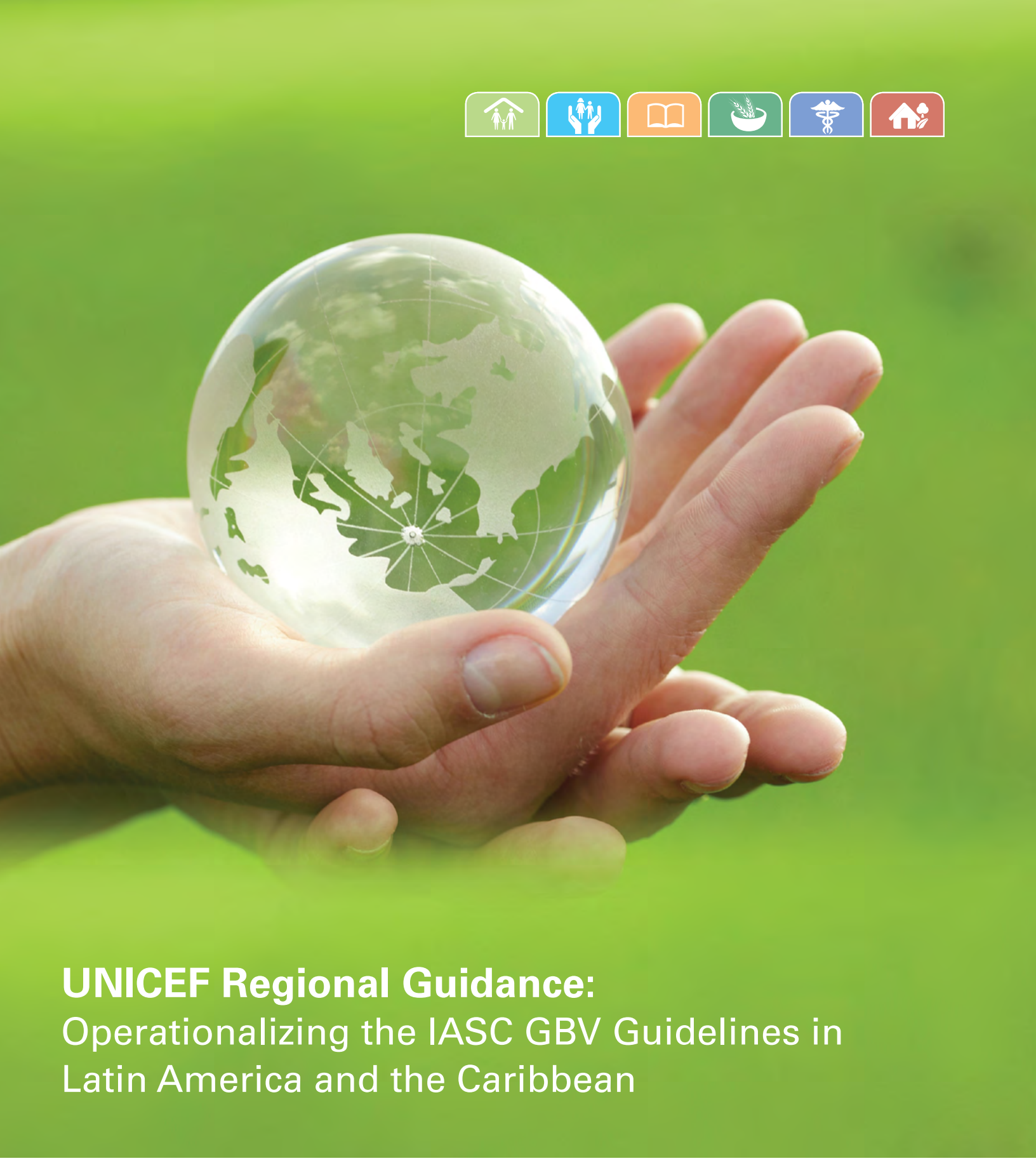

UNICEF Regional Guidance:
Operationalizing the IASC GBV Guidelines in Latin America and the Caribbean

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Acronyms

ECHO	European Commission Humanitarian Aid and Civil Protection Department
GBV	Gender-based Violence
GBViE	Gender-based Violence in Emergencies
IASC	Interagency Standing Committee
KII	Key Informant Interview
ICRC	International Committee of the Red Cross
LAC	Latin America and Caribbean
LACRO	UNICEF Latin America and Caribbean Regional Office
LGBTI	Lesbian, Gay, Bisexual, Transgender/Transsexual and Intersex persons
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
TOR	Terms of Reference
UN	United Nations
RCRC	International Red Cross and Red Crescent Movement
WHO	World Health Organisation

1

About this Regional Guidance

Purpose

This document is designed to guide UNICEF country offices in the Latin America and Caribbean Region (LAC) in operationalizing the revised global Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery (aka "the IASC GBV Guidelines), which will be launched in 2015. It will help the UNICEF Latin America and Caribbean Regional Office (LACRO), bring the IASC GBV Guidelines to life within the context of the UNICEF mandate and its work with partners in the LAC region. Specifically, this document provides the following:

1. Purpose, target audience and background for the regional guidance.
2. Overview of gender-based violence (GBV).
3. Brief description of the nature and scope of GBV in LAC.
4. Framework for operationalizing the GBV Guidelines within UNICEF LAC.
5. One-page summary sheets for each UNICEF, sector highlighting its connection to GBV.

Target Audience

This regional guidance document is addressed to UNICEF senior management, heads of all UNICEF programming and coordination sections, and the clusters led or co-led by UNICEF (Child Protection, Nutrition, Health, Water and Sanitation, Education, Communications in Emergencies) in LAC. Senior management should take the lead in ensuring that GBV prevention and mitigation is addressed as a life-saving and immediate priority across all sectors of the emergency response, in accordance with the new 2015 IASC Guidelines, including making sure that the Guidelines are referenced in all key documents (plans, response strategies, reports etc.).

The GBV Guidelines themselves are primarily targeted to non-GBV specialists — that is, agencies and individuals who work in areas of humanitarian response other than GBV and do not have specific expertise in GBV prevention and response programming, but can nevertheless undertake activities that significantly reduce the risk of GBV for affected populations (see further details about the Guidelines below). It is expected that GBV specialists, agencies and inter-agency mechanisms will assist non-GBV specialists in the use of the Guidelines. UNICEF country and regional offices can also access support around the new Guidelines from the GBV in Emergencies team at UNICEF headquarters and the global GBV Area of Responsibility (AoR), including designated Guidelines support.

2

Background

Global Momentum

The years 2013 and 2014 saw an amalgamation of efforts to prevent and respond to gender-based violence in emergencies (GBViE), including the Call to Action event in London and the Global Summit to End Sexual Violence in Conflict.[1] The United Nations Children's Fund (UNICEF) contributed to these efforts by establishing both a global Strategic Plan (SP) 2014-2017 with specific indicators to measure progress in terms of GBViE[2] and a Gender Action Plan (GAP) which includes GBViE as one of the four targeted gender priorities. The Core Commitments for Children (CCCs) in Humanitarian Action, as a global framework for humanitarian action for children undertaken by UNICEF and its partners, also highlight the need for gender-sensitive programming and prevention and mitigation of GBV in very sector. At the centre of this global momentum, on behalf of the global Gender Based Violence Area of Responsibility (GBV AoR), UNICEF has spent the last two years revising the 2015 IASC GBV Guidelines that were originally published and endorsed by the IASC in 2005.[3] The 2015 Guidelines will be launched in 2015, with subsequent widespread global dissemination.

The IASC Guidelines

The purpose of the GBV Guidelines is to help non-GBV specialist humanitarian actors and communities plan, implement, coordinate and monitor essential actions to prevent and mitigate GBV in settings affected by armed conflict and natural disasters. The overall goal of the GBV Guidelines is to support humanitarian actors in fulfilling their responsibility to protect all those affected by crises, by:

1. Reducing risk of gender-based violence by implementing GBV prevention and mitigation strategies across all areas of humanitarian response from pre-emergency through to recovery stages;
2. Promoting resilience by strengthening national and community-based systems that prevent and mitigate GBV, and by enabling survivors and those at greatest risk of GBV to access care and support; and
3. Aiding recovery of communities and societies by supporting local and national capacity to create lasting solutions to the problem of GBV.

The Guidelines promote GBV prevention and mitigation across all sectors of humanitarian response, within the framework of each sector's existing mandates, responsibilities and capacities. The GBV Guidelines generally have not been designed to support specialized programmes5 (often referred to as stand-alone or vertical) to address GBV.

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[1] The 'Call to Action' event in London, was the first high level global platform to mobilize and coordinate efforts to transform the humanitarian system to address violence against women and girls in emergencies as a priority from the very onset of an emergency, rather than as an afterthought.

[2] Key indicators include in humanitarian situations a) country sub-cluster or sector coordination mechanism for GBV and b) multi-sectorial support for children and women who have experienced sexual violence.

[3] The GBV AoR is one of four AoRs which function as part of the Global Protection Cluster (GPC), co-led by UNICEF and UNFPA.

Essential to Know

Throughout the GBV Guidelines, a distinction is made between **"prevention"** and **"mitigation"** of GBV. While there will inevitably be overlap between these two areas, **prevention** generally refers to taking action to stop GBV from occurring in the first place (e.g. scaling up activities that promote gender equality; working with communities to address practices that contribute to GBV; etc.). **Mitigation** refers to taking steps to reduce the risk of exposure to GBV (e.g. ensuring sufficient lighting and security patrols are in place when establishing displacement camps; placing locks on the inside of latrines; etc.).

UNICEF LACRO's Commitment

The leadership and actions taken by key humanitarian decision-makers in-country have significant influence on the extent to which GBV is recognized as a life-saving priority across all areas of humanitarian response. Positive and proactive leadership also facilitates uptake and implementation of the GBV Guidelines by each humanitarian sector.

UNICEF LACRO is committed to successfully implementing the GBV guidelines as an essential component of UNICEF's life-saving humanitarian work. UNICEF recognizes that it has a significant role to play at all stages of the programme cycle including assessment/analysis/strategic planning, resource mobilization, implementation, coordination, and monitoring and evaluation. In its unique roles of implementing programmes, coordinating clusters/sub-clusters, supporting governments, funding partners, communicating with donors, informing regional thinking and ultimately working to save lives, UNICEF is well placed to be a leader in the roll-out of the GBV guidelines. Therefore, the UNICEF LACRO regional office has taken the bold initiative to develop this guidance note in order to prepare to fully implement the guidelines to prevent and mitigate GBViE within the region.

3

Overview of GBV [4]

Defining GBV

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. Acts of GBV violate a number of universal human rights protected by international human rights instruments.[5] Many— but not all— forms of GBV are criminal acts in national laws and policies; this differs from country to country, and the practical implementation of laws and policies can vary widely.

The term GBV is most commonly 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 UN Declaration on the Elimination of Violence Against Women (DEVAW, 1993) emphasizes that this violence is "a manifestation of historically unequal power relations between men and women, which have led to the domination over, and discrimination against women by men, and to the prevention of the full advancement of women."[6] Gender discrimination is not only a cause of many forms of violence against women and girls but also contributes to the widespread acceptance and invisibility of such violence—so that perpetrators are not held accountable and survivors are discouraged from speaking out and accessing support.

Informed Consent

When considering whether an act is perpetrated "against a person's will," it is important to consider the issue of consent. ***Informed consent* is voluntarily and freely given** based upon a clear appreciation and understanding of the facts, implications, and future consequences of an action. In order to give informed consent, the individual concerned must have all relevant facts at the time consent is given and be able to evaluate and understand the consequences of an action. She or he also must be aware of and have the power to exercise her or his right to refuse to engage in an action and/or to not be coerced (i.e. be persuaded with the use of force or threats).

Children are generally considered unable to provide informed consent because they do not have the ability and/or experience to anticipate the implications of an action, and they may not understand or be empowered to exercise their right to refuse. There are also instances where consent might not be possible due to cognitive impairments and/or physical, sensory, or developmental disabilities.

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[4] The majority of this section comes directly from the Inter-agency Standing Committee. 2015. *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery.* Several sentences were added by the UNICEF LACRO author of this document; however, we have not specified which sentences.

[5] Inter-Agency Standing Committee, 'Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery', 2015.[6] The 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." (DEVAW)

The term GBV is also increasingly used by some actors to highlight the gendered dimensions of certain forms of violence against men and boys—particularly some forms of sexual violence committed with the explicit purpose of reinforcing gender inequitable norms of masculinity and femininity (e.g. sexual violence committed in armed conflict aimed at emasculating or feminizing the enemy). This violence against males is based on socially constructed ideas of what it means to be a man and exercise male power. It is used by men (and in rare cases by women) to cause harm to other males. As with violence against women and girls, this violence is often underreported due to issues of stigma for the survivor—in this case associated with norms of masculinity (e.g. norms that discourage male survivors from acknowledging vulnerability, or suggest that a male survivor is somehow weak for having been assaulted). Sexual assault against males may also go unreported in situations where such reporting could result in life-threatening repercussions against the survivor and/or his family members. Many countries do not explicitly recognize sexual violence against men in their laws and/or have laws which criminalize survivors of such violence.

GBV may also describe violence perpetrated against lesbian, gay, bisexual, transgender and intersex (LGBTI) persons that is, "driven by a desire to punish those seen as defying gender norms" (OHCHR, 2011). The acronym "LGBTI" encompasses a wide range of identities that share an experience of falling outside of societal norms due to their sexual orientation and/or gender identity. (See Annex 2 of the GBV Guidelines for a review of terms.) OHCHR further recognizes that "lesbians and transgender women are at particular risk because of gender inequality and power relations within families and wider society." Homophobia and transphobia not only contribute to this violence but also significantly undermine LGBTI survivors' ability to access support (most acutely in settings where sexual orientation and gender identity are policed by the State).

Women, Girls, and GBV

Women and girls everywhere are disadvantaged in terms of social power and influence, control of resources, control of their bodies and participation in public life—all as a result of socially determined gender roles and relations. GBV against women and girls occurs in the context of this imbalance. While humanitarian actors must analyse different gendered vulnerabilities that may put men, women, boys and girls at heightened risk of violence and ensure care and support for all survivors, **special attention should be given to females due to their documented greater vulnerabilities to GBV, the over-arching discrimination they experience, and their lack of safe and equitable access to humanitarian assistance.**

While supporting the need for protection of all populations affected by humanitarian crises, the IASC Guidelines recognize the heightened vulnerability of women and girls to GBV and provide targeted guidance to address these vulnerabilities— including through strategies that promote gender equality.

Contributing Factors and Causes of GBV

Conditions related to humanitarian emergencies may exacerbate the risk of many forms of GBV. However, the underlying causes of violence are associated with attitudes, beliefs, norms and structures that promote and/or condone gender-based discrimination and unequal power, either during emergencies or during times of stability. Linking GBV to its roots in gender discrimination and gender inequality necessitates not only working to meet the immediate needs of the affected populations, but also implementing strategies—as early as possible in any humanitarian action—that promote long-term social and cultural change toward gender equality. Such strategies include ensuring leadership and active engagement of women and girls, along with men and boys, in community-based groups related to the humanitarian area/sector; conducting advocacy to promote the rights of all affected populations; and enlisting females as programme staff, including in positions of leadership.

Nature and Scope of GBV in Humanitarian Settings

Armed conflict, situations of violence and natural disasters, either sudden or cyclical, increase the risk of GBV. Much attention has centred on addressing sexual violence (SV) in conflict, i.e. the use of rape as a weapon of war. Because of its potentially life-threatening health consequences, coupled with the feasibility of mitigating these consequences through medical care, addressing sexual violence is a priority in humanitarian settings. At the same time, there is a growing recognition that affected populations, predominantly women and girls, can experience multiple forms of GBV, including Intimate Partner Violence (IPV) and other forms of domestic violence, transactional sex, child and/or forced marriage, female genital mutilation (FGM), female infanticide, and trafficking[7] (see Annex A for key definitions). GBV is also a major problem in the aftermath of disasters, which increasingly are being shown to disproportionately affect women and girls (see 'GBV and Natural Disasters' section below).

[7] Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action, p.7.

Why are GBV Interventions Life-Saving?

The CERF criteria and the Sphere humanitarian charter and minimum standards specify that gender-based violence interventions are life-saving core emergency humanitarian actions that can, within a short time span, remedy, mitigate, or avert direct loss of life, physical and psychological harm or threats to a population and/or protect their dignity.

- Survivors of GBV are at high risk of severe and long-lasting health, emotional, social, economic, and security problems, including death. Death may result directly from their injuries or from other consequences of GBV such as honour killing, suicide or unsafe abortion.
- Survivors of sexual assault have three days (72 hours) to receive the life-saving medical treatment that can prevent the transmission of HIV/AIDS.
- Survivors of sexual assault have five days (120 hours) to access emergency contraception that prevents unwanted pregnancy. This can be a matter of life and death for adolescent girls in particular, as complications from pregnancy are the leading cause of death for girls from 15 to 19 years of age in the developing world.

Nature and Scope of GBV in LAC

The 2010 United Nations report, Achieving the Millennium Development Goals with Equality in Latin America and the Caribbean, stated that difficulties in meeting the Millennium Development Goals are "associated with the historical impediments to development in the region including lack of productive and decent work for all; low levels of secondary education quality and coverage; persistent high levels of inequality which impede social cohesion; failure to empower women and foster their economic and physical autonomy; and the marginalization of population groups owing to discrimination based on gender, racial-ethnic origin and socio-economic inequities resulting from highly unequal distribution of wealth and income." Worth mentioning is the high Gender Inequality Index in several countries ranging from Chile (ranked 68 of 149 countries) and Haiti (ranked 130).[8]

Existing data also suggest that GBV is a pervasive problem in complex emergencies in the LAC region, including recurring natural disasters, conflicts, and other situations of violence (OSV).[9] Together, these factors contribute to the high prevalence of different forms of GBV in LAC. A 2001-2009 study by the Casa de la Mujer research team in Colombia points to the social acceptability and normalization of GBV in the region. According to the study four of every 10 victims did not recognize themselves as victims of sexual violence prior to being asked about specific types of violence. The study indicated a prioritization within the different types of sexual violence in which certain types are "normalized and naturalized" (regulation of the social life, forced domestic labour, sexual harassment and forced sterilization), while

[8] Organización de las Naciones Unidas en coordinación con CEPAL, 2010.
[9] ACAPs 2014; *Otras Situaciones de Violencia en el Triángulo del Norte Centroamericano Fronteras invisibles, espirales de violencia y normalización del terror.*

others are openly recognized as sexual violence (rape and forced prostitution).[10]

The type and incidence of GBV, as well as the capacity to prevent its occurrence and to respond to the needs of survivors, vary across the region, as does the availability of studies evaluating the impact of interventions. The scale of GBV calls for an expansion of efforts within the different clusters in LAC aimed at combating GBV at the local, national, and regional levels. This document focuses on the forms of GBV most commonly found in the LAC region including intimate partner violence, rape and sexual assault, sexual coercion and harassment, and sexual violence and exploitation[11].

GBV and Natural Disasters

The LAC region is highly prone to recurrent natural disasters. The Central American countries are prone to flood, drought, frost, volcanic activity, earthquakes, ENSO[12] and hurricanes. The Andean region is exposed to ENSO, frost, volcanic eruptions and earthquakes while all countries in the Caribbean are prone to hurricanes and earthquakes[13]. The United Nations Environment Programme (UNEP) predicts that climate change in the region will increase the frequency of extreme weather-related events[14]. These phenomena trigger hazards such as drought, floods and landslides. Such disasters often create disruptions in access to employment, education and provision of services, and may result in forced displacements leaving vulnerable segments of the population 'exposed to an increased risk of exploitation and abuse' and GBV[15].

The impact of disasters caused by natural hazards is not gender-neutral: in many situations, women and girls are disproportionately affected. A 20-year study on the gendered nature of natural disasters shows that in societies where the socio-economic status of women is low, natural disasters kill more women than men, both directly and indirectly through related post-disaster events. The study also shows that disasters kill women at a younger age than men and that the impacts of natural disasters are never merely determined by nature on its own. The reason

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10 Casa de la Mujer, Campaign Rape and other Violence: Leave my Body Out of War. Sexual Violence against Women in the context of the Colombian armed conflict 2001-2009 First Survey of Prevalence-Executive Summary, Sanchez et al, 2011 < www.usofficeoncolombia.org/uploads/application-pdf/2011-03-23-Report-English.pdf >, p.8

11 'The global prevalence of physical and/or sexual intimate partner violence among all ever partnered women was 30.0% (95% confidence interval [CI] = 27.8% to 32.2%). Respondents in the Region of the Americas reported the next highest prevalence, with approximately 30% of women reporting lifetime exposure': http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/. Other forms of GBV such as FGM, which has been reported amongst the Embera Chami in Risaralda, Colombia, do exist but are not the focus on this document.

12 El Niño/La Niña-Southern Oscillation

13 Global Seismic Hazard Assessment Programme: http://www.seismo.ethz.ch/static/GSHAP/

14 United Nations Environment Programme, Economic Commission for Latin America and the Caribbean, *'Sustainable development 20 years on from the Earth Summit: progress, gaps and strategic guidelines for Latin America and the Caribbean'.*

15 In 2013, Tropical Storms Manuela and Ingrid affected Mexico, displacing thousands of individuals (UNICEF LACRO appeal 2013); UNFPA 2012.

Women and Natural Disasters

In many situations, women and girls are disproportionately affected by natural disasters. As primary caregivers who often have greater responsibilities related to household work, agriculture and food production, women may have less access to resources for recovery. They may also be required to take on new household responsibilities (for example when primary income earners have been killed or injured, or need to leave their families to find employment). If law and order break down, or social support and safety systems (such as the extended family or village groups) fail, women and girls are also at greater risk of GBV and discrimination.

(Adapted from "Global Protection Cluster. n.d. "Natural Disaster Reference Sheet: Women and Girls", draft, http://www.globalprotectioncluster.org/en/tools-and- guidance/protection-cluster-coordination-toolbox.html

for the difference in mortality lies in the fact that in general, women have lower socioeconomic status than men. This leads to unequal access to opportunities and unequal exposure to risks, making women more vulnerable to the effects of natural disasters[16].

In the LAC region, several recent disasters have highlighted the heightened risk of GBV[17]:

- Reports from the aftermath of the 2010 earthquake in Haiti indicate an increase in different types of GBV. After the earthquake 80% of adult women experienced domestic violence, while over 60% of rape incidents affected teens and girls as young as toddlers, whose perpetrators were usually individuals known to them[18].
  - o Living conditions in Haiti's shelters provided no safety, security measures (i.e. adequate lighting) or private bathing facilities.
  - o Economic vulnerability and/or financial dependency on others forced young girls and women into prostitution and transactional sex in exchange for protection and resources; cases of young boys also were reported[19].
- Haitian female leaders have strongly emphasized the need to understand the earthquake in a broader context of the long-term crisis Haitian women have experienced[20].
- Following the 2010 earthquake in Chile disaster there was an increase in reported cases of IPV. On a national level almost 38% of women experienced some type of

[16] Neumayer E. and T. Plümper. 2007. The gendered nature of natural disasters: the impact of catastrophic events on the gender gap in life expectancy, 1981–2002. Annals of the Association of American Geographers. The paper is available online at: http://eprints.lse.ac.uk/3040/1/Gendered_nature_of_natural_disasters_(LSERO).pdf

[17] Prior to the 2010 earthquake in Haiti 28% of women aged 15-49 had suffered beatings after the age of 15, 13% of women aged 15-49 had suffered beatings at some time during their lives, and 29% of women aged 15-49 in union and marital breakdown had suffered physical, emotional or sexual violence exercised by their current or previous husband/partner (EMMUS V, 2012).

[18] Beyond Shock Haiti. GBV Progress Report. "The increase in child rape and sexual violence contributed to the rise of early pregnancies and 'street abortions" (2012 p. 77).

[19] Beyond Shock. "Charting the Landscape of sexual violence in post-quake Haiti: Progress, Challenges, and Emerging Trends" (2012 p.13)

[20] Oxfam 2012, After the earthquake: gender inequality and transformation in post-disaster Haiti.

partner abuse; in some regions this violence affected 55% of the women.[21] In Guatemala, after Tropical Storm Agatha hit in 2010, studies noted an increase in psychological violence against women from 7% prior to the storm to 22.5% during the storm and 19% after the storm. Economic violence against Guatemalan women also increased from 18.3% prior to the storm, to 20.4% during the storm and finally to 26.1% after the storm.[22]

GBV, Armed Conflict and Other Situations of Violence (OSV)

Recent reports highlight GBV as a major concern in the armed conflicts and other situations of violence (OSV) that continue to plague parts of the LAC region. The magnitude of GBV related to armed conflict is believed to be much larger than the figures, show due to underreporting. Specifically, data on sexual violence in the context of armed conflicts are scarce and vary both in their numbers and in their interpretation. The negative impacts of OSV are 'intensified in women, girls, boys and LGTBI population.' OSV also increases the demand for basic services, protection and justice from systems that generally do not respond effectively, thereby accentuating existing structural weaknesses and further increasing the vulnerability of these groups.

- ***Colombia:***
  Reports show that all parties to the conflict have committed acts of sexual violence, mainly against women and girls.[24]

  - In 2009, the rate of sexual violence for the 407 municipalities with an active presence of the armed forces, guerrillas and paramilitaries was 17.58%.[25]
  - A recent report by Conflict and Health found that multiple types of GBV, es-

[21] On February 27, 2010 Chile was struck by an earthquake with a magnitude of 8.8 on a Richter scale, which triggered a devastating tsunami, affecting 1.8 million people (IFRC Emergency Appeal Final Report 2010). Studies reflected a higher percentage of sexual violence cases in Los Lagos region of Chile (UNICEF Annual Report for Chile 2010 p.2).
[22] Tropical Storm Agatha affected 398,000 people and caused 175 deaths. Evaluation was conducted by *Gestión y Tecnologóa en Salud y Desarrollo* (GETSA) in June 2010 (cited in UNFPA, 2012).
[23] ACAPs, other situations of violence in the Northern Triangle of Central America: invisible borders, vicious spirals, and the normalisation of terror" (2014).
[24] <www.mesadeconversaciones.com.co>
[25] OXFAM 2011. "First survey on the prevalence of sexual violence against women in the context of the Colombian armed conflict" (2001-2009).

pecially IPV, were prevalent in conflict settings and in host communities for internally displaced populations. Experiences of violence were often linked to vulnerability during conflict and displacement, power dynamics and gender norms within relationships, and changing social and economic well-being[26].

- o According to the Colombian Constitutional Court 'the incidence, frequency and severity of cases of sexual violence are significantly increased in the case of indigenous and Afro-Colombian women who are in a position of greater vulnerability, helplessness and exposure to all kinds of outrages perpetrated against them by the actors in the conflict.' [27].
- o According to the Casa de la Mujer research team (2011) there is a link between the presence of armed actors and increased rates of sexual violence[28], as well as underreporting. 64.26% of women consider that the presence of armed actors in the municipalities increases sexual violence in public places, while 49.28% consider that the presence of armed actors increases sexual violence in private environments. 73.93% of women consider that the presence of armed actors constitutes an obstacle to the reporting of acts of sexual violence.[29]

- ***The Northern Triangle:*** Women in Honduras, Guatemala, and El Salvador, a.k.a. the Northern Triangle, experience multiple forms of gender-based violence inside and outside the home: [30]

  - o Femicide accounted for 1,506 deaths in 2013, with women and girls between 15 and 29 years old being the most affected.
  - o Sexual violence in 2013 led to a total of 12,252 medico-legal evaluation[31],with the most affected group being girls and adolescents between the ages of 10 and 19. Sexual attacks were often committed by multiple perpetrators and/or members of gangs as part of their 'initiation rituals,' 'birthday presents,' or following rejection of their propositions.
  - o The number of registered cases of domestic violence is higher than the general homicide rate and the cases of sexual violence.
  - o Women and girls are the main victims of trafficking for the purposes of commercial sexual exploitation[32]; in Guatemala 570 victims were registered in 2013 (whereas according to UNODC, only one in thirty victims are detected annually).[33]
  - o In Honduras, the estimated number of active female gang members is 872 (without counting friends, girlfriends and wives of gang members); their roles range from committing "low visibility" crimes, e.g.

26 <www.conflictandhealth.com/content/8/1/10>
27 Colombian Constitutional Court, Auto 092 of 2008, Bogotá, 14 April 2008 (in Spanish).
28 Casa de la Mujer, Campaign Rape and other Violence: Leave my Body Out of War. Sexual Violence against Women in the context of the Colombian armed conflict 2001-2009 First Survey of Prevalence-Executive Summary, Sanchez et al, 2011 <www.usofficeoncolombia.org/uploads/application-pdf/2011-03-23-Report-English.pdf>
29 Ibid.
30 ACAPs (2014), at <www.iecah.org/web/images/stories/Otras_situaciones_de_violencia_ACAPS_Mayo_2014.pdf>
31 Ibid. 2.561 cases in Honduras (IUDPAS, 2013), 6.552 in Guatemala (PDH, 2013) and 3.139 in El Salvador (Medicina Legal, 2013). The actual figure would be much higher due to underreporting and data discrepancies.
32 Save the Children (2012).
33 UNODC (2012).

extortion, transporting drugs, and acting as messengers to doing 'sexual favours' for gang members in prison.

- OSV aggravates the discrimination against the LGBTI population, particularly transgender women, limits their access to their rights, and exacerbates the invisibility of their needs. This often leads them to informal work in the streets and sex work, where they are highly vulnerable.
- Boys, primarily between the ages of 10 and 14, are exposed to sexual violence and trafficking for purposes of commercial sexual exploitation or pornography.
- Fearing violence, gang pressure, rape and insecurity many children living in the Northern Triangle are migrating to the United States[34]. The number of unaccompanied children apprehended by U.S. Customs and Border Protection (CBP) jumped from 17,775 in fiscal year 2011 to 41,890 in fiscal year 2013. For the fiscal year 2014, CBP apprehended 47,017 unaccompanied children in the Southwest Border sectors alone. According to the Women's Refugee Commission 'particularly concerning is that the children making the difficult and treacherous migration journey are now younger than in years past (many under 13), and a higher percentage are girls, many of whom arrive pregnant as a result of sexual violence'[35].

GBV and Indigenous Peoples

LAC has a diverse population of indigenous peoples. Over time, they have developed organizational capacity with which to increase their political participation and reclaim their rights, and international instruments have been put in place to help protect these rights[36]. Nevertheless, indigenous children continue to face significant challenges in accessing resources and opportunities necessary for their survival and growth.

Indigenous girls and young women, in particular, tend to be one of the most disadvantaged populations. In addition to experiencing territorial and ethnic inequalities with regard to education, health, and housing, gender inequalities have a disproportionate effect on them. In Guatemala, for example, about 65% of domestic workers are indigenous girls sent to urban environments where they are at risk of abuse and harassment. Statistics indicate poor health indicators, high violence rates, exposure to exploitation, forced labour, trafficking, abuse, the lack of access to justice and persistent discrimination[37].

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34 ACAPS, 'Other Situations of Violence in the Northern Triangle of Central America: Invisible Borders, Vicious Spirals, and the Normalisation of Terror', <www.acaps.org/resourcescats/downloader/other_situations_of_violence_in_the_northern_triangle_of_central_america_executive_summary_may_2014/230> May 2014.

35 Women-s Refugee Commission, 'Statement submitted to the Committee on the Judiciary of the U.S. House of Representatives', 25 June 2014, <womensrefugeecommission.org/press-room/2080-an-administration-made-disaster-the-south-texas-border-surge-of-unaccompanied-alien-minors>

36 Since ILO adopted Convention 169 on Indigenous and Tribal Peoples in 1989, more than half of the countries in the region have ratified it, including Argentina, Bolivia, Brazil, Costa Rica, Ecuador, Guatemala, Honduras, Mexico, Paraguay and Venezuela (ILO, 1989). Additional human rights instruments include the UN Permanent Forum on Indigenous Issues, which was established in 2000 as an advisory to the Economic and Social Council to promote a discourse on indigenous issues related to social and economic rights as well as culture, health, environment and human rights; and the UN Declaration on the Rights of Indigenous Peoples (UN, 2007).

37 UNFPA (2013).

4

Framework for operationalizing the GBV Guidelines within UNICEF LACRO

The high prevalence of multiple forms of GBV in the region requires full implementation of the GBV guidelines by UNICEF and its partners. Therefore, the guidelines need to be promoted by the leadership, known and understood by UNICEF staff and partners, applied systematically and monitored for results. Efforts to prevent and respond to GBV must extend from development through crisis and recovery. In emergencies, a combination of immediate and longer-term interventions must be used to build on the GBV-related work initiated in development contexts, while also rapidly responding to the immediate needs and changing context that characterize emergencies.

The framework presented below is designed to reinforce and help operationalize the IASC GBV Guidelines for the LAC region. It provides a set of principles, a goal, objectives, and information on how to contextualize the IASC GBV Guidelines in each of the LAC countries. The framework should help UNICEF work in the clusters, while adding a programming approach to the situation analysis, programme design and implementation and monitoring and evaluation.

Principles

The following principles underpin UNICEF's work in all sectors to prevent and mitigate GBV[38].

1. **GBV is a fundamental and unacceptable violation of human rights and efforts to address it should be grounded in a human rights-based approach.**

All women, girls, boys and men have the right to live free from gender-based violence, including in situations of conflict, OSV and disaster. Survivors have the right to health, safety and protection from further violence and to justice where it is available. Duty bearers, including the international community, have obligations to uphold these rights, including in emergencies.

2. **Coordinated, comprehensive approaches are required.**

No single agency, organization or sector has the skills, resources or mandate to address GBViE alone. Preventing and responding to GBV requires collaborative action and partnerships across sectors and clusters, involving states and other stakeholders including affected communities. Partnerships must be built and fostered among UNICEF sectors and programmes, humanitarian actors and clusters; with State and non-state duty bearers; and with civil society and communities.

A comprehensive approach bridges development and emergency programming and involves adopting a coordinated multi-level and multi-sectorial approach. A multi-level approach highlights the importance of structural, systemic, community and individual level interventions, while a multi-sectorial approach emphasizes the need for coordinated engagement for preventing and responding to GBV.

[38] United Nations Children's Fund, Gender Based Violence in Emergencies Programme Framework.

Relevant practice from UNICEF Bolivia: Coordination of GBViE through the Working Group on Governability, Protection and Gender

UNICEF and UNFPA in Bolivia have alternately led the Working Group on Governability, Protection and Gender *(Mesa de Gobernabilidad, Protección y Género)* headed by the Vice Minister of Citizen Security. With the technical input and review/oversight from this platform UNICEF has promoted the development of two guiding documents on the protection of rights for children, adolescents and women in emergencies and disasters, and two guiding documents on prevention and response to GBV. Beyond the promotion of these guidelines, UNICEF had the opportunity to put them in practice by coordinating, together with UNFPA, the inclusion of GBV prevention, response and psychosocial support for children in response to an emergency in early 2014.

Relevant practice from UNICEF Colombia: Golombiao

Golombiao, the Game of Peace, is a national strategy that uses the soccer and sports to promote the construction and strengthening of non-violence, participation and respect for gender and ethnic diversity. Golombiao has been practiced since 2004 in urban and rural areas affected by the armed conflict, where children and adolescents are at risk of becoming victims of violence and recruitment by illegal armed groups. Basic rules of Golombiao include, for example, that teams include the same number of men and women and all players must play, and that each team's first goal must be scored by a woman, etc. Typical rules of coexistence include: non-violence, equality, preservation of the environment, self-care and caring for others, freedom of expression, active participation and non-discrimination.

3. Ending GBV involves tackling gender inequality and harmful social norms.

Preventing GBV involves promoting gender equality, including beliefs and practices that foster respectful, non-violent gender norms. Ending discrimination and inequality based on gender is at the heart of ending GBV.

4. Participation is a cornerstone of effective GBV prevention.

Genuine participation by rights holders and communities is empowering, fosters ownership of the problem, and ensures locally appropriate solutions. The participation and agency of affected people, especially children, adolescents and women, are central to all GBViE efforts throughout assessment and analysis, design and monitoring of humanitarian programmes.

Relevant Practice from CORELAC: Voices of Children and Youth on the Resilience of Latin America and the Caribbean

This is an initiative by the Coalition for the Resilience of Children and Youth in Latin America and the Caribbean – CORELAC (Plan International,
RET, Save the Children, UNICEF, UNISDR and World Vision). Various strategies aim at strengthening the skills, confi¬dence, vision and leadership of children and youth in DRR, and consist of working sessions where they perform activities based on games, exercises and dynamic pedagogy related to information, organization, empowerment of children and youth in risk management including climate change adaptation.

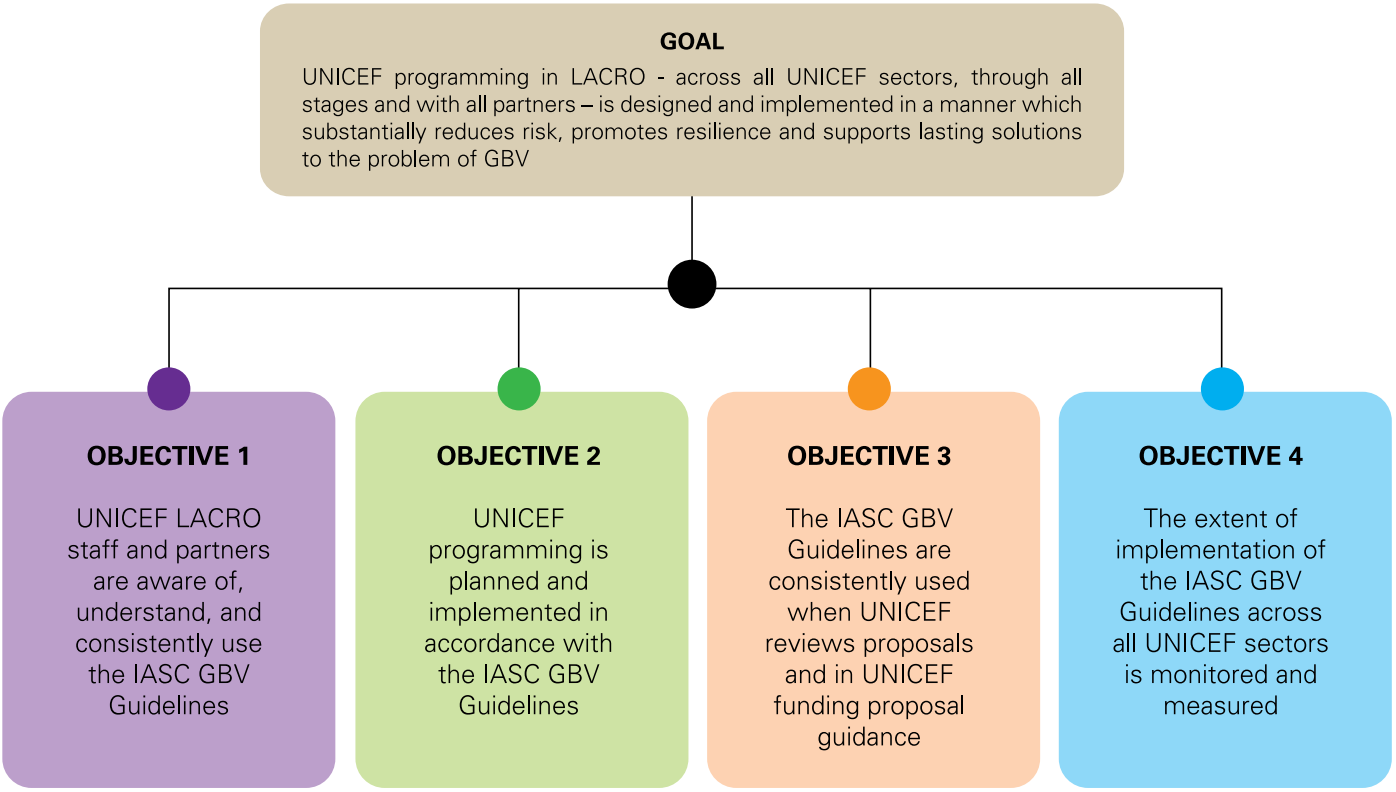
5. Interventions must be tailored to the context. Successful interventions are those that are tailored and based on rigorous analysis of the particular factors affecting GBV in a specific context, including setting, form of violence and population affected by the violence. Successful interventions are those that are tailored and based on rigorous analysis of the particular factors affecting GBV in a specific context, including setting, form of violence and population affected by the violence. UNICEF recognizes the specific needs of indigenous children that require specific actions that are not only child-sensitive, but also culturally-sensitive and culturally-appropriate.

Relevant practice from UNICEF El Salvador: Children and adolescents in schools protecting themselves from Gender Based Violence, focused on sexual violence

Through this project, UNICEF El Salvador promotes the construction of citizenship in schools through the training of students, teachers and families in 26 schools in four municipalities, enabling them to demand safe school environments. Schools are transformed into spaces of dignity that promote the culture of peace, being free from violence, especially of sexual violence. The municipalities support these actions through the Local Committees for the Protection of Children and Adolescents, and coordinate programmes with the Ministry of Education and the Civil Police at the local level, focusing on the prevention of sexual violence. Children and adolescents play an active role in the development of solutions in their schools. At the same time, families and teachers are trained to identify and prevent GBV in their homes and schools and, together with the students, form school networks that demand for security in their schools.

Goal and objectives of Operationalizing the GBV Guidelines in LAC

The following are the goal and objectives for the LAC region to ensure full implementation of the IASC GBV Guidelines.



Objective 1:
UNICEF LACRO staff and partners are aware of, understand, and consistently use the IASC GBV Guidelines

1.1.	Senior management prioritizes the agreement and endorsement of the Guidelines by the HCT and key member agencies and donors to establish the basis of system-wide support.
1.2.	UNICEF LAC country offices assign relevant focal points for Guidelines implementation. Focal points liaise with the global support office.
1.3.	Support translation of GBV Guidelines into Spanish.
1.4.	Disseminate the Guidelines widely (electronically and in hard copy) within UNICEF country offices, UNICEF-led clusters/sub-clusters and amongst partners. Post GBV Guidelines on Panama LACRO website.
1.5.	Support the preparations for and conducting of the national and regional launches in LACRO; use the initial launch to maximize levels of interest and awareness.
1.6.	Promote the Guidelines at different relevant fora.
1.7.	Establish mechanisms to provide sustained leadership for implementation and uptake of Guidelines. **1.7.1.** Create a work plan for roll-out of the Guidelines. **1.7.2.** Assign one staff member from each sector to introduce the guidelines in his or her respective clusters and be focal point for sectorial implementation. **1.7.3.** Put roll-out of Guidelines on the agenda of staff meetings.
1.8.	Work with governments to integrate Guidelines recommendations into national policies/ strategies for emergency preparedness and response.[39] **1.8.1.** Conduct orientation sessions with government counterparts (national and sub-national) to discuss how to incorporate the GBV Guidelines' recommendations into emergency plans, policies, strategies across all sectors of their response.

[39] The long-term sustainability of Guidelines implementation will depend on the degree to which emergency governments at all levels integrate the recommendations into national and sub-national emergency policies and strategies, and their outworking in practice. Engagement with national counterparts is therefore a priority to support their awareness of, familiarity with and uptake of the Guidelines recommendations by all emergency sectors and mechanisms.

Objective 2:
All UNICEF programming is planned and implemented in accordance with the IASC GBV Guidelines

2.1.	Prioritize training for all UNICEF staff at country level as a primary mechanism for building understanding and uptake of the Guidance.
2.1.1.	Sponsor staff to be included in country/regional trainings provided by the GBV AoR and relevant follow-up.
2.2.	Play a lead role in working with GBV Coordination groups, including governments, to contextualize the Guidelines (See Section C below).
2.3.	Support GBV Coordination groups, UNICEF HQ, and GBV AoR in conducting training on Guidelines for humanitarian actors and to enhance expert GBV capacity to support roll-out, implementation and technical assistance on Guidance.
2.4.	UNICEF staff members in each sector in-country advocate for integration of GBV guidelines in their respective sector's emergency preparedness, response, assessments, and plans.
2.5.	Distribute sector-specific Guideline tools to all UNICEF sectors. Use Guideline tools for each sector to support operationalization of guidelines in response-plans and sector programming.
2.6.	Senior management and supervisors consistently monitor the integration of the GBV guidelines in sector plans and programming.

Objective 3:
The IASC GBV Guidelines are consistently used when UNICEF reviews proposals and in UNICEF funding proposal guidance

3.1.	The RO Reviews UNICEF funding proposal guidance to ensure the inclusion of the IASC GBV Guidelines.
3.2.	Each sector works with regional humanitarian partners to use the Guidelines to inform their funding proposals. Include reference to the Guidelines in funding guidance to partners.
3.3.	Work with key donors in the region to adopt Guidelines to inform their policies and funding criteria.

Objective 4:
The extent of implementation of the IASC GBV Guidelines across all UNICEF sectors is monitored and measured

4.1.	Build an evidence base per country by:
	4.1.1. Introducing suggested indicators from the Guidelines into UNICEF sector programmes and reporting at country and regional level (supervisors and senior management oversee this). **4.1.2.** Including Guidelines roll-out, implementing it in programme work plans, and reporting on progress with regular reporting formats. **4.1.3.** Utilize tools provided by GBV AoR and GBV coordination bodies for in-country monitoring and information management. **4.1.4.** 3.1.1.4. Establish a dedicated knowledge repository and systematically collect evidence from each sector (using the above-mentioned methods) on how incorporating GBV sensitivity into their programmes has enhanced the quality or sustainability or results overall of their programmes.
4.2.	Plan for the monetary and human resources necessary to implement the IASC GBV Guidelines. Track the resources used.

Adapting GBV Guidance to Different Settings

The Guidelines are most effective when they are contextualised to each individual setting. Since every context is different, recommended actions for each sector in the Guidelines may need to be adapted to the specific local situation. Context, including available resources and the stage of the emergency, must be considered in determining locally acceptable contextualised actions. Contextualization can be done at national, regional and sub-regional levels. Through its programming in various sectors, UNICEF can play a leading role in contextualizing the GBV guidelines appropriately within the different countries and humanitarian settings in LAC. As a coordination agency, UNICEF can also help to guide and support contextualization efforts with partners.

Objectives of contextualization

(i) To identify and agree upon the specific types of GBV that are most prevalent in the particular context. These will include both traditional practices and specific responses to the emergency.
(ii) To identify available services and resources to respond to GBV in the context.
(iii) In the long term, it is hoped that a local NGO, civil society organisation or government department will assume ownership of a local product and integrate the Guidelines into national strategies, policies and action plans.

NB: Information on types and levels of GBV will inform the specifics of how different sectors modify their own programming in the particular emergency. Information on available services/ resources will serve both to inform sectorial staff referral of survivors to appropriate services, and support the wider national response.

UNICEF Leadership

UNICEF should commit sectorial staff and time to supporting the contextualization process, which will be implemented jointly by the GBV Coordination Mechanism representatives (coordinators or other representatives) and representatives of other key sector(s). In most cases, it is anticipated that the GBV AoR Coordination Mechanism will take the lead, in partnership with other sectors.

The initial steps (presenting the main elements of the Guidelines, agreeing on the nature and levels of GBV incidents affecting different groups of people etc.) of contextualizing the Guidelines in a given setting can be done in a multi-sectorial manner. Following this, each sector will need to work, with support from the UNICEF GBV Guidelines focal point and the local GBV coordination mechanisms, on the specifics of which elements of the Guidelines are relevant to reducing the risk of GBV within their overall response. *For more information see the revised IASC GBV Guidelines Implementation Strategy.*

5

Summary Charts for UNICEF Sectors

Humanitarian emergencies exacerbate the risk of GBV in a range of ways that cut across all sectors. Therefore, it is the responsibility of every sector to take steps to prevent and mitigate this risk through its programming. Well-designed programmes include a thorough analysis of the differing rights, needs, roles and risk factors of women, men, girls, and boys as related to that sector. The following pages/sections/charts are designed to help UNICEF staff and partners to understand the connection between GBV and the respective UNICEF sectors, in order to inform quality programming.

It is critical to engage women, girls and other at-risk groups in the design and delivery of all UNICEF programming—both as employees in the sectors and as community-based advisers. This engagement not only helps to ensure effective response to life-saving needs, but also contributes to long-term gains in gender equality and the reduction of GBV.

CHILD PROTECTION

Why Addressing Gender-based Violence is a Critical Concern of the Child Protection Sector

Children and adolescents face a heightened risk of violence in humanitarian settings. As social structures and protective systems break down, children become increasingly vulnerable due to the lack of rule of law, the lack of information provided to them, their restricted decision-making power, and their level of dependence. The added strain on adults, along with the weakened protective environment, can increase children's risk of physical abuse, sexual abuse, corporal punishment, and other forms of domestic violence. Children are also more easily exploited and coerced than adults, and are often taken advantage of by people in authority (e.g. forced into child labour, child sexual exploitation, sex trafficking, etc.). Proximity to armed forces, overcrowded camps, and separation from family members all contribute to an increased risk of exposure to violence.

Many types of violence against children disproportionately affect girls and young women because of gender-based discrimination. Efforts to address violence against children will be most effective when there is a gender-specific understanding of risk and protective factors for girls and boys:

- During emergencies, both girls and boys are at risk of sexual assault.
- Girls and young women are at particular risk of sexual exploitation and abuse, sex trafficking, child marriage, differential access to food and services, differential access to education, female genital mutilation, and "honour" related considerations due to beliefs and norms that devalue women and girls.
- In situations of armed conflict, both boys and girls are at risk of being abducted into armed forces;
- Girls in particular are often the targets of sexual slavery, forced prostitution or other forms of sexual exploitation.
- Girls who are unaccompanied or orphaned, single heads of households, child mothers, or have disabilities are among the most vulnerable.

Addressing GBV against girls requires understanding and challenging the social norms and traditions that place females in a subordinate position to males. Addressing gendered violence against boys will often focus on the negative effects socially determined norms of masculinity can have for boys. Child protection actors can play a central role in enhancing the safety and wellbeing of children by integrating GBV prevention and mitigation measures into child protection programming, and by supporting child-friendly survivor-care systems.

WHAT THE MINIMUM STANDARDS FOR CHILD PROTECTION IN HUMANITARIAN ACTION SAY:

Standard 8:

- Girls and boys are protected from physical violence and other harmful practices, and survivors have access to age-specific and culturally appropriate responses.

Standard 9:

- Girls and boys are protected from sexual violence, and survivors of sexual violence have access to age-appropriate information as well as safe, responsive and holistic response.

(Child Protection Working Group [CPWG]. 2012. *Minimum Standards for Child Protection in Humanitarian Action. http://toolkit.ineesite.org/toolkit/INEEcms/uploads/1103/ Minimum-standards-Child_Protection.pdf)*

EDUCATION

Why Addressing Gender-based Violence is a Critical Concern of the Education Sector

In humanitarian settings, attending school can be a risky endeavour. Because of the erosion of standard protection mechanisms and gender inequalities, students—particularly females— may face an increased risk of sexual harassment, abduction, and sexual assault, occurring on school grounds or on the way to/from school, by peers as well as teachers and other adults. In many cases:

- Parents fear to send girls to school because of the risk of GBV in or on the way to school.
- Families with limited resources prioritize the payment of school costs for boys – school fees, uniforms and supplies – over those for girls.
- Girls are at heightened risk of sexual exploitation in exchange for school fees.
- Lack of sanitation facilities and supplies—as well as cultural taboos and stigma around menstruation—contribute to low attendance and high dropout rates among adolescent girls who are menstruating.
- Family caretaking responsibilities, child marriage, and pregnancy are barriers to girls' taking up or continuing their schooling.
- School curricula and other teaching materials reinforce traditional notions about gender roles and sexuality that underpin GBV.
- LGBTI children and youth are at particular risk of bullying and exclusion in schools, by peers and authorities.

Poorly designed education programmes can exacerbate the problem of GBV; well-designed education programmes can be critical to reducing GBV:

- Properly designed educational facilities can provide a protective environment for children and youth at risk of GBV.
- School is a place where cultural norms can be challenged and re-shaped to support gender equality and prevent GBV.
- Reaching those at risk of GBV through life skills programmes—both within and outside the education system—helps prevent GBV by developing positive leadership abilities and supporting the empowerment of girls and female youth.
- Education is a valuable asset for future economic and social opportunities for women, girls, and other at-risk groups.
- Teachers may be required to be first responders for children and youth experiencing GBV and other forms of violence. How they respond to disclosures is critical to the outcome for the child.

WHAT THE INEE MINIMUM STANDARDS SAY:

Access and Learning Environment, Standard 2

- 'Learning environments are secure; promote the protection and mental and emotional well-being of learners'.
- "Students, especially minorities and girls, often become targets for abuse, violence, recruitment or abduction when going to and from school. In these cases students' security can be improved by a combination of community information campaigns and by having adults from the community escort them...In addition, education programmes should include monitoring of the level of harassment experienced by girls and women".

Teaching and Learning, Standard 4

- "Assessment and evaluation should be developed and implemented according to a code of ethics. Assessments and evaluations should be considered fair and reliable and should be conducted in a way that does not increase fear and trauma. Care should be taken that there is no harassment of learners in return for good marks or promotions within a school or programme".

Teachers and Other Education Personnel, Standard 2

- Codes of conduct should state, among other things, that education personnel:
  - "exhibit professional behaviour by maintaining a high standard of conduct, self-control and moral/ethical behaviour;
  - participate in creating an environment in which all students are accepted;
  - maintain a safe and healthy environment, free from harassment (including sexual harassment), intimidation, abuse and violence, and discrimination..."

(Excerpted from **The Inter-Agency Network for Education in Emergencies. 2010.** *Minimum Standards for Education: Preparedness, Response, Recovery*. http://toolkit.ineesite.org/toolkit/Toolkit.php?PostID=1002)

HEALTH

Why Addressing Gender-based Violence is a Critical Concern of the Health Sector

Health services are often the first—and sometimes, the only—point of contact for survivors seeking assistance for gender-based violence (GBV). In order to facilitate care, survivors must have safe access to health facilities (e.g. safe transit to/from facilities; adequate lighting at facilities; non-stigmatizing and confidential entry points for services; no-cost services; etc.). It is also critical that health providers working in emergencies be equipped to offer non-discriminatory, quality health services for survivors. In addition:

- Many survivors will not disclose violence to a health care provider due to fear of repercussions, social stigma, rejection by partners/families, and other reasons. Health care providers trained in GBV services can recognize signs of GBV, offer a supportive environment for disclosure, and respond appropriately.
- Emergencies put additional stress on health systems that are often already overburdened. Without proper training and prioritization of GBV, health care workers may fail to provide necessary—even life-saving—care[40].
- Overlooking the physical and mental health implications of GBV is not just a missed opportunity, it can be a violation of medical ethics.
- When health care providers are not trained in the guiding principles of working with survivors, survivors may be at heightened risk of additional violence from partners, family and/or community members.

Adequate health services are not only vital to ensuring life-saving care for women, girls, and other at-risk groups, but they are also a key building block for overcoming the devastation of a humanitarian emergency. When health care programmes are safe, confidential, effectively designed, culturally sensitive, accessible, and of good quality, they can:

- Facilitate immediate care for survivors.
- Initiate a process of recovery—one which not only involves physical and mental health benefits for individual survivors, but can have wide-ranging benefits for families, communities and societies

Essential to Know: The Minimum Initial Service Package

During the acute phase of an emergency, the priority is to provide a Minimum Initial Service Package (MISP) for Reproductive Health. The MISP is a priority set of life-saving activities designed to prevent and manage the consequences of sexual violence against women and girls, prevent reproductive health-related morbidity and mortality, reduce HIV transmission, and plan for comprehensive reproductive health services in the early phase of emergencies.[41]

[40] Essential services include post-exposure prophylaxis (PEP) for HIV, emergency contraception, treatment for sexually transmitted infections (STIs), mental health and psychosocial support, and appropriate referrals for legal and other services that can support survivors and prevent their re-victimization.

[41] Women's Refugee Commission, 'Minimum Initial Service Package', https://womensrefugeecommission.org/programs/reproductive-health

WHAT THE SPHERE HANDBOOK SAYS:

Essential Health Services
—Sexual and Reproductive Health Standard 1: Reproductive Health

- People have access to the priority reproductive health services of the Minimum Initial Service Package (MISP) at the onset of an emergency and comprehensive reproductive health as the situation stabilises.

Key Actions:

- Implement measures to reduce the risk of sexual violence, in coordination with other relevant sectors or clusters.
- Inform populations about the benefits and availability of clinical services for survivors of sexual violence.

Health Systems Standard 2:
Human Resources Guidance Note 1: Staffing Levels

- ...the presence of just one female health worker or one representative of a marginalized ethnic group on a staff may significantly increase the access of women or people from minority groups to health services.

Health Systems Standard 5:
Health Information Management Guidance Note 4: Confidentiality

- Adequate precautions should be taken to protect the safety of the individual, as well as the data itself…Data that relate to injury caused by torture or other human rights violations including sexual assault must be treated with the utmost care.

NUTRITION

Why Addressing Gender-based Violence is a Critical Concern of the Nutrition Sector

Nutrition, gender inequality and gender-based violence (GBV) are often interrelated. Evidence shows that higher levels of both acute and chronic malnutrition for women and girls is directly related to gender inequitable access to nutritious foods, quality health care, and water, sanitation and hygiene (WASH) services. Gender inequitable access to food and services is a form a GBV that can, in turn, contribute to other forms of GBV.

Women, girls and other at-risk groups face a heightened risk of GBV in humanitarian settings. The links between nutrition, gender inequality and the risks of GBV may also become particularly pronounced in these settings, where food and other basic needs are in short supply. For example:

- Families with limited resources may try to ease the nutritional burden of girls and/or ensure the nutritional needs of their daughters by arranging child marriages.
- Underfed women and girls may be at heightened risk of exchanging sex for food.
- Norms may support men eating before women, eating more, and eating the highest quality food in the household; women may skip already scarce meals and/or be underfed.
- Women may lack power to make decisions about how to ration food. Disagreements about how to manage limited household food supplies or assign food rations may contribute to intimate partner violence and other forms of domestic violence.
- In settings where polygamy or concurrent partnerships are accepted for men, men may have access to food in multiple households, while women have limited access.

For GBV survivors—particularly those who are socially isolated and/or have physical limitations—access to nutrition support services may be difficult. This can be especially detrimental for survivors who have physical injuries and/or need to take medication that must be accompanied by food.

Nutrition actors are particularly well-positioned to monitor the safety needs of women, girls and other at-risk groups, and provide support to survivors. For example:

- Infant and young child feeding programmes can ensure privacy for breast-feeding mothers and help decrease the risk of harassment or violence against female participants.
- Therapeutic feeding centres or stabilisation centres can provide a supportive and confidential environment for women, girls, and other at-risk groups seeking information about where to report risk or access care for exposure to GBV.
- Community-based nutrition programmes can monitor households' resource scarcity and any resulting conflicts at the family and community levels; they can then share this information with GBV specialists so that preventative action can be taken at the earliest possible stage.
- Nutrition programmes can provide nutritional support to survivors, including those who may have specific nutritional requirements for supporting the healing process.

WOMEN AND GIRLS AND NUTRITIONAL DECLINE

Women and girls face different risks of nutritional decline than men and boys, especially with regard to food security and their nutritional status. As a result of their socially constructed gender roles, existing social and economic disparities between women and men often prevent women and girls from obtaining adequate nutrition.

- Young and adolescent girls are particularly vulnerable to nutritional deficiencies (i.e. iron deficiency and anemia), as their bodies require additional nutrients necessary to support their developing bodies.
- Since a number of nutritional deficits occur during infancy, acknowledging proper nutrition from the onset of a child's life will benefit her/him later in life (UNSCN, 2013).
- Although they tend to cultivate, buy and prepare most of the food their families consume, women and girls do not necessarily have equal access to that same food. When meals are served, they may give priority to boys and men. Continually reduced caloric intake may lead to conditions of chronic nutritional deficiency and under nutrition.

WASH

Why Addressing Gender-based Violence is a Critical Concern of the Water, Sanitation, and Hygiene (WASH) Sector

Armed conflict, natural disasters, and other humanitarian emergencies can significantly alter a community's traditional WASH practices. During an emergency, well-designed WASH programmes and facilities can help to keep affected populations safe from violence. Conversely, WASH programming that is poorly planned and insensitive to gender dynamics in a given social and cultural context women, girls, and other at-risk groups. For example:

- Women, girls, and other at-risk groups face an increased risk of sexual assault and violence while traveling to WASH facilities (including water points, cooking facilities and sanitation facilities) that are limited in number, located far from homes, or placed in isolated locations. In some emergencies, women and girls must travel through unsafe areas or after nightfall to relieve themselves.
- If there is insufficient water (i.e. during drought), they may be punished for returning home empty-handed or for returning home late after waiting in line for hours.
- School-age girls who must spend long periods of time collecting water are at a higher risk of missing and/or not attending school, which limits their future opportunities and places them at a higher risk of other types of GBV.
- Schools´ not being equipped with hygiene supplies for girls may discourage their attending school, especially those who are menstruating.
- Lack of lighting, locks, privacy, and/or sex-segregated sanitation facilities can increase the risk of harassment or assault against women and girls. Inadequate building materials (such as weak plastic sheeting) and poor design (such as open roofs in sites where there is an embankment located above) can also increase this risk.
- Tensions with receiving/host communities over water resources can lead to violence against IPDs/refugees, especially women and girls who are most often responsible for collecting water.
- Women, girls and other at-risk groups may face exploitation at the hands of WASH staff in return for soap, sanitary materials, water, or other supplies.

WHAT THE SPHERE HANDBOOK SAYS:

Programme design and implementation

- All users are satisfied that the design and implementation of the WASH programme have led to increased security and restoration of dignity.

Communal washing and bathing facilities

- People require spaces where they can bathe in privacy and with dignity. If this is not possible at the household level, separate central facilities for men and women will be needed...The number, location, design, safety, appropriateness and convenience of facilities should be decided in consultation with the users, particularly women, adolescent girls and persons with disabilities. The location of facilities in central, accessible and well-lit areas with good visibility of the surrounding area can contribute to ensuring the safety of users.

Appropriate and adequate toilet facilities

- Inappropriate siting of toilets may make women and girls more vulnerable to attack, especially during the night. Ensure that women and girls feel safe when using the toilets provided.

(Excerpted from **Sphere Project. 2011.** Sphere Handbook: *Humanitarian Charter and Minimum Standards in Disaster Response.* <www.spherehandbook.org>

OPERATIONS SUPPORT SECTORS

Why Addressing Gender-based Violence is a Critical Concern of UNICEF Operations Support Sectors

While most humanitarian actors in emergencies work directly with affected populations, some sectors work to ensure that an uninterrupted supply of life-saving relief items reaches women, girls, men and boys who have been exposed to a humanitarian emergency. Even if these sector actors have limited interaction with affected populations, they can play an important role in supporting efforts to prevent and mitigate GBV.

Logistics (including Procurement): The Logistics sector is critical to ensuring the rapid procurement, storage, installation and distribution of essential and life-saving supplies, including supplies that can mitigate the risk of GBV. Logistics departments may be responsible for establishing contracts for constructions, rentals, and casual labour. They may also determine the location and scheduling of distribution points, all of which can influence the risks of GBV.

Emergency Telecommunications: Where infrastructure allows, the use of telecommunications and technology can expand humanitarian actors' capacity to help affected populations. In particular, the field of telecommunications offers exciting opportunities to prevent and mitigate GBV. Although opportunities are generally led by GBV specialists, telecommunications personnel can work with GBV specialists on new technologies to ensure they are developed and used in an ethical and secure manner, so that the benefits of these new strategies outweigh any potential risks (e.g. risks associated with particular messages as well as access and use of technology by males and females).

Emerging possibilities for assisting GBV survivors and those at risk through the strategic use of information and communication technologies (ICTs) include:

- Using mobile phones to disseminate information about GBV services and promote messages related to GBV prevention.
- Using mobile phones to enable GBV survivors to reach GBV helplines or other venues for reporting violence, or to receive money/cash vouchers.
- Mapping safe and unsafe areas through Global Positioning Systems (GPS), codifying and confidentially sharing this information with GBV specialists to better inform policy and programming.

ANEXOS

Annex A: Common Type of GBV(From IASC 2015)

Child Sexual Abuse
The term child sexual abuse generally is used to refer to any sexual activity between a child and closely related family member (incest) or between a child and an adult or alder child from outside the family. It involves either explicit force or coercion or, in cases where consent cannot be given by the victim because of his or her young age, implied force.

Conflict-Related Sexual Violence
'Conflict-related sexual violence refers to incidents or (for SCR 1960 listing purposes) patterns of sexual violence, that is rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity, against women, men, girls or boys. Such incidents or patterns occur in conflict or post-conflict settings or other situations of concern (e.g., political strife). They also have a direct or indirect nexus with the conflict or political strife itself, i.e. a temporal, geographical and/or causal link. In addition to the international character of the suspected crimes (that can, depending on the circumstances, constitute war crimes, crimes against humanity, acts of torture or genocide), the link with conflict may be evident in the profile and motivations of the perpetrator(s), the profile of the victim(s), the climate of impunity/ weakened State capacity, cross-border dimensions and/or the fact that it violates the terms of a ceasefire agreement'.

Denial of Resources, Opportunities or Services
Denial of rightful access to economic resources/ assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. "Economic abuse" is included in this category. Some acts of confinement may also fall under this category.

Domestic Violence (DV); also referred to as Intimate Partner Violence (IPV)
Domestic Violence is a term used to describe violence that takes place between intimate partners (spouses, boyfriend/girlfriend) as well as between other family members. Intimate partner violence applies specifically to violence occurring between intimate partners, and is defined by WHO as behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. This type of violence may also include the denial of resources, opportunities or services.

Economic Abuse
An aspect of abuse where abusers control victims' finances to prevent them from accessing resources, working or maintaining control of earnings, achieving self-sufficiency, and gaining financial independence.

Emotional Abuse (also referred to as Psychological Abuse)
Infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, social exclusion, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc. "Sexual harassment" is included in this category of GBV.

Female Genital Mutilation/ Cutting (FGM/C)
Refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

Female Infanticide and Sex Selective Abortion
Sex selection can take place before a pregnancy is established, during pregnancy through prenatal sex

detection and selective abortion, or following birth through infanticide (the killing of a baby) or child neglect. Sex selection is sometimes used for family balancing purposes but far more typically occurs because of a systematic preference for boys.

Forced Marriage and Child (also referred to as Early) Marriage
Forced marriage is the marriage of an individual against her or his will. Child marriage is a formal marriage or informal union before age 18. Even though some countries permit marriage before age 18, international human rights standards classify these as child marriages, reasoning that those under age 18 are unable to give informed consent. Therefore, child marriage is a form of forced marriage as children are not legally competent to agree to such unions.

Gender-Based Violence
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. The term gender-based violence is primarily used to underscore the fact that structural, gender-based power differentials between males and females around the world place females at risk for multiple forms of violence. As agreed in the Declaration on the Elimination of Violence Against Women (1993), this includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life. The term is also applied to some forms of violence against males and LGBTI populations, in these cases used to describe violence related to norms of masculinity and/or gender identity.

Harmful Traditional Practices
Cultural, social and religious customs and traditions that can be harmful to a person's mental or physical health. Every social grouping in the world has specific traditional cultural practices and beliefs, some of which are beneficial to all members, while others are harmful to a specific group, such as women. These harmful traditional practices include female genital mutilation (FGM); forced feeding of women; early marriage; the various taboos or practices which prevent women from controlling their own fertility; nutritional taboos and traditional birth practices; son preference and its implications for the status of the girl child; female infanticide; early pregnancy; and dowry price. Other harmful traditional practices affecting children include binding, scarring, burning, branding, violent initiation rites, fattening, forced marriage, so-called "honour" crimes and dowry-related violence, exorcism, or "witchcraft".

Physical Assault
An act of physical violence that is not sexual in nature. Example include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury.

Rape
Physically forced or otherwise coerced penetration—even if slight–of the vagina, anus or mouth with a penis or other body part. It also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy. The attempt to do so is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape.

Sexual Abuse
The term "sexual abuse" means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Sexual Assault
Any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks.

Sexual Exploitation
The term "sexual exploitation" means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Some types of "forced prostitution" can fall under this category.

Sexual Exploitation and Abuse (SEA)
A common acronym in the humanitarian world referring to acts of sexual exploitation and sexual abuse committed by UN, NGO, and inter-governments (IGO) personnel against the affected population.

Sexual Violence
For the purposes of these guidelines, sexual violence includes, at least, rape/attempted rape, sexual abuse, and sexual exploitation. Sexual violence is "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm or physical force, by any person regardless or relationship to the victim, in any setting, including but not limited to home and work". Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion.

Son Preference
"Son preference refers to a whole range of values and attitudes which are manifested in many different practices, the common feature of which is a preference for the male child, often with concomitant daughter neglect. It may mean that a female child is disadvantaged from birth; it may determine the quality and quantity of parental care and the extent of investment in her development; and it may lead to acute discrimination, particularly in settings where resources are scarce. Although neglect is the rule, in extreme cases son preference may lead to selective abortion or female infanticide."[42]

Trafficking in Persons
"...the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs."[43]

Violence against Women and Girls (VAWG)
The United Nations Declaration on the Elimination of Violence Against Women (1993) 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, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. (Article 1). Violence against women shall be understood to encompass, but not be limited to, the following: (a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; (b) Physical, sexual and psychological

[42] Office of the United Nations High Commissioner for Human Rights, 'Fact Sheet No.23, Harmful Traditional Practices Affecting the Health of Women and Children', 1995. <www.ohchr.org/Documents/Publications/FactSheet23en.pdf>
[43] United Nations, Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime, A/RES/55/25, United Nations, New York, 15 November 2000 <www.uncjin.org/documents/treaties/UNTOC/Publications/TOC%20Convention/TOCebook-e.pdf>

violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; (c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs. (Article 2). The UN Secretary General's In-depth Study on all forms of Violence Against Women (2006) highlights that the term "women" is used broadly to cover females of all ages, including girls under the age of 18.

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