

A photograph of a rural landscape. In the foreground, there are large, green palm fronds on the left and a dirt path leading into the distance. Two people, a woman in a white dress and a man in a blue shirt, are walking away from the camera on the path, each carrying a green water bucket. The background is a lush, green hillside with dense vegetation and trees.

Integrating Gender into Humanitarian Action: *Good Practices from Asia-Pacific 5*



GENDER
IN HUMANITARIAN ACTION
Asia and the Pacific Working Group

Gender-based Violence in Emergencies



Credit: ChameleonsEye/ Shutterstock

Gender-based Violence (GBV) is a life-threatening human rights and global health issue.¹ It includes acts that inflict physical, sexual, or emotional harm or suffering; threats of such acts; coercion; and other deprivation of liberty. GBV can occur both in public or private spaces and violates international human rights law and the principles of gender equality.

Lack of information and silence does not mean GBV does not exist.² As per global guidelines, all humanitarian personnel have the responsibility to assume GBV is occurring and threatening affected populations in times of crisis, treat it as a

serious and life-threatening issue, and take action, regardless of the presence or absence of concrete “evidence.”³ One in three women experience gender-based violence at some point in their lives under normal circumstances, a reality which is exacerbated during conflicts and disasters.⁴ GBV has significant and long-lasting impacts on the psychological, social, and economic well-being of survivors and their families, and is perpetrated against women and girls across socio-economic status and in all countries and regions globally. However, women who are on the intersections of marginality are more likely to be affected.

1 *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.* Inter-Agency Standing Committee, 2015.

2 *International Federation of Red Cross and Red Crescent Societies.* (2017). *Preventing and Responding to Gender-based Violence in Disasters.* Retrieved from <http://www.ifrc.org/en/what-we-do/principles-and-values/gender1/preventing-and-responding-to-gender-based-violence-gbv-in-disasters/>

3 *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.* Inter-Agency Standing Committee, 2015.

4 *International Federation of Red Cross and Red Crescent Societies* (2015). *Unseen, Unheard: Gender-based Violence in Disasters Global Study.* [online] Geneva: IFRC, p.22. Available at: http://www.ifrc.org/Global/Documents/Secretariat/201511/1297700_GBV_in_Disasters_EN_LR2.pdf

Marginalization and vulnerability, determined by a number of social factors such as ethnicity, race, religion, socio-economic status, age, sexual orientation, and disability, as well as gender, create disproportionate impacts and ultimately decide who will survive in emergencies.⁵ This puts women with disabilities; women of ethnic/religious minorities; women of lower socioeconomic status; and lesbian, gay, bisexual, transgender, and intersex persons particularly at risk.

While the majority of cases of GBV are perpetrated against women and girls, it has been shown that gender-based violence against men is also exacerbated during conflicts and crises as a “weapon of war” to emasculate the enemy — yet this phenomenon remains under-

researched.⁶ It is important to recognize that gender-based violence against women, girls, boys, and men across intersections of marginalization stem from overarching gender inequalities and discrimination.

The cross-cutting and multi-sectoral nature of GBV survivors requires a coordinated approach, involving all sectors/clusters, disaster risk reduction, humanitarian action, and development work. The following pages include case studies, references, and input on addressing GBV through prevention and response across the humanitarian and DRR program cycles.



Credit: IPPF/ Peter Caton

5 Asian Pacific Institute on Gender-based Violence (2010 - 2015). *Gender-Informed Disaster Planning & Response*. Retrieved from: <http://www.api-gbv.org/issues/disasterplanning.php>
6 Baaz, Maria Eriksson, and Stern, Maria (2008) *Making Sense of Violence: Voices of Soldiers in the DRC*; (2010) *Rape as a Tourist Attraction*; (2009) *Why Do Soldiers Rape? Masculinity, Violence, and Sexuality in the Armed Forces in the Congo (DRC)*.

Front and back cover photo: IPPF/ Peter Caton

Sensitization Sessions Conducted in Safe Spaces

Responding To Gender-based Violence In Emergencies



GBV session held in a safe, comfortable space, Sri Lanka.

Credit: IPPF/ Peter Caton

Incessant rains across Sri Lanka in May 2017 affected over half a million people in seven districts. IPPF Humanitarian, in partnership with the Family Planning Association of Sri Lanka (FPA Sri Lanka), responded to this crisis by establishing a series of mobile medical clinics to provide HIV/STI screening and referral, emergency contraceptive distributions, and medical care for pregnant women, as well as creating gender based violence (GBV) awareness sessions.

The sessions are designed to be held in familiar, comfortable settings to create a safe space to share stories, allowing information on GBV to be provided organically and in a non-intrusive way. In the case of Prijani and Chandana, the session was held in their own garden as it provided the largest space for the community to meet.

Prijani and Chandana were forced to flee their home when a flash flood entered their house, which is located only meters from a river. After the floods, they attended gender-based violence

trainings run by FPA Sri Lanka where they learned about GBV support mechanisms, including child protection needs. FPA Sri Lanka provided examples of GBV and protection mechanisms, concrete guidance on how to support survivors of GBV, and protective measures present in the community.

A few weeks after the session, their son came home displaying questionable sexual behavior. The family (after the GBV sensitization) understood the signs and discovered he had learned this behavior at school. They have since alerted school coordinators.

"I learned a lot about child protection; the teacher gave a lot of examples of child protection and what can go wrong. We learned about sexual violence risks that kids can potentially face from older people," Chandana said.

In 2016, IPPF delivered critical sexual and reproductive health services to an estimated 3.2 million people in crisis situations.

Nerida Williams, IPPF Humanitarian

The Call to Action

on Protection from Gender-based Violence in Emergencies is a multi-stakeholder initiative launched in 2013 that aims to fundamentally transform the way gender-based violence (GBV) is addressed in humanitarian emergencies. The goal is to drive change and foster accountability so that every humanitarian effort, from the earliest phases of a crisis, include the policies, systems, and mechanisms to mitigate GBV risk, especially violence against women and girls, and to provide safe and comprehensive services for those affected by GBV.

As a global initiative, the Call to Action brings together over 66 States, donors, regional bodies, international organisations (IOs), non-governmental organizations (NGOs) and civil society partners who together have made more than 270 voluntary commitments to a Road Map that prescribes a number of concrete measures to be adopted. The Road Map includes six overarching outcomes:

1 Humanitarian actors adopt and implement institutional policies and standards to strengthen gender equality, prevent and respond to GBV, and enhance accountability for taking action.

2 All levels within the humanitarian architecture promote effective and accountable inter-agency/inter-sectoral GBV leadership and coordination.

3 Needs assessments, analyses, and planning processes support effective and accountable integration of GBV prevention and response and gender equality into humanitarian response efforts.

4 Funding is available for GBV prevention and response for each phase of an emergency, from preparedness and crisis onset through transition to development.

5 Specialized GBV prevention and response services are implemented in each phase of an emergency, from preparedness and crisis onset through transition to development.

6 Those managing and leading humanitarian operations have and apply the knowledge and skills needed to foster gender equality and reduce and mitigate GBV risk.

Asia-Pacific Gender in Humanitarian Action Working Group member organisations who have endorsed the Call to Action Communiqué and/or made specific commitments include: UNFPA, WFP, OCHA, WHO, GBV AOR, IPPF, CARE, UN Women, IFRC, IOM, UNICEF, UNHCR, Action Aid, Oxfam, Plan, Save the Children, ICRC, and World Vision.

If your organization wants to learn more about becoming a Call to Action partner, please contact the current lead, the European Union (through DG ECHO): ECHO-CALLTOACTIONGBV@ec.europa.eu

Fiji's Women Friendly Spaces

A Coordinated Action Against Gender-based Violence in Emergencies



Credit: UNFPA Pacific Sub-Regional Office (PSRO)

Women Friendly Spaces (WFS) is a relatively new concept in Fiji, but one that has been embraced in preventing and responding to gender-based violence in emergencies (GBVIE). In response to Tropical Cyclone (TC) Winston in 2016, WFS was introduced by the UN Population Fund (UNFPA) and delivered as a coordinated action through the Gender-Based Violence sub-cluster group, led by the Ministry of Women, Children, and Poverty Alleviation (MWCPA), and co-led by UN Women.

The WFS provided a space for women and girls to find information, access services, seek referrals to additional services, and gather for social interaction, thus preventing isolation and the risk of further violence. Women from

the community were consulted on the location of the WFS and the types of services required, including health, security, psychological, legal, livelihoods, and recreation. The spaces were established in cooperation with the government, community leaders, civil society organisations, and multi-sectoral partners for comprehensive service provision. Most importantly, they were designed as 'survivor-centered', safe and non-stigmatizing places that allowed women to share their experiences and seek assistance without judgement or discrimination.

One of the key benefits of the WFS approach is that women and girls themselves are involved in the development of the space and types of services offered, based on their expressed

needs. “The spaces helped in recovery [and] to build resilience for individuals, families, and the community, with support for positive social and gender norms,” said Abigail Erikson, head of UN Women Fiji MCO’s Ending Violence Against Women and Girls program.

TC Winston had a devastating impact, resulting in a national state of emergency and directly affecting 40 percent of Fiji’s total population. One key element of the response was establishing eight WFS in five key provinces, including Ra, Tailevu, Cakaudrove, Lomaiviti, and Ba Provinces. The spaces were operational over a three-to-four-month period during the recovery phase and assisted a total of 2,486 women and adolescent girls.

“Networks we’ve created through the WFS can easily be reactivated during the next disaster. This is important for sustainability,” added UNFPA Pacific Sub-Regional Office Assistant Representative Virisila Raitamata.

The WFS provided essential services and support to women and girls as part of the emergency response and also served to raise awareness among the community, bringing the critical issue of GBV to the forefront of humanitarian preparedness and response.

Terri O’Quinn – UN Women Fiji MCO with Virisila Raitamata – UNFPA PSRO



Credit: UNFPA Pacific Sub-Regional Office (PSRO)

The Role of ADDA During Flood Response



Credit: Oxfam Bangladesh

In August 2017, 987 families in Sipahi Para of Ward Number 9 in Dinajpur district in Bangladesh lost their homes during the floods. The residents of the area were forced to take shelter at the high school in the neighboring village. Pollisree, a local women's rights organization, conducted assessments on shelter and decided to establish a women's club, ADDA, in their working areas. This place has become a special place in securing women's and adolescent girls' safety and security. ADDA's "Chit Chat" (i.e. It's My Time) is a free space where women can share and raise their voices collectively against inequality and violence and feel more open to act against it.

During this time of emergency, members of the ADDA group took an appreciable leadership role. The members arranged for separate accommodations for men and women in the shelter and ensured equal distribution of relief materials through discussion with local administration. In addition, they provided

information about prevention and response to sexual violence in humanitarian settings, focused on three main areas: medical and reproductive health care and rights, psychosocial support, and protection.

This approach was largely based on the knowledge and skills learned from Let Her Decide and Participate (LHDP), a project implemented by Oxfam in Bangladesh. ADDA ignited the women to reflect on their own experiences and realities in the context of patriarchal values and norms. This has also influenced them to explore informal strategies to negotiate for themselves at the household level, in the public sphere, and, to some extent, political formal structures as well. Currently more than 300 ADDAs are functioning under LHDP in Bangladesh through local partners.

Nazmun Nahar, Oxfam Bangladesh



Credit: Ly Nguyen, Communications and Reporting Officer, IFRC Vietnam

Red Cross and Partners Join Forces to Tackle Sexual and Gender-based Violence

When a disaster strikes, women, children, and the elderly often struggle with more than losing their homes and belongings. They face other dangers and threats to their security, usually in the form of sexual and gender-based violence (SGBV).

For example, after the 2015 Nepal earthquake, early and forced marriage increased in the face of heightened poverty and desperation. In Bangladesh, women and adolescent girls in cyclone shelters were concerned about the lack of lighting and locks in toilets. Pregnant women avoided coming to shelters due to difficulties in climbing stairs and the absence of clean birthing facilities.

In order to address such challenges, a training on SGBV in emergencies took place in Manila, Philippines in August 2017. Co-organized by the International Federation of Red Cross and Red Crescent Societies (IFRC) and the Philippine Red Cross, there was a diverse range of participants, including 10 National Societies in Asia, Red Cross Red Crescent (RCRC) Movement partners, Inter-Agency Standing Committee REGA, USAID, International Planned Parenthood Federation

(IPPF), and the Family Planning Organization of the Philippines.

"I believe the training is essential to all those who are involved in spreading information about SGBV," said Saiful Nordin, the International Humanitarian Law, Legal, and International Relations Manager for Malaysian Red Crescent. "It encompasses the essential element of SGBV response, and shows us the best manner to act for the best interest of the survivor."

The training covered key concepts and definitions of SGBV, its prevalence during disasters and how RCR staff can offer support to SGBV survivors. Participants also learned about the Minimum Initial Services Package (MISP), which provides critical healthcare in emergencies. The Philippine Department of Social Welfare and Development and a local Manila-based women's support service center also shared their experience on SGBV. At the end of the training, participants developed an action plan to integrate SGBV into their existing disaster response and community-based health and social services work.

Ly Nguyen, IFRC

Gender-based Violence in Emergencies: Myanmar Case Study



Credit: UNFPA

"The most difficult part of my job is the repeated cases, where the husband will not change his behavior, where the wife is not able to leave, and where she [experiences abuse] again and again," says GBV caseworker Lu Bu. Credit: UNFPA/Yenny Gamming, 2016

Gender-based violence is widespread in Myanmar, including in the conflict affected areas of Rakhine, Kachin, and northern Shan, as evidenced by both quantitative data (through the Demographic Health Survey) and qualitative data collected by UNFPA and GBV program partners. The Women and Girls First program is a multi-sectoral GBV program managed by UNFPA that ensures a coordinated and holistic response, supporting service delivery and prevention in the humanitarian development nexus.

This program supports the provision of safe spaces (Women and Girl Centers [WGCs]) through which case management, psychosocial

support, life-skills activities (including sexual and reproductive health [SRH] education), and referrals are provided. It also works with prevention as a critical component of the GBV program, involving such activities as mainstreaming GBV awareness and risk mitigation across all areas of the humanitarian response, as well as engaging men, boys, and community and religious leaders. WGC uniquely supports programming across the humanitarian, peace-building, and development nexus; the program also integrates GBV and SRH program interventions to support increased coverage and entry points to serve the unique and holistic needs of women and girls.



Credit: UNFPA

GBV awareness-raising sessions for boys and men in the Maina AG IDP camp, Kachin, Myanmar. Credit: UNFPA/Yenny Gamming, 2016



Credit: UNFPA

Police officers in Lashio, Shan State, Myanmar receive training on gender-based violence. Credit: UNFPA/Yenny Gamming, 2016

The Gender-based Violence Coordination Working Group (GBV CWG), led by UNFPA at the national level, works to coordinate humanitarian, peacebuilding, and development actors as well as government stakeholders. The GBV CWG also works to mainstream GBV interventions across other humanitarian sectors and clusters and serves to provide technical assistance to its members. The success of the

GBV CWG is founded upon a high level of investment over the past years in building relationships with civil society and actors. UNFPA's sustained and intensive engagement with the government has also paved the way forward to ensure longer term integration of the GBV CWG with government-led coordination on violence against women.

UNFPA Myanmar



Credit: UNFPA

"Don't mess with us." The staff at the Women and Girls Center in Waing Maw, Kachin, Myanmar, are giving women and men the power to stop gender-based violence in their own communities. Credit: UNFPA/Yenny Gamming, 2016



www.adpc.net
www.unocha.org
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