



Gender & Child Protection in Emergencies Coordination Mechanism



**District Charsadda,
Khyber Pakhtunkhwa**

Gender and Child Cell, PDMA KP

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Abbreviation:

| | |
|---------------|---|
| AoR | Area of Responsibility |
| CPiE | Child Protection in Emergency |
| CPiCM | Child Protection in Emergency Coordination Mechanism |
| CPWG | Child Protection Working Group |
| CRC | Convention on the Right of Children |
| DDMU | District Disaster Management Unit |
| FATA | Federally Administered Tribal Area |
| FIR | First Information Report |
| GBV | Gender Based Violence |
| GCC | Gender and Child Cell |
| IASC | Inter-Agency Standing Committee |
| IDPs | Internally Displaced Peoples |
| MISP | Minimum Initial Service Package |
| MSCPHA | Minimum Standard for Child Protection in Humanitarian Action |
| NDMA | National Disaster Management Authority |
| NGO | Non-Governmental Organization |
| NMDs | Newly Merged Districts |
| OPs | Older Peoples |
| PDMA | Provincial Disaster Management Authority |
| PEOC | Provincial Emergency Operation Centre |
| PTSD | Post-Traumatic Stress Disorder |
| PWD | Person With Disability |
| UNCRC | United Nation Convention on the Right of Children |

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Message from Director General PDMA KP.

Pakistan is situated within hazards prone zone and exposed to a series of natural and man-made disasters, such as floods, cyclones, earthquakes, landslides, droughts, fire and conflicts. In a country like Pakistan rapid population growth, uncontrolled development and unmanaged expansion of infrastructure are the most common factors that result in more people being vulnerable to natural hazards than ever before. Khyber Pakhtunkhwa having a mixed topography ranges from mountains to plains with many unplanned seasonal and perennial streams, is highly vulnerable to disasters especially to floods. Additionally, proximity with Afghanistan, close borders with erstwhile FATA, militancy and conflicts had a major devastating impact on the province in the past, especially, hosting of a large number of TDPs and Afghan refugees. The vulnerability of people and especially of children, women, older people and persons with disabilities has increased during these disasters that caused a serious threat to the lives of all these vulnerable groups.

Gender and Child Protection in Emergencies (CPiEs) is a cross cutting theme and unique area for interventions. In order to address child protection and gender issues, an effective and functional coordination is needed to be established at district level to better respond to the concerns of children, women and Persons with Disabilities. PDMA with collaboration of DDMU and District line departments has formulated Gender and Child Protection in Emergencies Coordination Mechanism for district Charsadda, after the vigorous consultations with stakeholders. The established mechanism was also reviewed by the notified clusters and added their valuable inputs. This mechanism will further strengthen the DDMUs in addressing the needs of vulnerable groups.

Sharif Hussain

Director General

PDMA, Khyber Pakhtunkhwa.



Message from Program Manager Gender and Child Cell PDMA KP.

As PDMA is mandated to coordinate relief services at all level to build better respond to any emergency situation. Gender and Child Cell at PDMA, has formulated Gender and Child Protection in Emergencies Coordination Mechanism for DDMU Charsadda. This handbook offers practical guidance on Gender and child protection in emergencies to the Government line departments and to those who are working to protect women and children in emergencies. It has been developed in partnership with the UN agencies and international NGOs active in gender and child protection in emergencies. It represents the collective learning and thinking of the sector on how to optimize the impact of efforts for women and children through careful and strategic coordination, and how to avoid unintended harm through fragmented and less coordinated responses. By developing this mechanism we recognize that coordination is a responsibility we all share.

Syed Musaver Shah Gillani

Program Manager

Gender and Child Cell

PDMA, Khyber Pakhtunkhwa.



1. Introduction

The frequent large-scale disasters including Covid-19 response in Pakistan and especially in Khyber Pakhtunkhwa have caused a vicious circle of vulnerabilities for the people and especially for children, in areas repeatedly affected. In most of the cases, these disasters did not allow sufficient time for the people to recover from the effects of the first disaster before they could experience the shocks of another in their communities. Major disasters in the province were floods, earthquake, militancy and Covid-19 pandemic. In all these disasters, children, women, Persons with Disabilities and other vulnerabilities groups were among the most affected population.

In 2016, the protection cluster in KP conducted an assessment with findings that IDPs and returning displaced women continue to be exposed to grave risks of abuse and different forms of Gender-Based Violence (GBV). Recent displacements from NMD have affected women and girls differently from men and boys. When displaced and dislocated, women and girls often find themselves stateless and dependent on others. Women have lost their capacity to sustain their families' livelihood due to loss of seeds, livestock, and tools. Reportedly, negative coping mechanisms have had developed among the majority of the women who require structured psychosocial support and life-skills development activities. In the context of NMD, displacements and conflicts have increased women protection-related concerns. However, a majority of the root causes to GBV are rooted in centuries old harmful traditional practices and the absence of law and administration of justice. GBV types reported during IDPs' Vulnerability Assessment Profiling include but are not limited to physical assault, emotional violence, child marriage, female trafficking, domestic violence, denial of health services, access to education, honor-related crimes, rape, domestic violence, unwanted pregnancy, bride burning or dowry-related crimes, etc.

GBV occurs in all humanitarian emergencies: it is not limited to specific regions, cultures or types of emergency. In armed conflicts, a growing body of evidence suggests that sexual violence can be used as a strategic weapon of war aimed at destabilizing and demoralizing communities. Sexual violence is also often perpetrated against both women

and men held in detention in conflict and post-conflict settings. Evidence indicates that the displacement and destruction that accompanies natural disasters puts women and girls at high risk of multiple forms of GBV. The culture of impunity and silence due to fear of reprisal and shame is exacerbated by the erosion of structural protection systems in the event of natural disasters or armed conflict. One out of three women globally have experienced GBV, the World Health Organization reported in a 2013 study on violence against women. These rates are higher in humanitarian settings due to increased vulnerability emanating from the immediate effects of the violence, loss of livelihoods and disruption of social and family structures. The lack of access to services to prevent, report and hold perpetrators accountable for GBV can exacerbate effects and prevalence of GBV in emergencies. Survivors of GBV are:

- At higher risk of suffering death, including suicide
- Twice as likely to experience depression
- Almost twice as likely to have alcohol use disorders
- 16 per cent more likely to have a low birth-weight baby
- 1.5 times more likely to acquire HIV and
- *1.5 times more likely to contract syphilis infection, chlamydia or gonorrhoea¹.*

We know from local studies, surveys and global data, which these are common types of GBV issues in any emergency situation and are equally applicable in the context of KP and districts Charsadda (Please refer to annex 2).

The repeated large-scale disasters experienced in Pakistan led the government to develop policies and to establish institutional infrastructure for disaster management like National Disaster Management Authority (NDMA), Provincial Disaster Management Authorities (PDMAs) and District Disaster Management Authorities (DDMAs) across the country. These institutions have played an important role in streamlining and coordinating humanitarian activities.

Because of huge displacements that took place within the province and people moved from erstwhile FATA into the settled districts, PDMA Khyber Pakhtunkhwa had a vital role in the humanitarian assistance, management and return of the displaced persons.

^{1 1} *Handbook for Coordinating Gender-based Violence Interventions in Emergencies-GBV AOR 2019*

The extremely vulnerable groups, like people with disabilities, elderly people, women and children were the most affected ones during these disasters, where special attention was required to ensure their protection, care and wellbeing. However, in the past, due to lack of efficient coordination mechanism among the stakeholders at district level, the special needs of vulnerable groups were not truly addressed at all phases of disaster management spectrum.

District Disaster Management Unit (DDMU), under National Disaster Management Act 2010 is planning, coordinating and responding body for disaster management. One of its key functions is to prepare a disaster management and coordination plans. District Charsadda with an active approach took a lead and planned “**Gender and Child Protection in Emergencies Coordination Mechanism**” aiming to reduce vulnerabilities and increase the local capacities to battle the disasters

Vulnerable groups include (but is not limited to) children, women, elderly and persons with special needs. These groups have specialized needs and concern as they require special attention during disasters.

The coordination mechanism is one of the tools to streamline the various processes involved in supporting these vulnerable groups and further strengthened efforts and coordination to reduce the vulnerabilities of these groups during Covid-19 response and other disasters.

District Disaster Management Unit (DDMU), Charsadda in partnership with Gender and Child Cell of PDMA, through comprehensive and in-depth consultations with different stake holders is presenting a functional coordination mechanism for Gender and child protection during emergencies. This mechanism will aim to strengthen the competencies of relevant stakeholders working in the area of Gender mainstreaming, child protection in Emergencies and general protection in covid-19 pandemic and will aim to provide substantial protection to vulnerable groups.

Child Protection:

2. Definition of a Child

According to United Nations Convention on the Rights of Children (CRC)

“A child is recognized as a person under 18, unless national laws recognize the age of majority earlier”

The Convention defines a 'child' as a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger.

The Khyber Pakhtunkhwa Child Protection and Welfare Act, 2010 defines the child in Section 2 (Definitions) under subsection (d) as

“Child” for the purpose of this Act means a natural person who has not attained the age of eighteen years.

Child Protection in Emergency is guided by UNCRC, Child Protection Welfare Act 2010 Khyber Pakhtunkhwa, National disaster Act 2010, UNICEF Core Commitments and Minimum Standards of Child Protection in Humanitarian Action.

Pakistan signed the UNCRC on 20th November 1989 and ratified in 12 December 1990. Supporting articles of United Nations Convention on Rights of Children (UNCRC) include:

UN Convention on the Rights of the Child - General principles

- **Art 2** – all rights guaranteed by the UNCRC available to all children without discrimination.
- **Art 3** – the best interests of the child must be a primary consideration in all actions.
- **Art 6** – every child has the right to life, survival and development.
- **Art 12** – children’s view must be considered and taken into account.

Protection rights – ensure children are safeguarded against all forms of abuse, neglect and exploitation, including special care for refugee children; children in the criminal justice system; children in employment; and children who have suffered exploitation or abuse of any kind.

- **Art 22** – Refugee children
- **Art. 38** – Protection of Children Affected by Armed Conflict
- **Art. 39** – Rehabilitation of Children Affected by Armed Conflict

3. Definition of Child Protection in Emergencies (CPiE)

Child Protection in Emergencies is the prevention of and response to abuse, neglect, exploitation of and violence against children in emergencies. Also includes addressing psychosocial wellbeing of children and caregivers.

The definition of Child Protection, as agreed by Child Protection Working Group, is “the prevention of and response to abuse, neglect, exploitation and violence against children”. Thus, child protection is not the protection of all children’s rights but refers instead to a subset of these rights.

(Ref: “Minimum Standards for Child Protection in Humanitarian Action” by CPWG)

Child Protection in Emergencies programmatic areas: Prevention and response to:

-  Hazards and injury prevention
-  Physical violence and harmful practices
-  Sexual Violence
-  Psychosocial distress and mental disorder
-  Children associated with armed forces or armed groups
-  Child labour
-  Separated and unaccompanied children
-  Justice for children

4. LEGAL FRAMEWORK FULFILLING NATIONAL & INTERNATIONAL COMMITMENTS

“Relevant and responsible authorities, humanitarian agencies, civil society organizations and representative of affected populations coordinate their child protection efforts in order to ensure full, efficient and timely response”

(Minimum Standards for Child Protection in Humanitarian Action-Standard 1 - Coordination)

Right and timely coordination helps in assisting the related bodies in facilitating child protection and targeting the issues related to it. It brings all the relevant actors on one platform for achieving the better result.

Child Protection in Emergencies Coordination Mechanism (CPiECM) presented in this document also defines the roles and responsibilities of the related actors. The document will facilitate the CPiECM and will define the standard procedure adapted for child

protection during disasters. The resource is designed with an understanding that it will help strengthen the coordination among the related actors in this course of action, starting from the root level. The manual will also help in strengthening the commitment of coordination among the related actors.

The main objectives for the establishment of Coordination Mechanism are:

1. To present Gender and protection as an important segment in disaster management specially to provide protection support to women, children, elderly, disabled and other vulnerable groups.
2. To set up a standard procedure and elucidate coordination mechanism for gender and child protection during disasters
3. To identify the relevant actors and delegate responsibilities.

The summary of the major roles of coordination are:

| | |
|---|---|
| Put in place predictable leadership and decision-making structure. | Identify and address child protection concerns. |
| Establish shared objectives. | Agree upon roles and responsibilities. |
| Deliver comprehensive and timely response. | Avoid duplication. |
| Build on existing child protection systems. | Strengthen resilience of children, families and communities. |

5. Gender Based Violence in Emergencies

The Inter Agency Standing Committee (IASC) defines “Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females.” It could be physical, mental, or sexual abuse – including acts, attempted or threatened, committed with force, manipulation, or coercion and without the informed consent of the survivor – directed against a person because of his or her gender in a society or culture.

The IASC Policy and GBV Area of Responsibility (GBV AoR), 2018 primary focus is on women and girls as those most disproportionately affected by violence stemming from gender inequality and the resulting differences in power, privilege, and opportunity that are often exacerbated in emergencies. GBV is known to be prevalent in all settings and

is likely to increase in emergencies when social structures and protection mechanisms break down. It is a protection concern that requires specialized interventions to provide accessible, prompt, confidential and appropriate services to affected and vulnerable population groups, particularly women, girls and boys.

UNFPA Minimum Initial Standard Packages (MISP) says that in displacements (emergency situation) at least;

- 4% of the total population will be pregnant at a given time
- 15% of women are expected to have life threatening complications
- 5% of all pregnancies will require C- section
- At least 2% women have experienced some kind of Gender Based Violence in Humanitarian conditions

In this regard, the multi-sectoral response services and the implementation of mechanisms to prevent and respond to GBV can be facilitated through coordination and guiding principles and approaches (elaborated in annex). Coordinate and ensure multi sectoral services for prevention and response to women/girls and vulnerable groups such as direct or (tele) psychological well-being services and counselling, referral mechanism, provision of services for incident case management, health and reproductive health services, legal aid, and is possible linkages to livelihoods programs in collaboration with UN agencies. As per IASC guidelines, GBV support should continue during stabilized phase while it needs to be mainstreamed in all other sectors as well such as legal assistance, socio-economic growth, water and sanitation, food security and livelihoods etc.

6. Definition of Person with Disabilities

According to national guidelines on vulnerable groups in disasters issued by NDMA, “Persons with Disabilities are defined as those who have physical, sensory or emotional or learning difficulties that impede their access and use of standard disaster support services”

The following key inclusive standards have been developed by “Humanitarian inclusion standards for older people and people with disabilities”

1. Identification: Older people and people with disabilities are identified to ensure they access humanitarian assistance and protection that is participation, appropriate and relevant to their needs.
2. Safe and Equitable Access: Ops and PWDs have safe equitable access to humanitarian assistance.
3. Resilience: Ops and PWDs are not negatively affected, are more prepared and resilient, and are less at risk as a result of humanitarian action.
4. Knowledge and Participation: PWDs & Ops know their rights and entitlements and participate in decisions that affected their lives.

5. Feedback and complaints: Ops and PWDs have access to safe and responsive feedback and complaints mechanisms.
6. Coordination: PWDs and Ops access and participate in humanitarian assistance that is coordinated and complementary.
7. Learning: Organizations collect and apply learning to deliver more inclusive assistance.
8. Human Resource: Staff and volunteers have the appropriate skills and attitudes to implement inclusive humanitarian action, and Ops and PWDs have equal opportunities for employment and volunteering in humanitarian organization.

Logical Fine Points of Gender & Child Protection Coordination Mechanism and Facilitation Bodies

Pre-Disaster

- Ensure that well defined Gender & child protection coordination mechanism is in place;
- Activate the dissemination of important information in regard to Gender/GBV, children, People With Disabilities and Older Peoples effected during previous disasters and related issues;
- Promote awareness about protection concerns of vulnerable groups and welfare focused legislations, both national and international.
- Modify Child Protection Rapid Assessment in local context.
- Evaluate the existing Gender/GBV, child and Persons with Disabilities (PWDs) protection mechanisms and response procedures among different stakeholders.
- Develop/update service directory based on 5Ws tools in partnership with stakeholders.
- Ensure that expected human resource as actors in the coordination mechanism are gender sensitive, trained and prepared.

Response

- Bring the related actors on board and define roles and responsibilities according to the developed mechanism.
- Ensure the information management related to issues of Gender/GBV, child protection during disaster for prioritizing the response.
- Based on 5Ws and organizational capacities agree on line of action;
- Ensure protection of children and women, PWDs and Ops etc. by bringing in all the related actors in the coordination mechanism.
- Respond to GBV and violations of child rights.
- Maintained gender and age segregated database management.

7. ROLES AND RESPONSIBILITIES OF POTENTIAL ACTORS AND COORDINATION MECHANISM FOR GENDER AND CHILD PROTECTION IN EMERGENCIES.

It is very important to identify the key actors to operationalize coordination mechanism. The identification will make the actors responsible for their role and will help them commit to the tasks that they are assigned. Once identified the determination of roles and responsibility clarifies and ensures timely response. The roles and responsibilities of main and related actors are documented below:

7.1. District Disaster Management Unit- Charsadda, Khyber Pakhtunkhwa

- *Close collaboration and support to PDMA, and other humanitarian agencies for child protection related matters.*
- Maintain effective communication mechanism regarding early warning systems.
- Liaison with women and children service providers at district level for maintenance of women and child protection service directory.
- Forward urgent information related to women and child protection to all relevant agencies for immediate response.
- Assist the stakeholders in establishing temporary relief (crises centers) for women and child protection related cases.
- Establish women and child protection response mechanisms and services.
- Assist in rapid assessment, case identification and verification.
- Enhancing safety and wellbeing of women and children during emergencies.
- Information sharing and making referrals.
- Monitoring exercises

7.2. Social Welfare Department

- To take care of general protection of vulnerable population in emergencies with a special focus on women and children and transgender.
- To keep data all vulnerable groups effected in emergencies and their needs.
- To share the vulnerability data with line departments and NGOs for any special assistance.
- Make necessary arrangement for re-integration rehabilitation of survivors
- Ensure accessibility of PWDs and Ops to available relief services.
- Assist DDMU in conducting district coordination meeting in time of emergencies.
- Establish crises centers for women and child protection and refer cases to shelter homes.
- Formulate services mapping at district level and referral pathway for referral mechanism to link vulnerable people with services

7.3. Education Department

- To maintain information on all the available education resources needed in time of emergencies.
- To make necessary educational arrangement for affected children including girls in time of emergencies
- Maintain school enrollment record during emergencies setting.
- Formation of parent teacher council for urgent matters.
- Create awareness about Disaster Risk Reduction.
- Training for teachers on Disaster Risk Reduction.
- To maintain strong coordination and information sharing with DDMU, line departments and NGOs to better response to address educational issues especially related to girls

7.4. Police Department

- To launch FIR in case of missing and separated child, Gender based Violence and exploitation.
- Help in family tracing of unaccompanied child or separated women.
- To collect all information related to women and children that can help in family tracing.
- To provide protection support to women and children at risk or survivors of GBV
- Link to other related department for support of women and children in their custody, specially arrangement to be made for girl's children.
- Liaise with women shelter homes in case of violence against women.

7.5. Health Department

- Create duty plans for doctors/lady doctors and paramedic staff in emergencies.
- Psycho-social support services to survivors of violence/affected by disaster.
- Ensure availability of pediatrician during emergency health services.
- Ensure availability of lady doctor and required medications for women/girls during emergency situations.
- Ensure availability of pediatric medicine during emergency health services.
- Facilitated vaccination process for children.
- Coordination with DDMU, line departments and NGOs for information sharing
- Establish a referral mechanism to linked people with other related services

7.6. Legal support services

- Establish referral mechanism with legal support services at the district level to provide women and children with the legal assistance specially to survivors of S/GBV
- Ensure provision of free of cost legal support to the S/GBV survivors

7.7. Rescue 11 22 Services

- To establish stations in identified Disaster prone areas as per District administration/ DDMU/PDMA instructions.
- Mock exercise with local communities on FIRST AID, boating and swimming tactics etc.
- Ensure services to be linked with local communities as special focus on services for pregnant women, Ops and PWDs.
- To develop safer communities through establishment of an affective system for emergency preparedness, response and prevention.
- Special arrangements to be made to on air various radio program to educate local people to better utilized Rescue 1122 Services in case of emergencies.

7.8. Dilbar Radio FM-93/ Nawe Sahar program, Charsadda

- Creating awareness for the protection of children (boys/girls) and gender issues
- Collection and dissemination of information to and from communities including women/girls.
- Assisting in identification of women and child protection issues and its solution through collaborative approach while taking care of confidentiality of all cases.
- Development of harmonization on information gathered for protective environment.

8. ILLUSTRATIVE WOMEN AND CHILD PROTECTION IN EMERGENCIES

COORDINATION MECHANISM



8. Directory of Contacts – District Charsadda..

| S.NO | CONTACT | PHONE | FAX |
|-------------|--|---|------------|
| 01 | Deputy Commissioner | 091-9220024 | |
| 02 | District Disaster Management Officer | 091-9220137 | |
| 03 | District Police Officer | 091-9220400 | |
| 04 | District Social Welfare Officer | 091-6514060 | |
| 05 | District Health Officer | 091-9220158 | |
| 06 | District Education Officer (Female) | 091-6514623 | |
| 07 | District Education Officer (Male) | 091-9220481 | |
| 08 | Medical Superintendent – District Head Quarter Hospital | 091-9220157 | |
| 09 | PEOC PDMA | 091-9213855 091-9213959 091-9213879 | |
| 10 | Rescue 1122 | 091-6515382 | |
| 11 | Civil Defense Officer | 0300-5925771 | |
| 12 | Radio Dilbar | 091-6515093 | |

9. Annex

GBV guiding principles²

GBV guiding principles and approaches the following guiding approaches and principles¹⁵ underpin all standards, and are referred to throughout the Minimum Standards as the 'GBV guiding principles':

Survivor-centred approach: A survivor-centred approach creates a supportive environment in which the survivor's rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect. A survivor-centred approach is based on the following guiding principles

- **Safety:** The safety and security of the survivor and her/his children is the primary consideration.
- **Confidentiality:** Survivors have the right to choose to whom they will or will not tell their story, and information should only be shared with the informed consent of the survivor.
- **Respect:** All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor. The role of helpers is to facilitate recovery and provide resources to aid the survivor.
- **Non-discrimination:** Survivors should receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity, sexual orientation or any other characteristic.

Rights-based approach: A rights-based approach seeks to analyse and address the root causes of discrimination and inequality to ensure that everyone has the right to live with freedom and dignity, safe from violence, exploitation and abuse, in accordance with principles of human rights law.

Community-based approach: A community-based approach ensures that affected populations are engaged actively as partners in developing strategies related to their protection and the provision of humanitarian assistance. This approach involves direct involvement of women, girls and other at-risk groups at all stages in the humanitarian response, to identify protection risks and solutions, and build on existing community-based protection mechanisms. **Humanitarian principles:** The humanitarian principles of humanity, impartiality, independence and neutrality should underpin the implementation of the Minimum Standards and are essential to maintaining access to affected populations and ensuring an effective humanitarian response.

² <https://www.unfpa.org/minimum-standards>

“Do no harm” approach: A “do no harm” approach involves taking all measures necessary to avoid exposing people to further harm as a result of the actions of humanitarian actors.

Principles of Partnership: The Principles of Partnership comprise a framework for all actors in the humanitarian space to follow principles of equality, transparency, a results oriented approach, responsibility and complementarity. The principles strive to highlight the role of local and national humanitarian response capacity, and enhance the effectiveness of humanitarian action based on accountability to affected populations.

Best interests of the child: Child and adolescent girl and boy survivors of sexual abuse have the right to have their best interests assessed and determined and taken as a primary consideration in all decisions that affect them.

The above guiding principles and approaches are linked to the overarching humanitarian responsibility to provide protection and assistance to those affected by crisis. They serve as the foundation for all humanitarian actors when planning and implementing GBV-related programming. It is important to underscore that:

GBV encompasses a wide range of human rights violations. Preventing and mitigating GBV involves promoting gender equality, and beliefs and norms that are respectful and non-violent.

Safety, respect, confidentiality and non-discrimination in relation to survivors and those at risk are vital considerations at all times.

GBV-related interventions should be context-specific in order to enhance outcomes and **“do no harm”**.

Participation and partnership are cornerstones of effective GBV response and prevention.

Annex 2³

The table presents various types of GBV in humanitarian settings, with an example of its impact. These impacts are magnified in humanitarian settings.

| GBV in humanitarian contexts | Examples of impact |
|---|---|
| GBV (child marriage) and mortality | Seven out of the 20 countries with the highest rates of child marriage are affected by large-scale humanitarian crises, including Chad, Ethiopia, Mali, Nigeria, Somalia and South Sudan. Yemen and Syria are also severely affected by child marriage. Child brides are more likely to experience frequent and early pregnancies, which may cause a range of long-term health complications and, in some cases, death. Complications in pregnancy and childbirth are the leading cause of death in girls aged 15 to 19 globally (for more information see the inter-agency initiative Girls Not Brides). |
| GBV (forced abortion) and women's reproductive health | Many women in Colombia have been subject to forced abortions and births, especially within guerrilla groups. Moreover, many abortion procedures were inadequate and took place very late in the pregnancy, resulting in high risks of health complications. |
| GBV (conflict-related sexual violence), fistula and post-traumatic stress disorder (PTSD) | A 2016 study conducted in Goma in the Democratic Republic of Congo (DRC) found that women who had survived conflict-related sexual violence (CRSV) were significantly more likely to have fistula and chronic pelvic pain compared with survivors of other types of sexual violence. Survivors of CRSV also experienced more severe forms of depression and PTSD, compared with those who also had fistula, and scored highest among the respondents on PTSD and other mental health severity scales. ³ |
| GBV (domestic violence and sexual harassment) and mental health | In Indonesia (following Pidie Jaya earthquake and Bima floods in 2016), 13 per cent of respondents reported that |

³ Handbook for Coordinating Gender-based Violence Interventions in Emergencies-GBV AOR 2019

women and girls felt distressed by the rise in domestic violence after the disasters. Adolescent boys and girls reported that unsafe temporary housing arrangements during the disasters triggered an increase in sexual harassment