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GENDER-BASED VIOLENCE IN EMERGENCIES

OPERATIONAL GUIDE



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CONTENTS

INTRODUCTION	4	PLANNING, MONITORING AND REPORTING RESULTS	30
WHY INVEST IN ADDRESSING GBVIE?	8	5.1 Entry Points for Support on GBVIE in the Humanitarian Programme Cycle at UNICEF	30
2.1 GBVIE programming is a central component of reaching UNICEF's organizational outcomes	8	5.2 UNICEF Strategic Plan	30
2.2 Addressing gender-based violence contributes to the achievement of the Sustainable Development Goals	11	5.3 Monitoring and reporting	31
2.3 Gender-based violence is a serious threat throughout the life cycle and a violation of multiple human rights	12	ACHIEVING DELIVERY AT SCALE ON GENDER-BASED VIOLENCE IN EMERGENCIES: A GLOBAL MULTISECTORAL EFFORT	32
TAKING ACTION ON GBVIE: UNICEF'S APPROACH	14	ENDNOTES	34
3.1 Links to violence against children	14	RELATED RESOURCES ON GBVIE	35
3.2 Vision and theory of change	16	ANNEXES	36
IMPLEMENTATION STRATEGIES	22	ANNEX 1: Useful information when discussing with partners about why UNICEF works on GBVIE	36
4.1 Implementing programming and building capacity	22	ANNEX 2: UNICEF's GBVIE Programme Resource Pack overview	44
4.2 Leveraging partnerships and advocacy opportunities	28	ANNEX 3: UNICEF Gender-Based Violence in Emergencies (GBVIE) Monitoring Framework	46
4.3 Investing in innovation, research and learning	29		



UNICEF's vision is that the rights of girls and women affected by emergencies to live free from GBV are fulfilled.

INTRODUCTION

Gender-based violence: Gender-based violence (GBV) is the most pervasive yet least visible human rights violation in the world. As defined by the Inter-Agency Standing Committee's *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (2015),¹ GBV constitutes "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, mental and economic harm or suffering; threats of such acts; coercion; and deprivations of liberty whether occurring in public or private life.² The term is primarily used to describe violence caused by

an expression of power inequalities between women and men that gives women and girls lesser social, economic and political power in relation to men and boys.³

Gender-based violence in context: At least one in three females – over one billion worldwide – will experience physical and/or sexual violence⁴ in their lifetime, simply because they are female.⁵ The experience or threat of GBV is most often inflicted by men against women and girls, and directly or indirectly affects most girls and boys. At the far end of the GBV spectrum is femicide. The World Health Organization (WHO) estimates that



over 35 per cent of all murders of women globally are committed by an intimate partner.⁶ An estimated 5,000 murders each year are committed in the name of ‘honour.’⁷ At least 117 million women are believed to be ‘missing’, e.g., never born because of a cultural preference for sons rather than daughters, and gender-biased sex selection.⁸

Populations at heightened risk: Some individuals and groups may be at heightened risk of GBV due to intersecting identities or factors, such as disability, race, religion, ethnicity, and/or lesbian, gay, bisexual, transgender and intersex (LGBTI) identities.^{9,10} For example, persons and children on the move may face particular risk, as new forms of violence may emerge during displacement and existing forms of GBV, such as intimate partner violence, tend to increase in incidence and severity. In addition, women and girls with disabilities can be especially vulnerable to GBV due to isolation, lack of support networks, or increased reliance on others for care. GBV is sometimes also used to describe violence perpetrated against LGBTI persons whose sexual orientation and/or gender identity are seen as defying gender norms.¹¹ In emergencies, pre-existing discrimination and societal stigma may result in their exclusion from essential protections and services. While this guide does not provide specific interventions tailored to LGBTI persons experiencing GBV, it recommends consulting with partners who are experts in this area.¹²

GBV in humanitarian emergencies: Those living in settings affected by armed conflict, natural disasters and other humanitarian emergencies are particularly affected by GBV. Preventing, mitigating and responding to GBV in emergencies (GBViE) is considered a lifesaving priority and an essential component of humanitarian action. To ensure the right of girls

and women to live free of violence, all humanitarian actors must take action to prevent and mitigate the risks of GBViE throughout the humanitarian programme cycle – including as part of preparedness activities – which can also help strengthen linkages between humanitarian and development programming.

UNICEF’s leadership in GBViE programming: UNICEF is a leading humanitarian and development partner with global reach and long-standing experience and expertise in addressing GBViE. UNICEF has led the development of global standards and seminal guidance in this area, and contributes significantly to inter-agency efforts, including coordinating with the United Nations Population Fund (UNFPA) and supporting their leadership of the GBV Area of Responsibility (GBV AoR). Addressing GBViE is one of UNICEF’s priorities. It is a prerequisite for achieving the Sustainable Development Goals (SDGs) and is a core element of UNICEF’s gender equality programming priorities, grounded in its Strategic Plan, 2018–2021¹³ and Gender Action Plan 2018–2021. GBViE is also part of UNICEF’s ‘No Child Left Behind’ agenda.¹⁴ As such, the agency is well-positioned and committed to scaling up GBV programming in all emergency settings.

UNICEF’s efforts to address GBViE are a vital contribution to preventing and responding to all forms of violence against children (VAC). While both boys and girls experience violence, the gender of a child makes them vulnerable to certain types of violence (see Section 3.1 below). UNICEF’s work to address GBViE focuses on the rights and needs of girls and women, recognizing their systemic exposure to and risk of GBV. It also recognizes and seeks to ensure that support is available for *all* survivors of sexual violence, including boys. Other dimensions of programming to address violence experienced by children are

addressed through Child Protection in Emergencies (CPiE) and VAC programming.¹⁵

The Operational Guide: Building on UNICEF's existing programming and leadership, this GBViE Operational Guide supports the agency's GBViE commitments by:

- presenting UNICEF's vision, goals and theory of change linked to UNICEF's GBViE commitments within the Strategic Plan and Gender Action Plan (2018–2021); and
- identifying UNICEF's GBViE intervention packages, implementation strategies and organizational arrangements needed to achieve results.

This Operational Guide serves as a resource for UNICEF's senior management at headquarters, regional and country offices. Section 2 explores why UNICEF must further invest in GBViE programming. Section 3 details UNICEF's approach to GBViE, including its vision, theory of change, desired outcomes and specific programming activities. The approach provides a foundation for Section 4, the detailed content on *how* to implement GBViE interventions during various phases of emergency response. Sections 5 and 6 outline UNICEF's requirements for measuring results and how to bring GBViE programming to scale, respectively.



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“Eradicating GBViE will not only secure the rights, protection and wellbeing of millions of girls and women caught in the midst and aftermath of conflict, it will also improve prospects for peace, equality and progress toward sustainable development.”

WHY INVEST IN ADDRESSING GBViE?

UNICEF is mandated to protect the rights of all children and women, including in humanitarian contexts. Given the massive scale of GBV and its long-term effects throughout survivors’ lives, UNICEF must prioritize this issue in all aspects of its programming, advocacy and sectoral leadership. Eradicating GBViE will not only secure the rights, protection and wellbeing of millions of girls and women caught in the midst and aftermath of conflict, it will also improve prospects for peace, equality and progress toward sustainable development.

This section provides a short list of the reasons for dedicating greater attention to GBViE. For specific data and messaging to use

in strategy, policy and programme discussions with all counterparts, including governments, donors and partners, see Annex 1.

2.1 GBViE programming is a central component of reaching UNICEF’s organizational outcomes

UNICEF’s efforts to respond to GBViE are central to the agency’s mission to protect the health and well-being of children and women. Core elements of UNICEF’s mandate include supporting states, civil society and communities to prevent GBViE and to



ensure that appropriate systems and services are available and sensitive to the needs of survivors. UNICEF's response to GBVIE is shaped by its humanitarian responsibilities and commitments set out in the *Core Commitments for Children in Humanitarian Action* (CCCs), the IASC GBV Guidelines, and the *Minimum Standards for Child Protection in Humanitarian Action*.

Indeed, addressing GBVIE is one of UNICEF's corporate priorities within its Gender Action Plan (2018–2021). GBVIE programming is also an essential component of UNICEF's achievement of its organizational outcomes as set out in its Strategic Plan (2018–2021).

Outcome 3 states: “Girls and boys...are protected from all forms of violence, exploitation, abuse and harmful practices.” Specialised GBVIE prevention and response programming directly contributes to Outcome 3, especially given that GBV is a form of violence that

affects over one- third of girls throughout their lives. In addition, integrating GBVIE mitigation measures across other sectors will more effectively enable UNICEF to maximise its reach, effectiveness and accountability to target populations.

RESOURCES

- **UNICEF STRATEGIC PLAN, 2018–2021**, Executive Board, Second regular session 2017, 12–15 September 2017, E/ICEF/2017/18.
- **THEORY OF CHANGE PAPER**, UNICEF Strategic Plan, 2018–2021, Executive Board, Second regular session 2017, 12–15 September 2017, UNICEF/2017/EB/11.
- **RESULTS FRAMEWORK**, Executive Board, Second regular session 2017, E/ICEF/2017/18, September 2017

KEY GBVIE-RELATED RESULTS IN UNICEF'S STRATEGIC PLAN (2018–2021)

OUTCOME 2: Girls and boys, in particular the most marginalized and those affected by humanitarian situations, are provided with inclusive and equitable quality education and learning opportunities.

OUTCOME 3: Girls and boys, especially the most vulnerable and those affected by humanitarian situations, are protected from all forms of violence, exploitation, abuse and harmful practices.

Output 3.a: Countries have strengthened child protection systems for prevention and response services to address violence against children.

Output 3.b: Countries have strengthened prevention and protection services to address harmful practices (FGM/C and child marriage).

Output 3.c: Countries have improved systems to protect children that come in contact with the law and to treat them in accordance with international standards.

See Section 5 for additional information on the GBVIE indicator within the UNICEF Strategic Plan.

KEY GBVIE-RELATED RESULTS IN UNICEF'S GENDER ACTION PLAN 2018–2021

TARGETED PRIORITY 2: Advancing adolescent girls' secondary education, learning and skills, including Science, Technology, Engineering, and Math (STEM)

TARGETED PRIORITY 3: Preventing and responding to child marriage and early unions

TARGETED PRIORITY 4: Preventing and responding to GBV in emergencies

TARGETED PRIORITY 5: Facilitating accessible and dignified menstrual hygiene management (MHM).

FIGURE 1. Addressing GBV supports the achievement of the Sustainable Development Goals

Outcome 2 of the Strategic Plan states: *“Girls and boys, in particular the most marginalized and those affected by humanitarian situations, are provided with inclusive and equitable quality education and learning opportunities”*. GBViE can have major implications for girls’ education. In addition to various forms of violence – including sexual harassment and sexual exploitation – that occur at school, GBV can also inhibit girls’ access to education in other ways. For example, families sometimes choose to prioritise educating boys over girls, pull girls out of school to marry, or limit their attendance in order to have them available to perform household chores. When girls have their menstrual periods, lack of appropriate menstrual hygiene products can prevent them from attending school or participating in other activities in the community. Thus, addressing and eradicating GBViE are key to

achieving Outcome 2. Bringing health and nutrition sectors into GBViE prevention programming directly contributes to Outcome 1: *“Girls and boys...have access to high-impact health, nutrition, HIV and early childhood development interventions from pregnancy to adolescence.”* It also promotes gender equality and enhance girls’ and women’s safety and empowerment in all UNICEF programmes.

2.2 Addressing gender-based violence contributes to the achievement of the Sustainable Development Goals

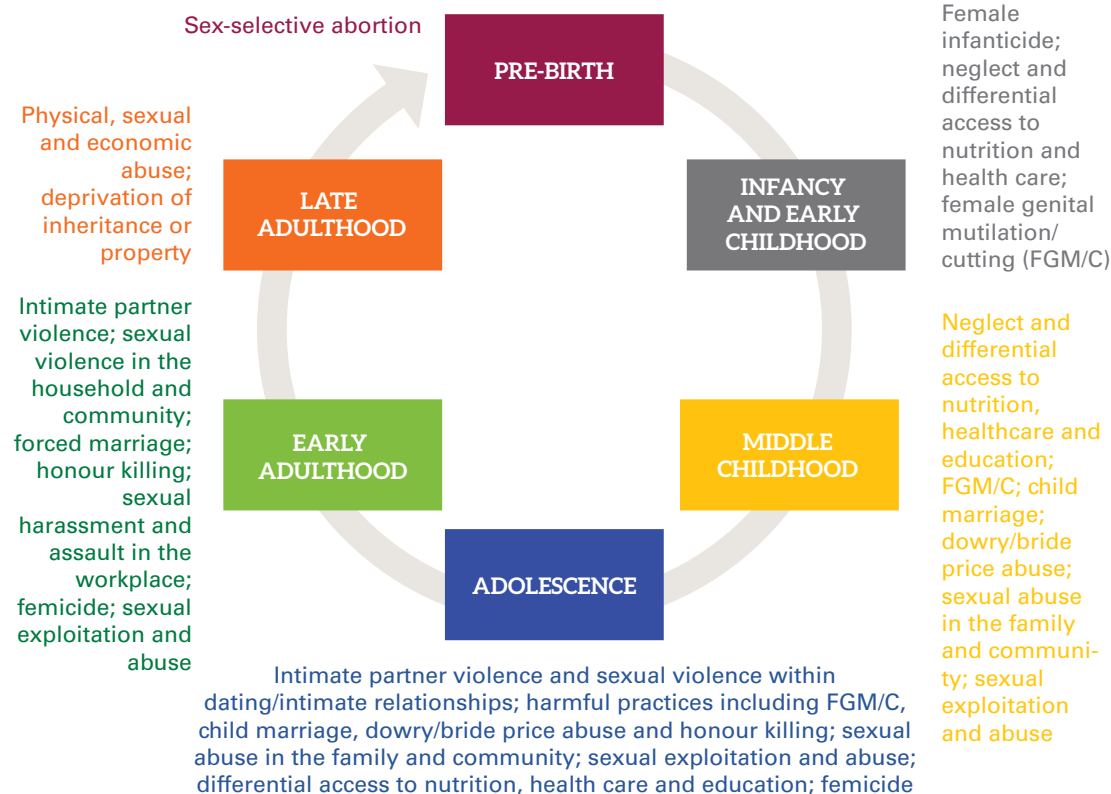
GBViE hinders achievement of the SDGs because it infringes upon girls’ and women’s full and equal social, economic and political

inclusion and participation. Reaching the vision, goals and targets of the SDGs depends on girls' and women's safety, empowerment and freedom from violence. Ending GBV will contribute directly to achieving gender equality (SDG 5) and to promoting peaceful and inclusive societies (SDG 16). Other goals – such as ending poverty, ensuring healthy lives and well-being at all ages, and ensuring inclusive and equitable quality education – also depend on eradicating such violence (see Figure 1).

2.3 Gender-based violence is a serious threat throughout the life cycle and a violation of multiple human rights

GBV inflicts untold harm, especially among girls and women, with adolescent girls at a heightened risk of exposure. Examples of GBV throughout the life cycle are illustrated in Figure 2. This violence has detrimental and lasting effects on children's physical, sexual, reproductive and psychological health, well-being and development, and can negatively impact educational outcomes (see Figure 3).¹⁶ GBV not only impacts the physical and psychosocial well-being of those directly experiencing violence, it also harms others, including survivors' children. Moreover, it can fray the social fabric of entire communities. Increasing attention is now being directed at the significant toll that GBV can take on socio-economic development. Research indicates that the direct and indirect costs of GBV could be as large as 2 per cent of global gross domestic product.¹⁷

FIGURE 2. Gender-based violence across the life cycle



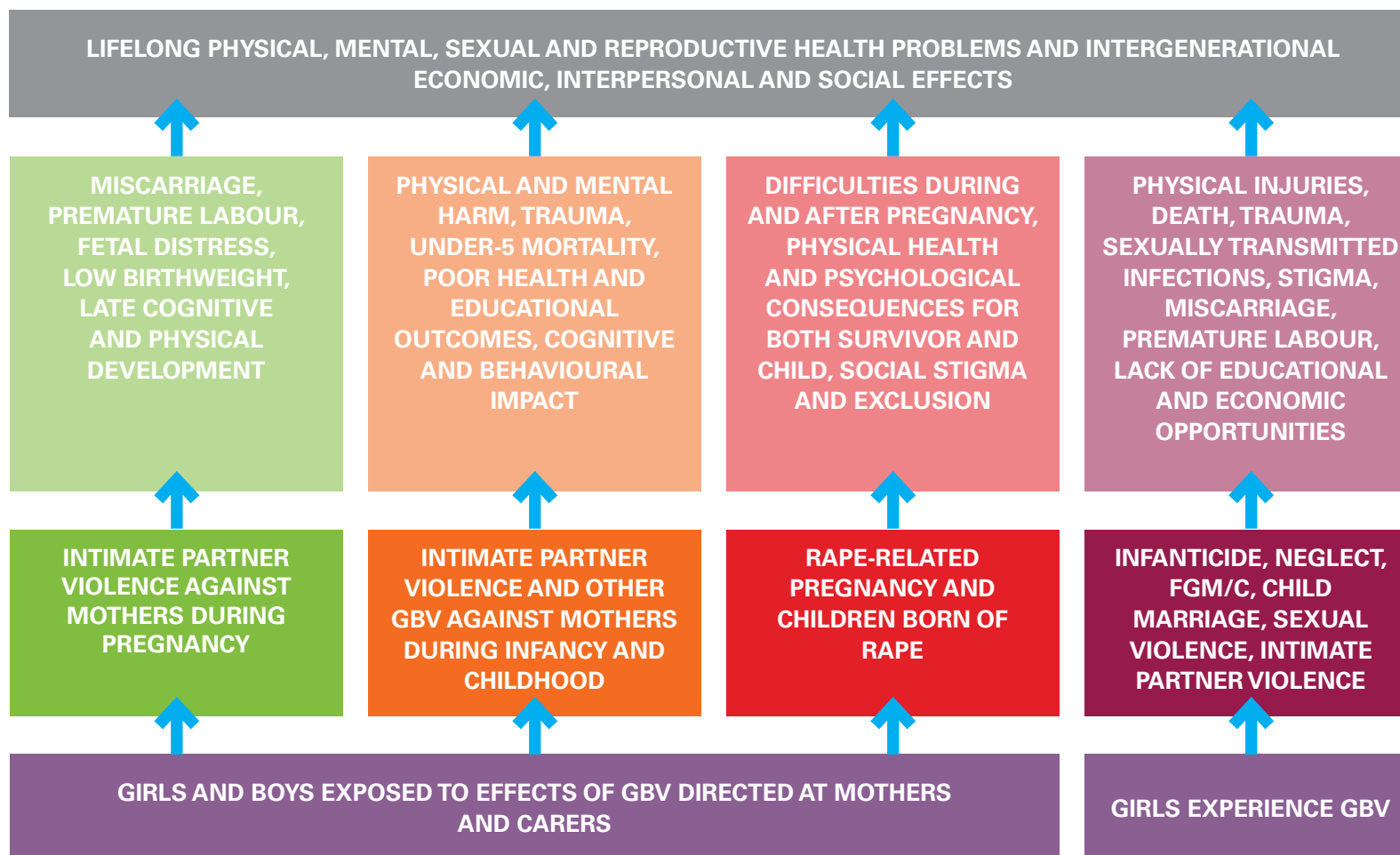
BOX 1. FUNDAMENTAL HUMAN RIGHTS VIOLATED BY GENDER-BASED VIOLENCE

- The right to be free and equal in dignity and rights.
- The right to life, liberty and security of the person.
- The right to the highest attainable standard of physical and mental health.
- The right to freedom from torture and cruel, inhumane and degrading treatment or punishment.
- The right to freedom of opinion and expression.
- The right to education and personal development.
- The right to protection against all forms of violence, abuse, neglect and exploitation.

GBV also violates multiple human rights (see Box 1), including the rights of girls and women to live free from violence. These rights are enshrined in many international human rights instruments,

including the Universal Declaration of Human Rights,¹⁸ the Convention on the Rights of the Child, and the Convention on the Elimination of All Forms of Discrimination against Women.¹⁹

FIGURE 3. Impact of GBV on immediate and long-term health, well-being and development of girls and boys



UNICEF's efforts to respond to GBViE are central to the agency's mission to protect the health and well-being of children and women. Core elements of UNICEF's mandate include supporting states, civil society and communities to prevent GBViE and to ensure that appropriate systems and services are available and sensitive to the needs of survivors.

TAKING ACTION ON GBVIE: UNICEF'S APPROACH

UNICEF's vision for the elimination of GBViE is grounded in three outcomes: (i) support survivors with access to a comprehensive set of services; (ii) mitigate the risk of GBV across humanitarian sectors; and (iii) prevent GBV by addressing its underlying conditions and drivers. These outcomes are supported by an ongoing and simultaneous effort to coordinate with the humanitarian community and with governments, civil society and non-governmental organizations (NGOs) on systems strengthening. Internally, UNICEF coordinates its GBViE programming with its violence against children programming, recognizing that GBV is a main source of violence against children

(VAC), and that prevention and response of both VAC and GBV should be strongly linked. Section 4 of this Guide details the implementation strategy to achieve these outcomes.

3.1 Links to violence against children

Boys and girls both experience violence; however, their gender makes them vulnerable to certain types of violence. Violence against children constitutes any violence experienced by a person under 18 years and is linked to a person's age, whereas GBV is



linked to gender inequality, wherein girls and women have lower social status and less power overall.²⁰

Efforts to address GBV and VAC are complementary and closely linked. For example, female infanticide, differential access to health and education, and other forms of GBV experienced before the age of 18 are manifestations of VAC. Moreover, VAC and GBV tend to occur together, especially at the household level. Both forms of violence have multiple shared drivers or risk factors, including social norms that condone men's use of violence (either against children or against women) as a form of discipline and control. Hence, addressing these risk factors can help reduce both GBV and VAC.



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For instance, interventions to address intimate partner violence against mothers/caregivers have been shown to reduce VAC in the household and improve parenting.²¹

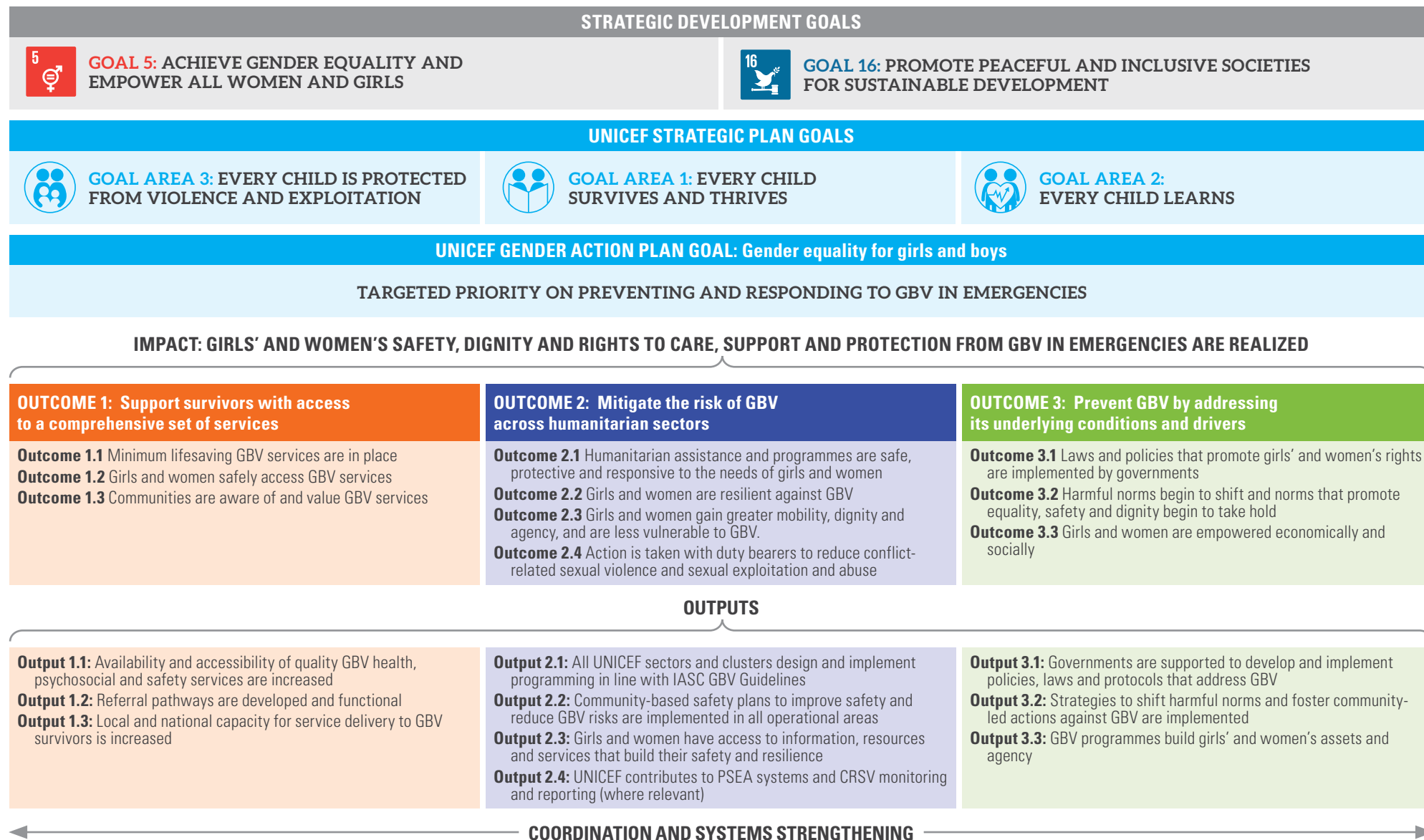
3.2 Vision and theory of change

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

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

UNICEF's global GBViE theory of change presents the pathways for a sector-wide and comprehensive approach for achieving these outcomes. The theory of change supports consistent, evidence-based GBV programming across the diverse humanitarian contexts in which UNICEF operates, contributing to the humanitarian and development linkage—from disaster risk reduction and emergency preparedness, through emergency response and recovery. The theory of change is informed by global evidence and learning on effective and emerging approaches and programming. It is a 'road map' to assist UNICEF country offices in identifying gaps and priority strategies, inputs and programme actions for addressing GBV in emergencies. The programmatic elements are underpinned by effective coordination and systems strengthening.

FIGURE 4. UNICEF GBViE theory of change outcomes and outputs²²



OUTCOME 1: Support survivors with access to a comprehensive set of services

This outcome promotes GBV survivors' physical and psychosocial healing and recovery, protects them from further violence and facilitates access to justice, where available. International, national and community-based health, psychosocial and safety actors work together to ensure that child and adult survivors have access to essential services to help them heal, recover and cope with the harmful after-effects of GBV. The availability of such services is also a vital component in protecting children and women from sexual exploitation and abuse (SEA) perpetrated by peacekeepers and humanitarian actors, a type of GBV that has been reported in many emergency settings.²³

What does this mean in practice? This outcome is delivered by increasing the availability of high quality, coordinated and age-appropriate health, protection, psychosocial and justice services and systems. UNICEF should always ensure that lifesaving services are appropriate for children and are able to address complex cases, such as girls recruited into armed forces who are survivors of GBV. At the onset of an emergency or when starting up GBViE programmes, this includes:

- *post-rape health care* to address the physical consequences of rape;
- *psychosocial support and individual GBV case management for survivors* to address the trauma and social effects of sexual violence;
- *safety options*,²⁴ including safe shelters (or other emergency accommodation options), emergency cash and other measures to protect survivors who are at immediate risk of further harm; and
- *referral pathways* across services that are safe, confidential and effective.

Once these are set up, services should be expanded to include:

- *healthcare* for other types of GBV including intimate partner violence, child marriage, and female genital mutilation/cutting (FGM/C), among others;
- *psychosocial support and individual GBV case management* for survivors of other types of GBV including intimate partner violence, child marriage and FGM/C, among others; and
- *access to legal advice and representation* for survivors of all types of GBV.

OUTCOME 2: Mitigate the risk of GBV across humanitarian sectors

This outcome aims to reduce GBV by addressing risk factors and promoting girls' and women's safety and resilience; it also aims to contribute to safeguarding against the risk of sexual exploitation and abuse within UNICEF's operations.

What does this mean in practice? Three complementary strategies reflect the importance of community-centred interventions as well as the responsibilities held by state and non-state actors, including those within the humanitarian system, for protecting the rights and safety of girls and women:

- *Building girls' and women's safety and resilience by delivering targeted interventions together with them to make them less vulnerable to GBV.* This includes:
 - engaging, empowering and supporting the leadership of women and girls in programme design, implementation, and monitoring and evaluation (M&E);
 - conducting community-based safety audits²⁵ and safety planning²⁶;

- distributing dignity kits containing targeted non-food items to help girls and women retain their dignity and move safely through the community, promoting their health, mobility and protection; and
 - establishing safe spaces for women and girls where they can safely and confidentially access information, support, services (such as group psychosocial services and individual case management) and other important resources and assistance.
- *Making humanitarian systems and services safe, protective and responsive to the needs and rights of girls and women.* As cluster lead agency for water, sanitation and hygiene (WASH), nutrition, education and child protection, UNICEF is responsible for ensuring that UNICEF-led clusters and partners mitigate GBViE risks in humanitarian assistance programmes through implementation of the IASC GBV Guidelines. This is achieved by:
- carrying out well-designed WASH interventions, which may reduce the risk of violence, such as ensuring that latrines have adequate lighting and locks. In creating a safe environment for women and girls, the WASH cluster can make safety, dignity and access central to programming and to defining success;
 - conducting programme safety audits and planning with all sectors to identify and address immediate safety risks within humanitarian programmes and settings (e.g. camps); using the GBV Guidelines and findings of the safety audits to implement key actions to reduce risks; and referring any survivors who may disclose instances of GBV to the appropriate services, using the GBV Pocket Guide²⁷ in cases where specialised services are not in place;

CAN COUNTRIES IMPLEMENT GBV PREVENTION WORK IN EMERGENCIES?

While humanitarian crises can increase the risk and instances of GBV, they can also provide opportunities for positive change, allowing for a shift in gender-related attitudes, norms, policies and practices that perpetuate and condone violence against girls and women. A growing evidence base indicates that prevention initiatives are most successful when: they are context-specific; survivors have access to quality survivor-centred services; a participatory approach is used that engages the whole community (including women, girls, men and boys); and any potential and unintended risks involved in prevention work are addressed and minimized. For more information on GBV prevention, see UNICEF's GBViE Programme Resource Pack.

- *Monitoring conflict-related sexual violence and advocacy to promote accountability and deter violence* such as the Monitoring, Analysis and Reporting Arrangements (MARA) on conflict-related sexual violence established by UNSCR 1960 or the Monitoring and Reporting Mechanism (MRM) on grave violations against children established by UNSCR 1612 (see below for more information on the MARA and MRM).

OUTCOME 3: Prevent GBV by addressing its underlying conditions and drivers

This outcome seeks to address the root causes of GBViE in the longer term by empowering girls and women economically and socially, supporting legal and policy reform, and transforming harmful social norms. Norms and attitudes that perpetuate gender inequality and normalise the use of violence must be addressed to eliminate GBViE in the long term (see Section 4.1 below).

What does this mean in practice? Prevention activities must be accompanied by response services for survivors and frontline staff must receive training on how to safely and appropriately support survivors who choose to disclose. For prevention activities

targeting harmful social norms, it is recommended that staff receive additional training to help them reflect on their own beliefs and potential biases in relation to gender and GBV, as well as to help prepare them to manage difficult discussions that often arise when challenging deeply entrenched norms and harmful behaviours.

GBV prevention activities include:

- *social norm interventions* that transform harmful norms and behaviours, and promote healthy, safe and equitable ones. For example, the UNICEF programme *Communities Care: Transforming lives and preventing violence* uses a participatory, community-based approach to deliver timely, coordinated, compassionate care and support to survivors. It further strives to reduce tolerance for GBV within the community and to promote community-led action to prevent it. This programme has shown promising results among participants in Somalia, where there has been more than a 14 per cent reduction in the belief that husbands have the right to use violence against their wives.
- *supporting economic and social empowerment* of women and girls by partnering with organizations that build their protective assets through financial literacy activities and linkages with livelihoods and vocational opportunities. Such livelihoods and other economic empowerment programmes, when effectively designed, have been shown to reduce the likelihood of GBV for women and girls.²⁸ Cash-based interventions have been used in some settings to promote the economic empowerment of women and girls, and thereby decrease their vulnerability to GBV; however, more research is needed on the potential impact of these interventions on women's and girls' overall safety and protection from GBV.

Coordination

UNICEF plays a vital role in ensuring a well-coordinated, strategic, adequate, coherent and effective humanitarian response to GBV. In instances where the cluster approach is operational and UNFPA is responsible for leading the GBV sub-cluster,²⁹ UNICEF continues to be a key participant and stakeholder in coordination, namely responsible for:

- ensuring that GBV services are child-friendly and that the needs of children of survivors are considered. This includes strengthening linkages between GBV referral pathways and child protection referral pathways, as well as building stronger linkages between GBV and child protection coordination bodies at the global and national levels to improve prevention and response to children, adolescents and young people who are survivors of GBV;
- continuing to support national-level coordination bodies when relevant in collaboration with UNFPA and to support UNFPA in its leadership of the global GBV AoR;
- actively supporting government and civil society in inter-agency GBV coordination efforts;
- facilitating effective collaboration and linkages between GBV and other coordination mechanisms (for example, by identifying GBV focal points in UNICEF-led clusters), which is essential for the integration of GBV prevention, mitigation and response services across all humanitarian sectors in line with the IASC GBV Guidelines;³⁰
- participating in any interagency initiative linked to the Gender-Based Violence Information Management System³¹ and Primero;³²

- ensuring that GBV is addressed appropriately within other relevant mechanisms, such as the Monitoring and Reporting Mechanism on grave violations of children's rights (MRM);³³ the Monitoring, Analysis and Reporting Arrangements on Conflict-Related Sexual Violence (MARA);³⁴ and other United Nations humanitarian, peace- and security-related fora within countries, such as Protection from Sexual Exploitation and Abuse (PSEA) Networks;
- identifying GBViE focal points in each UNICEF sector at the country, regional and global levels (including but not limited to specialists in Communication for Development (C4D), Child Protection, Education, Health, WASH, Nutrition, Social Inclusion and the Supply Division) to ensure better internal GBViE coordination, as well as integrated and specialized programming.

Systems strengthening

UNICEF GBViE interventions can be an important entry point for improving national and local systems across different sectors. Regardless of whether UNICEF is working in a fragile or stable context, a conflict or a natural disaster, an acute or protracted response, systems strengthening must be a key component and must engage multiple sectors at multiple levels. UNICEF's systems strengthening approach targets formal and informal systems for GBV prevention and response. Some examples are:

- *strengthening and implementing laws and policies* that prevent, protect and respond to GBV. Such a legal system safeguards survivors, protects whistle-blowers, and ensures police reports are not treated as a prerequisite for medical care;
- *promoting the ethical and safe collection of data from the onset of an emergency* on survivors and incidents of GBV to inform programming that is survivor-centred;



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- *proactively engaging with national and subnational government partners*, such as national disaster management authorities, other emergency responders, ministries of defence, and ministries of the interior to enhance GBViE preparedness, response planning and service provision;
- *engaging and supporting civil society and community-based actors and structures*, especially women's organizations and groups, to create demand for and action on GBV prevention and response at the grassroots level;
- *building capacity of human resources* in civil society organizations, community-based organizations and local and national line ministries, especially women's organizations and groups, to create demand for and action on GBV prevention and response;
- *strengthening capacity for the delivery of services*, including provision of infrastructure, equipment, training and supervision of staff in health, case management, psychosocial support, social welfare, law enforcement and criminal justice sectors. This can also include strengthening safe house systems to better respond to the needs of GBV survivors.

UNICEF's role and activities in delivering the GBViE programme package are based on the context and assessed needs, developed in consultation with key stakeholders, including communities and governments.

IMPLEMENTATION STRATEGIES

Three key strategies inform how UNICEF will implement the vision and outcomes described in Section 3 to achieve its GBViE goals and outcomes:

1. Implementing programming and building capacity;
2. Leveraging partnerships and advocacy opportunities; and
3. Investing in innovation, research and learning.

These strategies support the overall achievement of GBViE-related results as set out in UNICEF's Strategic Plan (2018–2021) and Gender Action Plan 2018–2021. These results are highlighted in the box on page 10.

4.1 Implementing programming and building capacity

Countries will implement UNICEF's GBViE programme package using UNICEF's GBViE Programme Resource Pack (see Annex 2) with support from regional offices and headquarters. This package is based on evidence and learning over time across multiple emergencies on the most critical and effective programme actions for GBV prevention, mitigation and response during different phases of emergency response. The programme actions set out are practical and adaptable, and the GBViE Programme Resource Pack provides concrete guidance and tools to help country offices implement them.



This section summarizes the critical factors that should be considered to determine which components of GBViE programming are most appropriate for a given Country Office. It also discusses capacity-building actions that should be taken throughout programme implementation and that are grounded in three strategic priorities: strengthened management and accountability systems, strengthened capacity for scale up of specialised GBViE programming, and improved capacity for integration of GBV risk mitigation across other sectors.

Critical factors for country-level decision making on GBViE programming

UNICEF's role and activities in delivering the GBViE programme package are based on the context and assessed needs, developed in consultation with key stakeholders, including communities and governments.

- Determining a country office's GBViE actions and whether they should be grounded in the initial or additional set of activities depends on context-specific factors, including the following:
 - *the type of emergency* – whether a country office is responding to armed conflict, a rapid or slow-onset natural disaster, or another type of emergency, such as a public health crisis will determine resources and skills needed.
 - *the phase of response* – for example, the initial activities listed below should be prioritized during immediate response; once these services are in place, the focus can extend to addressing other forms of GBV, such as intimate partner violence and expanding programming to include prevention activities.
 - *functionality, capacity, and willingness of the state* – these are critical considerations for determining the portion of activities dedicated to substituting for the state or supporting it through systems strengthening to uphold its responsibilities toward assisting and protecting its citizens.
- *the presence, role and capacity of other actors* – UNICEF's GBV programming is always designed with reference to coordinated inter-agency strategies and plans.
- *the country office's regular programming and capacity* – for example, linking social protection programming in emergencies with established social safety net programming.
- *access and safety/security issues* – for example, the ways in which the humanitarian crisis impacts access to affected populations and those most at risk of GBV, as well as safety/security issues that can arise for survivors, their supporters, community members and staff.³⁵

SENSITIVITIES OF WORKING ON GBViE

In some contexts, a country office may need to assess how to work with state actors on the issue of GBViE (for example, if the authorities are implicated in the acts themselves, or if engaging directly with certain actors could jeopardise programming and safety of survivors). If there are concerns around working with particular State actors, there are several options available:

- Undertake GBViE interventions under the umbrella of other UNICEF programmatic areas (such as health or child protection) using a broader programme name/mandate

(such as women's health or community wellbeing).

- Work with non-governmental organization (NGO) and civil society partners on the provision of services.
- Identify allies within specific ministries or State entities that can take the technical work forward (training on clinical management of rape, training of social workers, etc.), while engagement at the political level can be pursued separately, for example, through inter-agency mechanisms, or not at all.

- *Available funding* – for example, if limited funds are available for rolling out comprehensive GBViE programming, the initial activities listed below should be prioritized.

In order to determine which actions to implement, see the decision tree in Figure 5.

Suggested initial GBViE activities

In line with the decision tree in Figure 5, country offices should focus at start-up on a set of initial activities that will provide the foundation for safe and ethically implemented subsequent activities. These initial activities include ensuring that key lifesaving services are in place for survivors of GBV, mitigating

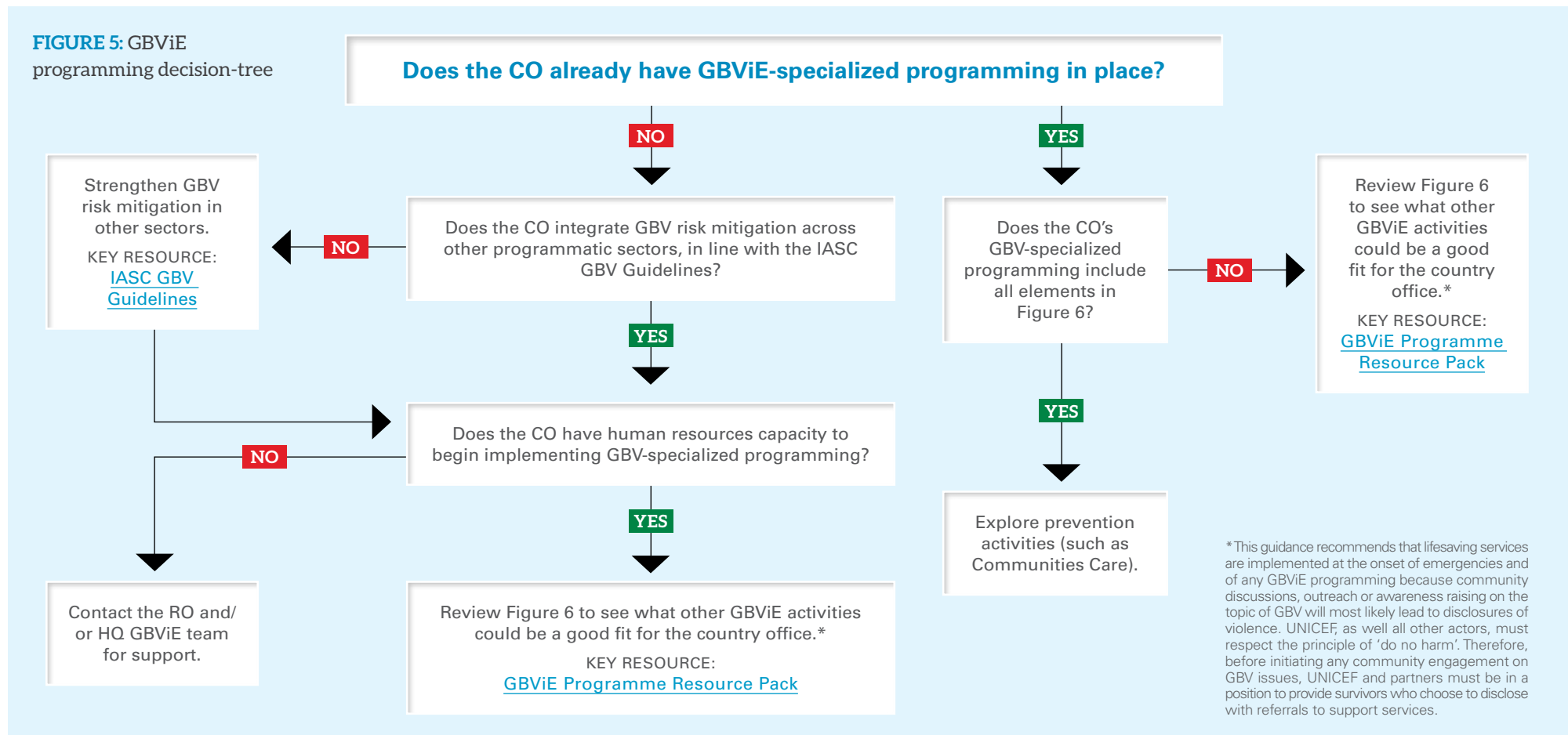


FIGURE 6. Framework for suggested initial activities in UNICEF's GBVIE programme package

Establish and/or strengthen life-saving services for survivors



- Map out available clinical services for sexual violence and identify/fill gaps in coverage, supplies and staff capacity.
- Provide psychosocial support services, including GBV case management.
- Identify locally-appropriate safety options for survivors facing ongoing safety risks.
- Establish and/or support GBV referral pathways.

Mitigate GBV risks across other sectors' programming



- Train UNICEF staff and partners in all sectors on the IASC GBV Guidelines.
- Identify entry points within existing programming to implement recommended actions from the GBV Guidelines.
- Train UNICEF staff and partners in all sectors on how to safely and appropriately support survivors who choose to disclose their experience.
- Incorporate regular consultations with women and girls into programmatic monitoring across all sectors

Build girls' and women's safety and resilience



- Establish women and girls' safe spaces.
- Distribute dignity kits.
- Adapt safety audit tools and integrate them into assessments and monitoring.
- Conduct community safety planning, in consultation with women and girls.

Support GBV coordination



- Participate in GBV coordination structures.
- Support GBV service providers to ensure GBV response services are child-friendly and that they consider the needs of children of survivors.
- Strengthen linkages between GBV referral pathways and Child Protection referral pathways.
- Identify GBV focal points within all UNICEF-led sectors and clusters.

risks of GBV across humanitarian sectors, building girls' and women's safety and resilience, and coordination (see Figure 6).

Additional suggested GBVIE activities

After countries have these initial programming activities in place, they may choose to incorporate other elements of UNICEF's GBVIE programme package. These may be more appropriate during protracted crises and recovery. Additional programming areas include:

- broadening the scope of services to include other forms of GBV (such as child marriage, etc.),
- expanding the types of response services, including access to justice; and
- preventing GBV by addressing its underlying causes and drivers, including economic, social and political empowerment of women and girls, as well as tackling social norms that condone GBV.

Capacity building

In order for UNICEF and partners to uphold their responsibilities in GBV prevention, mitigation and response, the agency must invest in capacity building on GBVIE. Between 2018 and 2021, UNICEF will focus on building internal capacity in three priority areas: management and accountability systems; GBV-specialized programming and integration of GBV risk mitigation across other sectors (see Figure 7).

CAPACITY BUILDING PRIORITY 1: *Strengthened management and accountability systems to enable accelerated scale-up of specialized and integrated GBVIE programming, in line with UNICEF's mandate and commitment.* Priority actions will include:

- developing accountability mechanisms that integrate GBViE considerations into UNICEF management systems, including accountability systems for PSEA (such as performance management indicators, specific terms of reference and performance evaluation reports [PERs] for management level posts, specific to GBViE³⁶); and
- embedding GBViE considerations into UNICEF’s training programmes for all sectoral managers, UNICEF representatives and deputy representatives.

CAPACITY BUILDING PRIORITY 2: *Strengthened capacity for scale-up of specialized GBViE programming, in line with UNICEF’s GBViE programme package.* Immediate capacity building support available for country offices on specialized GBViE programming includes:

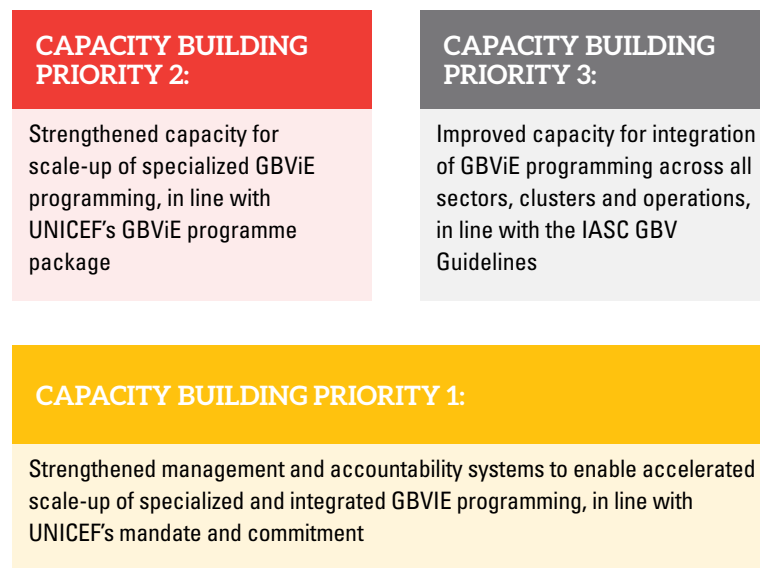
- UNICEF GBViE Programme Resource Pack;
- GBViE Helpdesk³⁷
- Technical support from GBViE Specialists in Headquarters and Regional Offices;³⁸

CAPACITY BUILDING PRIORITY 3: *Improved capacity for integration of GBViE programming across all sectors, clusters and operations, in line with the IASC GBV Guidelines.*

Immediate capacity building support available for country offices on integration of GBV risk mitigation across other sectors includes:

- The IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action³⁹
- GBV Guidelines Knowledge Hub⁴⁰
- Pocket Guide on how to support survivors of gender-based

FIGURE 7. Priorities for capacity building



violence when a GBV actor is not available in your area (available in PDF and smartphone app format)⁴¹

- Technical support from GBViE Specialists in HQ and Regional Offices.

UNICEF’s GBViE capacity building initiatives envisioned for the future include:

- developing a GBV-specific credentialing mechanism through the GenderPro Initiative, building on the existing robust GBViE standards and guidelines. This will support building a roster of GBV expertise across the emergency-to-development continuum;
- prioritising and resourcing a professional development

KEY RESOURCES FOR CAPACITY BUILDING ON GBViE

- UNICEF’s GBViE Programme Resource Pack contains practical guidance and tools for specialized GBViE programming.
- The IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action (GBV Guidelines) provide concrete recommendations, tailored to each sector, for integrating GBV risk mitigation across all sectors of humanitarian response.

scheme for GBV specialists that builds individual and collective knowledge and skills, for example, through face-to-face meetings and peer-based interactive learning, and by maintaining a community of practice;

- developing an IASC GBV Guidelines app to facilitate use of the Guidelines' recommendations across all programmatic sectors, and provide easy access to priority GBViE risk mitigation actions in settings with limited internet connectivity; and
- developing a basic, short and compulsory online training for UNICEF sector staff on minimum standards and responsibilities for integrating GBViE risk mitigation into humanitarian action, linked to the humanitarian learning pathways.

Across all three strategic priorities, and in line with GBViE best practice, UNICEF will need to invest in two specific fronts: (i) setting up systems and policies so that those working on GBViE feel supported and safe in the environments in which they work; and (ii) ensuring that sufficient investment is made in female staff to ensure the GBV workforce reflects best practice in the field of GBViE programming, with equal pay to other specialist counterparts.

4.2 Leveraging partnerships and advocacy opportunities

Humanitarian situations require UNICEF and United Nations agencies to work together, with governments, civil society and the private sector to collectively address the needs, rights and protection of emergency-affected communities. UNICEF will leverage partnerships across different sectors with other United Nations agencies, government and non-governmental partners to amplify GBViE programming's reach, scope and impact.

- **Gender-based Violence Area of Responsibility (GBV AoR):** UNICEF contributes significantly to the work of the GBV AoR, including technical standard setting and producing global goods. UNICEF continues to support UNFPA in its GBV AoR leadership function, after stepping down from the co-lead role. UNICEF will continue to strengthen collaboration with UNFPA, the United Nations High Commissioner for Refugees (UNHCR), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the International Organization for Migration (IOM), the World Health Organisation (WHO), and the United Nations Department of Peacekeeping Operations (DPKO)⁴² at the country and global levels because each agency's mandates for the protection of children and women connect and intersect in multiple ways.⁴³
- **IASC GBV Guidelines roll-out:** UNICEF leads the global rollout of the IASC GBV Guidelines and advocates for all sectors and clusters to adopt recommended measures to mitigate the risks of GBViE.
- **Call to Action:** UNICEF serves as a lead agency, including as a member of the Steering Committee, in the global Call to Action on Protection from GBViE,⁴⁴ which is a broad network of Member States, international organizations and NGOs providing a critical platform for advocacy and accountability.
- **Real-Time Accountability Partnership (RTAP):** UNICEF is a member of the Steering Committee for the RTAP, which consists of five agencies and one government dedicated to preventing and responding to GBViE at every step of the humanitarian programme cycle.

- **Protection from Sexual Exploitation and Abuse (PSEA):**

UNICEF is a leading contributor to the IASC and United Nations coordination groups working on PSEA, bringing its GBViE expertise to these initiatives. Notably, UNICEF's Executive Director is the 2018–2019 IASC Champion for PSEA and is committed to improve SEA reporting, prevention, response and accountability in the humanitarian system.

- a review of UNICEF GBViE strategic and programming documents, including the GBViE Operational Guide and Theory of Change, as well as country and synthesis reports of the recently conducted global GBViE evaluation; and
- consultation with UNICEF GBViE specialists to identify priority knowledge and practice gaps from a field perspective.

4.3 Investing in innovation, research and learning

UNICEF has a track record of leadership and innovation in the development of GBViE knowledge, evidence, programming and tools.⁴⁵ It will continue to build evidence and learning on what works in addressing GBV in emergencies.

Research will complement existing initiatives and learning efforts in the sector to better understand and address the problem of GBViE, building on existing collaborations with Columbia and Johns Hopkins Universities. Concentrating on key areas of humanitarian programming practice within UNICEF's mandate and commitments, the agency will undertake a scoping exercise to determine key knowledge gaps entailing:

- a review of published and unpublished literature pertaining to current knowledge and evidence on GBViE, including recently completed systematic reviews;
- a review of key documents concerning current global initiatives on GBViE research, policy and practice, including the DFID *What Works*, the multi-agency *Call to Action*, and *Real-Time Accountability Partnership* (RTAP);

At the global level, UNICEF will continue its leadership in innovation by designing, developing and piloting approaches and technologies to help prevent, mitigate and respond to GBViE. UNICEF will research and implement specific interventions in emergencies to mitigate GBV-related risks among adolescent girls and women, and foster their empowerment. This innovation will be implemented in partnership with the Gender Section, the Programme Division, and regional and country offices for two key purposes:

to design, develop and pilot technologies that support programme implementation. This includes technologies for real-time GBViE risk mapping and analysis, and accountability and feedback mechanisms to track quality services; and

to create platforms to facilitate meaningful participation and decision-making of girls and women in humanitarian efforts. This includes: creating virtual safe spaces for girls; supporting implementation of good programming practices via apps and other technologies targeting front-line providers; and engaging girls and boys specifically to provide information and co-design youth-led solutions.

UNICEF grounds its programme design in situation analyses and engages extensively with communities and humanitarian actors to design programmes and continuously improve interventions throughout implementation.

PLANNING, MONITORING AND REPORTING RESULTS

5.1 Entry Points for Support on GBViE in the Humanitarian Programme Cycle at UNICEF

UNICEF grounds its programme design in situation analyses and engages extensively with communities and humanitarian actors to design programmes and continuously improve interventions throughout implementation. The humanitarian programme cycle (HPC)⁴⁶ provides a framework to jointly-plan, coordinate, and respond to humanitarian needs in a more coherent, effective, and accountable manner to collectively achieve results. The Core Commitments for Children (CCCs) in Humanitarian Action provides

a global framework for humanitarian action for children undertaken by UNICEF and its partners.

5.2 UNICEF Strategic Plan

The Strategic Plan and its indicators for Child Protection articulate UNICEF's approach to define and measure results at the global level. The **Child Protection Indicator Manual** contains definitions and methods of calculations for all outcome and output indicators under Strategic Plan Goal Area 3, including indicator 3.a.6 relating to GBViE.

Additional indicators can reflect the specific regional, national or local context. At minimum, a sub-set of Strategic Plan indicators for GBViE should be included in:

- UNICEF’s Country Programme Documents;
- Priority indicators for UNICEF regions; and
- United Nations Development Assistance Frameworks (UNDAFs).⁴⁷

UNICEF headquarters and regional office GBViE specialists are available to support country offices and partners to develop customized results frameworks, based on a selection of relevant indicators from the master GBViE results framework (see Annex 3: UNICEF GBViE indicator index) while ensuring the ability to report against the relevant UNICEF Strategic Plan indicator. The Strategic Plan indicator will require mandatory reporting across all emergencies through the regular corporate reporting system (i.e. the Strategic Monitoring Questions), while others will be country-specific based on programme elements implemented. Indicators mentioned in the GBViE matrix (see Annex 3) will be included in the Results Assessment Module (RAM) Standard Indicator list.

Technical assistance will be provided for the development of Country Programme Documents and Annual Work Plans in targeted countries. Moreover, UNICEF will build on the collaboration and lessons learned with the UNICEF WASH team to measure the impact of other sectors’ risk mitigation activities at field level.

5.3 Monitoring and reporting

The aims of the GBViE monitoring framework (see Annex 3) are to strengthen the coherence of UNICEF efforts on GBViE at the

country level -- by supporting programme design and effective monitoring and reporting of progress – and streamlining aggregation of results at the global level. The matrix was developed through extensive consultation with the UNICEF country offices and partners working on GBViE programming; it is aligned with the GBViE theory of change as well as UNICEF commitments on GBViE articulated in the Strategic Plan 2018–2021.

Results reported through the corporate systems will feed into UNICEF reporting on GBViE, including UNICEF reporting to the Executive Board and Member States (e.g. the Executive Director’s Annual Results Report, the Programme Division Results Report, and the Child Protection Annual Results Report). Regional offices are encouraged to provide quality assurance of the data provided from the country offices through the annual review and results reporting process.

It is also important that GBV budgets and expenditure, targets and results (including across sectors for risk mitigation) are identified and tagged appropriately. It is often difficult to know what is allocated based on the current use of Programme Information Database (PIDB) codes. Proper review and quality assurance that activities in Annual Workplans are tagged to the right SIC code⁴⁸ would increase the efficiency of tracking GBV expenditure across programming.

In recent calculations, only 0.5 per cent of humanitarian funding globally is allocated for GBV programming.⁴⁹ In order to be successful in its GBViE commitments, UNICEF needs to invest more than this. Gender-based violence must be prioritized at the onset of every emergency, with country offices, regional offices and headquarters working together with partners to ensure initial activities from UNICEF’s GBViE programme package are implemented.

STRATEGIC PLAN INDICATOR 3.A.6.

Percentage of UNICEF-targeted women, girls and boys in humanitarian situations provided with risk mitigation, prevention or response interventions to address gender-based violence through UNICEF-supported programmes (humanitarian).

Information on how to calculate and report against this indicator is available in Annex 3.

To achieve success, there is also a need to strengthen capacity to implement GBViE strategies and programme actions at country and regional levels, and to collaborate across all UNICEF programme sectors and emergency operations systems. Strong commitment at all levels of the organization is required to address GBViE as a lifesaving aspect of humanitarian action.

ACHIEVING DELIVERY AT SCALE ON GENDER-BASED VIOLENCE IN EMERGENCIES: A GLOBAL MULTISECTORAL EFFORT

The “UNICEF Multi-country Gender-based Violence in Emergencies Programme Evaluation”, completed in 2016, highlighted UNICEF’s contributions to GBViE technical guidance and standard setting; capacity to deliver appropriate GBViE programming; leadership across multiple programmatic sectors; contributions to systems strengthening; and strong relationships with government and civil society partners. These factors create a strong foundation for scaling up UNICEF’s GBViE programming, as set out in this Operational Guide.

Over the last decade, significant progress has been made in understanding what works to address GBViE, but there remains a

lack of programmatic experience of what works *at scale*. Because there is not yet a proven model for at-scale programmes to address GBViE, activities must be planned and resources allocated for collating evidence on preventing and addressing GBViE across different contexts. In this regard, monitoring and evaluation activities as well as knowledge management will be critical for country offices.

To achieve success, there is also a need to strengthen capacity to implement GBViE strategies and programme actions at country and regional levels, and to collaborate across all UNICEF programme sectors and emergency operations systems. Strong commitment

at all levels of the organization is required to address GBViE as a lifesaving aspect of humanitarian action in order to ensure its early prioritization as part of emergency response and to work towards a well-coordinated programming approach. Success will be achieved through the following actions:

- **Integrating GBViE considerations in external and internal planning processes**, including the humanitarian programme cycle's Humanitarian Needs Overview and Humanitarian Response Plans, as well as UNICEF's Country Programme Documents, Humanitarian Action for Children and Strategic Notes in all humanitarian settings. Offices should make GBViE a standing item on emergency preparedness and response meeting agendas, and ensure adequate resourcing of GBViE programming. Finally, UNICEF should use its influence within the IASC and other high-level fora to bring attention to the issue at the policy level.
- **Collaborating across all clusters and UNICEF programme sectors in emergencies to mitigate the risk of GBV by integrating the IASC GBV Guidelines**. GBViE programming requires a coordinated cross-sectoral approach at the country level, ideally led by the Deputy Representative, Chief of Emergencies, or other coordinating focal points. Collaboration should include specialists in gender, communication for development, education, health, nutrition, WASH, social inclusion, emergency coordination/operations, and supplies and logistics, with GBV Specialists providing technical support to colleagues in other sections. Country-level monitoring and evaluation expertise should feed into results monitoring. Enhanced collaboration among key technical sectors at

headquarters is also required to strengthen sectoral action. Greater collaboration will also be needed between the Child Protection Section and the Field Results Group, the Evaluation Office and the Data and Analytics Section in the Division of Data, Research and Policy.

- **Strengthening the skills and capacity to deliver**. Dedicated GBViE technical personnel enable UNICEF to: establish and/or scale up GBViE prevention and response; play a key role in GBV coordination; provide technical support across humanitarian sectors and clusters; and facilitate quality programming. Regions with several Level 3 and/or Level 2 responses may benefit from regional level GBViE technical expertise. Available resources to expand UNICEF skillsets to design and deliver these programmes include: the UNICEF GBViE Programme Resource Pack of tools and intervention models for practitioners; the GBV AoR Helpdesk⁵⁰, which provides expert advice regarding pressing questions from the field; webinars and podcasts for managers and practitioners; and in-person trainings for risk mitigation and GBV specialized services.
- **Mobilizing and dedicating the necessary financial resources to deliver GBViE programming at scale by building on existing relationships**, notably Call to Action members, with the United States as well as Sweden, Canada, the European Union and Republic of Korea. This will also be achieved by championing GBViE programming as an essential component of SEA victim assistance and as a core organisational commitment to gender equality and the empowerment of girls and women. Technical support is available to country offices for proposal development.

- 1 Referred to as the 'GBV Guidelines', <www.gbvguidelines.org>.
- 2 For more information, see IASC GBV Guidelines, p. 5.
- 3 The terms 'gender-based violence' and 'violence against women' are closely linked. According to the IASC GBV Guidelines, "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" (p. 5). The United Nations Declaration on the Elimination of Violence against Women (DEVAW, 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." DEVAW goes on to describe that violence against women 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." The Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women, also known as the Belém do Pará Convention (where it was adopted in 1994), also provides a definition of violence against women and affirms the right of women to live free of violence and establishing that violence against women is a violation of human rights and fundamental freedoms. For more information, see <www.oas.org/en/mesecvi/convention.asp>.
- 4 The World Health Organization defines sexual violence as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work." Jewkes, R., P. Sen, and C. Garcia-Moreno, 'Sexual Violence', chapter 6 in E. Krug et al., eds., *World Report on Violence and Health*, WHO, Geneva, 2002.
- 5 WHO, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council, *Global & regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*, 2013, p. 42
- 6 World Health Organization (WHO), 'Femicide', Understanding and Addressing Violence Against Women Information Sheet Series, WHO, Geneva, 2012. Research has highlighted the scale of the problem: a WHO study found that, globally, 35.6 per cent of women have at some point experienced non-partner sexual violence, or physical or sexual violence by an intimate partner, or both. See: WHO, London School of Hygiene and Tropical Medicine, and South African Medical Research Council, *Global and Regional Estimates of Violence against Women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*, WHO, Geneva, 2013.
- 7 WHO, 2012.
- 8 United Nations Population Fund, *Sex Imbalances at Birth: Current trends, consequences and policy implications*, UNFPA, Asia and Pacific Regional Office, 2012.
- 9 IASC GBV Guidelines outline key 'at-risk' groups that often face increased risk of GBV, including adolescent girls; elderly women; woman and child heads of households; indigenous people and ethnic/religious minorities; LGBTI persons; separated or unaccompanied children (including children associated with armed groups); people involved in forced and/or coerced prostitution; child victims of sexual exploitation; people in detention; people living with HIV; people with disabilities; and survivors of violence. These groups are often at higher risk of violence "because they hold less power in society, are more dependent on others for survival, are less visible to relief workers, or are otherwise marginalized" (p. 11).
- 10 "LGBT stands for "lesbian, gay, bisexual and transgender"; "LGBTI" for "lesbian, gay, bisexual, transgender and intersex." While these terms have increasing resonance, different cultures use different terms to describe people who have same-sex relationships or who exhibit non-binary gender identities." See: <www.unfe.org/definitions>.
- 11 See the IASC GBV Guidelines, p.6
- 12 Although LGBTI individuals are at heightened risk of GBV based on their identities, at this time UNICEF and global GBViE programming does not provide sufficient and adequate guidance or resources to safely and ethically address the needs of these populations. Other leading groups provide expertise on this issue, including recent work carried out at the Asia Pacific Consultation on the Inclusion of LGBTI Communities and Promoting LGBTI rights in Resilience-Building, Response, and Recovery Interventions in Humanitarian Settings (4–7 June, 2018). For more information, see: <www2.unwomen.org/-/media/field%20office%20eseasia/docs/misc/2018/06/piths-concept-note-final.pdf?la=en&vs=1120> and <https://aseansogicaucus.org/images/2018/20180716-PitHS-Call-for-Action_Final.pdf>.
- 13 UNICEF's Strategic Plan, 2018–2021 includes attention to GBV in its results framework, specifically, 3.a.6: *Percentage of UNICEF-targeted women, girls and boys in humanitarian situations provided with risk mitigation, prevention or response interventions to address gender-based violence through UNICEF-supported programmes (humanitarian)*.
- 14 UNICEF Strategic Plan, 2018–2021, p. 11.
- 15 Work is currently being carried out across CPIE, VAC and Gender sections to further expand on the links and differences between GBViE, CPIE and VAC programming.
- 16 United Nations Children's Fund, 'Six Strategies to End Violence against Children', UNICEF, New York, 2014.
- 17 Estimated direct and indirect costs of GBV from high, middle and low-income countries range from 1.2 per cent to 3.7 of GDP (see World Bank, Voice and Agency: Empowering women and girls for shared prosperity, World Bank, Washington DC, 2014). One study estimates the costs of intimate partner violence in low and middle-income countries to be as high as 5.2 per cent; see: Hoeffler, A. and Fearon, J., Benefits and Costs of the Conflict and Violence Targets for the Post-2015 Development Agenda, Copenhagen Consensus Centre, Copenhagen, 2014.
- 18 See <www.un.org/en/universal-declaration-human-rights/index.html>.
- 19 See <www.un.org/womenwatch/daw/cedaw>.
- 20 See UNICEF's *Gender-Based Violence in Emergencies Programme Resource Pack*, 2018.
- 21 Kyegombe, N., et al., 'What is the Potential for Interventions Designed to Prevent Violence against Women to Reduce Children's Exposure to Violence? Findings from the SaSa! Study, Kampala, Uganda', *Child Abuse & Neglect*, vol. 50, December 2015, pp. 128–140.
- 22 A more detailed version of the GBViE theory of change is available in the GBViE resource pack. For more information on how the different components within the theory of change relate to UNICEF's corporate commitments, see the GBViE Monitoring Framework in Annex 3. This theory of change must be adapted to any given context to include a necessary analysis of intersectional oppressions, as set out in the IASC GBV Guidelines.
- 23 While sexual exploitation and abuse can be perpetrated by anyone in a position of power, the term 'SEA' has been used in reference to sexual exploitation and abuse perpetrated by staff of humanitarian organizations, including both civilians and uniformed peacekeepers. The United Nations Secretary-General's Bulletin *Special measure for protection from sexual exploitation and sexual abuse* (ST/ SGB/2003/13) outlines six core principles for preventing SEA. These principles apply to all United Nations personnel and to staff of partner organizations, and are also addressed through institutional mechanisms within UNICEF and by other peace and security and humanitarian actors. For more information on UNICEF's responsibilities and actions to protect against sexual exploitation and abuse, see <www.unicef.in/emergencies.com/downloads/eresource/accountability_to_affected_populations.html>.
- 24 Available and appropriate safety options for survivors may vary across contexts. Identifying safety options in a particular context must involve consultations with local women and girls.
- 25 A safety audit is a simple observation exercise used to identify potential safety risks in a particular setting or location (such as lack of lighting, overcrowded shelters, lack of privacy at WASH facilities, etc.). Sample safety audit tools are available in the UNICEF GBViE Resource Pack and the IASC GBV Guidelines Knowledge Hub (www.gbvguidelines.org/knowledgehub).

- 26 Safety planning is an activity conducted in cooperation with women, girls and other community members to identify opportunities for reducing GBV risks (such as advocating for distributions to be timed in a way that does not require walking and/or queuing in the dark).
- 27 Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery, see: <<https://gbvguidelines.org/en/pocketguide>>.
- 28 See the Inter-Agency Standing Committee, *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*, IASC, 2015
- 29 Please note that UNFPA may not be leading the GBV sub-cluster in all contexts since it is resource- and context-specific. In some places, UN Women or UNHCR, among others, may lead coordination.
- 30 See: <www.gbvguidelines.org>.
- 31 UNICEF is a member of the Steering Committee of the Gender-Based Violence Information Management System (GBVIMS). For more information, see: <www.gbvim.com>.
- 32 UNICEF leads on the development and implementation of Primero, which includes a GBV platform for GBV case management and data collection. For more information, see: <www.primero.org>.
- 33 Sexual violence is one of the grave violations against children monitored by the MRM.
- 34 The purpose of the MARA is to provide systematic, timely, reliable and objective information on conflict-related sexual violence to the United Nations Security Council that will help reduce the risk of sexual violence and improve assistance to survivors. For more information, see <www.refworld.org/pdfid/4e23ed5d2.pdf>.
- 35 For more information on considering ethics and safety in GBVIE programming, see Kit 1 of UNICEF's GBVIE Programme Resource Pack.
- 36 This document can be accessed by contacting the UNICEF GBVIE Specialist at headquarters.
- 37 GBV AoR helpdesk managed by UNICEF. Enquiries can be submitted via email to enquiries@gbviehelpdesk.org.uk and knowledge products that have been produced by the helpdesk are available at <http://www.sddirect.org.uk/our-work/gbv-in-emergencies-helpdesk/>.
- 38 At the time of publishing this document, MENARO is the only regional office with a dedicated GBV specialist.
- 39 www.gbvguidelines.org
- 40 www.gbvguidelines.org/en/knowledgehub
- 41 www.gbvguidelines.org/en/pocketguide
- 42 UNICEF works closely with the entire IASC and humanitarian system to further the agenda on gender equality, women's empowerment and GBVIE.
- 43 For more information on the intersections between violence against women, and violence against children, see, for example: Guedes, A., S. Bott, C. Garcia-Moreno and M. Colombini, "Bridging the Gaps: A global review of intersections of violence against women and violence against children," *Global Health Action*, June 2016.
- 44 For more information on the Call to Action and its five-year Road Map, see www.calltoactiongbv.com
- 45 These include, for example, UNICEF's key role in: developing the Call to Action Road Map; carrying out the *UNICEF Multi-Country Gender-Based Violence in Emergencies Programme Evaluation*; developing the UNICEF GBVIE Programme Resource Pack; and implementing the Communities Care: Transforming lives and preventing violence programme in Somalia and South Sudan.
- 46 The humanitarian programme cycle (HPC), see: www.humanitarianresponse.info/en/programme-cycle/space
- 47 The United Nations Development Assistance Framework (UNDAF) is a strategic, medium-term results framework that describes the collective vision and response of the United Nations system to national development priorities at the country level. It describes how United Nations Country Teams will contribute to the achievement of development results based on a common country analysis and United Nations' comparative advantage. GBVIE Specialists can advocate for: (i) the inclusion of child protection/GBVIE in the UNDAF theories of change; and (ii) the inclusion of GBVIE-related Strategic Plan or SDG indicators in the UNDAF results framework.
- 48 The PIDB GBVIE code is 23-01-03. For guidance on how to use PIDB codes correctly, please refer to: <https://unicef.sharepoint.com/teams/DRP/CSA/Document%20Library/Forms/AllItems.aspx?id=/teams/DRP/CSA/Document%20Library/PIDB%20%28Programme%20Information%20Database%29/PIDB%20coding%202018-2021/Procedure/Annex.pdf&parent=/teams/DRP/CSA/Document%20Library/PIDB%20%28Programme%20Information%20Database%29/PIDB%20coding%202018-2021/Procedure&p=true&slid=8b83419e-00f9-4000-cd45-91b72882d007>. For guidance on what falls under the GBVIE PIDB SIC code, please refer to: [https://unicef.sharepoint.com/teams/DRP/CSA/Document%20Library/PIDB%20\(Programme%20Information%20Database\)/PIDB%20coding%202018-2021/Guidance/Goal%20Area%203%20SIC%20Guidance.pdf](https://unicef.sharepoint.com/teams/DRP/CSA/Document%20Library/PIDB%20(Programme%20Information%20Database)/PIDB%20coding%202018-2021/Guidance/Goal%20Area%203%20SIC%20Guidance.pdf).
- 49 This OCHA report states that only 0.5% of humanitarian funding went to GBV in 2015. http://interactive.unocha.org/publication/2016_datatrends/
- 50 Managed by UNICEF.

RELATED RESOURCES ON GBVIE

- **UNICEF STRATEGIC PLAN**
http://www.unicef.org/about/execboard/files/2017-17-Rev1-Strategic_Plan_2018-2021-ODS-EN.pdf
- **STRATEGIC PLAN RESULTS FRAMEWORK**
<https://unicef.sharepoint.com/sites/PD-Health/OAD/2018-21%20Strategic%20Plan%20-%20Results%20Framework.pdf>
- **THEORY OF CHANGE PAPER**
http://www.unicef.org/about/execboard/files/2017-EB11-Theory_of_Change-2017.07.19-EN.pdf
- **GBVIE PROGRAMME RESOURCE PACK**
<https://unicef.sharepoint.com/sites/PD-ChildProtection/SitePages/GBViE.aspx>
- **IASC GUIDELINES FOR INTEGRATING GENDER-BASED VIOLENCE INTERVENTIONS IN HUMANITARIAN ACTION**
<http://www.gbvguidelines.org>
- **GBV POCKET GUIDE**
<https://gbvguidelines.org/en/pocketguide/>
- **UNICEF MULTI-COUNTRY GENDER-BASED VIOLENCE IN EMERGENCIES PROGRAMME EVALUATION**
[https://icon.unicef.org/apps02/cop/edb/Lists/EvaluationReports/Attachments/8398/Full report with cover UNICEF Multi-country GBVIE Evaluation.docx](https://icon.unicef.org/apps02/cop/edb/Lists/EvaluationReports/Attachments/8398/Full%20report%20with%20cover%20UNICEF%20Multi-country%20GBViE%20Evaluation.docx)
- **INDICATOR MANUAL FOR THE STRATEGIC PLAN GOAL AREA 3**
[https://unicef.sharepoint.com/sites/PD-ChildProtection/DocumentLibrary/0.%20Strategic%20Plan%20Goal%20Area%203%20Indicator%20Manual%20Ver.%205%20\(Dec%202018\).pdf](https://unicef.sharepoint.com/sites/PD-ChildProtection/DocumentLibrary/0.%20Strategic%20Plan%20Goal%20Area%203%20Indicator%20Manual%20Ver.%205%20(Dec%202018).pdf)

ANNEX 1: Useful information when discussing with partners about why UNICEF works on GBViE

Gender-based violence (GBV) is an issue that goes to the heart of UNICEF's mission and mandate to protect the rights of all children and those who care for them, including in emergency contexts. The following consists of useful information and key arguments that can be used when talking with partners and advocating for further investment and scale-up of UNICEF's gender-based violence in emergencies (GBViE) programming and sectoral leadership. Key reasons for a stronger organizational focus on the issue of GBV and investment in programming are divided into themes so as to cater to a broad range of audiences that UNICEF Representatives, Deputy Representatives and other senior management may engage with.

It should be noted that this is by no means a complete list of the justifications for dedicating greater attention to this grave human rights violation affecting children and women around the world.

Scale and scope of gender-based violence in emergencies

- **GBV is an umbrella term for any harmful act that is based on socially ascribed (i.e. gender) differences between males and females.** It includes all forms of violence perpetrated against girls and women based on their gender and unequal power relations between men and women.⁵¹
- It is a pervasive public health issue and global human rights violation that affects women and girls throughout the world, transcending cultural and economic boundaries. A 2013 study

by the World Health Organisation (WHO)⁵² examining global population data from 155 studies in 81 countries found that:

- One in three (35 per cent of) women worldwide- over one billion- have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.⁵³
 - Almost one third (30 per cent) of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner.
 - As many as 38 per cent of all murders of women are committed by intimate partners.
 - 7.2 per cent of women have been sexually assaulted by someone other than a partner.
- **Situations of conflict and displacement exacerbate pre-existing GBV in families and communities and present new forms of violence against women and girls.**⁵⁴ A 2017 study in South Sudan⁵⁵ found:
- Up to 65 per cent of women and girls experience physical and/or sexual violence in their lifetime.
 - Up to 33 per cent of women experienced sexual violence from a non-partner, and many of the incidents (approximately 70 per cent) were directly related to a raid, displacement or abduction.
 - Over 50 per cent of respondents reported that the first incident of sexual violence occurred before they left adolescence.

- Recent evidence reviews conducted in disaster-affected settings suggest that GBV increases in some disaster contexts.
 - Reports from Haiti and Sri Lanka suggest that early and forced marriage and human trafficking increased in these disaster settings due to restricted options for livelihood and heightened vulnerability.⁵⁶
 - Sexual violence was reported to increase three-fold in Sri Lanka in the aftermath of the tsunami, with similar spikes reported in the after-shocks of the 2010 Haiti earthquake.⁵⁷

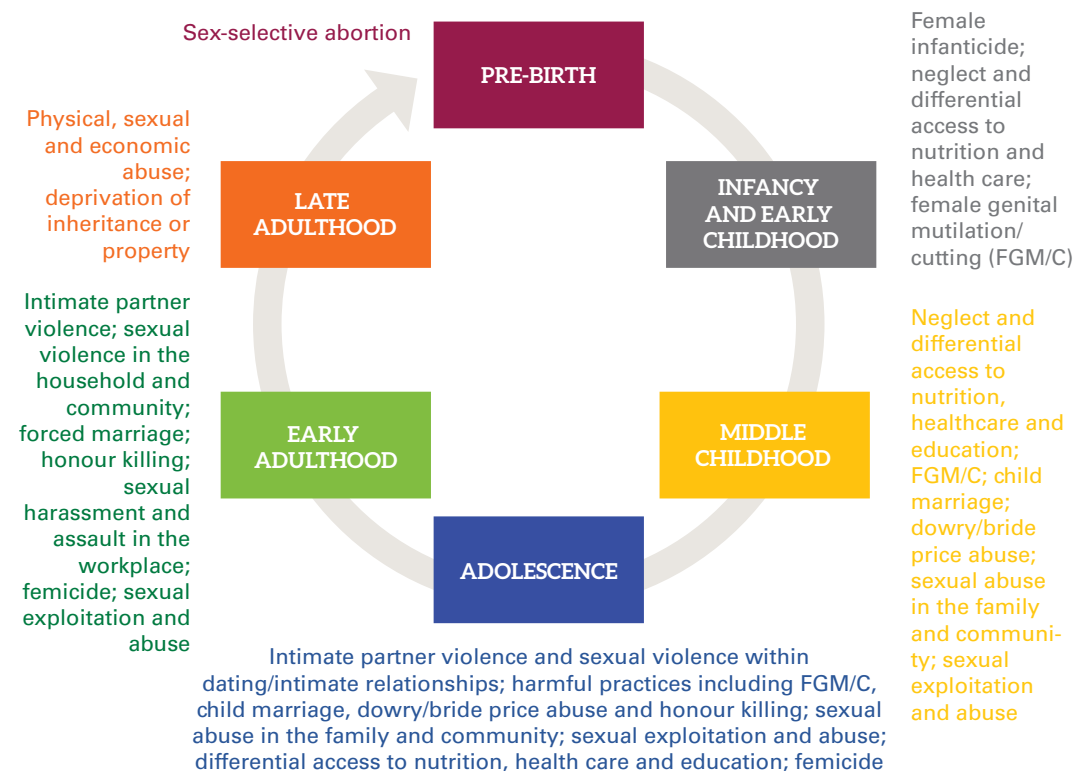
It should be noted that reliable prevalence data on the scale of GBV in humanitarian settings remain difficult to obtain. This is particularly true in conflict-related settings due to insecurity, lack of GBV services, lack of safety for survivors, and access issues including isolation imposed on survivors by their families or other restrictions on movement. As such, levels of GBV in emergencies are often higher than reports suggest due to underreporting.

Gender-based violence from the perspective of the harm it inflicts throughout the life cycle

- **Gender-based violence inflicts untold harm globally, especially among girls and women**, with adolescent girls at a heightened risk of exposure to GBV.
- **Examples of GBV throughout the life cycle include** sex-selective abortion; infanticide; differential access to food and services; female genital mutilation/cutting (FGM/C); sexual violence,⁵⁸ including exploitation; child marriage; dowry/bride price abuse; honour killing; intimate partner violence; deprivation of inheritance or property; and elder abuse (see Figure 1).

- **Gender-based violence is exacerbated in emergencies and post-emergency scenarios**, including among persons and children on the move, where new forms of violence may emerge and existing forms of GBV tend to increase in incidence and severity.
- **Higher rates of intimate partner violence, child marriage and trafficking for sexual exploitation have**

FIGURE 1. Gender-based violence across the life cycle



BOX 1. FUNDAMENTAL HUMAN RIGHTS VIOLATED BY GENDER-BASED VIOLENCE

- The right to be free and equal in dignity and rights.
- The right to life, liberty and security of the person.
- The right to the highest attainable standard of physical and mental health.
- The right to freedom from torture and cruel, inhumane and degrading treatment or punishment.
- The right to freedom of opinion and expression.
- The right to education and personal development.
- The right to protection against all forms of violence, abuse, neglect and exploitation.

been documented in conflict and disaster-affected settings around the world.⁵⁹ Prevalence research from three countries affected by ongoing conflict demonstrates the severity of the problem:

- 65 per cent of women and girls in South Sudan experience physical and/or sexual violence in their lifetime;⁶⁰ and
- 76 per cent of adolescent girls experience at least one form of GBV in the Democratic Republic of the Congo and Ethiopia.⁶¹

- **The effects of GBV in emergencies are so severe that addressing GBV is considered a lifesaving component of humanitarian action.**
- **The impacts of GBV extend far beyond its direct victims and survivors.** GBV not only impacts the physical and psychosocial well-being of those directly experiencing violence; it also harms others, including survivors' children.
- **Gender-based violence can fray the social and economic fabric of entire communities.** Increasing attention is now being directed to the significant toll GBV can take on socio-economic development. Research indicates that the direct and indirect costs of GBV could be as large as 2 per cent of global gross domestic product.⁶²

Gender-based violence from a human rights perspective

- **Gender-based violence is a form of discrimination and one of the most pervasive, yet least visible, human rights abuses globally** – one that violates multiple human rights (see Box 1).

- **The rights of girls and women to live free from violence are enshrined in many international human rights instruments**, including the Universal Declaration of Human Rights,⁶³ the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.⁶⁴

Gender-based violence from a child survival, health and development perspective

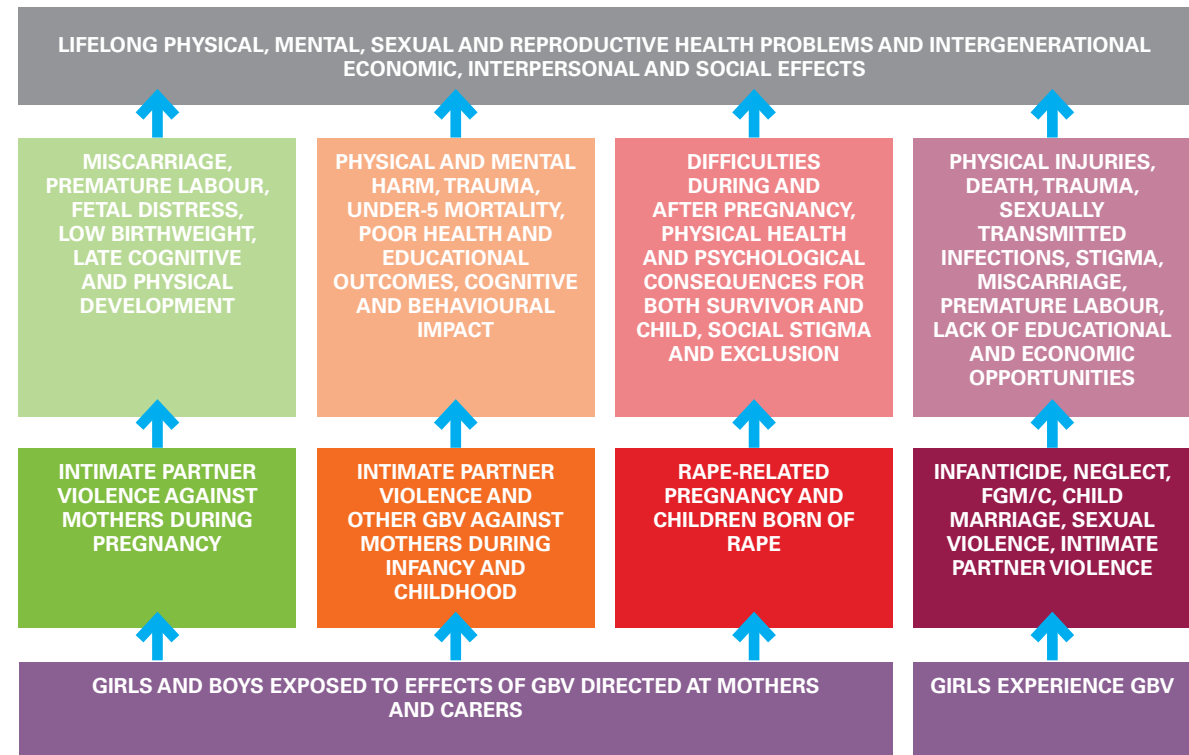
- **Gender-based violence has detrimental and lasting effects on children's physical, sexual, reproductive and psychological health, well-being, development and educational outcomes** (see Figure 2).⁶⁵
- **Infant and child survival and well-being are directly correlated with the safety, health and well-being of their mothers.** Mothers whose physical and/or mental health is compromised by violence may be less able to care for their children or support their families financially. This can affect children's nutrition and school attendance and expose them to the risk of violence, abuse, neglect and exploitation. Mothers who are survivors of GBV might also face stigma and rejection from their communities, leading to withdrawal and interfering with their capacity to care for themselves and their children.
- **Global evidence also shows that violence against children and intimate partner violence often occur together and within the same household.**
- **Girls and boys exposed to intimate partner violence are more likely to replicate violent relationships as adults.**⁶⁶

- **Children’s behaviour, ability to learn, and biological and cognitive development are all influenced by exposure to adverse and traumatic experiences.** Children may even be more deeply affected by stress and trauma than adults, depending on their age and developmental stage.⁶⁷

Gender-based violence from a Sustainable Development Goals perspective

- **Addressing GBV is linked to the achievement of all Sustainable Development Goals (SDGs).**
- In many settings, **girls and women are disproportionately impacted** by climate change, environmental degradation, food insecurity, unsafe and undignified employment, and unstable economies and economic shocks.
- **Achievement of the SDGs requires girls’ and women’s full and equal social, economic and political inclusion and participation – all of which can only be achieved when GBV is eradicated.**
- **Reaching the vision, goals and targets of the SDGs therefore depends on girls’ and women’s safety, empowerment and freedom from violence.** In emergency-affected contexts, this is an even more pressing priority.
- **Ending GBV contributes directly to multiple SDGs** (see Figure 3 on page 40), including:
 - Achieving gender equality and empowering all women and girls (SDG 5); and
 - Promoting peaceful and inclusive societies for sustainable development (SDG 16).
- **Other goals indirectly depend on eradicating such violence**, including:

FIGURE 2. Impact of GBV on immediate and long-term health, well-being and development of girls and boys



- Ending poverty in all its forms everywhere (SDG 1)
- Ensuring healthy lives and promoting well-being for all at all ages (SDG 3); and
- Ensuring inclusive and equitable quality education and promoting lifelong learning for all (SDG 4).

Gender-based violence from a programme impact/outcome perspective for UNICEF

- GBViE programming is an essential component of UNICEF's achievements of its organizational outcomes as laid out in its **Strategic Plan 2018-2021**; it is also a corporate priority in its Gender Action Plan 2018-2021.
- **UNICEF's efforts to respond to GBViE lie at the heart of the agency's mission to protect the health and well-being of children and women.**
- **Integrating GBViE prevention and mitigation measures across sectors in line with the IASC GBV Guidelines⁶⁸ will increase impact in ALL UNICEF programme areas.**
- **Integrating GBViE is the only way to ensure UNICEF succeeds in terms of its reach, effectiveness and accountability to target populations.**
- **It will also help promote gender equality and enhance girls' and women's safety and empowerment in all of UNICEF's programmes.** Addressing the underlying causes of child rights violations and achieving equitable outcomes for girls and boys in one area of UNICEF's work (for example, health, education, and water and sanitation) both affects and is influenced by each of the other areas.
- **UNICEF is mandated to support States and other duty bearers, civil society and communities** to prevent GBV against girls and women in emergencies and to ensure

FIGURE 3. Addressing GBV supports the achievement of the Sustainable Development Goals



appropriate systems and services are available and sensitive to the needs of survivors.

- **UNICEF's response to GBViE is shaped by its humanitarian responsibilities and commitments** set out in the *Core Commitments for Children in Humanitarian Action (CCCs)*, the *IASC GBV Guidelines*, and the *Minimum Standards for Child Protection in Humanitarian Action*.

Gender-based violence from a human security and sustainable peace perspective

- A human-centred approach to security recognizes that state security is related to human security. **Gender-based violence is a form of pervasive insecurity.**
- **Research has shown a significant relationship between the physical security of women and the peacefulness of states.**⁶⁹
- **Gender-based violence can even be a trigger for conflict.** For example, sexual violence perpetrated against civilians can lead to a retaliatory attack from an opposition force; GBV can also be used as an offensive measure to protect communities against the threat of attack.
- **Evidence demonstrates that effective and sustainable strategies to build peace must address gender inequality and GBV.**⁷⁰
- **Such strategies must also support women and girls as active agents in transforming the conditions and norms that give rise to inequality and fragility.**⁷¹

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Gender-based violence from the perspective of UNICEF's documented success in this area of programming

- **UNICEF is a recognized global leader in humanitarian response to GBV.** It has led the development of global standards and seminal guidance in this area, has provided substantial leadership to humanitarian coordination efforts, and is engaged in critical advocacy efforts.⁷²
- **UNICEF mounts significant GBViE responses that provide expanded services and support to hundreds of thousands of GBV survivors** and other girls and women at risk in conflict and disaster-affected communities around the world.
- **Year after year, UNICEF is expanding its GBViE programmes, reaching 3.6 million girls, boys and women in 2017⁷³** (an increase from 432,750 in 2014; see Annex 2)
- **Where UNICEF is adequately resourced, it is successfully delivering lifesaving health, psychosocial and protection services for survivors.** It is also providing systems and platforms for evidence-based prevention and mitigation and playing a substantial and necessary role in the sector.
- **The roll-out of UNICEF's Programme Resource Pack will further strengthen technical capacity across sectors to increase the quality, innovativeness and scalability of GBViE programming efforts** (see Annex 2 for an overview of the Resource Pack).

Gender-based violence as an area garnering growing attention

- **States and other actors are taking significant steps to end GBV in recognition of the seriousness of the issue** (including in emergencies) and the obligation to address it as a human rights, public health and development issue.
- **Global funding from bilateral and multilateral donors is growing.**
 - The governments of the United States, the United Kingdom, Canada and Sweden have invested in the issue and continue to be the largest global funders.
 - Joint initiatives, such as the Call to Action on Protection from Gender-Based Violence in Emergencies and the Real-Time Accountability Partnership (RTAP) in South Sudan, are examples of the growing attention to the problem of GBViE from bilateral and multilateral donors.
- **UNICEF's programme actions on GBViE very much align with donor priorities.** Moreover, donors are actively looking to UNICEF to scale up GBViE prevention, mitigation and response programming due to its leadership and technical and operational capacity.⁷⁸

ANNEX 2: UNICEF's GBViE Programme Resource Pack overview

Purpose of the Resource Pack

The purpose of UNICEF's GBViE Programme Resource Pack **is to provide helpful and practical guidance and tools to promote girls' and women's rights to safety, dignity and protection from GBV during all phases of humanitarian response.**

The Resource Pack contains guidance and tools to support UNICEF

and partners before, during and after emergencies to design, implement and monitor GBV interventions appropriate to the context and phase of response. It emphasizes the importance of strengthening local and national systems – both formal and informal – every step of the way, from initial response through recovery efforts, in order to promote national ownership, capacity and long-term change to prevent and respond to GBV.



What's in the Resource Pack?

The Resource Pack contains information, tools and training materials to help assess, plan, implement, monitor and evaluate GBV programmes. It contains four kits plus Kit M: Minimum GBViE Response Package.

KIT 1: GETTING STARTED orients users to the issue of GBViE and UNICEF's approach to addressing

it. It introduces the Resource Pack and UNICEF's GBViE programme framework, provides a primer on GBV and presents the foundations for GBV programming.

KIT 2: ASSESSMENT provides information and tools to help country offices and partners carry out GBV assessments during different phases of emergency response in order to gather relevant, timely and context-specific information about the GBV situation. It also provides guidance

on safely incorporating questions about GBV into other assessments that take place as part of the humanitarian response.

KIT 3: PROGRAMMING contains guidance and tools to support country offices and partners in designing, implementing and monitoring GBV programmes.

KIT 4: EVALUATION contains guidance and tools to support country offices in planning and implementing

internal programme reviews and external programme evaluations in emergency-affected settings to help foster evidence-based practice, accountability, and continuous learning within and across contexts.

KIT M: MINIMUM GBViE RESPONSE PACKAGE contains relevant guidance sections, Info Sheets and Tools for use at the onset of an emergency or when setting up a GBV programme.



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ANNEX 3: UNICEF Gender-Based Violence in Emergencies (GBViE) Monitoring Framework

Purpose

The purpose of the GBViE monitoring framework is to strengthen the coherence and accountability of UNICEF efforts on GBViE at the country level and enable effective monitoring and reporting of progress and aggregated results at the global level. The GBViE monitoring framework was developed through extensive consultation with the UNICEF country offices and partners working on GBViE programming and is aligned with the GBViE Operational Guide, as well as UNICEF's commitments on GBViE in the [Strategic Plan 2018–2021](#). This document provides further explanation and guidance on the indicators – including their definitions, method of computation, potential sources of information, and reporting frequency – that have been identified to support programme design and measure progress of GBViE programming.

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

OUTCOME 1. Support survivors with access to a comprehensive set of services;

OUTCOME 2. Mitigate the risk of GBV across humanitarian sectors; and

OUTCOME 3. Prevent GBV by addressing its underlying conditions and drivers.

Intended audience and use

The UNICEF GBViE monitoring framework is intended to serve as a resource to guide programming, including agreements with implementing partners. All country offices implementing or planning to implement GBViE prevention, risk mitigation and/or response interventions are advised to refer to this monitoring framework, as it encapsulates the core interventions of GBViE programming and their corresponding results monitoring and reporting components. By using the framework in conjunction with other guiding resources on GBViE programming, UNICEF country offices have the flexibility to select indicators most relevant to their GBViE interventions and measure results. However, at minimum, the Strategic Plan indicator for GBViE should be included in:

- UNICEF's Country Programme Documents;
- Priority indicators for UNICEF regions; and
- United Nations Development Assistance Frameworks (UNDAFs).⁷⁹

Operationalising the GBViE monitoring framework

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

UNICEF's commitments on GBViE are captured in the [Strategic Plan 2018-2021 Goal Area Results Framework](#):

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

This indicator aggregates the number of girls, boys and women reached through UNICEF's core GBViE interventions. The SP indicator is an **aggregate of the following GBViE monitoring framework indicators:**⁸⁰



NB: The [Indicator Manual for the Strategic Plan Goal Area 3](#) contains definitions and methods of calculations for all Strategic Plan Goal Area 3 outcome and output indicators, including indicators related to GBViE.

will collect data from the field through the **Strategic Monitoring Questions (SMQs)** which are collected on an annual basis.⁸¹ The indicators in this monitoring framework that are marked with (**)

are already included in the **RAM standard indicator** list. Going forward, other GBViE indicators from this framework will be incorporated into the RAM as well.

GBViE Monitoring Framework

STRATEGIC PLAN INDICATOR 3.A.6: Percentage of UNICEF-targeted women, girls and boys in humanitarian situations provided with risk mitigation, prevention or response interventions to address gender-based violence through UNICEF-supported programmes (humanitarian).

Indicator	Key Definitions	Method of Computation	Sources	Reporting frequency
OUTCOME 1: Support survivors with access to a comprehensive set of services.				
OUTCOME 1.1: Minimum coordinated life-saving services are in place				
Indicator: % of service delivery points and providers in programme areas implementing survivor-centred standards for responding to survivors (disaggregated by type of response service and if local/national services) ⁸²				
OUTPUT 1.1: Availability and accessibility of quality GBV health, psychosocial and safety services are increased				
<p>Output Indicator 1.1.a</p> <p># and % of service delivery points that have been supported with technical capacity and/or supplies to provide life-saving services to survivors (disaggregated by type of response service)⁸³</p> <p>Output Indicator 1.1.b</p> <p># and % of trained service providers who exhibit competence in providing survivor-centred care to GBV survivors (disaggregated by type of response service and local/national service providers)</p>	<p>Received technical and/or financial assistance on:</p> <ul style="list-style-type: none"> ■ Strengthening service providers' competencies through training (WHO/ IRC Caring for Survivors of Sexual Assault, UNICEF/IRC Caring for Child Survivors, UNICEF Communities Care, etc.) ■ Financial or in-kind support to fill gaps in equipment or supplies ■ Improving facility characteristics, for example technical and financial assistance to help facilities and service delivery points provide safe and ethical care <p>Life-saving services for survivors, such as:</p> <ul style="list-style-type: none"> ■ Health: age-appropriate GBV-related health services, with a priority on post-rape care to adult and child survivors (including post-exposure prophylaxis and emergency contraception) ■ Psychosocial: crisis support, case management ■ Safety: safe shelter, emergency cash 	<p>Output indicator 1.1.a:</p> <p>Numerator: Sum of service delivery points supported</p> <p>Denominator: Sum of all service delivery points</p> <p>Output indicator 1.1.b:</p> <p>Numerator: Sum of trained service providers who exhibit competence in their area of GBV service provision</p> <p>Denominator: Sum of trained service providers working in GBV service provision</p>	<p>Programme monitoring reports</p> <p>Training reports</p>	<p>Every 6 months</p>

Indicator	Key Definitions	Method of Computation	Sources	Reporting frequency
OUTCOME 1.2: Girls and women safely access multi-sectoral GBV services Indicator: # of survivors who receive GBV response services (disaggregated by sex and age) ⁸⁴				
OUTPUT 1.2: Referral pathways are developed and functional				
Output Indicator 1.2.a # and % of operational sites where UNICEF has provided technical support on strengthening referral pathways	Received technical and/or financial assistance on: <ul style="list-style-type: none"> ■ Developing referral pathways ■ Ongoing monitoring to check functionality and gaps ■ Coordinating referral pathways and case coordination ■ Promoting community awareness about how and where to access services 	Numerator: Sum of service sites that have received technical assistance on GBV referral pathways from UNICEF or an implementing partner Denominator: Total number of sites where UNICEF or implementing partners are working on GBV prevention and response	Programme monitoring reports Review of GBV sub-cluster and service provider documents GBVIMS	Every 6 months
OUTCOME 1.3: Communities are aware of the availability and value of GBV services Indicators: # or % of targeted community members who exhibit knowledge on available GBV services and how to access them (disaggregated by sex and age)				
OUTPUT 1.3: Local and national capacity for service delivery to GBV survivors is increased				
Output Indicator 1.3.a # of people reached through GBV community awareness activities to promote access to services to respond to incidents of GBV (disaggregated by age and sex)** Output Indicator 1.3.b # of local and national service providers trained on GBV outreach and engagement with communities	Community awareness activities may include group discussions, dissemination of information on available GBV response services, estimated number of individuals listening to radio programmes with GBV messages, etc. Received technical and/or financial assistance on: <ul style="list-style-type: none"> ■ Developing clear messages about GBV and available GBV response services ■ Disseminating information on GBV and services (through info boards, radio, safe spaces etc.) in a safe and appropriate way ■ Community consultations on availability and accessibility of GBV services 	Output indicator 1.3.a: Sum of community members reached through GBV awareness activities (disaggregated by age and sex) Output indicator 1.3.b: Sum of local and national service providers trained on GBV outreach and community engagement	Programme monitoring reports Training reports	Every 6 months

Indicator	Key Definitions	Method of Computation	Sources	Reporting frequency
OUTCOME 2: Mitigate risk of GBV across humanitarian sectors.				
OUTCOME 2.1: Humanitarian assistance and programmes are safe, protective and responsive to the needs of girls and women Indicator: # of UNICEF-targeted women, girls and boys in humanitarian situations benefiting from GBViE risk mitigation implemented by UNICEF sectors (disaggregated by sex, age and sector)**				
OUTPUT 2.1: Humanitarian actors across UNICEF sectors and clusters design and implement programming in line with the IASC GBV Guidelines				
<p>Output Indicator 2.1.a # and/or % of UNICEF-funded projects or agreements with implementing partners with evidence of integration of GBV risk mitigation, in line with recommendations from the IASC GBV Guidelines and/or sector-specific guidance that already integrates such recommendations</p> <p>Output Indicator 2.1.b # of UNICEF sectors that integrate and measure at least 2 GBV risk mitigation strategies, in line with recommendations from the IASC GBV Guidelines and/or sector-specific guidance that already integrates such recommendations⁹⁵</p> <p>Output Indicator 2.1.c # of humanitarian practitioners trained in integrating GBV risk mitigation in their programmes (disaggregated by sex and sector)</p>	<p>Evidence of GBV risk mitigation integration may include:</p> <ul style="list-style-type: none"> ■ Institutionalization of GBV risk mitigation considerations in UNICEF planning documents such as Country Programme Documents, Annual Work Plans, etc. ■ Assessment tools that integrate GBV risks relevant to one or more programmatic sectors ■ Mechanisms and systems to include girls' and women's voices in programme design, implementation and M&E processes ■ Inclusion of quantitative and/or qualitative indicators to monitor GBV risks and results of GBV risk mitigation strategies ■ Initiatives to increase the capacity of UNICEF and implementing partners to integrate GBV risk mitigation into their programmes, in line with the IASC GBV Guidelines recommendations ■ Initiatives to increase the capacity of UNICEF and implementing partners to safely refer survivors utilizing the GBV referral pathway <p>Received technical and/or financial assistance on:</p> <ul style="list-style-type: none"> ■ Capacity-building on GBV risk mitigation to make programming safer and in line with recommendations from the IASC GBV Guidelines and/or sector-specific guidance that already integrates such recommendations⁷ ■ Monitoring uptake, implementation and outcomes of GBV risk mitigation strategies throughout assessment, design, implementation and M&E phases of the humanitarian programme cycle 	<p>Output indicator 2.1.a Numerator: Sum of emergency projects or agreements with implementing partners that demonstrate evidence of implementation and monitoring of GBV risk mitigation strategies Denominator: All emergency projects or agreements with implementing partners</p> <p>Output indicator 2.1.b Sum of sectors that integrate and measure at least 2 GBV risk mitigation strategies</p> <p>Output indicator 2.1.c Sum of UNICEF staff and/or implementing partners trained on GBV risk mitigation</p>	<p>Training and programme monitoring reports CO planning documents and results frameworks (e.g. integration of specific GBV risk mitigation-related indicators, targets etc.) PDs/PCAs/SSFAs with implementing partners</p>	Every 6 months

Indicator	Key Definitions	Method of Computation	Sources	Reporting frequency
OUTCOME 2.2: Girls and women are resilient against GBV				
Indicator: % of girls and women surveyed that report increased perception of safety and protection from GBV risks (disaggregated by age)				
OUTPUT 2.2.: Community-based safety plans to improve safety and reduce GBV risks are implemented in all operation areas				
<p>Output Indicator 2.2.a # of community safety plans developed and implemented</p> <p>Output Indicator 2.2.b # of recommendations from safety plans to address GBV risks implemented</p>	<p>Received technical and/or financial assistance on:</p> <ul style="list-style-type: none"> Supporting community-based safety planning and action Providing assistance on GBV assessments and analysis Identification of geographical hotspots to inform safety planning an action 	<p>Output indicator 2.2.a: Sum of implemented community safety plans</p> <p>Output indicator 2.2.b: Sum of # of safety plan recommendations made and acted upon</p>	<p>Programme documents</p> <p>Assessment and monitoring reports</p>	<p>Annually</p>
OUTCOME 2.3: Girls and women gain greater mobility, dignity and agency and are less vulnerable to GBV				
Indicator: % of girls and women surveyed that report improved mobility, dignity and/or agency (disaggregated by age)				
OUTPUT 2.3: Girls and women have access to information, resources, and services that build their safety and resilience				
<p>Output Indicator 2.3.a # of adolescent girls and women who receive a dignity kit or other risk-reduction supplies provided through a UNICEF-supported programme (disaggregated by age)**</p> <p>Output Indicator 2.3.b # of static and/or mobile safe spaces established or supported by UNICEF partners</p> <p>Output Indicator 2.3.c # of girls and women accessing safe spaces (disaggregated by age)**</p>	<p>Received technical and/or financial assistance on:</p> <ul style="list-style-type: none"> Providing technical assistance on assessments related to dignity kit composition and distribution planning Provision of dignity kits and/or other supplies. Monitoring dignity kit /supply distribution (including post-distribution monitoring) Building capacity for the development and ongoing implementation of safe spaces for girls and women 	<p>Output indicator 2.2.a: Sum of girls and women accessing dignity kits/supplies, (disaggregated by age)</p> <p>Output indicator 2.2.b: Sum of static/mobile safe spaces</p> <p>Output indicator 2.2.c: Sum of girls and women accessing safe spaces (disaggregated by age)</p>	<p>Programme documents</p> <p>Monitoring data collected by programme areas</p>	<p>Every 6 months or annually</p>

Indicator	Key Definitions	Method of Computation	Sources	Reporting frequency
<p>OUTCOME 2.4: Action is taken with duty bearers to reduce conflict-related sexual violence and sexual exploitation and abuse.⁸⁶</p> <p>Indicators:</p> <p># of relevant COs where UNICEF is a lead actor in the PSEA Task Force⁸⁷</p> <p># of relevant COs contributing resources (technical, material and/or financial) to CRSV monitoring and response efforts</p>				
<p>OUTPUT 2.4: UNICEF contributes to PSEA systems and CRSV monitoring and reporting (where relevant)</p>				
<p>Output Indicator 2.4.a</p> <p># and % of COs with functioning internal UNICEF PSEA efforts in place</p> <p>Output Indicator 2.4.b</p> <p># and % of countries with a functioning MRM system that includes sexual violence (and/or inclusion of sexual violence in MARA efforts)</p>	<p>Received technical and/or financial assistance on:</p> <ul style="list-style-type: none"> ■ Training of UNICEF and implementing partners on PSEA ■ Development of SEA victim assistance in coordination with GBV response services ■ Development of and/or support to community-based complaints mechanisms ■ Development of survivor-centred reporting processes for SEA ■ Training to address sexual violence through the MRM or MARA ■ Advocacy to address CRSV ■ Strengthening linkages between MRM/MARA data collection and GBV response services/referral pathways 	<p>Proportion of CO staff trained on PSEA</p> <p>Evidence of advocacy actions taken to address CRSV (could be a UNICEF Representative speaking at the HCT/UNCT on addressing CRSV)</p>	<p>Training and programme monitoring reports</p> <p>Programme/project strategies and results frameworks</p>	<p>Every 6 months or annually</p>
<p>OUTCOME 3: Prevent GBV by addressing its underlying conditions and drivers.</p>				
<p>OUTCOME 3.1: Laws and policies that promote girls' and women's rights are implemented by governments</p> <p>Indicator: # of new and/or reformed laws and protocols that promote girls' and women's rights and address GBV</p>				
<p>OUTPUT 3.1: Governments are supported to develop and implement policies, laws and protocols that address GBV</p>				
<p>Output indicator 3.1.a</p> <p># of new or updated policies, laws and protocols to address GBV that received UNICEF support</p>	<p>Received technical and/or financial assistance on:</p> <ul style="list-style-type: none"> ■ Mapping gaps in policies, laws and protocols relevant to addressing GBV ■ Advocacy to enact changes in policies, laws and protocols ■ Developing or updating of policies to address GBV ■ Developing of action plans to implement policies, laws and protocols 	<p>Sum of mapping or assessment reports related to policies, laws and protocol review</p> <p>Sum of policies, laws and protocols that address GBV</p>	<p>Mapping or assessment reports</p> <p>Updated and new policies, laws and protocols</p> <p>Programme reports</p>	<p>Annually</p>

Indicator	Key Definitions	Method of Computation	Sources	Reporting frequency
<p>OUTCOME 3.2: Harmful norms begin to shift and norms that promote equality, safety and dignity begin to take hold</p> <p>Indicator: % of target communities where harmful beliefs and norms that foster GBV have been challenged</p>				
<p>OUTPUT 3.2: Strategies to shift harmful norms and foster community-led actions against GBV are implemented</p>				
<p>Output Indicator 3.2.a # of social norm change interventions underway to address GBV (disaggregated by type)</p> <p>Output Indicator 3.2.b # of women, men, girls and boys reached by social norm change interventions (disaggregated by sex and age)**</p> <p>Output Indicator 3.3.c # of collective community actions taken to prevent GBV</p>	<p>Received technical and/or financial assistance on:</p> <ul style="list-style-type: none"> ■ Community discussion and dialogue to question harmful norms and promote gender-equitable, respectful social norms ■ Social norms communications campaigns ■ Community mobilization and action against GBV 	<p>Output indicator 3.2.a: Sum of social norm change interventions being implemented (disaggregated by type)</p> <p>Output indicator 3.2.b: Sum of people participating in social norm change interventions (disaggregated by age and sex)</p> <p>Output indicator 3.3.c: Sum of community actions against GBV (disaggregated by type of action)</p>	<p>Project monitoring reports Communication materials produced</p>	<p>Annually</p>

GBViE Monitoring Framework continues on the following page

Indicator	Key Definitions	Method of Computation	Sources	Reporting frequency
OUTCOME 3.3: Girls and women are empowered economically and socially				
Indicator: # of UNICEF programmes that successfully promote the economic and social empowerment of girls and women (disaggregated by age)				
OUTPUT 3.3: GBV programmes build girls' and women's assets and agency				
<p>Output Indicators 3.3.a: # of asset-building interventions implemented (disaggregated by type)⁸⁸</p> <p>Output Indicator 3.3.b: # of adolescent girls and women benefitting from asset-building interventions** (disaggregated by activity type⁸⁹ and age)</p>	<p>Received technical and/or financial assistance on:</p> <ul style="list-style-type: none"> ■ Activities to build human assets, such as: <ul style="list-style-type: none"> ■ Sexual and reproductive health education and services; ■ Non-formal education to improve literacy, communication, critical analysis, problem-solving and life skills; ■ Recreational activities; and/or ■ Awareness-raising and education on children's rights. <p>Activities to build social assets, such as:</p> <ul style="list-style-type: none"> ■ Girls' social groups and clubs; ■ Peer support networks; and/or ■ Mentoring programmes. <p>Activities to build economic assets, such as:</p> <ul style="list-style-type: none"> ■ Vocational and business skills training; ■ Financial education; ■ Group and individual savings and credit schemes; ■ Small-scale income-generating activities; and/or ■ Cash transfer and other social protection measures for girl-headed households. 	<p>Output indicator 3.3.a: Sum of asset-building interventions offered</p> <p>Output indicator 3.3.b: Sum of girls and women in asset-building interventions (disaggregated by type of asset-building activity and age)</p>	<p>Programme monitoring reports</p>	<p>Every 6 months or annually</p>

ANNEX ENDNOTES

51 IASC (2015) *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*, IASC, p. 5.

52 WHO, London School of Hygiene & Tropical Medicine, the South African Medical Research Council (2013) *'Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence'* Geneva: World Health Organization

53 While there are many other forms of violence that women are exposed to, these represent a large proportion of the violence women experience globally. Regional estimates show prevalence rates of intimate partner violence and non-partner sexual violence combined ranging from 27.2% to 45.6%.

54 Vu, A., Adam, A., Wirtz, A., Pham, K., Rubenstein, L., Glass, N., Beyrer, C., & Singh, S. (2014). *'The Prevalence of Sexual Violence among Female Refugees in Complex Humanitarian Emergencies: A Systematic Review and Meta-analysis'*. PLOS Current Disasters

55 What Works (2017) *No Safe Place: A Lifetime of Conflict Affected Women and Girls in South Sudan*, London: DFID's WhatWorks to Prevent VAWG in Conflict and Humanitarian Crisis

56 Hossain, M. & McAlpine, A. (2017) *'Gender Based Violence Research Methodologies in Humanitarian Settings: An Evidence Review and Recommendations'*. Elhra: Cardiff.

57 Spangaro, J. Adogu, C. Ranmuthugala, G. Powell Davies, G. Steinacker, L. et al. (2013) *'What Evidence Exists for Initiatives to Reduce Risk and Incidence of Sexual Violence in Armed Conflict and Other Humanitarian Crises? A Systematic Review.'* PLoS ONE 8(5): e62600.

58 The World Health Organization defines sexual violence as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work." Jewkes, R., P. Sen and C. Garcia-Moreno, 'Sexual Violence', chapter 6 in E. Krug et al., eds., *World Report on Violence and Health, WHO, Geneva, 2002*.

- 59 Sety, M., 'Domestic Violence and Natural Disasters', Australian Clearinghouse for Domestic and Family Violence, Canberra, 2012; Stark, L. and A. Ager, 'A Systematic Review of Prevalence Studies of Gender Based Violence in Complex Emergencies', *Trauma, Violence and Abuse*, vol. 12, no. 3, 2011. See also the International Rescue Committee's 2012 study on domestic violence in post-conflict West Africa: 'Let Me Not Die Before My Time: Domestic violence in West Africa', IRC, 2012.
- 60 CARE, George Washington University and International Rescue Committee, *No Safe Place: A lifetime of violence for conflict-affected women and girls in South Sudan*, CARE, GWU and IRC, 2017.
- 61 International Rescue Committee, *A Safe Place to Shine: Creating opportunities and raising voices of adolescent girls in humanitarian settings*, IRC, New York, 2017.
- 62 Estimated direct and indirect costs of GBV from high, middle and low-income countries range from 1.2 percent to 3.7 of GDP (see World Bank, *Voice and Agency: Empowering women and girls for shared prosperity*, World Bank, Washington DC, 2014). One study estimates the costs of intimate partner violence in low and middle-income countries to be as high as 5.2 per cent (see Hoeffler, A. and Fearon, J., *Benefits and Costs of the Conflict and Violence Targets for the Post-2015 Development Agenda*, Copenhagen Consensus Centre, Copenhagen, 2014).
- 63 See <www.un.org/en/universal-declaration-human-rights/index.html>.
- 64 See <www.un.org/womenwatch/daw/cedaw/>.
- 65 United Nations Children's Fund, 'Six Strategies to End Violence against Children', UNICEF, New York, 2014.
- 66 UNICEF, 'A Familiar Face: Violence in the lives of children and adolescents', UNICEF, New York, 2017.
- 67 Fulu et al., *Who Do Some Men Use Violence Against Women and How Can We Prevent It*, UN Development Programme, UN Population Fund, UN Women and UN Volunteers, Bangkok, 2013; Bott et al., *Violence Against Women in Latin America and the Caribbean*, Pan American Health Organization, Washington, D.C., 2012; *Futures Without Violence, 'Safe, Healthy, and Ready to Learn: Policy recommendations to ensure children thrive in supportive communities free from violence and trauma'*, San Francisco, 2015.
- 68 The Inter-Agency Standing Committee's *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (also referred to as simply the 'GBV Guidelines')*. For more information, see <www.gbvguidelines.org>.
- 69 Hudson, V., et al., *Sex and World Peace*, Columbia University Press, New York, 2012.
- 70 See, for example: Mercy Corps, *Rethinking Resilience: Prioritizing gender integration to enhance household and community resilience to food insecurity in the Sahel*, 2014.
- 71 Koester, D. et al., 'How Can Donors Improve their Support to Gender Equality in Fragile Settings? Findings from OECD research', *Gender and Development*, vol. 24, no. 3: Working on Gender Equality in Fragile Contexts, 2016.
- 72 For example, UNICEF has been instrumental in many inter-agency GBVIE initiatives, including the development and roll-out of the global Gender-Based Violence Information Management System (GBVIMS), the *Handbook for Coordinating Gender-Based Violence Interventions in Humanitarian Settings*, the *Inter-Agency Standing Committee Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, and *guidance on working with child survivors of GBV and on GBV case management*.
- 73 The large increase in coverage to address GBVIE is linked to UNICEF's intensified focus on safer programming through integrating GBV risk mitigation across all sectors. While integrated programming to reduce GBV risks across sectors continued to increase in 2017, funding for specialized programming in locations such as CAR, DRC and Lebanon were greatly reduced, leading to the closure of life-saving services for survivors.
- 74 For example, prioritizing GBVIE and dedicating resources meant that UNICEF in Bangladesh was in a position to cover nearly half of the GBV needs outlined in the Humanitarian Response Plan, potentially filling a crucial gap and illustrating UNICEF's operational role. Lack of funding and prioritisation has also severely forced programme reductions or closures.
- 75 The GBVIE Programme Resource Pack has been designed to support UNICEF and its partners in expanding and strengthening GBV prevention, mitigation and response efforts during and after emergencies. It is based on extensive experience, expertise and evidence from GBVIE programming around the world.
- 76 See, for example, the U.S. Government's 'Safe from the Start' initiative investment of \$55 million; the U.K.'s Department for International Development's strategic, policy and technical documents on ending GBVIE, including the 'What Works to Prevent Violence' initiative investment of up to £25 million over five years; and the Canadian Government's feminist policy documents and the Call to Action Road Map.
- 77 For more information, see <https://interagencystandingcommittee.org/system/files/rtpa_announcement_-_june_2016.pdf>.
- 78 Findings from a donor survey conducted in March 2018 indicate that key donors highly value UNICEF's contributions to GBVIE at the field level and are looking to UNICEF to scale up programming on GBV risk mitigation across sectors; coordinated lifesaving services for survivors; community-based activities to build girls' and women's safety and resilience to GBV
- 79 The United Nations Development Assistance Framework (UNDAF) is a strategic, medium-term results framework that describes the collective vision and response of the United Nations system to national development priorities at the country level. It describes how United Nations Country Teams will contribute to the achievement of development results based on a common country analysis and United Nations' comparative advantage. GBVIE Specialists can advocate for: (i) the inclusion of child protection/GBVIE in the UNDAF theories of change; and (ii) the inclusion of GBVIE-related Strategic Plan or SDG indicators in the UNDAF results framework.
- 80 Note: Country offices should calculate the aggregate indicator based on the programming they have in place. For example, if a particular country office is not implementing social norms programming, then Output 3.2.b would not apply.
- 81 Specifically, the following SMQs will enable the reporting of the SP Indicator 3.a.6 at the global level: i) SMQ-23-01-3.a.6-44: How many women and children in humanitarian situations that received Gender-Based Violence (GBV) response services through UNICEF-supported programmes during the year of reporting were people with disabilities? ii) SMQ-23-01-3.a.6-45: How many people in humanitarian situations participated in GBV prevention interventions through UNICEF-supported programmes during the year of reporting? iii) SMQ-23-01-3.a.6-46: How many women and children in humanitarian situations benefited from GBV risk mitigation interventions through UNICEF-supported programmes during the year of reporting? For more information, please see the [SMQ Guidance for SP Goal Area 3](#).
- 82 Note: Though provision of training, supplies and/or financial support are important contributions to improving the quality of services, such measures do not automatically result in survivor-centred service delivery. As such, country offices may find it useful to complement the results of the indicators under this outcome with other qualitative M&E methods. Additional tools for assessing and tracking quality of GBV response services are available in the UNICEF GBVIE Programme Resource Pack. <<https://unicef.sharepoint.com/sites/PD-ChildProtection/SitePages/GBVIE.aspx>>
- 83 Whenever possible, emphasis should be placed on strengthening local/national services and systems.
- 84 This indicator is only to be collected from partners directly providing GBV response services (health, psychosocial, GBV case management, etc.) to survivors. For country offices and partners whose GBVIE programming is focused on other types of interventions (such as community awareness raising, prevention, social norms, risk mitigation, etc.), other indicators from this framework are more appropriate. In alignment with global best practice, the survivor-centered approach and Do No Harm principles, UNICEF and its partners should never attempt to actively identify or seek out survivors of GBV, as doing so can unintentionally cause additional harm to survivors, their families/communities and service providers. In partnership documents, UNICEF should not set targets for the number of survivors reached, as doing so may unintentionally encourage partners to engage in bad practice in an effort to reach targets that have been set. When reporting on "number of women and girls reached with GBV prevention and response services" (such as in the HAC), this indicator should be combined with one or more of the indicators from Outcomes 2.3, 3.2 and/or 3.3 (depending on the particular activities being implemented).
- 85 Examples of sector-specific guidance that already includes GBV risk mitigation considerations are the Global WASH Cluster Minimum Commitments for the Safety and Dignity of Affected People, UNICEF WASH and Dignity Kit Guidance and the Global Shelter Cluster Good Shelter Programming guide on Tools to Reduce the Risks of GBV in Shelter Programming.
- 86 Outcome 2.4 is intended for Regional Office and Headquarters compilation and calculation.
- 87 Additional monitoring guidance and indicators specific to PSEA are available on the [Protection from Sexual Exploitation and Abuse Sharepoint page](#).
- 88 Asset-building interventions are cohesive programmes that can target multiple types of assets, usually for a target group(s) based on an assessment. For example, a skills-building programme for adolescent girls may include activities vocational and business skills training (economic assets) and a peer support and mentoring activities (social assets).
- 89 Asset-building interventions can include many types of activities to reach targeted outcomes. Activities are defined in the Key Definitions column and further expanded in Kit 3.2, Section 5 of the GBVIE Programme Resource Pack. <<https://unicef.sharepoint.com/sites/PD-ChildProtection/SitePages/GBVIE.aspx>>



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