programming in humanitarian response. See https://gbvaor.net/search?search_api_fulltext=localization
from GBV. In addition to direct services, a key component for enhancing protection from GBV in emergencies is integrating GBV risk mitigation across all sectors of humanitarian response. This includes, for example, ensuring gender and age-appropriate evacuation centers that reduce the risk of any form of violence taking place in or around them. It is critical that development actors working in settings of cyclical disaster adopt the recommendations outlined in the IASC 2015 Guidelines for Integrating GBV Interventions in Humanitarian Settings.

**Box 4: Building National and Sub-National GBV Capacity in the Philippines Disaster Response**

In the Philippines in 2015, UNFPA and USAID collaborated on an emergency preparedness capacity-building initiative to further develop the skills of actors who responded to Typhoon Haiyan. At the request of the Government’s Department of Social Welfare and Development (DSWD), the project trained a Rapid Response Team (RRT) in every region, which could be deployed in disaster-stricken areas within 24 to 48 hours to address GBV in emergencies. At the same time, the project trained members of inter-agency protection mechanisms and NGOs and the Women and Children Protection Unit (WCPU) at the Level 2 regional medical center in a disaster-prone area. The result was a cohort of national actors who could be utilized in future disaster response. This 2015 project has recently been expanded into a more intensive program for government and NGO actors that refreshes skills and trains a new cohort on GBV in emergencies. This training is conducted in collaboration with a university. As part of the curriculum, each participant must make an Action Plan to prepare their organizations and other colleagues in their local areas for disaster response. The implementation of the Action Plan must be completed before participants receive a certificate from the university, which verifies their emergency response credentials.

- Excerpted from: GBV AoR (2019). Handbook for Coordinating GBV Interventions in Emergencies, p. 120.

**Knowledge and Data Management**

12. **Evidence gathering is a critical component of preparedness and early response**. This includes, for example, identifying and updating national and local GBV service directories and, where these directories do not exist (or if they need to be updated), deploying national and international GBV experts to map availability, accessibility, and quality of GBV services. This also includes conducting assessments of norms and practices that inform women and girls’ heightened risks to GBV in emergencies, which can also help to inform early warning systems. Building out these systems is often best achieved by mobilizing women’s organizations and other local groups to monitor safety risks, and to report these risks in a safe and confidential manner to designated responders. The same networks that are activated as part of early warning can be mobilized to facilitate more effective GBV response.

13. At the start of every humanitarian emergency, humanitarian actors undertake assessments to determine the priority needs of affected populations. The GBV Coordination Handbook recommends that especially in disaster-prone settings and complex emergencies, **GBV coordination mechanisms (and lead agencies) should make sure that programming includes developing templates and training on integrating GBV into these initial rapid needs assessments**.

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17 Even as evidence gathering is an important part of good programming, the IASC GBV Guidelines and other key GBV resources underscore the point that GBV response in emergencies should not be contingent on data about the scope of the problem (and humanitarian responders should assume GBV is taking place).

18 A Community Early Warning System (CEWS) is an effort by or with, but not for, a community to systematically collect, compile and/or analyze information that enables the dissemination of warning messages that when actionable can help the community (or others ‘downstream’) reduce harm or loss from a hazard (or threat) event (or process). See https://preparecenter.org/topic/early-warning-systems/#__text=A%20Community%20Early%20Warning%20System%20harm%20or%20loss%20from%20a
14. **In the early stages of an emergency, the GBV programming priority is usually to ensure survivor access to health and psychosocial support, as well as direct assistance such as through cash and vouchers.** This includes ensuring women and girls’ safe spaces can be put in place quickly if existing safe spaces are not available, or are overrun with demand. Strategies must be developed to support women and girls’ access to services, including ensuring awareness of services through rapid communication channels to affected communities. (See Box 5 for case example). In situations affected by disasters, this may mean engaging GBV specialists outside the affected region as first responders (including training a corps of first responders if they do not already exist). As the crisis stabilizes, additional programming can be scaled up, with an approach that supports sustainable programming that can remain in place even as the emergency subsides, and that is in line with the standards promoted in the ESP. In particular, ensuring psychosocial services, girls’ education and building adaptive livelihoods is critical to building resilience to emergencies. As is feasible, access to safe and effective legal processes must also be available to those survivors who choose to pursue justice.

15. **When the emergency moves into recovery, this is an opportunity for GBV actors to assess how programming is meeting the development standards of the GBV ESP, and use this information to shift to development priorities.** From advocacy, to coordination, to capacity building and service delivery, the objective will be to continue to build out policies, systems and approaches that ensure quality GBV prevention and response.\(^{19}\)

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**Box 5: Scaling up GBV Services in Disaster Response in Fiji**

Tropical Cyclone Winston hit Fiji on 20 February 2016. One of the strongest cyclones ever to make landfall in the Southern Hemisphere, it impacted approximately 540,400 people—60 per cent of the Fijian population. As a result of this high level of pre-crisis GBV, as well as learning from previous emergencies—including the 2012 floods in Western Fiji that showed incidents of sexual violence against women and girls in evacuation centers and an increase in domestic violence—a number of preparedness activities focused on GBV were implemented prior to Cyclone Winston. These included development of GBV guidelines for evacuation centers, as well as trainings on GBV for first responders, and pre-positioned dignity kits. Prior to and during the response to Cyclone Winston, national NGO FemLINK Pacific utilized regular radio programs and SMS weather and emergency updates to enable their network of women in villages across Fiji to engage in village and community preparedness efforts. Community-based protection mechanisms were established in six locations throughout Fiji in the aftermath of Cyclone Winston. The intervention was aimed at empowering women to have greater decision-making and influence in preparedness and response activities, and to further support and strengthen existing mechanisms for protection at the village level to mitigate GBV risks more effectively in the initial stages of a crisis and facilitate safe and effective referrals to available services. In the aftermath of Cyclone Winston, eight women-friendly spaces were established with support from UNFPA. The GBV Sub-Cluster developed a GBV response and referral protocol drawing from existing national guidance that encouraged the use of existing national- and regional-level services. Where services were lacking in affected regions, support was provided to national organizations to expand to those areas, or provide temporary relief, rather than deploying international organizations to set up programs. In addition, UN Women worked with partners to provide female market vendors with tools, supplies, seeds and training so they could replant their gardens and work towards economic security.


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Summary Checklists for Key Actions: Governments and NGOs

The checklists below can serve as starting points for development actors to consider how better to respond to emergencies when they arise. The recommendations target government and national and local NGOs because these recommendations are oriented to national actors. Given that international UN agencies and international NGOs are often mobilized for emergency response, they will be important partners to the government and NGOs in meeting some of the key actions listed below.

Governments

✓ Ensure ministries of women’s affairs (or other lead ministry for GBV) and national GBV specialists are included on DRR and preparedness commissions and committees.
✓ Support integration of GBV into emergency-related policies and plans, not only to ensure delivery of safe and ethical services, but also to support GBV prevention intervention before emergencies occur, and GBV risk mitigation across all sectors of humanitarian response. National GBV policies and practice should address how emergency surge support will be integrated into the emergency response, building on the existing GBV infrastructure, and ensuring that the existing GBV actors with contextual knowledge and expertise lead.
✓ Develop GBV-related data systems which align with survivor centered principles and data protection policies (e.g. for collecting information about the scope of the problem and specific local vulnerabilities to GBV, and for service delivery statistics) as part of preparedness to support contingency planning and improve service targeting.
✓ Designate GBV experts to government institutions addressing GBV policymaking, including during emergency response planning, and supporting implementation of emergency response.
✓ Support desk review of service directories and, as necessary, additional mapping of GBV services and gaps in services according to the multi-sectoral model for response, and consider which other actors, organizations, government offices would be activated for GBV response during a crisis. Ensure that effective multi-agency coordination with clear referral pathways is in place supporting women and girls’ protection and empowerment prior to emergencies, including access to health, psychosocial, and legal services, shelters, safe spaces, etc.
✓ Invest in relevant infrastructure that will support women and girls’ protection and empowerment prior to emergencies, including building health facilities, women and girls’ safe spaces and shelters. Invest in gender-responsive social protection, both in crisis and non-crisis times, that addresses poverty, ensures access to universal services (health, psychosocial support), and aims at women’s economic empowerment with GBV prevention components to mitigate the risks and ensure resilience.
✓ Mobilize relevant ministries to support health and psychosocial sector response during the emergency, including provision of safe spaces for women and girls.
✓ Ensure supply chains are in place to support the distribution of relevant reproductive kits to provide post-rape care, including post-exposure prophylaxis and emergency contraception as well as other relevant supplies to women and girls.
✓ Engage women’s organizations in any development of early warning systems for emergencies.
✓ Designate and train national first responders in GBV.
✓ Fund simulation exercises and support the coordination of these as well as after-action reviews to promote learning about the emergency response.
✓ Provide direct government funding and advocate to other donors for flexible funding for GBV in emergencies, especially to local women’s organizations, that should include training and capacity building. Increase funding for gender equality programming in emergencies.
✓ Facilitate or co-facilitate national coordination mechanisms for addressing GBV in emergencies. Support collaboration between development and humanitarian actors.
✓ Ensure Standard Operating Procedures for GBV are revised/developed and disseminated at the early stages of emergency response that are adapted to the reality of the disaster.
✓ Ensure engagement with and funding to women’s organizations with expertise working on GBV.
✓ Promote women’s livelihoods and strategies for self-sufficiency and empowerment pre- and post-crisis. This approach is not only relevant to reducing risk to acute emergencies, but also to ensuring resilience in recovery. The commitment to ‘building back better’ in DRR creates important opportunities to support gender equality programming that is the foundation of preventing GBV.
✓ Implement commitments made through relevant regional and international conventions, treaties and protocols related to GBV and gender equality, e.g. implementation of the Convention on the Elimination of All Forms of Discrimination against Women.
✓ Promote cross-governmental department collaboration on GBV and zero tolerance culture for sexism and gender discrimination to lead the way in establishing positive social norms and institutionalization of commitments to address GBV and promote gender equality.
✓ Harness safe and effective digital technologies to reach women and girls with counseling and other support when in-person services are difficult to access.
✓ Invest in prevention through, for example, changing harmful social norms to eliminate the root causes of GBV.

**National and Local NGOs**

✓ Undertake advocacy with national governments and local and international humanitarian partners to support GBV capacity-building efforts for the humanitarian response.
✓ Support the engagement and leadership of women and girls in disaster preparedness as well as response. Recognize the increased risks, equal rights and needs of women and girls with disabilities, LGBTIQ+ people, women from ethnic minorities and other marginalized groups in disasters, conflict and humanitarian crises. Include representative community-organized women’s groups and youth groups, providing them with funding for long-term sustainability and allowing them to lead local risk reduction. Promote participatory mechanisms to ensure diverse women and girls are involved in GBV assessments for preparedness and contingency planning.
✓ Build national and local capacity in preparedness and contingency planning to address GBV when a disaster or climate event strikes.
✓ Reference the GBV Minimum Standards for steps that should be taken to address possible GBV concerns in preparedness plans, including working with local actors to assess the capacity of institutions to handle GBV procedures safely, ethically, and in line with survivor-centered principles and approaches.
✓ Link to and build capacity of ministries responsible for women’s rights and for GBV to promote attention to women and girls in preparedness and contingency planning, as well as disaster response.
✓ Develop strategies for pre-positioning supplies to meet the needs of women and girls after a disaster has struck.
✓ Create and promote early warning systems that are designed by women and girls and that they can access and control.
✓ Ensure SOPs include contingency plans for access to services in a disaster.
✓ Train providers as part of preparedness to scale up mobile service capacity so that mobile services can be deployed if the disaster limits access to usual service delivery points.
✓ Engage in simulation exercises to strengthen preparedness based on contingency scenarios and implementing learning from these exercises.
✓ Capture learning from practice when crises have happened i.e., through after-action reviews and course correction in case of further future disasters etc.
## Annex A: Essential Services Package and Minimum Standards for GBViE

The table below provides a ‘side-by-side’ view of the Essential Services Package for Women and Girls Subject to Violence and the Inter-agency Minimum Standards for GBV in Emergencies Programming to demonstrate the key complementarities and overlap of actions and standards. The main difference is that the ESP is oriented towards development settings and institutionalizing responses to VAWG, while the Minimum Standards are oriented towards emergencies, where national systems may not be fully functioning or may be inadequate and where humanitarian actors step in to support the development of systems for safe and sustainable services, as well as prevention programming.\(^{20}\)

<table>
<thead>
<tr>
<th>Area</th>
<th>Development Settings</th>
<th>Emergency Settings</th>
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<tbody>
<tr>
<td></td>
<td><strong>Objective</strong>: Providing greater access to a coordinated set of essential and multi-sectoral services for all women and girls who experienced GBV.</td>
<td><strong>Objective</strong>: Establishing a common understanding of what constitutes minimum GBV prevention and response programming in emergencies.</td>
</tr>
<tr>
<td></td>
<td><strong>Focus</strong>:  - Health, Social Services, Police and Justice Sectors  - Primarily intended for intimate partner violence and non-partner sexual violence (but may also apply to other forms)  - Women</td>
<td><strong>Focus</strong>:  - All international and national actors working on GBV in emergencies (including, for example, GBV coordination partners; all those working on GBV within the health, social services, police and justice sectors; local women’s organizations; government; etc.)  - Gender-based violence broadly  - Women and girls (with some references to men and boys who disclose)</td>
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<tr>
<td></td>
<td><strong>Scope</strong>: Principles (rights-based, advancing gender equality and women’s empowerment, culturally and age appropriate and sensitive, victim/survivor-centered/informed decision-making, non-discrimination, confidential, safety, perpetrator accountability); Services (health, justice, policing, social/shelter and financial, referrals); Coordination and Governance of Coordination; Implementation; and Estimating Resource Requirements. Prevention is addressed through a complementary framework and implementation package: RESPECT).</td>
<td><strong>Scope</strong>: GBV Principles (all aspects of GBV programming are survivor-centered to preserve and promote the confidentiality, safety, non-discrimination and respect for the choices, rights and dignity of women and girls, including GBV survivors); Program Standards (health, psychosocial support, case management, referral systems, safe spaces, safety and risk mitigation, justice and legal aid, dignity kits, cash and voucher assistance, economic empowerment and livelihoods, transforming systems and social norms); Process Standards (data, coordination, assessment, monitoring and evaluation). It also acknowledges the need to engage with prevention of sexual exploitation and abuse actors and frameworks.</td>
</tr>
</tbody>
</table>

\(^{20}\) This table was prepared by Tamara Goeth, Dina Deliorgis and Melissa Alvarado from UN Women’s Regional Office for Asia and the Pacific.  
\(^{22}\) The *Inter-agency Minimum Standards for Gender-based Violence in Emergencies (GBViE)* linked to the standards developed, UNFPA 2019. [www.unfpa.org/minimum-standards](www.unfpa.org/minimum-standards)
<table>
<thead>
<tr>
<th>Application</th>
<th>Universally applicable to development settings with special consideration for low- and medium-income countries. Notes that adaptation and flexibility might be necessary.</th>
<th>Universally applicable for emergency contexts. Notes that adaptation and flexibility might be necessary.</th>
</tr>
</thead>
</table>
| Principles & Approaches                       | - Rights-based approach  
- Victim/survivor-centered, including safety, confidentiality, respect, non-discrimination and informed consent  
- Culturally appropriate  
- Age appropriate  
- Perpetrator accountability  
- Coordinated approach  
- Advancing gender equality and empowerment | - Rights-based approach  
- Survivor-centered, including safety, confidentiality, respect, non-discrimination and informed consent  
- Humanitarian principles, including humanity, impartiality, independence and neutrality  
- Do no harm  
- Best interests of the child  
- Community-based  
- Partnership approach  
- Advancing gender equality and empowerment  
- Intersectional approach |
| Enabling Environment & Overarching Elements   | - Training and workforce development for sector agencies and coordination mechanisms to have the capacity and capability to deliver quality services and maintain self-care.  
- Comprehensive VAW legislation  
- Governance oversight and accountability of the state  
- Resources and financing to sustain a coordinated services system.  
- Monitoring and evaluation  
- Gender-sensitive policies and practices in each sector and a national action plan to eliminate VAW | - Recruiting and training GBV personnel to meet core competencies, and their safety and wellbeing are promoted, with dedicated guidance on staff care.  
- International human rights and humanitarian law  
- Accountability of humanitarian actors  
- Funding (including through humanitarian funding processes) for staff and GBV programming.  
- Assessment, monitoring, and evaluation  
- Supports other sectors to mainstream GBV prevention and response and enhance the capacity of national authorities, as well as local organizations, to enact and enforce laws, policies and protocols that promote gender equality and address GBV. |
| Key Interventions                            | - Psychosocial/mental health support  
- Risk assessment  
- Safety planning  
- Case management/Services  
- Referrals  
- Data collection and information management | - Psychosocial/mental health support  
- Risk analysis and assessment  
- Safety planning  
- Case management/Services  
- Referrals  
- Data collection and information management  
- Dignity kits, cash and voucher assistance  
- Economic empowerment and livelihoods |
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<th>Specific groups</th>
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<tr>
<td><strong>Girls</strong>: ESP focuses on women, but applies to girls who are of an age where they may use such services.</td>
<td><strong>Girls</strong>: Included as a distinct population requiring tailoring and coordination with child protection and addressed in some of the guidance (e.g. on informed consent/assent).</td>
</tr>
<tr>
<td><strong>Women and girls with disabilities</strong>: mentions that services should be accessible to all, including women and girls with disabilities, but does not provide specific guidance.</td>
<td><strong>Women and girls with disabilities</strong>: mentions that their needs should be taken into consideration and provides links to tools and resources with specific guidance.</td>
</tr>
<tr>
<td><strong>LGBTQI individuals</strong>: recognizes sexual orientation as a category for discrimination and emphasizes ensuring services are available for all, independent from sexual orientation.</td>
<td><strong>LGBTQI individuals</strong>: recognizes the need to coordinate with specialist actors to ensure safety.</td>
</tr>
<tr>
<td><strong>Emphasizes that services should be delivered to reach all populations, including the most excluded, remote, vulnerable, and marginalized without any form of discrimination regardless of their individual circumstances and life experiences.</strong></td>
<td><strong>Refugees, IDPs and Asylum Seekers</strong>: provides specific references and guidance throughout.</td>
</tr>
<tr>
<td><strong>Emphasizes non-discrimination and taking an intersectional approach, noting various groups of women and girls who face multiple layers of discrimination.</strong></td>
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<tr>
<th>Psychosocial Support</th>
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<tbody>
<tr>
<td>- Psychosocial support for the first 1-3 months + clinical mental health for acute stress/post-traumatic stress disorder, depression, alcohol and drug use problems, suicidality or self-harm</td>
<td>- Psychosocial support (individual, community resilience and positive coping mechanisms) with assessment for mental health and referral</td>
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<tr>
<td>- Helplines</td>
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<tr>
<th>Health</th>
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<tr>
<td>- Treatment of injuries; screening for IPV; psychological and mental health support; clinical management of rape (emergency contraception, safe abortion where such services are permitted by national law, post exposure prophylaxis for HIV infections, and diagnosis and treatment for other sexually transmitted infections, forensic examinations)</td>
<td>- Life-saving health care (WHO standards and MISP); clinical management of rape (e.g. post-exposure prophylaxis); sexual and reproductive health services.</td>
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<tr>
<td>- Recognized as the first point of contact and need for basic psychosocial support and referrals</td>
<td>- Recognized as the first point of contact and need for basic psychosocial support and referrals</td>
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<th>Safe Accommodation</th>
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<tr>
<td>- Safe houses, refuges, shelters with security personnel and systems established in confidential locations.</td>
<td>- Safe houses/shelters for survivors fleeing abusive situations.</td>
</tr>
<tr>
<td>- Beyond immediate support, there may be a need for medium-to-longer term accommodation</td>
<td>- Safe spaces (women and girls only spaces) that are accessible, with adequate water and sanitation and</td>
</tr>
</tbody>
</table>
| Police/Security | - Ensure justice and policing services are available to every victim/survivor regardless of her place of residence, nationality, ethnicity, caste, class, migrant or refugee status, indigenous status, age, religion, language and level of literacy, sexual orientation, marital status, disabilities, or any other characteristics that need to be considered.  
- Ensure police access 24 hours a day, 365 days a year across geographical locations.  
- Consider domestic violence units within police forces which include police officers and social workers.  
- Mandatory reporting not recommended. | - Support ongoing training and awareness-raising interventions for security personnel at all levels. For police, training should focus on clear protocols for responding to reports of violence, emphasizing women’s legal right to protection.  
- Support inclusion of female police and others with specialized training on GBV.  
- No mandatory reporting to police (if laws require it, must be explained to survivor before providing services to obtain their informed consent to continue). |
| Legal/Justice | - Crucial in ensuring that relevant laws against such violence meet international standards: are enforced; keep women and girls safe from violence, including from the re-occurrence of further violence; hold perpetrators accountable; and provide for effective reparations for victims and survivors.  
- Covers aspects of the relevant legal domains: criminal law matters, civil law matters (such as personal injury claims / torts), family law matters (such as divorce, child custody and maintenance issues) and administrative law matters (such as state criminal compensation schemes)  
- Conducting investigations, prosecution, and adjudication of violence against women are often complex and require specialist knowledge, skills, and abilities. Justice services should consider delivery through specialized and multi-disciplinary units within the justice sector (e.g. specialized domestic violence courts, gender-based violence prosecution units)  
- Provide a range of free legal aid | - In many displacement situations, particularly in camp settings, refugee life is governed by a complex justice system comprising multiple sources of law. This could include laws applicable in the country of asylum and in the country of origin. There may also be a variety of mechanisms, both formal and informal, to enforce laws and rules.  
- GBV program actors can work with partners to coordinate, advocate, and facilitate GBV survivors’ access to justice and legal aid services that are provided by actors with expertise in this area.  
- Consider access barriers for women and girls, such as physical security, resources, limited mobility and decision-making power, socio-cultural reprisals, etc.  
- Referrals to legal aid and justice mechanism should prioritize women’s rights, safety, protection.  
- Partner with local women’s rights organizations where informal justice mechanisms operate. |
<table>
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<tr>
<th>Material and Financial Assistance</th>
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<tbody>
<tr>
<td>- To support women (their children) and girls in the immediate crisis period.</td>
</tr>
<tr>
<td>- Material and financial aid includes support and resources to enable access to crisis information and counselling, safe accommodation and possibly transportation, basic personal and health care items, and food.</td>
</tr>
<tr>
<td>- Facilitating access to social protection and cash.</td>
</tr>
<tr>
<td>- Assistance towards economic independence, recovery, and autonomy.</td>
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<thead>
<tr>
<th>Coordination and Governance</th>
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<tbody>
<tr>
<td>- A cohesive multi-disciplinary cross-agency approach for responding to violence against women and girls, coordinated at national and local levels.</td>
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<tr>
<td>- Coordination can be both a formal and informal process that is governed by laws and policies that should be based on best practices developed using international standards and norms, evidence and lessons learned through the direct experience of coordination.</td>
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<tr>
<td>- Places the survivor at the center of any intervention or institutional response.</td>
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<tr>
<td>- Recognizes survivors’ multiple needs, which can be met through co-locating services and referral networks with more consistent and well-governed (e.g. through SOPS, protocols, MoUs) practices and information sharing among agencies.</td>
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<tr>
<td>- Regular updates to the referral pathway that are governed by standards and informed consent.</td>
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<tr>
<td>- Entails the establishment of a coordinating committee or body to monitor progress and develop policy.</td>
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<tr>
<td>- Distribution of dignity kits that may contain menstrual hygiene materials, soap, underwear, and information on available GBV services and possibly radios, whistles, and lights.</td>
</tr>
<tr>
<td>- Cash (e.g. cash transfers) and voucher assistance for goods or services provided directly to recipients.</td>
</tr>
<tr>
<td>- Access to education, vocational training, and skills development to promote self-sufficiency, empowerment and resilience.</td>
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<tbody>
<tr>
<td>- Promotes a common understanding of GBV issues among key humanitarian actors, upholds the GBV Minimum Standards, monitors adherence to the GBV Guiding Principles, facilitates information-sharing and best practice, and promotes timely action to prevent and respond to GBV.</td>
</tr>
<tr>
<td>- May entail deployment of a GBV coordinator, activation of the formal cluster system and/or working groups that are accountable to the humanitarian coordinator.</td>
</tr>
<tr>
<td>- Will likely require mapping of existing stakeholders, networks, groups and organizations to identify service delivery agencies and other actors who address GBV to consult with these entities about establishing new, or supporting current, emergency GBV coordination mechanisms (e.g. referral pathway).</td>
</tr>
<tr>
<td>- Establish linkages with other key sectors/working groups, such as PSEA, protection, child protection, livelihoods, etc.</td>
</tr>
<tr>
<td>- Adapt or establish SOPs, protocols etc. aligned with international standards for actors in this context.</td>
</tr>
</tbody>
</table>
Additional Annotated Resources

Additional Protocols, Guidance and Case Examples


This guidance note aims to assist protection cluster members to apply the nexus approach in a hands-on manner, by providing concrete steps to sustainably address prevalent or long-standing protection issues, risk patterns, trends and chronic vulnerability.

**Global Network of Women Peacebuilders. (2021).** Local women’s full and equal participation in humanitarian action, development work, and peacebuilding: The key to the Triple Nexus’ successful implementation – Case studies on the implementation of the Triple Nexus in Bangladesh and the Democratic Republic of the Congo. [https://gnwp.org/triple-nexus-case-studies/](https://gnwp.org/triple-nexus-case-studies/)

The Global Network of Women Peacebuilders (GNWP) developed case studies on the implementation of the Triple Nexus in Bangladesh and the Democratic Republic of Congo, where it has ongoing programs. In both countries, GNWP has worked to elevate women and youth peacebuilders as decision-makers in humanitarian action; build local women’s and communities’ resilience to threats and violence; and advocate for gender-responsive and conflict-sensitive humanitarian action and crisis recovery. The Triple Nexus approach – humanitarian, development, and peace actors using their respective comparative advantage towards collective outcomes – has the potential to transform gender inequalities, invest in local women’s leadership and agency, and effectively prevent and respond to gender-based violence. The case studies argue that local women’s full and equal participation in humanitarian action, development work, and peacebuilding is the key to the Triple Nexus’ successful implementation.


Key findings: Neither humanitarian nor development approaches to GBV are fully equipped to address the complex challenges of GBV prevention and response in crisis settings.

Both the level and quality of funding to address GBV in crisis settings is insufficient to address needs and fill gaps in response.

The transition from humanitarian delivery of GBV services, dominated by UN agencies and international NGOs, to a development approach is not as simple as shifting to government-led delivery.

In the context of the Syria crisis response, the main focus of efforts to work at the nexus has been for humanitarian action to shift towards a longer term, developmental approach to GBV – not for new humanitarian–development partnerships to be formed.

**Inter-agency Standing Committee (Dec 2023).** Guidance Note on Advancing the Humanitarian-Development-Peace Nexus Approach through IASC Global Clusters.

This note articulates the nexus as “a whole-of-system approach, a policy and an operational imperative in which humanitarian, development and peace actors take account of each other’s actions
and collaborate to be efficient and effective, because their activities have an impact on each other, and each actor is affected by the broader context in which peace, development and humanitarian action interacts. “The guidance emphasizes the importance of collective action of humanitarian, development and, where relevant and appropriate, peace actors to reduce people’s needs, risks and vulnerabilities by working towards ‘collective outcomes’ in humanitarian action and beyond.


These Guidelines analyze differences in female and male vulnerability to risks from natural hazards and their intersection with various markers of vulnerability such as age, race, ethnicity, disability, and sexual orientation, as well as socioeconomic status, geographic context, cultural and religious beliefs, and migration status. The Guidelines make recommendations for the prioritization of gender-specific recovery needs and protecting the psychological and physical integrity of women, men and children, culminating with a five-pronged recovery framework for policy makers aiming for a gender responsive recovery process.


This guidance document presents a set of practical tools that emerged from an exercise of reflective practice with a sample of stakeholders implementing the UNFPA-UNICEF Joint Programme on the Elimination of FGM during the COVID-19 pandemic. This toolbox contains several methods to implement the nexus approach and can be used internally within UNICEF or as part of broader stakeholder discussions. UNICEF staff should feel free to adapt the tools or integrate them into monitoring and evaluation or learning strategies. The specific tools include: 1) Making sense of change – a sample tool; 2) FGM/nexus programme reflection workshop; 3) FGM elimination and nexus tracking tool; and 4) Sample orientation plan on FGM interventions within the nexus approach.


Gender equality and the empowerment of women has become ever more important as the frequency and severity of storms, floods, drought and other climatic hazards increase in the Pacific region. Due to prevailing gender inequalities and social norms, women and girls are disproportionately affected by climate change and disaster impacts. Yet their participation and leadership are critical for an all-of-society approach to building the resilience of families, communities and nations. This report presents the findings of the Gender, Climate Change Action and Disaster Risk Reduction (DRR) Research in the Pacific region. The purpose of the study was to provide evidence-based information on the gender impacts of climate change and disasters in the Pacific, and to identify how gender equality and women’s empowerment can be strengthened across climate change and DRR policies, institutions and projects.

The report presents an analytical framework to explore and interpret evidence on the status of policy; institutional arrangements; implementation and practice; advocacy, knowledge generation; and women’s participation in efforts to incorporate gender equality into climate change action and DRR.

This document provides a step-by-step guide to facilitate trainings to help participants increase their understanding gender roles, gender stereotypes and their influence on the creation and results of public policies and measures, and vice versa, the possibility of changing gender relations and the position of women and men through public policies; gender issues relevant to activities and policies in the field of response to climate change effects; and activities that can be taken to introduce gender perspective into policies and programs in the field of climate change.


These standard procedures – known in the Pacific region as ‘Service Delivery Protocols’ or ‘Interagency Guidelines’ – are designed to ensure that services of all sectors are coordinated and governed to respond in a comprehensive way, are women-centered and, where necessary, child-centered, and are accountable to survivors and to each other.

Drawing on the diverse experiences across five Pacific Island countries - Fiji, Kiribati, Samoa, Solomon Islands and Tonga - this How-To Guide provides relevant background information and guidance on the step-by-step process of developing national multisector service delivery protocols and localized referral pathways.

Other Resources


Main findings: (1) There is very limited discussion of gender equality and the empowerment of women and girls GEEWG in triple nexus documents and processes. This absence is substantially greater than in other UN processes, where there has been an improvement in gender mainstreaming over the last 10 years. Light country level consultations found that key humanitarian, development and peace planning documents inadequately reflect GEEWG in collective outcomes. And further that there was: a gap between gender analysis and the formulation of collective outcomes; very limited focus on gender as an area that can support transformative change; and consensus on the need for gender-sensitive needs assessments.

(2) There is no strategic vision and/or overarching framework for mainstreaming gender into the triple nexus process. Without this, initiatives are less likely to be coherent, coordinated and add up to more than the sum of their parts.

(3) UN inter-agency coordination structures at headquarters and the country levels examined do not adequately promote gender mainstreaming in the triple nexus process, and without this coordination, progress is likely to be limited.

Often compounding each other, current trends including climate change, environmental degradation, and increased consumption associated with unsustainable development and population growth, present serious threats to human security at global, national, and local levels. These trends are destabilizing economies, negating development gains, exacerbating gender-based violence against women and girls, and undermining global peace and security. This situation is particularly pronounced in countries like South Sudan where women and girls have often borne the brunt of multiple shocks and stresses. South Sudanese women are nevertheless engaging in diverse initiatives to promote peace, development, and more equitable environmental governance. This paper examines the circumstances that facilitate women’s meaningful participation in peacebuilding, post-conflict recovery, and climate change adaptation. Findings from an analysis of three local organizations underscore the significance of adopting a gender-transformative, intersectional approach to peacebuilding, humanitarian response, and development efforts, especially in contexts impacted by the adverse effects of climate change.


This resource explains how addressing the intersections between VAWG and climate change often means working within sectors not typically involved in directly addressing gender violence. However, this research has shown that it is an important intersection in many areas of development and thus GBV-sensitive approaches are necessary, not only to achieve the elimination of violence against women (under SDG 5), but also to accelerate the achievement of other SDGs, and ensure projects do no harm. Without women’s full participation and freedom from violence, oppression and discrimination, our efforts to achieve various development goals will be fundamentally hampered.


This blog post by a Tongan violence against women and girls activist discusses the harms of a Western-centric GBV response and offers suggestions for nexus-based, de-colonial GBV action.


A major reform of the humanitarian sector is currently under way, focusing increasingly on the prevention of crises rather than on providing relief once crises have occurred. This article examines whether and how this new humanitarian approach can also improve people’s ability to adapt to climate change. It identifies three approaches central to this ‘new humanitarianism’, namely resilience, disaster risk reduction and early warning systems, and discusses them in relation to broad principles for adaptation to climate change. The authors found that, despite encouraging potential and a lot of common ground, key barriers and hindrances still exist, such as inertia of organizational cultures and existing financial models. They suggest that realizing this potential will require acknowledging and addressing the multitude of local social, historical and political inequities that drive both humanitarian crises and vulnerability to climate change.

Adopted in 2019, the OECD DAC Recommendation on the Humanitarian-Development-Peace Nexus provides a pathway towards greater collaboration and coherence in addressing the underlying causes and drivers of inequalities and fragility. As one such driver of fragility, persistent gender inequalities limit effective international engagement in humanitarian assistance, development actions, and peace processes. Thus, gender equality is essential to nexus approaches. This perspective reviews selected Development Assistance Committee (DAC) members’ nexus strategies and contributes to the interim review of the HDP Nexus Recommendation by providing an overview of how adherents to the nexus recommendation have taken a gender equality perspective into account in their strategies and guidance for nexus implementation. In doing so, it also provides guidance and actions derived from promising practices that can be taken to strengthen the role of gender equality within members’ nexus strategies.


Results: Of 555 non-duplicate records, a total of 37 quantitative, qualitative and mixed-methods studies were included. Among the quantitative studies, eight studies found a positive association between disaster exposure and increased VAWG, and four additional studies found positive associations with some violence types but not others. Qualitative findings offered insights into three hypothesized pathways: disaster exposure associated with (1) an increase of stressors that trigger VAWG; (2) an increase of enabling environments for VAWG and (3) an exacerbation of underlying drivers of VAWG.

Conclusion: As the first known global systematic review on the relationship between disasters from natural hazards and VAWG, this review contributes to the evidence base. The researchers were limited by the quality of quantitative studies, specifically study designs, the measurement of variables and geographic scope. The severe health consequences of VAWG and increasing frequency of extreme events mean that rigorously designed and better quality studies are needed to inform evidence-based policies and safeguard women and girls during and after disasters.

https://www.humanitarianoutcomes.org/UNICEF_Eval_HumDevLinking
This formative evaluation provides recommendations for enhancements in UNICEF’s approach to the humanitarian, development, peace nexus. The documents outlines the progress of UNICEF’s work to serve as a baseline to inform a future global evaluation of UNICEF’s work on LHD programming.


This guidance note offers an introduction to how disasters are likely to increase as a result of climate change and the disproportionate effect they have on women, particularly in terms of increasing their vulnerability to GBV. It highlights lessons from disasters in Asia and Pacific region on how to improve GBV preparedness, response and recovery.

This guidance note is to increase literacy for GBV actors on the issue of climate change and its link to GBV as a first step to define interventions.


This report reviews the intersection of Disaster Risk Management and VAWG and provides guidelines for addressing VAWG at the policy, institutional and community level in disaster preparedness, mitigation, response and recovery efforts. It also provides resources for integrating attention to VAWG in disaster risk management and response.

The GBV AoR Helpdesk
The GBV AoR Helpdesk is a unique research and technical advice service which aims to inspire and support humanitarian actors to help prevent, mitigate and respond to violence against women and girls in emergencies. Managed by Social Development Direct, the GBV AoR Helpdesk is staffed by a global roster of senior Gender and GBV Experts who are on standby to help guide frontline humanitarian actors on GBV prevention, risk mitigation and response measures in line with international standards, guidelines and best practice. Views or opinions expressed in GBV AoR Helpdesk Products do not necessarily reflect those of all members of the GBV AoR, nor of all the experts of SDDirect’s Helpdesk roster.

The GBV AoR Helpdesk
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The Helpdesk is available 09.00 to 17.30 GMT Monday to Friday.

Our services are free and confidential.