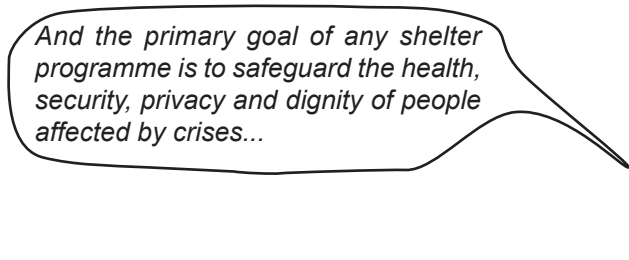
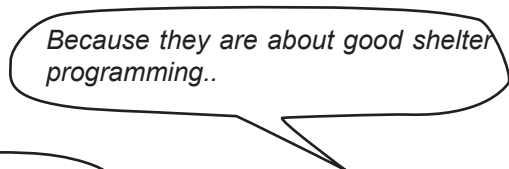
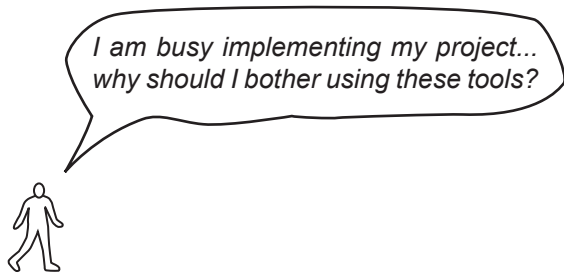


GOOD SHELTER PROGRAMMING

Tools to Reduce the Risk of
GBV in Shelter Programmes

TRIAL EDITION





ACKNOWLEDGEMENTS

This toolkit was developed by the Global Shelter Cluster Working Group on Gender-Based Violence risk reduction. The lead authors are Amelia Rule, Toral Pattni and Robyn Baron at CARE International UK with support from Jessica Izquierdo, Caroline Masbouni, Monica Noriega and Anna Reichenberg at the International Organization for Migration (IOM). Project management and layout is by Haruka Ueda, Joseph Ashmore, and Alberto Piccioli at IOM.

The Global Shelter Cluster, and the lead agencies of this toolkit, would like to acknowledge the valuable inputs of the following individuals who have provided time, feedback, documents and resources, in the development of this guidance:

Aaron Anderson (American Red Cross), Amelia Anderson (CRS), Carolina Cordero-Scales (Independent), Tom Corsellis (Shelter Centre/UNOPS), Steven Crosskey (UNOPS), David Evans (UNHABITAT), Bill Flinn (CARE), Neill Garvie (Christian Aid), Mohamed Hilmi (Interaction), Catherine Hingley (Save the Children), Laura Howlett (Habitat for Humanity UK), Jane Kellum (Independent), Jasveen Ahluwalia (CARE), Jim Kennedy (Independent), Keisa Laitila (IFRC), Sophie Malaguti (UNHCR), Julien Mulliez (DfID), Victoria Murtagh (Christian Aid), Tom Newby (CARE), Oyvind Nordlie (Norwegian Refugee Council), Takuya Ono (IOM), Andy Powell (Save The Children), Stefania Rigotto (CAFOD), Brenda Rose (World Vision International), Victoria Stodart (IFRC), Anna Stone (NRC), Corrine Treherne (IFRC), Miguel Urquia (UNHCR), Jake Zarins (Habitat for Humanity International).

Trial Edition - September 2016

Digital versions of this document are available for free download at:

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Glossary of terms: Types and Forms of Gender-Based Violence (GBV)

Types of GBV

The types of GBV below are the six core types from the GBV Classification Tool () and refer to the types of harm.

Rape: non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object.

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

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

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

Denial of resources, opportunities or services: denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. Reports of general poverty should not be recorded.

Psychological / Emotional Abuse: infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.

Forms of GBV

The definitions below refer to some of the contexts in which the harm can take place. For a more exhaustive list see the IASC GBV Guidelines, Annex 3.

Domestic Violence (DV) and Intimate Partner Violence (IPV): While these terms are sometimes used interchangeably, there are important distinctions between them. 'Domestic violence' is a term used to describe violence that takes place within the home or family between intimate partners as well as between other family members. 'Intimate partner violence' applies specifically to violence occurring between intimate partners (married, cohabiting, boyfriend/girlfriend or other close relationships), and is defined by WHO as behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. This type of violence may also include the denial of resources, opportunities or services.

Sexual Exploitation and Abuse (SEA): A common acronym in the humanitarian world referring to acts of sexual exploitation and sexual abuse committed by United Nations, NGO, and inter-governments (IGO) personnel against the affected population. The term 'sexual abuse' means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. The term 'sexual exploitation' means any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Some types of forced and/or coerced prostitution can fall under this category.

I. INTRODUCTION

i.1 Purpose of the toolkit

The purpose of this toolkit is to support shelter programme staff to reduce the risks of Gender-Based Violence (GBV) through better shelter and settlement programming and project implementation. This toolkit includes tools on assessment ([Section A](#)), Risk and Mitigation ([Section B](#)), and Responding to GBV incidents ([Section C](#)), to support better shelter programming. The toolkit supports the Inter-Agency Standing Committee (IASC) *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* ([📖](#)) and aims to contextualise the advice given in a practical way for Shelter, Settlement and Recovery practitioners.

The tools in this toolkit aim to help shelter practitioners to mainstream GBV risk mitigation into their shelter programming, ultimately reducing vulnerabilities to GBV, particularly for women and girls.

i.2 What is Gender-Based Violence?

GBV Definition:

'Gender-based violence' (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.'

[📖](#) IASC 2015

GBV can affect women, girls, men and boys, although the overwhelming majority of survivors worldwide are women and girls. GBV is a violation of basic human rights and undermines every person's right to safety, health, privacy and dignity, and further disrupts the impact of shelter interventions.

For the purposes of this guidance note, the term 'GBV' will be used as the umbrella term where appropriate, but in order to discuss the ways that specific interventions can have an effect upon the risk of GBV, the discussions will refer as much as possible to the specific types of violence which may be encountered in specific locations within shelters, camps or sites in order to better understand the concrete connections between each site intervention, and the risk-reduction objectives of that intervention.

[📖](#) IOM/Global Shelter Cluster, 2016



i.3 GBV includes:

Inflicting physical harm

I was attacked when I tried to collect firewood to cook food.

Inflicting sexual harm

I have been sexually abused by my uncle ever since they placed our families in one shelter

I was raped in the alleyway behind some shelters.

Inflicting mental harm

Men insult me and tell me to use the woman's latrine because I'm gay.

Men harass us near the front entrance of the camp – we fear what they will do next.

Threats

I am scared to go to the clinic because someone threatened to rape me last time I went.

Exclusion

(Denial of rights, opportunities and services)

I cannot use the latrines because they don't lock and I am scared someone will open them.

My husband died and now I can't inherit the land or the house...

Coercion

I am forced to marry my cousin, to get a better shelter plot in the camp.

Sexual Exploitation and Abuse

A member of the shelter team suggested that I would receive building materials if I had sex with him.

i.4 Why it is important to consider GBV risks in shelter programming

In humanitarian crises, people who were already vulnerable to violence and exploitation due to pre-existing inequalities, often find themselves more vulnerable. As a result, forms of GBV are often at increased risk of taking place. Often it is the fear of violence alone which prevents women and girls – and/or other groups affected by violence – from accessing life-saving services. Shelter interventions can contribute positively to reducing GBV risks for affected people in and around shelters and settlements; ensuring to secure their **health, security, privacy, and dignity**. Failure to consider GBV-related risks in Shelter, Settlement and Recovery can therefore result in heightened GBV exposure for the people we seek to support.

i.5 How to use this toolkit

Attention!

Always assume that GBV is taking place, despite absence of data. 1 in 3 women have experienced either physical and/or sexual intimate partner violence, or non-partner sexual violence in their lifetime (WHO 2016).

Remember: Failure to consider GBV-related risks in Shelter and Settlements programmes can therefore result in heightened GBV exposure for inhabitants. Although specific measures will vary by context, they should always involve multi-sectoral efforts in cooperation with humanitarian actors, local authorities, and host communities, particularly the women and girls at higher risk of GBV.

The tools presented here are designed to be integrated into and **to complement existing shelter tools**. This means the tools in this toolkit are NOT intended as additional check boxes to be ticked or extra work to be done. Inclusion of these tools constitutes **good shelter programming practice**.

The toolkit does not offer specific shelter activities or solutions for reducing or preventing GBV within the areas or communities targeted by shelter programming. Each context and project is different, and the level and type of GBV risk present depends on the context. The toolkit aims to improve:

- **Shelter Assessments:** mainstreaming GBV considerations into shelter related context analysis. (Section A)
- **Mitigation of GBV Risks:** guidance on how to analyse GBV related assessment results, incorporate them into an action plan, and monitor and prioritise project actions. (Section B)
- **Response Capacity** in cases where GBV incidents are disclosed to shelter practitioners. This will help non-specialised GBV actors provide the right kind of initial support for survivors. (Section C)

i.6 Audience

This toolkit is targeted at shelter practitioners in the field, staff who are involved in direct implementation as well as programme leads or shelter coordinators. It also provides key information for gender, GBV and protection actors who collaborate with shelter practitioners.

Attention!

Shelter staff should not be providing specialized GBV services to survivors nor prevention activities in communities as part of regular shelter programs, as this is the role of specialized GBV actors. This toolkit should therefore not be used as guidance for designing or implementing specific GBV prevention or response activities. Wherever and whenever possible, shelter staff should work with specialized GBV personnel so that each technical team is tasked with assessing, designing and implementing specialized activities within their sector of expertise. This toolkit builds on the IASC GBV Guidelines to help shelter staff identify ways to mitigate GBV risks in regular shelter activities as this is a key step in designing and implementing safe and appropriate shelter interventions – from design to completion and evaluation.

I am not a GBV expert... Can someone help?

GBV specialists can. They are humanitarian professionals with specialised knowledge and expertise on Gender-Based Violence.

...they could be working within your own organisation or external, through the GBV Area of Responsibility (AoR), Sub-Cluster, or through the Protection Cluster.



i.7 Guiding Principles for this toolkit

“Do No Harm”

The Do No Harm analytical framework was originally developed as a tool to design/re-design, monitor and evaluate humanitarian and development assistance programmes, so as to minimize the risk of causing further harm unintentionally. Specifically, the framework:

- Identifies the categories of information that have been found to be important for understanding how assistance affects conflict;
- Organises these categories in a visual lay out that highlights their actual and potential relationships;
- Helps us predict the potential negative impacts of different programming decisions, and identify possible opportunities to avoid harm.

 Mary B. Anderson, 1999

Participation

Participation is essential for informed decision-making; promotes protection and reduces feelings of powerlessness; enables us to draw on the insights, knowledge, capacities, skills and resources of affected people; empowers females and males of all ages and backgrounds to rebuild self-esteem and self-confidence; and helps people of concern cope with the trauma of forced displacement. It also improves the effectiveness and efficiency of interventions.

The Survivor Centred Approach

A survivor-centred approach means that the survivor’s rights, needs and wishes are prioritized when designing and developing GBV-related programming. The survivor-centred approach can guide professionals - regardless of their role - in their engagement with persons who have experienced GBV. It aims to create a supportive environment in which a GBV survivor’s rights are respected, safety is ensured, and the survivor is treated with dignity and respect. The approach helps to promote a survivor’s recovery and strengthen her or his ability to identify and express needs and wishes; it also reinforces the person’s capacity to make decisions about possible interventions.

Key Elements of the Survivor-Centred Approach for Promoting Ethical and Safety Standards:

- 1) Safety:** The safety and security of the survivor and others, such as her/his children and people who have assisted her/him, must be the number one priority for all actors. Individuals who disclose an incident of GBV or a history of abuse are often at high risk of further violence from the perpetrator(s) or from others around them.
- 2) Confidentiality:** Confidentiality reflects the belief that people have the right to choose to whom they will, or will not, tell their story. Maintaining confidentiality means not disclosing any information, at any time, to any party, without the informed consent of the person concerned. Confidentiality promotes safety, trust and empowerment.
- 3) Respect:** The survivor is the primary actor, and the role of helpers is to facilitate recovery and provide resources for problem-solving. All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor.
- 4) Non-discrimination:** Survivors of violence should receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity, sexual orientation or any other characteristic.

 IASC GBV Guidelines, 2015

i.8 Summary of the three tools

Assessment Tool: (Section A)

This tool provides a set of shelter assessment questions, presented in tabular format, including: explanations of each question, the importance of asking it in relation to GBV and some practical programme implications that are then expanded upon in the Risk and Mitigation Register.

Timeframe: The tool should be used in the initial assessment, but is beneficial in any assessment throughout a programme. The earlier it is used, the easier it will be to support good shelter programming.

Risk and Mitigation Register: (Section B)

The register provides information on GBV risks associated with standard shelter response modalities and gives suggested mitigation measures to consider in shelter programs. The tool can also be used as a template for creating a context-specific Risk and Mitigation register in the field.

Timeframe: This tool can be used as a reference during initial discussions on suitable shelter modalities, and then once the assessment results are available it can be used to identify risks and plan mitigation actions according to the context and inform shelter activities.

Responding to GBV Tool: (Section C)

The Responding to GBV tool provides shelter practitioners with practical step-by-step advice on how to react if you are faced with a disclosure of GBV during shelter activities. It includes a decision making flow chart and a quick reference guide on how to respond and who to refer to in the case of a disclosure.

Timeframe: The tool should be used at all times in an emergency response programme. Awareness on the tool should be given to all staff at the start of employment.

Attention! Unexpected outcomes

When a programme works to alter societal/structural factors that challenge existing gender roles and norms, GBV can emerge. At times, this outcome can occur despite specific attempts to positively influence gender norms. For example, when some programs seek to improve gender equality by including women in programmatic processes, women may take on more culturally traditional male roles, such as being part of a programme committee, or accepting a paid task. As a result, when risks are not properly factored into the design of the programme, women may face psychological abuse, like becoming the subject of scorn by community members who are threatened by their new role. Or, they may be subject to physical violence from partners who do not appreciate how women's new responsibilities reduce their time to tend to duties at home.

Similarly, when programmes aim to empower women by improving their access to and control over economic resources [or significant assets such as a shelter or a home], they may succeed in putting resources in women's hands, but the resulting challenge to household power dynamics may cause higher incidents of GBV overall.

Hence, risks associated with women's empowerment and other interventions targeting women and girls and other vulnerable groups, need to be properly documented and mitigated in the design of the programme. A risk analysis weighing the strengths, weaknesses, opportunities and threats should be conducted and interventions should always be guided by the principle of "Do No Harm".

SECTION A - ASSESSMENT: OVERVIEW

A.1 Purpose of the Assessment Tool

Purpose: To provide shelter practitioners with key shelter questions that will help them identify and assess potential GBV risks related to shelter needs and activities in emergency contexts. The questions are designed to be shelter specific, which also capture GBV and Gender information.

The Tool: The Assessment Tool at page 22 consists of an Excel sheet (available online) outlining eight key question areas that practitioners can use to assess the presence and/or likelihood of different GBV risks in relation to shelter needs, activities or contexts. These questions can be found through secondary or primary data, or are suitable for household surveys.

How to use the tool: Staff members do not necessarily need to ask all of the questions in the Assessment Tool. The questions in the tool are designed so that shelter practitioners can select the most appropriate questions to use in a given context and include them in a standard shelter assessment.

2 Emergency Shelter: typologies, uses and distributions				
		Secondary Data	Primary Data	Household Survey
2.1	"What are the different types of existing housing? How are houses allocated and to which groups?"			
2.2	"How are houses traditionally divided into rooms/separated spaces? Is there a difference in use of space between men and women? Outside space and interior space?"			

Figure 1: This is a snapshot of the questions presented in the Assessment Tool.

Tip: Any interventions addressing risks of GBV must be done in consultation with women and girls, and/or other at-risk groups. These consultations must be safe, confidential and appropriate, to avoid stigmatizing potential survivors and/or other populations. Shelter staff should consult with GBV specialists in the design and implementation of the assessment and the use of questions, as well as other sector specialists. Mitigation strategies and safe and timely responses to GBV incidents can be coordinated across multiple sectors to increase effectiveness.

Tip: Interviewing Women and Girls - Enumerators interviewing women and girls should be female staff, and (if possible) trained on gender-sensitive interview techniques, they should understand the basic Psychological First Aid (PFA) and GBV referral mechanisms explained in the Responding to GBV Tool (Section C) in the unlikely case of disclosure of GBV during the discussion.

Attention!

You should not ask people directly if they are survivors of violence and/or have experienced GBV in their household, as this puts them at risk. Nor should you seek out survivors of GBV to interview them. The questions are designed to capture information which can inform shelter design to mitigate against GBV; they should not seek out cases of GBV. Section C – the tool for responding to GBV cases/disclosure, will help you as a shelter practitioner to address any unprompted disclosures or reports of GBV which are made directly to you.

A.2 How to navigate the Assessment Tool

The tool questions: the questions are presented on the left hand side of the table, under the eight key areas of enquiry. The columns to the right make suggestions to the level of assessment for which these questions are needed or suitable: secondary data, primary data - such as focus groups and key informant interviews - and household surveys, which may be suitable for baseline surveys and more detailed needs assessments.

Shelter practitioners should select which of the questions in the Assessment Tool to include in their shelter assessment activities based on assessment of needs and pre-existing information. However, all assessments should include information and/or questions from each of these categories, to build a picture of the GBV risks that shelter beneficiaries can be exposed to in a given context.

1 Gender Sensitive population data and household information				
		Secondary Data	Primary Data	Household Survey
1.1	What is the Sex and Age Disaggregated (SADD) break down of populations and family units?			
1.2	"Are there any vulnerable groups within the community and household members? E.g. ethnicity, disabilities, elderly, gender, sexual orientation."			

Figure 2: Example questions from the Assessment Tool (pp. 22-39)

The tool also contains specific guidance on each question and explains in more detail what information is intended to be captured.

Gender Sensitive population data and household information
Important Note: <i>Have a clear understanding of the difference of household and family in each given context. Family structure should be carefully considered in shelter planning and allocation. A household may include more than one family unit but they are related, or within the same dwelling there may be two separate families living together who are not related to each other or are host family or displaced persons. Protection issues may arise as a result of more 'communal' living or by families being separated. The identification of vulnerable groups such as 'single-headed households' will make sure that specific needs and heightened risks of GBV can be addressed from the programme planning phase.</i>
Make sure that a full breakdown of family data (SADD) is available. There may be multiple families living in one dwelling, so it is really important to work out specific living arrangements.
"Some groups may need to be prioritised in the response, or require extra support from the community and the organisation because they may be less visible, have less capacity or power to manage their self recovery."

Figure 3: Example guidance notes from the Assessment Tool (pp. 22-39)

A.3 Building gender and GBV responsive shelter assessments

Including the shelter questions aimed at capturing threats of GBV in regular shelter assessments is a key element of good shelter programming. It can help shelter practitioners identify:

- Where, how and when populations are at risk of GBV threats in their homes and settlements
- How current shelter and settlement arrangements either exacerbate – or mitigate – those risks
- How future shelter and settlement interventions – from design to lay out and distribution – can further mitigate those risks
- How shelter and settlements interventions can be appropriate, safe and accessible for all.

To develop appropriate gender and GBV responsive shelter interventions, shelter programs can use existing pre-crisis or rapid post-crisis gender analyses. However, all programs need to understand at **a minimum** how gender and the risk of GBV affects people's needs, access to power, or resources, and how interventions have different effects on men and women¹. The knowledge of gender dynamics in the context is vital to understanding the GBV risks.

Needs: The needs of a population in relation to shelter and settlements will differ based on many factors including: the existing level of support they have (if any), their sex, gender and age, existing vulnerabilities, their position in society and the different risks they are exposed to. For example women and girls will need specific sanitary items for personal hygiene, but may also need specific items of clothing to facilitate their mobility or access to public spaces. To reduce the risk of sexual violence and harassment they need separate toilets and showers, in close proximity to accommodation, lockable doors and internal partitions within their shelter.

Power/Resources: Housing and land are some of the most important assets that a person can own. In many contexts, housing and land recorded ownership is limited to male members of the household, excluding women from decision making on these assets. Further, males are often granted the roles of head of household and may exercise control over productive assets. At the community and political levels there is often a lack of female representation that can lead to policies that ignore their needs. For example, endangering women or marginalised groups by not considering the risks associated with the distribution of non-food items (NFIs) or the allocation of shelters within a community.

Effects: Shelter interventions can have different (and unintended) consequences on women, girls, men and boys. For example, interventions that target women without engaging men have the potential to lead to increases in intimate partner violence (IPV). It has been documented that the change in gender roles of men as breadwinner as a result of the displacement can contribute to intimate partner violence. In contexts where dowry is paid to the bride's family, families may hurry to marry their daughters to secure funding to complement shelter assistance to rebuild or repair, increasing risks of GBV incidents among young women.

Scenario A: Analysis of gender dynamics and GBV risks not carried out.

Potential Risk: Frequently, not enough time is made for a thorough analysis of assessment results. Assessment forms can often be lengthy which can also hinder time for analysis, meaning different areas (social, economic, institutional etc.) are not all considered. Collecting data, particularly around sensitive issues such as GBV, without appropriate analysis and subsequent follow-up, can create community mistrust and even put people in danger e.g. in terms of providing information on GBV cases.

Mitigation: Secondary data analysis can take place before a primary assessment. A lot of valuable data can be derived from existing information, such as GBV Sub-Cluster reports, national surveys, GenCaps reports, etc. Primary data can test assumptions made from this initial desk based analysis, to understand how and to what extent the emergency context has exacerbated GBV risks and gender inequalities.

Actions: Use frame work / analysis tools to make sure all the data has been collected, then a pre- and post-crisis analysis should be integrated to discuss impacts, opportunities and challenges, highlighting where it is possible to intervene.

(1) The three areas below adapted from UNFPA gender analysis framework

A.4 Assessment design process and methodology

To ensure GBV risks are successfully captured during the process of an assessment, practitioners should pay attention to the **assessment design process** and methodology and consider the following:

1. Ensure that qualitative as well as quantitative information is collected
2. Recruit female enumerators
3. Ensure that women, girls men and boys are consulted about their specific needs
4. Ensure sex and age segregated focus groups or individual/respondents interviews are used
5. Triangulate assessment information with existing GBV/protection assessments and gender analysis
6. Share findings with GBV and Protection actors

Be aware that sometimes, simply asking about GBV has the potential to expose people to additional risk. Remember that specific questions about experiences of GBV should not be asked by shelter actors. GBV is often a taboo, private subject, with survivors being stigmatized or further exposed to violence if they disclose their experience and it becomes known by others. Given this, understand what can and cannot be asked, and when to ask it, so that assessment activities contribute to mitigating risks rather than exacerbating them:

- Do not raise false expectations. Only ask questions which are relevant.
- Do not ask people directly or include questions that can prompt survivors to talk about their experience of violence.
- As much as possible, ask assessment questions in safe, confidential, spaces
- Do not ask GBV or sensitive questions in mixed-sex or mixed-age groups and, when in groups, ensure that everyone present agrees to keep the conversation confidential

A.5 Areas of Enquiry

To assess GBV risks as related to shelter interventions, it is important for practitioners to ask GBV sensitive **assessment questions** related to the following **eight key areas of enquiry**:

1. Gender sensitive population and household information (disaggregated by sex and age)
2. Emergency shelter: typologies and use
3. Shelter construction and/or maintenance
4. Household activities and use of household space
5. Safety, security, privacy and dignity at shelter level
6. WASH integration
7. Community and Settlement level information (For Non Displaced and Displaced populations)
8. Safety, dignity and security at Settlement level

Exploring these areas of enquiry will help to better understand how and why existing gender inequalities can expose women and girls – and/or men and boys – to different forms of GBV. It will also help to understand and identify groups' vulnerabilities, capacities, and opportunities for safety or protection from GBV within different shelter and settlement contexts. If these areas are not successfully examined, then there are risks to the quality and relevance of any proposed project.

Scenario B: Poor assessment resulting in a misunderstanding of family structures

Potential Risk: A misunderstanding of the relationships between members of the HH can mean support is unsuitably targeted, or can lead to cases of tensions and potential GBV or domestic violence. This particularly applies to case of polygamous societies, whereby a lack of understanding of household dynamics can contribute to isolation and ostracising women and children in the family, making them more vulnerable to GBV. (Section A - The Tool: 4.1)

Mitigation: Make sure staff members understand the dynamics of the family and how to interact and intervene with the HH to avoid causing tensions (potential GBV) within a family. (Section A - The Tool: 4.2-4.5)

Actions: Participation and involvement - In the assessment a range of focus group discussions (FGD) including separate FGDs for men, women, adolescent boys and girls, as well as HH surveys to collect both qualitative and quantitative data. Avoid targeting one group more (e.g. targeting only women for assessments) because this can create tensions amongst men and women in the community.

A.5.1 Gender sensitive population data and household information

Why? Intimate partner violence and other forms of domestic violence are some of the most common forms of GBV. Worldwide, almost one third (30%) of women who have been in a relationship report that they have experienced some form of physical and/or sexual violence by their intimate partner (📖 WHO 2016). This makes the home one of the most unsafe places for women and girls in the world.

What? Demographic data should include sex and age disaggregated information. At a minimum, the number of people living in a household, as sub-divided by sex and age. This background information helps to better understand general household composition and related shelter needs (see p22 for the tool). Coupled with gender analysis, sex and age disaggregated data helps to provide a better picture of gender dynamics within the household. Understanding demographics and household dynamics will help to better understand how projects might expose people to GBV risks.

Vulnerable groups: Identifying vulnerable groups will help to account for these groups' specific needs and specific GBV risks from the programme planning phase onwards.

Scenario C: The impact of multiple vulnerabilities

Existing vulnerabilities can exacerbate the risks of GBV. For example, those living with disabilities are often at heightened risk of GBV, specifically sexual violence and exploitation, as they are often isolated and marginalised in their communities. Identifying these groups, reaching out to local organisations and understanding their specific shelter needs – including needs for support and community connectivity – can help shelter staff to mitigate these risks by designing assessments, community awareness and distributions to reach all groups and for shelter designs and layout to consider the specific needs of isolated groups (📖 IFRC 2015).

Household (HH) structure: Household structures and size have implications for the type of assistance, shelter size, and which method of delivery is appropriate to use with beneficiaries. The gender and age of the head of household can have significant impacts on GBV risks facing a household members. This information helps to understand how living spaces should be allocated between families and how shelter materials should be supplied or distributed. Single female headed families, for instance, will have different needs and be exposed to different external risks, than male headed households. (p24 : Assessment Tool: section 1)

Assess capacities and risks for household members when determining the type of assistance, how and to whom to provide it. If there have been changes in the family structure, capacity and resilience may be lower than usual which should be accounted for in activities. For example, the household may have been split up during the crisis - leaving female members alone and potentially at risk.

If the “primary resident” of the household is also the decision maker, then it may mean that other resident's needs / vulnerabilities/concerns may not be addressed. Make additional efforts to get other residents' input. In most societies, the head of household will be a male; programme staff should not only consult with the male family members but also ensure that the assistance provided reflects the needs and opinions of women, girls, men and boys.

Scenario D: Needs assessment fails to identify needs and preferences of women & girls

Potential Risk: Shelter and NFI distributions can lack essential items which will help to restore safety, health, privacy and dignity (e.g. clothing, sanitary products, cooking utensils etc.)

Mitigation: Consultation with community groups prior to procuring standardised packages. Make sure staff members understand that needs and perceptions of priority needs will vary in men and women.

Actions: Shelter assessments need to include questions about type of support preferred by the households and concerns related to distributions, such as timings, locations and specific items, as well as shelter NFIs required.

A.5.2 Emergency shelter: typologies and use

Why? Emergency shelter design and typologies have an enormous impact on the types – and extent – of GBV risks women, girls, men and boys are exposed to. In any emergency context, certain population groups may be in poorer quality shelters, leaving them more vulnerable to GBV risks.

For analysis, it is important to ask why people are in poor living conditions and to understand the risks associated to these conditions on their safety, health, privacy and dignity. It is essential to disaggregate, since using non-disaggregated data to respond to these questions will not provide staff with the information required to assess GBV risks effectively for women, girls, men and boys (p26: Assessment Tool: Section 2)

What? Assessments need to capture details of the shelter typologies and solutions being used in the emergency, to help establish the specific needs of different vulnerable groups. This should include the quality of the living conditions, how much covered living space there is per person, their cultural and gendered appropriateness (i.e. for privacy or bodily needs) and whether there is good light, ventilation and security in the shelter.

Having an understanding of specific gendered NFI needs is also essential in designing the most suitable NFI packages and other forms of assistance, making sure those actions ‘Do No Harm’ and do not increase GBV risk. For example, bedding and mattresses, or cooking or other household care items might have gendered implications. The Sphere Project’s ‘Shelter and settlement standard 3: Covered living space’ stipulates that people should have ‘sufficient covered living space providing thermal comfort, fresh air and protection from the climate ensuring their privacy, safety and health and enabling essential household and livelihood activities to be undertaken’ (📖 Sphere Project 2011).

Example

The IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action published in 2015 includes examples of overcrowding in urban areas or camp situations that can exacerbate family tensions or intimate partner violence; poorly designed shelters that provide inadequate privacy and can increase the risk of sexual harassment and assault for inhabitants; inadequate distribution of shelter-related non-food items that can increase vulnerability for women, girls and other at-risk groups, who might be forced to trade sex or other favours in exchange for these items. Additionally, distress on males caused by losses or devaluation of their traditional roles related to the home may contribute to domestic, intimate partner, and other types of GBV.

It should be very clear what type of accommodation the household members are living in, as this will inform other questions on dignity and privacy. For example in cases where male and female family members traditionally sleep in separate quarters and/or younger girls or boys might sleep separately from adult men and women, a lack of partitions in shelter typology might force them into shared sleeping spaces, which could increase the risk of GBV.

Examples of shelter typologies include;

- Tents or transitional shelters
- Hosted by a family in the house/shelter
- Sharing accommodation with another family (same household or not)
- Collective Shelters (public buildings/large multi- use buildings)
- Living in a non-residential building
- Damaged house (own residence)
- Squatting in another person’s shelter,
- Working for shelter,
- Living outside
- Living in a self-settled camp (makeshift or tent)
- Living in a planned camp

For examples of the GBV risks associated with each typology, please see the Risk and Mitigation Register, p 47.

A.5.3 Shelter construction and/or maintenance

Why? Understanding men and women's different roles regarding shelter construction and/or maintenance can help mitigate GBV risks and potential exploitation. For example, shelter projects intended to empower women by placing them in non-traditional roles (i.e. builder, carpenter, owner or main tenant) may actually expose them to GBV risks, if male household or community members feel threatened and/or if their traditional roles are being usurped. Additionally, involving women in shelter-related roles without prior analysis of its effects may add additional work or burdens onto existing responsibilities for child rearing and household care, resulting in domestic violence or protection risks for children if left with extended family (or not considered), or for girls having to stay at home watching over younger siblings.

Tip: For analysis in post-crisis settings, consider how male and female roles have changed in the crisis and why and how these changes can potentially lead to backlash or negative consequences.

Shelter staff should work with protection and GBV actors to challenge underlying gender inequalities. However, shelter staff should consider how to do so without inadvertently increasing people's risks of backlash and GBV. For example, if women (especially in rural areas where families build houses) are responsible for building the house, but do not have decision making powers or access to the funds needed to get the materials, then this could lead to blaming and potentially to GBV or intimate partner violence (IPV). Shelter activities can mitigate this risk by working with households to determine – together – who receives the materials and/or funds, and how these are distributed and controlled.

What? Gathering information regarding men and women's roles in construction, maintenance and payments of housing is a key area of investigation. This allows staff to understand who is responsible for what and how and, in turn, how to provide information, to whom, and when to engage members of the community in shelter programming so as to avoid the unintended negative impacts described above.

A.5.4 Household activities and use of household space

Why? The spaces in and around the home can be private, semi-private or public. Understanding what activities occur in each of the different spaces in the home, at what time of the day, and by whom, can inform the project of inhabitants' activities, capacities and the risks they may be exposed to. Monitoring changes in these practices can also highlight any problems or new GBV risks. Design and allocation of shelters can impact gender and cultural norms that, when not considered, can impact the protection of at-risk individuals. For example, women that traditionally use indoor space for cooking may be at heightened risk for domestic violence if having to cook outside, or alternatively face health risks when cooking indoors.

What? Specifically, information on which activities men are responsible for and which activities women are responsible for within, or related to, the household needs to be captured. This will provide a better understanding of the types of shelter spaces, lay outs and amenities they need to complete their activities. For example, women are often tasked with more care activities than men and therefore have specific needs with regards to their shelter, layout and related amenities, in order to perform these duties. This may, or may not, be taken into account during shelter design. (p30: Assessment Tool: Section 4)

A.5.5 Safety, security & dignity in shelters and settlements

Why? Different population groups experience spaces in their settlement and homes differently depending on the risks they feel exposed to in each space. Understanding the types of GBV risks males and females each perceive in their immediate shelters and community space, as well as the areas or times where people feel protected and safe in the community, helps practitioners understand i) the different GBV risks present in homes and communities and ii) how shelter and settlement design can contribute to – or mitigate – those risks. Identifying vulnerable groups within a community helps understand who may be subject to, or at risk of, GBV and specifically where and when these risks may occur in the home or settlement. Practitioners should use this information to better understand: why different groups i) may find it hard to access adequate shelter, thereby leaving them in situations where shelter is unsafe or ii) are susceptible to exploitation linked to distributions or access to shelter.

What? Information on the type of materials used in the shelter, how the shelters are occupied and by whom, and access to facilities such as electricity, water and lighting are all important to ensure that an understanding of shelter level risk are captured. All data collected needs to be disaggregated by sex and age to ensure that more vulnerable groups are identified. (p34: Assessment Tool: Section 6)

Crucially, shelter practitioners must not assume that traditional shelter design, or occupancy arrangements, are necessarily the safest or most desired. The home can be a site of violence for many women, girls, men and boys and traditional designs and occupancy patterns might increase those risks rather than mitigate them (for example, young adult men and boys in the same sleeping area can sometimes pose a risk of sexual abuse for boys). Therefore, shelter practitioners should consult with women, girls, men and boys about the elements they need in a home in order to feel safe, prior to designing interventions.

Practitioners can use risk mapping of the settlement to gather information about potential areas where women and girls, or men and boys, are susceptible to, or feel at risk of, violence. This can be done using either direct questions or community maps. One of the key elements to assess is whether or not women, girls, men and boys have equal access to the materials being distributed, if either group has fears for their safety in the distribution areas or on their routes home. If these events are occurring, shelter staff have to probe to find out why this is happening and consult with affected people regarding how best to address the situation. This can be done by:

- Ensuring staff ask women and girls, men and boys about any trade-offs they have to make in order to participate in the distribution channels and systems in place and, if they do;
- What those impacts are and if it exposes them to any additional risk? (i.e. if they can't get their household work done, because they are waiting and participating in our programmes, does this leave them at risk of increased Intimate partner violence?)

Examples

If women are tasked with caring for both young and elderly household members, they might need more water and/or more access to areas where they can bathe those in their care. If shelter layouts and/or washing locations are not sited so as to provide sufficient privacy and/or access to enough water, this may force women or those in their care to go elsewhere, potentially exposing them to GBV risks en route, or increasing their risks of household level GBV such as denial of resources, intimate partner violence and/or abuse.

In some cultures, adolescent girls, need to stay indoors and require privacy to change and a space to spend time. Shelter design should take these considerations into account. Lack of appropriate and adequate space can result in many harmful consequences including early or forced marriage, domestic violence or IPV.

A.5.6 Community level information (For Non Displaced and Displaced populations)

Settlement typologies and activities

Why? The layout of settlements and the way shelters are arranged can either exacerbate GBV risks or mitigate against them - i.e. by ensuring privacy between shelters and families, or providing safe and adequate community services in well lit, central, safe, locations. The division between public and private areas should be considered in order to ensure dignity for the population.

What? Different types of shelter typologies present in the area, and who is occupying them, have to be understood. Specific design elements and/or the lack of those elements can both exacerbate people's vulnerability and risk of GBV or mitigate them. For example, if girl-headed households are largely concentrated in collective shelters or shared accommodation where there is little division between families and households, because they do not have the funds or space to have their own shelters, this might increase their exposure to GBV risks from those they are sharing with. Conversely, it might also present opportunities for increasing protective mechanisms for girl-headed households if the families and households they are sharing with provide oversight and support for their households. Understanding which types of households are in which types of shelters, will help practitioners better understand potential associated GBV risks or mitigation mechanisms. (pp. 24, 32, 38: Assessment Tool Sections: 1, 6 & 8)

Tip: Use the shelter and GBV specific assessment questions to understand the different GBV risks present in the collective centres and/or camps as well as different households' specific needs to feel safe in/around their shelter structures.

A.6 Choosing Assessment Inquiry Areas and Questions

Sector specific assessment questionnaires risk being very long, especially those which incorporate cross cutting issues. The assessment teams therefore collect vast amounts of information, which is not necessarily useful or relevant to the context, or Monitoring and Evaluation teams do not have time to analyse all the data and give concrete advice to technical staff. Here are a couple of examples of ways to identify and then prioritise areas of inquiry and the specific questions to include in the assessments.

A.6.1 Using shelter assessment tools

The Participatory Approach to Safer Shelter Awareness (📖 PASSA) and the Vulnerability Capacity Assessment (VCA) are both tools which can be used to identify key challenges and needs in a community. They work with the community through participatory methods to map risks, causes and potential solutions. The early results of this process can inform any planned assessments and help develop suitable questions, as well as identify vulnerable groups or geographic areas. PASSA works with a group of community members which represent the population, aiming to be balanced in term of gender, age, employment status, home owners, renter etc. (📖 IFRC 2011).

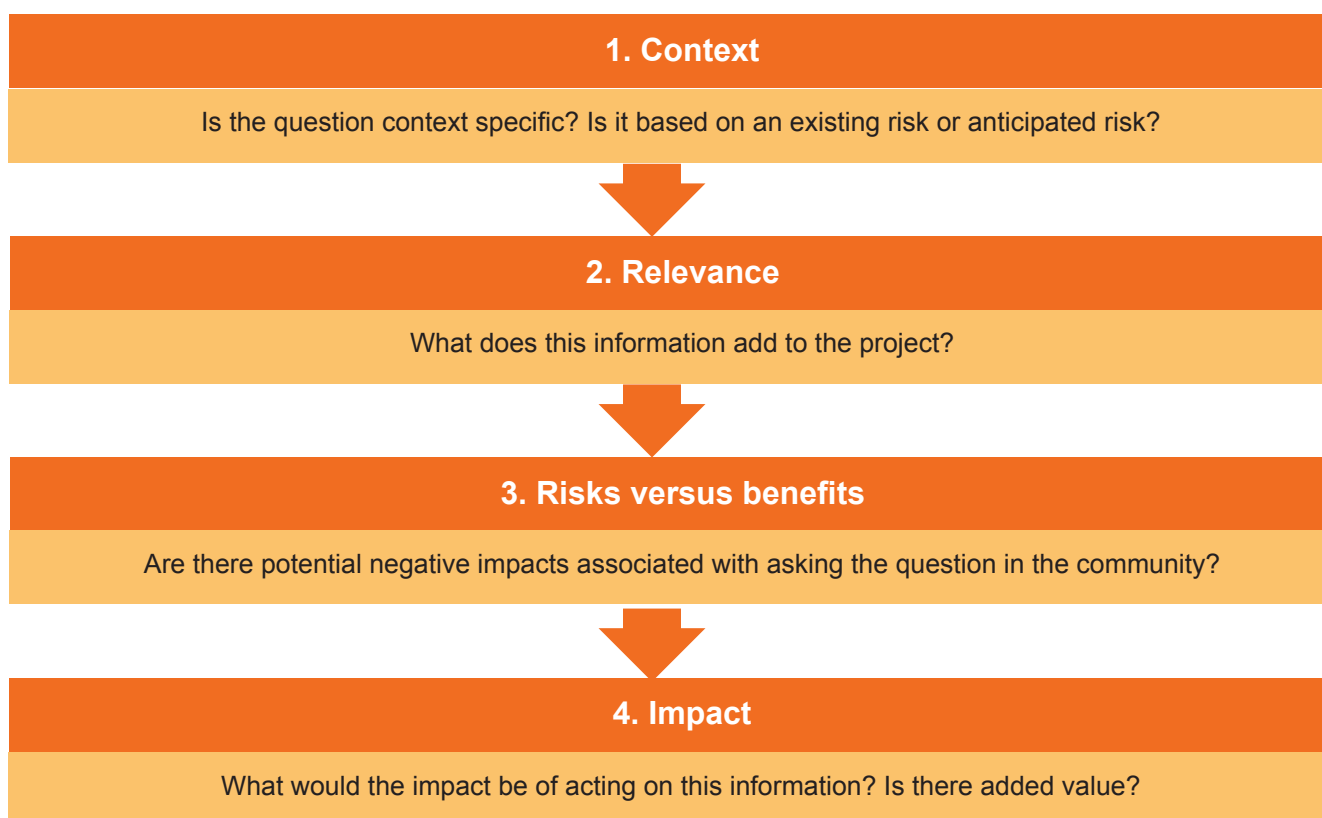
A.6.2 Risk mapping

Using risk mapping to inform assessment questions can also help with the decision making process. **By carrying out these tasks before an assessment is developed, staff will have an understanding of which questions are relevant to the context.**

Depending on the phases in an emergency and the time available, various kinds of mapping methodologies can be used to assess risks and map them in a given context/area/camp. For instance: safety audits, participatory mapping of “hotspots”, perceived unsafe spaces and community “transect” walks. Transect walks across a neighbourhood with residents can highlight in informal and spatial ways the threats and locations of past or potential attacks/violence.

A.6.3 Four reflections

Below is a flow chart which can assist in deciding when to include certain questions in the assessment. This can help eliminate unnecessary questions or those which may have a harmful impact. Use these reflections to prioritise which questions to ask and which questions NOT to ask:



SECTION A: ASSESSMENT - THE TOOL

Shelter Assessment Questions for Assessing GBV Risks within Shelter programmes/ Assessments

The assessment questions are designed to be adapted for every context. They are suitable to both internally displaced and non-displaced contexts, either for post-disaster or in a crisis and cover a variety of scenarios, such as urban areas with dispersed populations, rural villages where people are living in damaged homes or in spontaneous self-settled sites. See the Guidance Note of the toolkit for detailed information regarding each key component and how to respond to - or use - each of the questions included in this tool.

Themes: Questions are sorted into thematic areas by social context, access, intersector, shelter and security topics.

SECTION A: ASSESSMENT - THE TOOL

Guidance Notes

Remember SADD: Collect Sex and Age Disaggregated Data (SADD) for ALL questions:

Demographic data collection should include the following:

What is the gender and age of the head of household?

- # of girls aged 0-5 living in the household,
- # of boys aged 0-5 living in the household,
- # of girls aged 6-11 living in the household,
- # of boys aged 6-11 living in the household,
- # of girls aged 12-17 living in the household,
- # of boys aged 12-17 living in the household,
- # of women aged 18-59 living in the household,
- # of men aged 18-59 living in the household,
- # of women aged 60+ living in the household,
- # of men aged 60+ living in the household,
- # of individuals in the household.

Vulnerability: data collection should include the following:

Displaced household (refugee or IDP), Single-headed household, Female-headed household, Child-headed household or unaccompanied children, Elderly-headed household, Household belonging to ethnic or religious minorities/indigenous group, Pregnant and lactating women (adult and younger than 18), People living with disabilities, chronic diseases, age, gender, lesbian, gay, bisexual, trans, and/or intersex persons.



1 Gender Sensitive population data and household information	
1.1	What is the Sex and Age Disaggregated Data (SADD) break down of populations and family units?
1.2	Are there any vulnerable groups within the community and household members? E.g. ethnicity, disabilities, elderly, gender, sexual orientation.
1.3	<ul style="list-style-type: none"> - What is the traditional family structure/size? - Who traditionally has the decision making power in the household? - Are there changes in the family structure post crisis and, if so, what are they and who has decision making power in the household? (i.e. more male headed households, more female headed households, more multi family households, etc.)
1.4	Who is the primary resident/tenant? (Whose name is on the lease/ rental contract?) (SADD)
1.5	If the household own the property, which member holds the ownership of the house/land? (SADD) <ul style="list-style-type: none"> - Do they hold a formal title for the house or land or both? - Whose name is on the title?
1.6	How many families are living in this shelter/home?

Gender Sensitive population data and household information

Note: Have a clear understanding of the difference of household and family in each given context. Family structure should be carefully considered in shelter planning and allocation. A household may include more than 1 family unit but they are related, or within the same dwelling there may be two separate families living together who are not related to each other, or are host family and hosted displaced persons. Protection issues may arise as a result of more 'communal' living or by families being separated. The identification of vulnerable groups such as 'single-headed households' will make sure that specific needs and heightened risks of GBV can be addressed from the programme planning phase.

Make sure there is a full breakdown of family data (SADD). There may be multiple families living in one dwelling so it is really important to work out the specific living arrangements.

Some groups may need to be prioritised in the response or require extra support from the community and the organisation because they may be less visible, have less capacity or power to manage their self recovery.

Shelter practitioners need to understand the basic context within which shelter, and shelter related decisions, are made in the household in order to understand how shelter activities or interventions might impact household power dynamics. In cases where shelter related decisions are made primarily by men and/or there is intimate partner violence present in the family, shelter practitioners may not receive sufficient or correct information about women and girls' shelter needs. In these cases, activities designed to put decision-making power into women's hands might also inadvertently increase their exposure to risks of GBV, as male power holders back lash against these intervention methodologies. Shelter practitioners can mitigate these risks by understanding who traditionally makes which decisions in a household and then working with beneficiaries to make decisions together.

Understanding gender differences in ownership and tenure is a key to understanding how shelter interventions might inadvertently exacerbate and/or can mitigate risks of GBV - especially exposure to exploitation and abuse. For example, if women are generally denied ownership, this leaves them vulnerable to forms of GBV such as exploitation and/or denial of resources.

Overcrowding: Compare number of people to the available living space to reach a density per m². Overcrowding can lead to lack of privacy and women and girls sleeping in spaces which could be shared by extended family or strangers, putting them at risk of GBV. Overcrowding can also exacerbate family tensions and contribute to intimate partner violence, while also increases risk of assault. Some families may arrange child marriages in order to protect their daughters from assault in communal dwellings or to reduce the family size, leaving more space for remaining members.

Rent: Lack of rental assistance (cash grants, cash for rent or cash for work) can increase vulnerability to sexual assault and exploitation by landlords. Women, girls and other at risk groups may also be at risk of assault if they cannot secure safe rental property or pay rent.

2 Emergency Shelter: typologies, use and distributions	
2.1	What are the different types of existing housing? How are houses allocated and to which groups?
2.2	How are houses traditionally divided into rooms/separated spaces? Is there a difference in use of space between men and women? Outside space and interior space?
2.3	What is the most common form of emergency shelter used in this context?
2.4	What type of emergency shelters are the target population living in within the community?
2.5	Is there enough space in the emergency shelter typology to avoid over-crowding? E.g. Is there adequate space in the shelter to allow separate families within the household to have privacy, especially for sleeping?
2.6	Is there adequate space in the shelter to allow women, girls, men and boys, to have privacy, especially for sleeping, changing their clothes and/or meeting specific gendered needs?
2.7	Do emergency shelters (or units) allow privacy from neighbours or from the general public?
Distributions	
2.8	What are the main shelter and non-food items (NFIs) that are already being used to respond to the emergency? What complementary NFIs are missing? (such as NFIs specifically addressing the specific needs of women and girls?)
2.9	How will women and girls access non-food items (NFIs) being distributed? Consider the timings, locations and journey implications in choosing certain distribution sites.

Emergency Shelter: typologies and use and distributions

Emergency shelter design and typologies impact the types – and extent – of GBV risks women, girls, men and boys are exposed to. Certain population groups may be in poorer quality shelters, leaving them more vulnerable to GBV risks. Poor site planning and shelter design can lead to overcrowding and escalation of cases of GBV especially in collective centres, unplanned sites, shared accommodations with other/host households. This can also occur in case of overcrowding in a single shelter.

For analysis, ask why people are living in these poor living conditions and try to understand the risks associated with these conditions on their safety, health and dignity.

In the settlement (either existing settlement or new sites, spontaneous etc.) there will be different types of shelters. Depending on cultural or social factors, different population groups may be in different shelters. Some people may be in poorer quality shelters, leaving them more vulnerable to risks. Ask why these people are living in these conditions. Groups to consider are listed in the Vulnerability Data box.

Design and allocation of shelters can impact gender and culture norms and, when not considered, can impact the protection of at-risk individuals. For example, women that traditionally use indoor space for cooking may be at heightened risk for domestic violence if having to cook outside, or alternatively face health risks when cooking indoors. Example: In cases where male and female family members traditionally sleep in separate quarters and/or younger girls or boys might sleep separately from adult men and women, a lack of partitions in shelter design might force them into shared sleeping spaces and can increase the risk of GBV.

In high risk areas prone to frequent disasters then there will be commonly used emergency shelters - risks associated with these shelters can already be mapped from the secondary information gathering. For example emergency shelters which are used during a typhoon are often public buildings, but these can become collective shelters if there are no other options available. The GBV risks of non-residential buildings can be understood from secondary data based on the region.

Make sure that in household surveys it is clear what type of accommodation the household are living in. This will inform other questions on dignity and privacy.

I.e.: Hosted by a family in the house/shelter, sharing accommodation with another family (same household or not?), collective shelters (public buildings/large multi use buildings), living in a non-residential building, damaged house (own residence), squatting in a another shelter, working for shelter, living outside, living in a self settled site (makeshift or tent), living in a planned camp.

When there are more than one family unit or an extended family within a shelter, make sure there is sufficient privacy. Sleeping arrangements should be culturally, socially and religiously acceptable where possible.

Rent: Lack of rental assistance can increase vulnerability to sexual assault and exploitation by landlords.

Women, girls and other at risk groups may also be at risk of assault if they cannot secure safe or pay for rental property. Transgender and intersex persons are particularly vulnerable to stigma, discrimination and physical threat if they cannot sustain an adequate level of privacy for basic activities such as dressing and bathing.

Poor site planning and shelter design can lead to overcrowding and escalation of cases of GBV especially in collective centres, unplanned camps, shared accommodations with other/host households etc. This can also occur in case of overcrowding in a single shelter due to lack of partitioning, which is rarely a priority of the household when resources for reconstruction are scarce.

Distributions

Shelter and non-food items (NFI) distributions can lack essential items which will help restoring health, safety, dignity and well-being of households including their female members (e.g. clothing, sanitary products, cooking utensils etc.). Shelter assessments should include questions about type of support preferred by the households and concerns related to distributions, such as timings, locations and items required.

Consider the implications that distribution timings and locations will have for the women, girls, men and boys who will come collect the non-food items (NFIs) being distributed. For example, inconvenient timings may lead to people having to travel late with their NFIs. Alternately, if distributions happen during school hours, market hours, or child/elder care times, or even clinic hours, this can heighten girls and women's exposure to risks, such as denial of services or denial of resources, as it may require them to leave that work to participate in the distribution. Location is also important as it may require men, women, boys or girls to walk long distances, spend additional money on transportation, or otherwise negatively impact their mobility and/or increase their risk of exposure to exploitation or abuse (i.e. trading sex for transportation support, or being at risk of IPV if they are required to travel too far or too long).

3 Shelter Construction and/or Maintenance	
3.1	What are the roles of men and women regarding housing provision? Who is in charge of household resources and assets?
3.2	Who builds the shelters/houses traditionally (and now)? Who gathers the materials and where from?
3.3	Who carries out the maintenance of the house/shelter? When/how often?
3.4	Where are materials collected from? When? And by whom? Has the source of materials changed post crisis?
3.5	Who pays the rent and household maintenance fees (bills) if the household/family are tenants?
3.6	Does the household have the capacity to build/rent and maintain their shelters? Can they access the materials they need to build or maintain their shelters? What happens if not?
3.7	What are the coping mechanisms for women, girls, men and boys who cannot reach the right resources? (rent/shelter materials etc.) For example: Is the household able to pay the rent regularly? What happens if the family member (above) cannot pay the rent?

Shelter Construction and/or Maintenance

Note: Understanding the different roles in the community regarding shelter and construction, can help to mitigate against incidents of GBV risk and exploitation. Shelter projects intended to empower women by placing them in non traditional roles (i.e. builder, carpenter, owner or main tenant) may actually expose them to additional risks of GBV, if male household or community members feel threatened. Additionally, involving women in shelter-related roles may compromise their traditional responsibilities in child rearing and household care, resulting in domestic violence or protection risks for children if left with extended family. For analysis in post-crisis settings, consider how male and female roles have changed in the crisis and why.

Having an understanding on men and women's roles regarding housing provision, coupled with an understanding of gendered patterns in decision-making regarding shelter, allows shelter practitioners to analyse how interventions will impact men/women and boys/girls separately and how shelter interventions can inadvertently expose women/men to risks of GBV when challenging these traditional roles. This will allow shelter practitioners to identify methodologies or delivery mechanisms that can mitigate these GBV risks when implementing activities.

Roles in the construction and maintenance of housing provide information on who, how and when to engage members of the community in shelter programming, without having unintended negative impact. Consider how each role may have changed in the crisis and why.

Journeys made to collect materials can be moments when opportunistic violence can occur towards women, girls and vulnerable groups, as they are away from home and other relatives. Keep in mind that a key GBV risk for women and girls is backlash from men in power, who feel that their decision making role is being usurped. Projects intended to "empower" women by providing them with non traditional roles run the risk, therefore, of exposing women and girls to this type of backlash and related forms of GBV. While projects should still continue to promote women's rights and empowerment as part of their work, shelter practitioners need to know who (males or females) are traditionally responsible for these activities and how the other group might feel - and react - if responsibility is suddenly shifted away from them. This will help shelter practitioners determine if there are possible risks of GBV that need to be mitigated or not.

Understand which materials are used, where they come from and where/how they are collected (and by who) can provide practitioners with an understanding of how men and women might be differently exposed to risks of violence during the construction process. For example, if women are required to collect materials from surrounding areas for shelter construction, this might expose them to opportunistic forms of violence. Understanding this can help shelter practitioners mitigate related GBV risks by suggesting ways to alter construction, materials, and/or working with men and women to change construction plans or techniques.

Understanding who is responsible for paying rent and how they access these funds in a household will help shelter practitioners determine if current shelter solutions are feasible and/or potentially exposing household members to exploitation or abuse.

Rent: Lack of rental assistance (cash grants, cash for rent or cash for work) can increase vulnerability to sexual assault and exploitation by landlords. Women, girls and other at risk groups may also be at risk of assault if they cannot secure rental property or pay rent.

Urban: What maintenance/ services does the landlord provide for apartments?

Rural: In rural areas, it is more likely the houses are owned or built by the occupiers. Some houses will need to be maintained, so whose role is this? And what does it entail? This information is important because it will give shelter practitioners a picture of the GBV risks that people face either because they are responsible for finding, supplying or using the materials in question and/or because they might be subject to landlord pressure or extortion.

Understanding coping mechanisms in these situations will help shelter practitioners identify the different negative coping mechanisms people might use (i.e. early marriage for dowries or cash, exchanging sex for funding or essential items, etc.) as well as their positive coping mechanisms (i.e. grouping families together in a household and building stronger social capital and networks) and how each can either exacerbate or mitigate risks of GBV. This will help shelter practitioners assess the possible impacts of the different shelter typologies present and/or the interventions being designed on risks of GBV.

4 Household activities and use of household space	
4.1	What is the traditional layout/arrangement of a house/shelter in this context? Which spaces are most used by men/boys and which by women/girls?
4.2	How do people use their space, and at what times of the day? What are the community practices and cultural patterns for household activities and care arrangements? Use SADD.
4.3	What tasks do local customs forbid women or men to do?
4.4	What is the perception of men regarding women's roles, and visa-versa?
4.5	Have the roles in the household changed since the crisis? If so, has this changed how men/boys and women/girls use space in the house?
5 WASH integration	
5.1	Is the bathroom or toilet separate from the living space of the shelter? E.g. Does the washing area ensure security and sufficient privacy?
5.2	Can the latrines, washing, bathing and sleeping facilities be secured with latches and locks if necessary?
5.3	WASH access: Where are the WASH facilities located in relation to the shelters? Are routes to and from WASH facilities well lit?

Household Activities and Use of Household Space

Use the information gathered to inform how families are used to living, where more privacy is needed in a shelter. Example: in certain scenarios such as 'polygamous societies' the household layout, when not considered, could lead to intimate partner violence.

Specifically, which activities are men responsible for and which activities are women responsible for? And what are their related needs in terms of shelter spaces, lay out and amenities in order to complete these activities? Women are often tasked with more care activities than men and therefore have specific needs with regards to their shelter, layout and related amenities in order to perform these duties. I.e. if they have to care for both young and elderly household members, they might need more water and/or more access to areas where they can bathe those in their care. If shelter layouts and/or washing locations are not sited so as to provide sufficient privacy and/or access to enough water, this may force women or those in their care to go elsewhere and/or expose them to additional GBV risks.

Emergencies often spark changes in traditional gender roles and activities. For example, women become breadwinners and men can become care givers, where they might not have been before. This also changes how men and women use household space. Shelter practitioners need to understand how roles have changed and, therefore, how traditional or emergency shelter layouts might serve men and women's changing needs and/or might expose them to previously unidentified risks.

WASH integration

This question is especially relevant for cases where more than one family, or an extended family, are sharing one space, which can result in increased risk of GBV.

Locks and latches should be located on the inside of facility doors so that people can control who accesses these spaces when they are in them.

Facilities should be located in spaces that users believe are close enough, and unisolated enough, to be considered safe, but sufficiently private.

6 Safety, security and dignity at shelter level	
6.1	(If security of the area is a problem) Do shelters have doors with internal locks? Are windows lockable?
6.2	Is there sufficient space and access to water for maintaining hygiene for women and girls? E.g. Does the washing area ensure security and sufficient privacy?
6.3	If needed - is there adequate lighting at the entrance to the shelter? Or adequate communal lighting in the 'street' area? Is there more than one entrance or exit to the shelter?
6.4	If needed, is there a safe space or safe emergency shelter that people can access if attacked or a survivor of GBV?
6.5	Are the shelter types safe for single and/or unaccompanied women, girls and/or boys?
6.6	Will the household stay in this location - is it a temporary solution or a longer term solution?

Safety security and dignity at shelter level

Note: *Different people's experiences of the spaces in a home can inform projects on the type of risks males and females may be exposed to, as well as identify spaces where people feel protected and safe. Ensure that all data collected is disaggregated by sex and age.*

Not all security questions will be relevant - there may not be an issue of household level security. Emergency shelter units are not often made of solid materials, so locks on doors and windows would not improve security levels. However, in those cases, it is important to ask women and girls, and men and boys separately, what measures would or could increase their security. Do not assume that security cannot be improved in shelter design, simply because shelters are not solid or cannot have locks.

This question is especially relevant for cases where more than one family, or an extended family, are sharing one space and/or where women and girls are required to go outside of their homes to take care of standard household duties and/or their own needs. It is also important to keep in mind that menstruation is often taboo and subject to stigma in any culture. As such, women and girls need access to adequate, private, spaces to care for their needs in culturally appropriate ways. Otherwise, they might choose to care for their needs late at night when others can't see them, far away from their home or shelter, and/or in other ways that might expose them to additional protection and GBV risks. When considering emergency shelter design and appropriate spaces for safe menstrual hygiene management, staff should consider design elements (e.g. adequate space, location with privacy and access to the shelter/home, close enough to clean water sources for washing and with private access to water sources, etc.) as well as disposal methods and siting.

Depending on the context, lighting may not be a requirement. In rural areas it may be very uncommon to have electric lighting. However if there is a record of violence occurring in dark areas and at night, then asking about lighting is important. Intimate partner violence can occur within the home, therefore ask if there is more than one exit from the shelter, in case a family member needs to leave the confines of the shelter. Ask also about safe spaces in the community. If there are no safe spaces to go to, then survivors might not leave the home, even if they can when there is a good design. Some people may feel light at entrances actually increases chances of an incident, as it is clear to others when people are coming and going from their shelter.

Safe spaces are essential for survivors. Shelter and settlement areas should include these types of spaces. They should be centrally located, safe, and accessible to all necessary GBV services, including medical services and psycho social support. Safe spaces can be special designated areas or, preferably, integrated into existing community services or spaces such as community centers and/or child friendly spaces.

It is possible that grouping single women together in one shelter, or in shelters close to each other, will provide more safety than if they are housed on their own, as it might reduce their exposure to opportunistic violence or exploitation. However, it might also increase the risks of GBV for these groups. For example: creating blocks of female headed households alone can create an area that others in the camp see as ripe for exploitation, abuse or attack; grouping single or young men all together in a specific area can create a specific space that can be targeted for forced recruitment or exploitation; placing female headed households at the periphery of camps can decrease their protective mechanisms and/or access to protective services. This should be discussed and decided with single/unaccompanied women and will vary depending on cultural norms.

Asking families about future plans and shelter choices may provide information on how safe individuals feel in this location or the specific shelter. It can also provide information about the risk of eviction and/or potential exposure to exploitation and abuse. Ask women, girls, men and boys this question separately, as it might be sensitive and expose people to reprisals and/or violence.

7 Community level information (For Non Displaced and Displaced populations)	
Settlement typologies and activities	
7.1	<ul style="list-style-type: none"> - What are the specific types of settlements in this context? (Congested urban areas, camps, dispersed shelters etc.) - Why is the settlement located where it is? - If a new settlement (camp/informal settlement etc.), are there specific risks posed by the location? Why are the shelters arranged in this way?
7.2	<p>What type of shelters/houses are being occupied in the settlement/neighbourhood/village? And by which types of households and/or families? (Remember SADD)</p>
7.3	<p>What is the traditional layout or arrangement of a settlement in this context? How is the current (emergency) settlement design the same or different? (Use mapping and observation, this information can then link to results of question 1 below in Security & Safety)</p>
7.4	<p>What are the typical activities carried out at settlement level? Who usually does them? At what time of day? With what support i.e. which services? (Remember SADD)</p>

Community and Settlement level information (for Non Displaced and Displaced populations)

Note: *These questions are aimed at settlement level. The layout of settlements and the way shelters are arranged can either exacerbate GBV or risks or mitigate against them, i.e. by ensuring privacy between shelters and families or providing safe and adequate community services in well lit, central, safe locations. The division between public and private areas should be considered to ensure dignity for the population.*

Settlement typologies and activities

Different settlement and shelter typologies pose different GBV risks. Camps and collective centres can provide less privacy and space than an individual shelter or rental apartment depending on occupancy arrangements. Alternately, individual shelters or rental apartments can increase isolation and, in cases of intimate partner violence and/or domestic violence, can increase the risk of abusive partners exercising more control and isolation on survivors. Understand what kind of typologies are present and being used so that this information can be cross referenced with GBV risks and typologies known to be present (in partnership with GBV actors), so that shelter practitioners can get a sense of whether GBV risks will be better mitigated by further dividing settlements into smaller, more private, shelter typologies or by creating networks of community and shared spaces. The location of a settlement may have been carefully considered to mitigate certain risks (i.e. distance from services, community tensions, criminality, characteristics of the site - prone to flooding, lack of sanitation, etc.) this information can help in understanding potential risks which exist in the geographic location.

Understand the different types of shelter typologies present in the area and who is occupying them. Specific design elements and/or the lack of those elements can both exacerbate people's vulnerability and risk of GBV, or mitigate them. For example, if girl-headed households are largely concentrated in collective shelters or shared accommodation where there is little division between families and households, because they do not have the funds or space to have their own shelters, this might increase their exposure to GBV risks from those they are sharing with. Conversely, it might also present opportunities for increasing protective mechanisms for girl-headed households if the families and households they are sharing with provide oversight and support for their households. Understanding which types of households are in which types of shelters, will help shelter practitioners better understand potential associated GBV risks or mitigation mechanisms.

Traditional layouts for settlements may or may not reduce people's exposure to GBV risks. Shelter practitioners should not assume that traditional layouts are the best ones for males and females and therefore the most likely to reduce GBV risks. For example, traditional layouts may include communal latrines, but may also present risks for women or children when they use said communal latrines, as it might expose them to attacks. Shelter practitioners should understand what traditional layouts look like, where different groups may or may not have felt safe in those layouts, how those layouts are different than the current layout, and how the design should change to mitigate site related GBV risks.

Activities such as washing, sanitation, child care, cooking and cleaning are gendered and settlement planning does not necessarily always account for different groups' needs in fulfilling these activities. This can therefore lead people to heightened exposure to GBV risks. The classic example is water collection - where women's tasks to fetch water that is sited very far away from their dwellings can, in some cases, increase their exposure to GBV risks, because they might be vulnerable to attack if isolated and alone en route to or from the water point. Conversely, it might also increase their risk of intimate partner violence, if their male partners decide that they take too long to fetch water and therefore retaliate. Understanding these dynamics - where and how different groups meet their needs, the GBV risks they face when accessing or using those services, and the types of GBV present in a community, are essential for practitioners to understand if they are going to assess how site design can influence people's exposure to GBV risks. When collecting this information, it is important to note if these are done by women or men and by which age group, as well as the location of these activities. This information will tell practitioners whether current activity locations might expose groups to risks of GBV or not.

Access and housing, land and property	
7.5	What are the informal cultural and community practices concerning shelter/houses/land and access to them?
7.6	What are the land and property ownership laws and practices which affect people's access to property?
7.7	Who traditionally holds ownership of the house/land? (SADD)
7.8	Have the informal security of tenure (land/house ownership) mechanisms changed?
7.9	Are there particular groups who do not experience the same level of access to housing and land as other groups? (Could be IDPs/refugees and hosts)
7.10	If a new settlement/location for displaced populations, what formal or informal arrangements are made regarding the security of tenure, or permission to stay in this location?
7.11	Is there an Inheritance Law? Does it address men and women equally?

Access and housing, land and property

Access to resources, infrastructure, education (location/cost/travel). Consider how each role may have changed in the crisis and why. This may engender increases in GBV - both within and outside of the household - and should therefore be known to shelter practitioners before they design interventions.

Consider how men and women's access may be conditioned by gender before the crisis - i.e. do women traditionally have access to, or control over, land and property? How is decision making done related to those assets - i.e. is it traditionally men only, or do women also have a say in these decisions? Do children? And, if not, how would this affect their capacity to access the resources or shelter being provided by shelter interventions. If traditional rights do not include access or ownership for one group or another, then this might make shelter interventions ineffective, because they won't reach intended recipients and/or expose those who do not usually have access to possible exploitation or abuse, as those who do control these assets might deprive them of their benefits. Also consider how each role may have changed in the crisis and why. In those cases where this has changed, how has it changed and has it done so in a way that shares benefits more equally across groups, or in a way that restricts decision making and benefits more strictly to one group over another? If it has changed towards more equity, then shelter staff can design programmes to tap into this new dynamic and share benefits, rights and access to land and housing more equally across gender and age groups. However, if it has changed in a way that concentrates decision making and control more tightly with one group - usually male heads of households - then it is important to know how efforts to share benefits with other groups (i.e. women) might expose them to backlash or other potential protection risks from those who do not want to share benefits.

As above, understand how benefits are, or are not, equitably distributed across groups. In analysing this, disaggregate data by sex and gender within all of the groups mentioned, as GBV and gendered experiences are different across groups. I.e. refugee or IDP adult men do not face the same experiences or discriminations that refugee or IDP adult or young women do. These differences must be understood and addressed.

Abuse and exploitation are two of the most important GBV risks facing affected populations, as they are usually marginalized from the surrounding social and legal structures within which they are living. Therefore shelter practitioners need to understand what the tenure arrangements are, who the agreements are between, and what the terms of those agreements are, to better assess the possibilities of abuse or exploitation that might be related to those arrangements. I.e. if tenure arrangements are only between landowners and male household heads, then female household heads might face the possibility of exploitation or abuse if they cannot pay rent; or, if there are no tenure agreements and it is all informal, then young boys, women and/or others might face the same threats as they would be vulnerable to landowner whims, since they do not have legal agreements in place.

Has this formal process been affected by the crisis? Women are often left vulnerable after disaster and crisis as they may not have land or property rights.

8 Safety and Security at community level	
8.2	<p>If assessing a new settlement (camp/informal settlement etc.) :</p> <ol style="list-style-type: none"> 1. Are there specific sites in the settlement area where women and/or girls feel unsafe? And why? 2. Are there specific sites in the settlement area where boys or men feel unsafe? And why? 3. Are there specific sites where marginalized or vulnerable groups (i.e. LGBT men or women, intersex people, etc.) feel unsafe? And why?
8.3	<p>Are the houses/shelters located so that different groups (women, girls, men, boys etc.) can easily and safely access services? i.e. - What is the distance to access services (broken down by type of services - medical, education, etc.), compare to sphere standards and local humanitarian standards.</p>
8.4	<p>Are there unaccompanied children or adolescents on site and how are they are being taken care of? Have unaccompanied girls and boys shelter needs been addressed? i.e. Are their houses/shelters well located, not isolated, accessible to essential services and amenities such as washing, sanitation, education, health services, etc.?</p>
8.5	<p>To whom do community members most often go for help, when they've been victims of some form of violence? (informal and formal arrangements). What do people identify as being safe/unsafe?</p>

Safety and Security at settlement level

Note: *Different groups experiences of the spaces in the settlement and home can inform projects on the type of risks males and females may be exposed to, as well as identify areas, or times, where people feel protected and safe. It is important to ensure that all data collected is disaggregated by sex and age.*

This question can help inform a risk mapping of the settlement and provide information about potential areas where women, girls, men or boys, may have experienced violence. This can be done using either direct questions or community maps. These questions are related to people's perception of safety, which often reflects actual safety concerns. REMEMBER: questions related to safety concerns should not be directly related to individual stories but rather collective/community situations and should not push to disclosure of particular experiences of violence or GBV that individuals face.

Journeys between homes and services can present moments where opportunistic violence can occur towards women, girls and vulnerable groups. Understand where and how shelters are located in relation to the different services and amenities that different groups' access and, therefore, where/how their journeys might expose them to violence. In urban settings this might depend on transit routes - i.e. if women need to take taxis or buses to move between their shelters and service delivery centres. In rural or camp settings, this might depend on distance and isolation between shelters and service locations - i.e. water points or health services. It is important to understand when and how these layouts can exacerbate the risk of opportunistic violence. Shelter programmes also involved in the construction or organization of health and social services should consider placement in relation to prioritized services (for example, food, child services) to consider the spaces that women, girls and at risk groups frequent, thereby improving access. Services should also be accessible specifically to disabled groups.

Unaccompanied children or adolescents can be exposed to more risk as they do not have a family or adults to provide care and therefore have access to smaller social safety nets or protection mechanisms. Unaccompanied children are therefore potentially exposed to higher risks of exploitation and abuse than accompanied children. Shelter practitioners should be aware of this when designing and siting shelter solutions for unaccompanied children.

This question can help in mapping the existing 'informal' support mechanisms as well as the more 'formal' services available. This can add to practitioners' ideas regarding how to set out settlement and/or shelter layout, so it provides safe access to these services and people. For example, if women mostly go to the women's or the health centre for support following an attack, shelter practitioners could mitigate the effects of GBV and/or provide easier, safer, more immediate access to support by placing the women's centre in a central community location. Carefully asking what the main threats are can also help to paint a clearer picture of the main risks in the area, as well as understand the nature of their safety concerns.

SECTION B - RISK AND MITIGATION

B.1 Mitigating GBV risks in shelter programmes

Once you have collected relevant information via GBV sensitive shelter assessments, you should better understand the different GBV risks facing women, girls, men and boys in the emergency context and related to response activities.

The risk analysis should consider the different dimensions of the crisis, and response activities, as experienced by women, girls, men and boys separately. In addition to general household measurements of damage, vulnerability and capacity, consider the individuals within the households and describe who is affected, how they are affected, the level of access of female and male population to assistance and barriers accessing services, and who are priority groups and why. Consider how gender differences vary between different cultural groups, age and economic groupings and how these impact their potential experiences of GBV.

Protection and shelter are closely linked. There are many occasions where shelter-related interventions can feasibly prevent, mitigate or even facilitate possible abuses, exploitation, and other human rights violations. **Trying to understand these potential risks can therefore help us see where shelter projects can prevent and mitigate any additional harm within the communities.** Shelter programmes should thus aim to mitigate GBV risks in two ways:

1. Using shelter interventions to mitigate GBV risks associated with the emergency and/or local context
2. Mitigating GBV risks posed, or exacerbated by, shelter interventions themselves

Examples:

Know your context: if the context includes a prevalence of intimate partner violence, then shelter actors can mitigate these risks by siting shelters so they are not isolated from each other and/or offer well-lit and visible routes to and from facilities, to make sure residents are not subject to violence within, to, and from the home. This would allow intimate partner violence survivors to access specialized help and community support more easily.

Unwanted consequences: Tarpaulin can often be of poor quality and become transparent when lit from behind. This can lead to outside observers seeing when family members are at home alone and potentially at risk from violence.

Good practice: in NFI distributions, women and girls and other at-risk groups are often provided directly with materials and physical support to construct their own shelters. This can help avoid protection concerns such as theft of goods, exchanging sexual favours for support with construction, or attack if collecting shelter materials from a distant location. (p47, [Risk and Mitigation Register - The Tool](#))



B.2 Purpose of the Tool

Purpose: The Risk and Mitigation Tool aims to provide shelter staff with a template for a simple risk register that can be used to identify GBV risks and mitigation measures associated with different shelter programme modalities. The tool helps to choose programme design and implementation methodologies, by presenting the associated GBV risk and then providing a template to help design programmes. **The tool provides contextualised information on risks** (those identified in the assessment) **and proposes mitigation measures and activities to help reduce those risks.**

The Tool: The mitigation tool consists of a **simple excel table of GBV risks relating to the implementation of different shelter modalities** and a template of a simple adaptable risk register.

This is NOT the only tool which should be used when choosing the most effective shelter assistance methods to use in a response. Many other factors will need to be taken into account e.g. capacity/capability of implementing agency; level of funding available, government strategy, etc. This tool is designed to mitigate the risk of shelter and settlement programmes supporting existing, or increasing the risk of, GBV as a result of their activities.

How to Use the Tool: This tool is directly linked to the Assessment Tool presented in [Section A](#). The data collected from the assessment should be analysed using the suggested headings. The results from the analysis should be fed directly into the project/programme Risk and Mitigation Register, where the associated GBV risks are listed in the example table ([p47, Risk and Mitigation Register - The Tool](#)) according to each shelter intervention.

The Risk and Mitigation Register is a matrix which includes clear examples of GBV risks that could be identified through the assessment. However, the matrix should be adapted for use for shelter projects in different contexts based on the results of the GBV-sensitive shelter assessment.

How-to steps:

1. Begin by populating the tool with the different shelter modalities or solutions being considered as part of their response.
2. Use the GBV assessment results to consider the different GBV risks related to each modality – both contextual risks and those specific to the shelter solution under consideration.
3. After considering each possible risk, consult with GBV actors (where possible) and the populations affected to consider possible mitigation measures and to select priority actions.

Scenario E: Collective Shelters located in non-residential buildings without space to separate Households

Potential Risk: Overcrowding and/or integrating groups that do not have social histories together has the potential to increase risks of exposure to different forms of GBV. Overcrowding can lead to lack of privacy and women and girls sleeping in spaces, which could be shared by extended family or strangers, putting them at risk.

Mitigation: Minimise the shelter options requiring displacement and/or use of collective centres as a temporary solution. If this is not possible, consider specific actions to increase dignity and privacy.

Actions: Ensure adequate provision of blankets/bedding materials so that different groups are not forced to share and prioritise relocation to individual household shelter solutions.

B.3 Assessing and Mitigating GBV Risks

The needs analysis is likely to reveal a multitude of GBV risks and/or GBV related problems in the emergency context and it is rarely possible to address all of them. It is therefore important to identify:

1. Which risks are within the project/programme's sphere of influence and can be addressed?
2. Which risks require outside interventions or actors to address?
3. Which risks require long term interventions or change processes to address?
4. Which risks can be addressed quickly and effectively?
5. Which risks require the intervention of other actors, including specialized GBV actors?

It will not be possible to address all of the GBV issues within the lifetime of an emergency project. For example, if there are confirmed or suspected high rates of intimate partner violence within a specific community, this will likely take a longer term, concerted, sustained intervention to address. Understanding the context that leads to intimate partner violence and how projects can exacerbate the situation, will help to design interventions to mitigate those specific risks.

Example

If male control of cash assets and "denial of resources" (a common form of GBV against women) is present, then shelter practitioners should design their intervention so that women have access to cash, but in ways that are safe and will not necessarily expose them to higher rates of IPV or negative repercussions. Additionally shelter staff members will not necessarily have the experience or training to take on GBV activities, so the risk analysis should also include understanding roles and responsibilities (as well as limitation of these) for shelter staff.

The Risk and Mitigation Register tool that follows at p.45 (and is available in digital version online) helps with this decision-making process by:

- Aiding staff in identifying the different GBV risks associated with shelter modalities
- Sorting through those risks that can and should be addressed safely and quickly
- Identifying measures for addressing or mitigating those risks within shelter practitioners' sphere of control and/or identifying where specific GBV risks are particularly high but, shelter practitioners need support, and/or to work with others in order to address them (as they are beyond their sphere of influence).

B.4 General Project Mitigation Measures

Below are some basic cross-cutting steps that should be taken to ensure GBV is mitigated regardless of the shelter modality selected (IASC 2015):

- Establish a mechanism for reporting GBV within the project team and based on the existing recommendations, as per the inter-agency GBV referral pathway, if any. ([Section C - Responding to GBV incidents](#))
- Provide all personnel who engage with affected populations with written information about where to refer survivors for care and support.
- Identify emergency housing for women, girls and other at-risk groups facing safety concerns.
- Train all personnel who engage with affected populations specifically on GBV basic concepts, communication skills and psychological first aid, which would include how to supportively engage with survivors and provide information in an ethical, safe and confidential manner about their rights and options to report risk and access care.
- Incorporate GBV messages into shelter-related community outreach and awareness-raising activities. For example, shelter practitioners can partner with protection and sexual and reproductive health colleagues to conduct mini-discussions during the various trainings and community meetings. This should be done both in picture format and writing in local languages.
- If safe, distribute referral cards that list GBV service providers. These are to inform potential GBV survivors regarding access to response services (consult with GBV specialists in country regarding this point).
- Involve gender equality programmes within shelter interventions.

Tip: NGOs need to engage in communicating and working with communities on identifying vulnerable groups and justifying the reason behind chosen beneficiaries to mitigate against unwanted repercussions.

Consider the following mitigation measures in your programme activities:

Partnering with organisations that have GBV expertise to provide GBV-related trainings to the groups you are already going to work with, e.g., producer groups, mothers groups, Village Savings and Loans groups.

Working with local organisations that have expertise in facilitating single-sex safe spaces for critical reflection on men's/women's own experiences of gender norms and expectations, followed by opportunities for mixed sex dialogue and reflection.

Engage the community and partner organisations in programme planning. While it is good practice for programme planning in all development sectors, engaging the community and partner organisations can be especially beneficial to preventing or mitigating GBV related issues that might emerge in a project. This is a step that should usually take place as part of a project's gender analysis process.

Involve relevant community members. This step enables the community to learn about how the programme will operate and offer information on how the programme may positively and/or negatively impact community norms and existing gender roles and inequalities.

Involve existing community groups. Different programming sectors necessitate engagement with different types of groups. For example, in agricultural programmes, existing producer groups and co-ops that have already involved women can offer valuable information based on their own experience about the potential unintended effects of a programme and the gender and GBV related barriers that need to be taken into account.

Engage men and gatekeepers in the community. If your programme plans to engage the participation of women and/ or girls in different activities by inviting them, for example, to attend meetings or groups, men can often become suspicious. To reduce the risk of violence that may result from this suspicion, inform men and gatekeepers of the community of the project's goals and expectations for female programme participation. This will help to reduce the risk of violence.

Engage key individuals and organisations who are already working in the community. Reach out to extension workers, health workers, and other existing development actors who might have already received gender training, or might have experience with some aspects of gender and development. Think about who will be allies in all the various levels at which the programme work will take place and who can partner with your project to mitigate or prevent any potential unintended GBV effects.

Depending on cultural and context-specific considerations, **general security and privacy interventions** – such as providing lockable doors, partitions, good quality materials, segregating toilets and washing facilities by gender, adequate accommodation and respect of minimum standards – **seem to have a great impact on GBV risk reduction.** This is due both to general protection / good shelter programming, and to the fact that in longer-term situations inadequate shelter can increase tensions .

(Adapted from the CARE UK Good Shelter & Gender Programming Guide)

B.5 Shelter typologies: risks and mitigation measures

The Risk and Mitigation Register tool (pp45-55) presents a range of shelter typologies and the associated GBV risks of each. The guidance below adds more details to the two main shelter response typologies which are most commonly used:

1. Emergency NFIs and distributions
2. Cash transfer and Rental Grants

B.5.1 Emergency NFIs and Distributions

Distribution as a process

The distribution of NFIs is a multi-stage process including several key steps:

- **Assessment** – Assessments may come in several phases, and be conducted with different purposes – from identifying a location to identifying which materials are needed;
- **Beneficiary selection**, compilation of beneficiary lists and distribution of tokens;
- Establishment and management of **complaints processes**;
- **Distributions** and follow on beneficiary **support**;
- **Post distribution monitoring**.

At each point of the distribution, field staff interact with affected people. This is often in locations where no formal referral pathways exist, or where distribution teams may be the only humanitarian actors in direct contact. Each point of interaction is a moment when GBV issues can be identified, and if the distribution programme is well designed some issues can be addressed and doing harm can be avoided. A well-managed and well balanced distribution team can have positive impact beyond the distribution itself.

Distribution projects can also provide a strong entry point for other forms of programming. A well-designed distribution programme can provide opportunities for trainings, awareness raising and other programmes.

- Wherever possible, distribution times, locations and durations should be planned jointly with men and women from the community, according to women's and men's convenience and cultural habits.
- Ensure confidentiality during registration, especially for vulnerable groups, including female-headed households and child-headed households.
- Assess the impact of distribution activities on women and girls, identify any protection risks and establish a referral pathway for reporting and responding to security incidents during distributions
- Female staff should be actively employed in the registration and distribution process including as: registration officers, drivers, distribution officers, tally clerks, monitors and managers.
- Establish mechanisms to monitor and respond to safety concerns including coercion, intimidation, violence, or exploitation, including actions perpetrated by project staff. Disseminate information on those mechanisms to the community.
- All staff must sign a code of conduct and activities are to provide orientation and awareness to all staff involved in distributions on prevention of sexual exploitation. Complaints against staff must be investigated and disciplinary measures implemented when required.

Example

The suitable level of privacy can vary across cultures, which may indicate the need for items that provide additional privacy such as partitions screens. Marriage practices can also affect how relief items are used and who in the household has access to and control of them - Second wives and their children should be registered for relief items.

Design of gender and GBV sensitive emergency shelter kits

To reduce GBV risk, the design of kits/packages of relief items is often secondary to the manner in which the distribution is conducted. Wherever possible, kits should be based on results from gender analysis, diversity analysis or gender and diversity sensitive need-assessments. The contents should suit these contexts and particular vulnerabilities.

Example


Do not make assumptions about family size or structure: NFIs are often calculated per household, with the assumption that a traditional family is made up of two parents and several children. However average family size and composition of the families may vary, especially for families affected by crisis. Often, households are headed by one parent, or a grandparent with children and cousins. In many instances they might not have lived together previously. Care needs to be taken to ensure that the distribution of NFIs does not exclude or put any members of the new family unit at additional risk.

 IASC Gender Handbook (IASC 2006)

Sexual Exploitation and Abuse (SEA) linked to distributions

The distribution of relief items introduces powerful resources into the community that can be misused and abused. Distributions can increase the protection risks to vulnerable groups - in particular, a heightened risk of Sexual Exploitation and Abuse, and other forms of GBV. Perpetrators can be from the beneficiary group or other public in the area, community leaders, or humanitarian staff, thus concrete measures and protocols must be put into place to minimize the risk of this happening. A zero tolerance policy must be enforced for staff engaged in using their relative power over the shelter resources and allocation to obtain sexual or other favours. One way to reduce the risk of Sexual Exploitation and Abuse perpetrated by the humanitarian staff is to make sure that the distribution is done by a gender-balanced team and informing the community of their entitlements i.e. receiving assistance does not require favours in return. A monitoring system to identify when other community members may be sexually exploitative must be in place.

B.5.2 Cash transfer and Rental Grants

A lack of rental assistance (e.g. cash grants, cash-for-rent or cash-for-work) can increase vulnerability to sexual exploitation and/or assault by landlords or other influential people in the community, as well as other forms of GBV such as forced or early marriage. Women, girls and other at-risk groups may also be at risk if they cannot secure rental property or pay their rent and are therefore obliged to seek shelter in public spaces (such as churches or mosques) or in multi-family dwellings ( IASC 2015 p. 264). For example, if a landlord controls the property which houses displaced households, consider if he/she has access to the house/shelter without permission of the occupiers, because there is a potential for exploitation of women, girls, men and boys (sexual exploitation and abuse).

Cash transfers that do not understand or account for gendered patterns of decision-making in the household - specifically, who controls cash assets and makes related decisions - have the potential to increase exposure to GBV risks in the household, i.e. intimate partner violence or domestic violence, if decision-making is not shared.

Tip: If engaging in a cash for work/cash for rent programme, consider how to involve women in the process and to understand the power dynamics in the family when it comes to distributions – i.e. staff should define who is best placed in the family to receive the assistance.

SECTION B - RISK AND MITIGATION REGISTER - THE TOOL

INSTRUCTIONS

To better assess and identify the specific actions you can take to mitigate gender-based violence (GBV) risks in your programming, you should use the risk register below in the following way:

- Step 1 - Use assessment results to identify the different shelter assistance modalities and interventions possible in the given context. List them in column 1 of the risk register.
- Step 2 - Refer to the specific areas of inquiry from the assessment questions to link the results to the risk register.
- Step 3 - Drawing on assessment results, list all of the different GBV risks associated with each specific shelter intervention listed in Step 1.
- Step 4 - List the different methodologies and/or measures shelter interventions can include in their design in order to mitigate each specific GBV risk identified in column 3.
- Step 5 - List the specific, concrete actions that staff and other actors must take in order to put in place the mitigation measures (identified in column 4).

Note - The register below is populated with examples of possible shelter assistance modalities, and associated risks and actions to mitigate those risks. You must adapt and complete the interventions, and risks and mitigation measures for each shelter planning scenario relevant to your context.

Refer to the digital version of this tool to edit it - available at www.sheltercluster.org/gbv



1. Possible Shelter Assistance and/or Interventions	3. GBV Risks Associated with Identified Shelter Assistance and/or Interventions
<p>Shelter/Non-Food Items (NFIs)</p>	<p>Risk: The NFIs distributed are not meeting the specific needs of women and girls.</p> <p>Reason: Being unable to meet their needs with the NFIs provided can greatly limit women and girls' freedom of movement, self-confidence and choice. It can also expose them to risks of violence and exploitation as it might force them into engaging in harmful coping mechanisms, such as transactional sex, in order to meet those needs that are not covered by the NFIs provided. In cases where intimate partner violence (IPV) is a socially acceptable response when women and girls do not meet their traditional roles - such as cooking, cleaning, or caring for the household within a certain time frame - this also increases women and girls' exposure to risks of GBV within the household.</p> <hr/> <p>Risk: Distribution of Shelter/NFIs that do not consider timing and locations accessible to, and/or safe for, women (particularly female headed households) run the risk of increasing women's exposure to existing GBV risks in the surrounding environment.</p> <p>Reason: This has the potential to exacerbate existing GBV as i) the inappropriate choice of location can expose women to existing GBV risks en route to distributions and/or ii) cut women out of the distribution process if the inappropriate times mean they cannot access distributions - forcing them to identify other ways of accessing required NFIs, and therefore potentially increasing their vulnerability to exploitation or their need to engage in coping mechanisms such as transactional sex.</p>

4. Potential Mitigation Measures	5. Concrete Actions Necessary to Implement Mitigation Measures
<p>Mitigation Measure: NFI selection should be adapted to meet the specific needs of women and girls. This can help mitigate GBV both in, and outside of, the household and restore dignity.</p>	<p>Action: Refer to GBV specific assessment questions to extrapolate information on specific cultural norms and people's needs in order to identify the items, quantities and delivery modalities to prioritize.</p> <p>Example actions:</p> <ul style="list-style-type: none"> i) Consult women and girls about their specific needs, sufficient quantities and appropriate materials; ii) Design NFI kits to include sufficient quantities and appropriate materials to meet specific needs (i.e. construction materials, etc.); iii) Design NFI kits to include items related to women and girls' specific roles and responsibilities in the home, such as cooking (i.e. pots, pans, fuel, etc.), child or elder care (i.e. soap, cloth, etc.); iv) etc.
<p>Mitigation Measure: Distribution points, times and procedures should be designed to ensure the safety of different groups and access to relief support.</p>	<p>Action: Based on the results from the GBV risk specific assessment questions, the tools/templates for Shelter/NFI distribution plans should include specific actions to mitigate GBV risks during and/or related to distributions.</p> <p>Example actions:</p> <ul style="list-style-type: none"> i) Consult women and girls (and/or other groups vulnerable to violence such as LGBTI populations, elders, persons with disabilities, children etc.) regarding locations and times for distributions, so that they can access and where they would feel safe; ii) Provide groups with special needs and/or who are vulnerable to violence - such as pregnant or lactating women, elderly, women and men with disabilities, girl and boy headed households- with a priority line and/or a 'safe passage;' iii) Provide those with limited mobility or who feel vulnerable transporting valuable items with transportation assistance to return to their home sites with the distributed items; etc.

1. Possible Shelter Assistance and/or Interventions	3. GBV Risks Associated with Identified Shelter Assistance and/or Interventions
Cash Transfers	<p>Risk: Cash transfers that do not understand or account for gendered patterns of decision-making in the household - specifically, who controls cash assets and makes related decisions - has the potential to increase women and girls' (or other less powerful members' of the household) exposure to GBV risks in the household, i.e. intimate partner violence or domestic violence.</p> <p>Reason: Cash transfers targeted towards women and/or GBV run the risk of causing tensions and potential violence in the household as they challenge and change traditional power relationships and decision making structures. Those who traditionally hold powerful relationships in the family (i.e. men) may react through physical and/or emotional backlashes against those whose position of power is increasing (i.e. women). This is a particular risk in those contexts where IPV already exists in the household.</p>
Rental grants	<p>Risk: Appropriate, safe, and accessible rental accommodation is more expensive and/or unsustainable for beneficiaries to pay for on their own (after rental agreements end)</p> <p>Reason: Rental agreements that do not cover the cost for accommodation that is safe, culturally/gender appropriate and accessible run the risk of increasing people's exposure to violence and GBV in several ways - By forcing tenants into accommodation that is not necessarily appropriate and/or safe for them; e.g. female headed households or single women into rental accommodation without locks, or without sufficient facilities for their needs, or located in poorly lit unsafe areas, and ii) by forcing them into accommodation that is too expensive and where they might be forced into negative coping mechanisms such as transactional sex - or be more vulnerable to exploitation - in order to cover the costs of more adequate rental accommodation.</p>

4. Potential Mitigation Measures	5. Concrete Actions Necessary to Implement Mitigation Measures
<p>Mitigation Measure: Cash transfer amounts and distribution methodologies should be designed in response to household and community gender/power dynamics to decrease potential for backlash within the household.</p>	<p>Action: Drawing on the GBV risk specific assessment questions, cash amounts and distribution methodologies should take existing gender norms regarding roles, responsibilities and decision making about cash assets into account in their design. This is especially important in instances where GBV already exists - especially IPV or domestic violence.</p> <p>Example actions:</p> <ul style="list-style-type: none"> i) Engage men and women equally in consultations and discuss how decisions related to the use of cash will be made within households and the selection criteria to be included in cash programmes; ii) Adapt the project modality to consider using vouchers or lower amounts distributed over time (to be determined in the consultations in step 1); iii) Use post distribution monitoring to find out if the money amount is appropriate, if female beneficiaries feel safe, etc.
<p>Mitigation Measure: Design rental grants so that the amounts and accommodation provided allow for culturally and gender appropriate, accessible and safe shelter.</p>	<p>Action: Refer to GBV risk specific assessment questions to understand the different shelter activities and protection needs related to their housing and household space. Drawing on this understanding, develop rental agreements for specific, safe, appropriate shelter/accommodation and provide sufficient amounts and timelines for related rental agreements.</p> <p>Example actions:</p> <ul style="list-style-type: none"> i) Consult women, girls, men and boys to understand the elements necessary for them to feel safe in shelter and/or housing structures (i.e. materials, location, services or amenities available, transportation, lighting, etc.); ii) Cost out the amount required to provide shelter that meets women/men's specific shelter needs and design rental agreements for those amounts; iii) Provide support to tenants so they have sustainable income to pay rent (e.g. livelihoods support, cash for work, rental cash grants assistance); etc.

1. Possible Shelter Assistance and/or Interventions	3. GBV Risks Associated with Identified Shelter Assistance and/or Interventions
<p>Displaced Populations:</p> <ul style="list-style-type: none"> - Hosted by a family in the house/shelter - Sharing accommodation - Collective Shelters - Living in a non-residential building - Self-settled camp (makeshift or tent) - Planned camp 	<p>Risk: Overcrowding and/or integrating groups that do not have social histories together has the potential to increase risks of exposure to different forms of GBV.</p> <p>Reason: Influxes of large groups in close proximity to one another, who do not have a history of social cohesion or community fabrics, can run the risk of exacerbating GBV incidences. The breakdown of traditional community protection mechanisms, combined with sudden increases of populations in small spaces, can also increase opportunities for perpetrators to access victims and/or for groups vulnerable to violence to be specifically identified and targeted for attack or exploitation (i.e. LGBTI people, young boys and girls, men and women with disabilities, etc.). This is especially true in locations where camp or collective center design does not mainstream safety/protection from GBV into its physical design (i.e. via lighting, communal spaces, transit routes, etc.).</p>
<p>Non-displaced Populations:</p> <ul style="list-style-type: none"> - Self-help shelter - Construction/house repair or retrofit <p>(Using Cash for Work)</p>	<p>Risk: Shelter designs do not meet women and girls' needs and, consequently, increase their exposure to existing GBV risks.</p> <p>Reason: A shelter design process realised without the active involvement and feedback of ALL members of beneficiary households - including women and girls - will not be able to meet their needs and preferences for shelter arrangements in terms of privacy, safety and security. This may contribute to increased exposure to, risk of, and/or experiences with GBV and domestic violence. For example, in those cases where women's traditional role includes caring for household members and washing household items, household design that increases rather than decreases the amount of time women spend fetching, carrying, or transporting water for those activities, might inadvertently lead to barriers to completing assigned tasks. This may expose them to increased incidents of intimate partner violence. (Note - While humanitarians are called on to work with beneficiary populations to change patterns of behaviour that lead to incidents of violence and control, changing violent behaviours is a long term process. In the meantime, practitioners should mitigate GBV within existing systems and structures by ensuring that current activities and designs do not increase risks of exposure to GBV in the current context).</p>

4. Potential Mitigation Measures	5. Concrete Actions Necessary to Implement Mitigation Measures
<p>Mitigation Measure: Minimize the shelter options requiring displacement and/or use collective centers as a temporary solution.</p>	<p>Action: Use the GBV specific assessment questions to understand the different GBV risks present in the collective centers and/or camps as well as different households' specific needs to feel safe in/around their shelter structures. Drawing on this, implement GBV risk reduction activities through specific shelter and settlement design-focused interventions. These will vary by context, culture, gender, emergency and group that practitioners are working with.</p> <p>Example actions:</p> <ul style="list-style-type: none"> i) Consult with everyone (especially those at risk of GBV) to understand where they feel safe or unsafe, why, and how the settlement can be designed differently to improve unsafe areas; ii) Ensure that families have private spaces/partitions within their shelters; iii) Ensure adequate provision of blankets/bedding materials so that different groups (who might practice violence on one another) are not forced to share; iv) Prioritize relocation to individual household shelter solutions; etc.
<p>Mitigation Measure: Ensure women and/or groups vulnerable to violence actively participate in the shelter design process.</p>	<p>Action: Draw on shelter assessment information to identify women and girls (or other groups) needs related to their homes, household activities, and safety.</p> <p>Example actions: Use a participatory approach for the shelter design component and note that it will require time for consultation to take place through participatory workshops, FGDs, key informant interviews etc.</p>

1. Possible Shelter Assistance and/or Interventions	3. GBV Risks Associated with Identified Shelter Assistance and/or Interventions
<p>Participatory re-construction:</p>	<p>Risk: Construction and/or cash for work activities may increase women's risk of GBV rather than decrease it or contribute to improving dignity.</p> <p>Reason: Women and men may not have equal access to skill training and income generating opportunities created by the programme, because gender inequalities mean women have lower levels of education, less time available, less freedom of movement and/or choice and less decision making power than men. These inequalities might combine to mean that the cost of participating in programme activities is higher for women than for men and therefore places a higher burden on them. For example, participation in construction activities may add undue burdens onto women because of the effects this will have on their existing house chores and/or child care responsibilities. It can therefore result in boys and girls being obliged to take over the domestic chores instead of attending school. It may also lead to men feeling disempowered, which could lead to domestic tensions or violence. All of which might result in or constitute forms of GBV affecting the entire household and its members.</p>
<p>Deliberate targeting of one and/or specific underserved groups (i.e. female headed household, single women, girl or boy headed households, etc.) to receive assistance</p>	<p>Risk: Deliberate targeting of one group (e.g. targeting women only) can lead to community tensions and can increase risks for that group of potential retaliation from others in the community, including GBV risks</p>

4. Potential Mitigation Measures	5. Concrete Actions Necessary to Implement Mitigation Measures
<p>Mitigation Measure: Allow women to choose how they will participate in the construction process by providing a range of options which can suit their availability, income generation needs, and take social norms and practical obstacles into account.</p>	<p>Action: Draw on assessment results describing men and women's roles, responsibilities, norms and needs regarding shelter and income options to determine a range of options for participation. This will help practitioners engage both the men and women in a family in a suitable way in project activities.</p> <p>Example actions:</p> <ul style="list-style-type: none"> i) Consult men and women regarding methods of participation and engagement appropriate to their context and needs; ii) Design interventions that target both men and women so as to mitigate possible tensions amongst family members; iii) Provide single women, unaccompanied girls and other at-risk groups (elderly, people with disabilities etc.) directly with materials and physical support to construct their own shelters; iv) Provide provisional work (skilled or unskilled for the site preparation, construction or fabrication of building components) or participation in the monitoring of construction progress; etc.
<p>Mitigation Measure: Use inclusive and/or blanket approaches to targeting and/or ensure transparent communication mechanisms and selection criteria - including information dissemination campaigns designed to specifically address backlash and potential related acts of GBV.</p>	<p>Action: Use assessment results to identify the specific contextual support needed in terms of targeting during the project design stage. e.g. local staff to support with identifying harder-to-reach ethnic groups/more vulnerable families.</p> <p>Example actions:</p> <ul style="list-style-type: none"> i) Sensitise community members (including men) on the beneficial impacts of selected targeting (i.e. if targeting women only); ii) Develop messages regarding distributions designed to avoid drawing attention to vulnerable groups receiving targeted assistance; iii) Prioritize the most vulnerable groups within a blanket approach; etc.

SECTION C - RESPONDING TO GBV INCIDENTS

C.1 What is the Responding to GBV Tool?

This Responding to GBV Tool provides shelter practitioners with practical step-by-step advice on how to respond if you are faced with a disclosure of Gender-Based Violence (GBV).

These tools are **reactive** and are **only intended** to be used when staff need support handling unsolicited and/or spontaneous GBV disclosures, rather than for planning or implementing specific GBV programming.

The tool is made up of two parts (A and B) which are:

- A. Responding to GBV Flow chart; and
- B. Constant Companion Card for Field Staff.

C.1.1 What is GBV disclosure?

A disclosure of GBV is when a person/people make it known that they, or someone they know, has experienced GBV. This disclosure might be made to a specialised actor, such as a health worker who can provide treatment or to a friend, shelter actor or anyone else. It is the choice of the survivor whether they wish to pursue specialist support or not regardless of whether this is medical, health, legal or psychological support.

The Responding to GBV tool therefore shows the simple and practical steps for what to do when a staff member receives a GBV disclosure to (a) provide initial support and comfort if necessary and (b) to provide information to the survivor about available support.

Examples of GBV incidents which may be disclosed:

- A male village leader appointed by your NGO to a monitoring committee to draw up the list of project beneficiaries only includes the name of a widow in the list when she sleeps with him.
- One of the women participants in the programme is beaten up by her husband regularly.
- A construction supervisor in-charge of building shelters in the rehabilitation programme promises to build a woman's house first if she allows him take photographs of her naked. The woman gives in to his demand as she thinks she has no choice.

Indirect reporting of GBV

Indirect reporting of a GBV incident is when a GBV incident is reported by a third party. For example, a community leader tells shelter staff that there are cases of young women being attacked on the way back from a distribution.

If team members receive an indirect report of an incident, and no GBV specialist is present, take the following steps:

- Provide basic Psychological First Aid if the person reporting the incident is experiencing trauma or stress. E.g. a child reporting that their mother is experiencing domestic abuse.
- Note down information about the incident in a confidential manner – i.e. no identifying details or information – and ask the survivor for consent to seek advice from a GBV specialist.
- If the survivor gives her or his consent, access specialist GBV support through your team leader, GBV specialist or directly. The objective of the consultation is to facilitate a survivor's access to care.
- Access to care should be based on a survivor's wishes. The exception to this rule is if staff are informed of a life-threatening situation and/or if the survivor is below the age of consent. In these cases, staff should seek specialist GBV advice before taking any actions.

Note that no referral for the GBV survivor can be made if a GBV incident is reported indirectly. The referral pathway process can only be used with the informed consent of the GBV survivor him/herself (If the GBV survivor is a child or vulnerable adult, the parent/caregiver should give consent).

C.1.2 The GBV Response Tool

The GBV Response Tool shows the key steps to take when faced with a GBV incident disclosure and key factors to consider. It is intended primarily for disclosure of GBV incidents. It includes two steps:

- **REACT** (Basic Do's and Don'ts based on Psychological First Aid)
- **REFER** (If appropriate and upon the survivor's informed consent how to make a basic referral while respecting safety and confidentiality)

Shelter actors can follow up with the GBV service providers who received the referral to make sure that follow up action has been taken. However, if staff choose to do so, they should not ask for any other information, such as the services rendered or details that are confidential to the survivor and their case workers.

In the event that a survivor approaches a staff member for further support after a disclosure or a referral has been made, and/or wants to share more details or ask for advice, staff should remind the survivor that GBV specialists and/or service providers are the correct people to discuss their case with and refer them back to the appropriate person. When doing so, remember to follow PFA principles and to provide confidential and compassionate listening. Managing this dynamic can be tricky and, if the survivor persists in continuing to ask for advice or support beyond the Shelter staff member's role, ensure you ask trained GBV specialists for support.

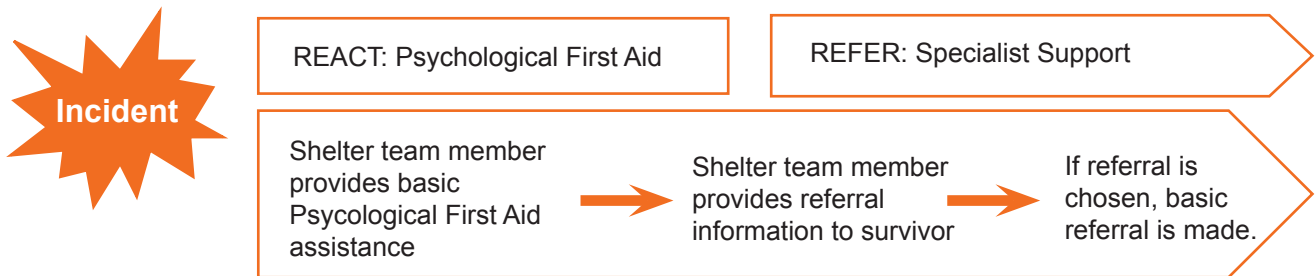
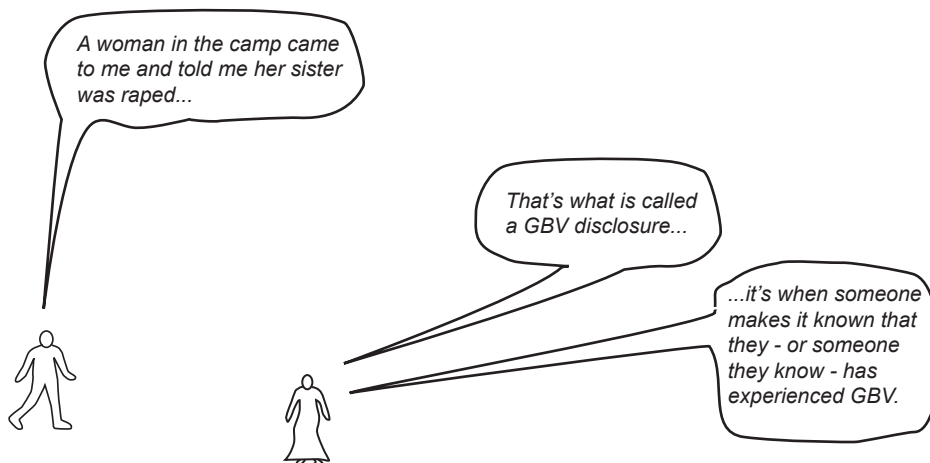


Figure 4: The Responding to GBV tool, as shown through the above diagram, provides guidance on how to provide immediate Psychological First Aid and, if appropriate, to make a basic referral



C.1.3 How to use the tool

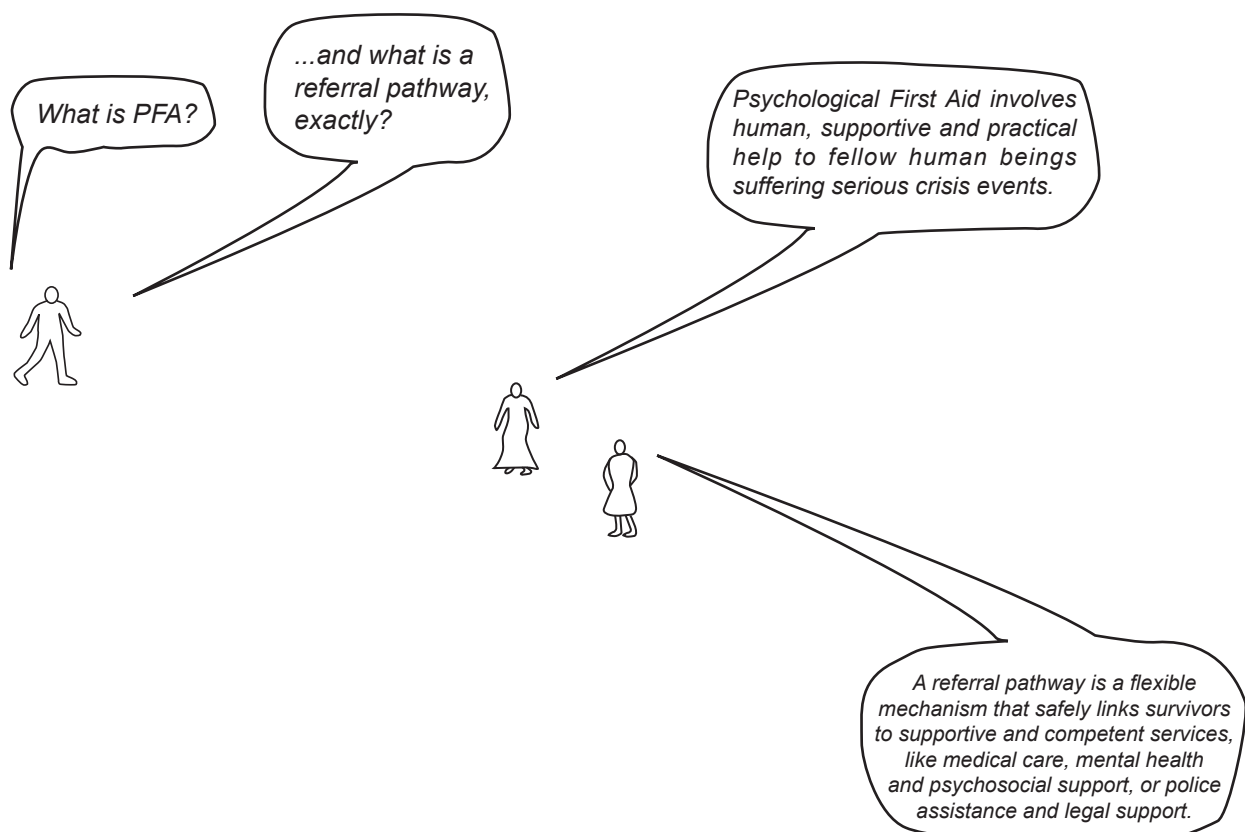
This tool should be used by shelter practitioners as a practical guide to use when faced with a GBV disclosure. In order to use the tool effectively, the following should have taken place at the inception of the programming:

- Training: As stated above, to ensure staff understand the challenges around Gender, Equality, Diversity and the associated GBV implications, staff would ideally take part in a team wide training.
- A copy of the inter-agency referral pathway for GBV survivors' access to specialised care. The referral pathway is a tool developed by the GBV sub-cluster/working group to outline the service providers who have been trained and are able to respond to GBV cases, such as health, legal or psychosocial services.
- Training for shelter field staff on GBV key concepts, Psychological First Aid and the referral pathway system. Support should also be provided for staff on the personal stress and trauma that can be caused by receiving GBV disclosures.
- All shelter staff should carry an updated list of contact details of agencies and professionals on GBV, child protection and psychosocial support, to which they can refer survivors of GBV (or a child who reveals an incident of violence) to them.

Responding to GBV tool: When this tool applies

These are different examples that a shelter practitioner might encounter in the framework of a disclosure of GBV:

- A woman comes to you to report that she is being sexually harassed by her landlord.
- A young woman tells you she feels very unsafe when she needs to go to the toilet at night, because she was physically assaulted by strangers on her way to the toilet a previous night.
- A girl tells you that her uncle is trading her for cash and/or assaulting her in their home.
- If you are faced with any of the above situations, what is the first thing that comes to your mind? It is likely that you will have this question first and foremost in your head.



C.1.4 What to do

Shelter staff are **NOT** expected to solve any of the above problems, or provide counselling information to the survivor. Wherever possible, this should be done by specialized, trained, GBV and/or Protection staff. You are a point of contact from which the person/people can access the specific type of support they need (if this support is available).

As this point of contact, **you can react (using psychological first aid skills) and, if appropriate, provide the survivor with information on specialist support** in a way that respects the survivor's **safety, health, privacy, dignity and rights**.

REACT

Key principles for frontline response to GBV disclosure (based on Psychological First Aid skills)

To provide immediate assistance and comfort to a survivor of GBV, use the following Psychological First Aid steps.

DO

- **Do** provide practical care and support (e.g. offer water, somewhere to sit).
- **Do** listen to the person without asking questions about her/his experience of violence and making judgements
- **Do** offer comfort to help reduce anxiety (e.g. "I understand that must have been very difficult for you").
- **Do** ensure confidentiality at all times and, wherever possible, make sure that you are in a secure place.
- **Do** ensure the safety of yourself, in addition to that of the survivor.
- **Do** limit the number of people informed about this case (Refer only to relevant colleagues e.g. your organisation's Team Leader or Gender Advisor with the informed consent of the survivor).
- **Do** respect the right of the survivors to make their own decision. Inform, do not give advice.
- **Do** be aware and set aside your own biases and prejudices.
- **Do** make it clear that even if they refuse help now, they can change their mind and access help in the future
- **Do** behave according to local cultures/customs.
- **Do** be aware of the services that may be available in the location.
- **Do** know how to safely and confidentially refer or link survivors with services, where available

DO NOT

- **Do not** ask questions that make the survivor relive the experience.
- **Do not** pressure the survivor into providing information or further details.
- **Do not** offer advice or judgements.
- **Do not** provide counselling. This is the role of a social worker/case manager.
- **Do not** make false promises or provide false information.
- **Do not** force help on people, be intrusive or pushy.
- **Do not** share the story with other people unnecessarily.
- **Do not** mediate between the survivor and the perpetrator or a third person (eg. Family).
- **Do not** if following up on a GBV referral, do not ask for extra information or contact survivor directly.

REFER

Referral pathway guidelines

It is often challenging to know which services are available, and where. It is even more challenging to know what services there are to support GBV survivors, because these types of services might be very discreet or informal.

Your first port of call should be your team or organisation's GBV/protection advisor, as they have specific skills in identifying referral options and might have been involved in a GBV service-mapping process.

The following recommendations are intended for use for basic referrals:

Team leaders should share with their staff a referral list that outlines available GBV services in the area of operation. This is usually part of an agreed GBV Standard Operating Procedure (SOP) made available by the GBV Sub Cluster. It is not up to Shelter practitioners to develop one. If a referral list does not exist in your area of operation, shelter staff should refer to their Team Leader to access information from the Protection Cluster on nearby available services and/or consult with a GBV specialist who knows which services survivors can be referred to.

If a GBV service mapping needs to take place, this should be carried out with support from a GBV Advisor and/or the Sub Cluster, through engaging the community in order to understand different dynamics. For example, in your area, it might be that police do operate but people prefer to seek support from village leaders due to lack of trust in the police and allegations that the police side with armed groups.

SURVIVOR'S RIGHTS

- The survivor has the right to choose if and which specialized services they need and make their own informed decision.
- If the survivor chooses not to seek any specialized support, do not try to coerce them as this might cause further stress. Let them know that they can change their mind at any time and you are available to listen and help.
- If the survivor chooses to seek specialized support, ensure that they access this support in a safe and discreet way. It is best to ask the person if they feel comfortable to access this service and ensure they are accompanied by a trusted person, if possible.
- Know your role and the limits of your role. If you are in an environment where there are no services available, then the most you might be able to do is provide a safe space for them to talk to you if they choose to do that.

Once the survivor has decided to seek specialist support and made an informed decision based on the available services, you can make a basic referral.

It is not expected of you to make a detailed referral as you are not a GBV case worker and you might not have all the relevant information. Your role is to ensure that the survivor accesses the service in a safe and discreet manner. Depending on your context, this might be straightforward or challenging and it is crucial to ensure always that the survivor feels as safe as possible and are not exposed to further dangers.

Simply record the referral process, and ensure that all notes are kept confidential. Relay the information back to the Team Leader, who will share with relevant actors in the approved reporting mechanism. Follow all agreements on data protection and confidentiality for survivors. Any challenges that were faced, or extra needs for support, should be highlighted in the report, so that lessons can be learnt for the future.

Remember that it is not usually the responsibility of shelter practitioners to follow up on referrals. However if there are no GBV specialist staff available, shelter practitioners can follow up with GBV service providers to ensure that the referral was received and some type of action was taken, without requesting further information, or trying to contact the survivor directly.

CONFIDENTIALITY

- Maintaining confidentiality means not disclosing any information, at any time, to any party, without the informed consent of the person concerned.
- When reporting or documenting on the GBV disclosure, ensure to leave out personal details such as names/ locations. Only provide this information, with consent from the survivor, to the GBV service provider who is supporting the survivor.
- Training and Standard Operating Procedures (SOPs) should include specific guidance on confidentiality when reporting and documenting disclosures of GBV.

RECOMMENDATIONS FOR CHILD SURVIVORS AND VULNERABLE ADULTS

If you are faced with a GBV incident involving a child or a vulnerable adult (for example, an adult with mental health difficulties) it is advised to obtain consent from their parent/caregiver before carrying out a referral. Note that the age that a child reaches adulthood and/or the legal age of consent varies in different countries. In the absence of any clear laws or adherence to rules, children under the age of 15 require caregiver consent as a general rule. (📖 IRC 2012)

However, be aware that perpetrators might be the parent or caregiver of the child/vulnerable adult and that asking for their consent might cause additional harm to the survivor. To ensure this does not happen, ask the child or vulnerable person for permission to speak to their parent or caregiver prior to approaching them. If the child does not give this permission, do not disclose to the adult in question and brainstorm with the child to identify “safe” adults they can approach for support instead.

General guidelines regarding children and informed consent/assent (📖 IRC 2012):

For infants and toddlers (0-5 years), informed consent should be sought from the parents' caregiver or a trusted source. Younger children (6-14 years): For children in this age range, written parental/caregiver informed consent is required, along with the child's informed assent. If it is not possible to obtain informed consent from a parent or caregiver, then another trusted adult, identified by the child, who can be safely brought into care and treatment decisions, should be approached to consent for the child. If children aged between 12-14 years old, who have higher maturity levels, don't wish to have caregiver consent, consult with your team leader or GBV specialist.

Older Adolescents (15/17 years): Older adolescents are generally considered mature enough to make decisions. This means that older adolescents can give their informed consent or assent in accordance with local laws. Ideally, supportive and non-offending caregivers are also included in care and treatment decision-making from the outset and provide their informed consent as well.

If the GBV survivor has a disability, ensure wherever possible that they are able to access specialist support services and consider any specific health needs they might have.

SECTION C: RESPONDING TO GBV - FLOWCHART - THE TOOL

GBV INCIDENT IS DISCLOSED TO YOU → NO GBV SPECIALIST STAFF AVAILABLE → FOLLOW BELOW STEPS

This is a RESPONSIVE tool only. It is not expected for shelter staff to actively work on GBV-specific cases

1. When GBV incident is disclosed

STEPS FOR BASIC PSYCHOLOGICAL FIRST AID

- a) Practical care:** Make sure the person is practically comfortable e.g. offer water if possible and ask if he/she wants someone else to be present such as a friend or relative.
- b) Safety and discretion:** Ensure, as much as possible, that you are in a place that is safe, and out of earshot of others walking past.
- c) Listen and comfort:** Listen without judgement and offer words of comfort e.g. 'I understand this is hard for you'
- d) Explain:** Explain to the person that you will try to make this as safe and confidential as possible, but that there might be other ramifications of using this space. Tell the person/people that you will try and find them help if this is possible
- e) Don't push/judge/offer advice:** Don't ask questions about the incident, only listen to what they tell you voluntarily. Don't give your opinion on what the person should/should not do.

POINTS TO REMEMBER

Key principles of Psychological First Aid (PFA) - Consider **safety, health, privacy, dignity** and **rights** of the person/people.

Security: Ensure you are in a secure place wherever possible

Listen without judgement!

Know your limits and do not create false expectations.

POTENTIAL CHALLENGES

- **No female staff available** – If the survivor is female, ask if they would like a woman to be present, such as a trusted woman in the community. Do not force the issue if they say “no.”
- **The person needs urgent medical help but refuses this** – Due to the sensitivities and stigmatisation around GBV, it is possible the person will refuse medical treatment. Any person over the age of 18 has the right to refuse medical treatment. If you strongly feel that the person needs medical help despite their refusal, seek advice from your team leader.
- **The survivor wants your advice** – For example, a woman might have been beaten by her husband and asks if you think she should leave her husband. Explain calmly that you cannot advise her on this but you will try and find her the right support.

2. Identify referral pathway

The steps below are to be carried out **only** in the absence of a Gender/GBV Specialist. Seek advice from your team leader wherever possible.

STEPS FOR REFERRAL PATHWAY

a) Use the referral pathway: If a referral pathway mechanism is established, use this to identify options for further support with the survivor.

If no referral pathway process exists: Consult with your team leader/colleagues to contact in-country GBV specialist to identify nearby available services.

b) Does the person want to be referred for specialist help? Explain the options for referral so that the survivor can make an informed decision. After you have explained the options, ask the survivor if they wish to be referred.

c) Allow survivor to make an informed decision. The person decides their next step. Staff should know what the available services are and how to explain to survivors what the services entail. Ensure you simply record referral process in confidential manner, without including names/sensitive data.

KEY POINTS TO REMEMBER

It is first and foremost the responsibility of the GBV service providers to support this person.

It is always the decision of the survivor on whether he/she wants to seek specialised support. Respect that decision.

Ensure discretion at all times. Do not give names or any other identifying information.

POTENTIAL CHALLENGES

- **The perpetrator is a family member or friend** – Most incidents of GBV are committed by people known to the survivor and/or by intimate partners and family members. If this is the case, then the survivor is not necessarily in a place where they will be safe after they disclose. The survivor is therefore the person who must choose their course of action. Once they do, this should be respected, no matter what that choice is (i.e. if they decide to refuse treatment and/or return to the situation that caused the GBV in the first place).
- **The survivor does not want to be referred to any GBV services** – Allow this without judgement, apply Step 1 Psychological First Aid (PFA) and report your experience to your supervisor / GBV specialist without disclosing any identifying details. If the situation is life-threatening for the survivor or anyone else, seek guidance from GBV specialist, who may decide to disregard the lack of informed consent to intervene.

CHILD PROTECTION

For children under the age of 18, consent is needed for medical treatment from their parent or caregiver. However in many cases, the parent or care giver may also be the perpetrator. Ask the survivor if they want to be referred and, if so, if you can ask for consent from their parent or care giver. If they say “no,” respect their wishes and ask if there is another way you can help them access care. Discuss the case with your GBV advisor and identify other ways to send support to the survivor.

If the survivor is aged 15-18 they can be considered mature enough to make an informed decision on their referral however it is recommended to seek parental/caregiver consent wherever possible. It is recommended you seek advice from your manager or a GBV specialist wherever possible.

GBV CONSTANT COMPANION - TOOL

Instructions - cut out and fold the constant companion.

PSYCHOLOGICAL FIRST AID IS ABOUT SAFETY, DIGNITY AND RIGHTS

DO NOT

- DO NOT ask questions that make the survivor **relive the experience**.
- DO NOT **pressure** the survivor into providing information or further details.
- DO NOT offer advice or **judgements**.
- DO NOT **provide counselling**. This is the role of a social worker/case manager.
- DO NOT **make false promises** or provide false information.
- DO NOT **force help** on people and be intrusive or pushy.
- DO NOT **unnecessarily share the story** with other people.
- DO NOT **mediate** between the survivor and the perpetrator or a third person (e.g. family).
- If following up on a GBV referral, DO NOT **ask for extra information or contact** the survivor directly.

- DO provide **practical care and support** (e.g. offer water, somewhere to sit).
- DO **listen** to the person without asking questions about her/his experience of violence and making judgements.
- DO **offer comfort** to help reduce anxiety (e.g. "I understand that must have been very difficult for you").
- DO **ensure confidentiality** at all times and, wherever possible, ensure that you are in a **secure place**.
- DO ensure the **safety** of yourself, as well as the survivor.
- DO **limit the number of people informed** about this case (refer only to relevant colleagues e.g. your Team Leader or Gender Advisor confidentially and with the **informed consent** of the survivor).
- DO respect the right of the survivors to make their own decisions. **Inform, do not give advice**.
- Do be aware and **set aside your own biases** and prejudices.
- Do make it clear that even if they refuse help now, **they can change their mind** and access help in the future.
- Do behave according to **local cultures/customs**.
- Do **be aware of the services** that may be available in the location.
- Do **know how to safely and confidentially refer** or link survivors with services, where available.

Gender-Based Violence Constant Companion

Location: _____

Available services and contacts:

Gender-Based Violence Constant Companion

Contents of the fold-out:

This fold-out contains two basic tools for field practitioners to know what to do in case a GBV incident is disclosed to them.

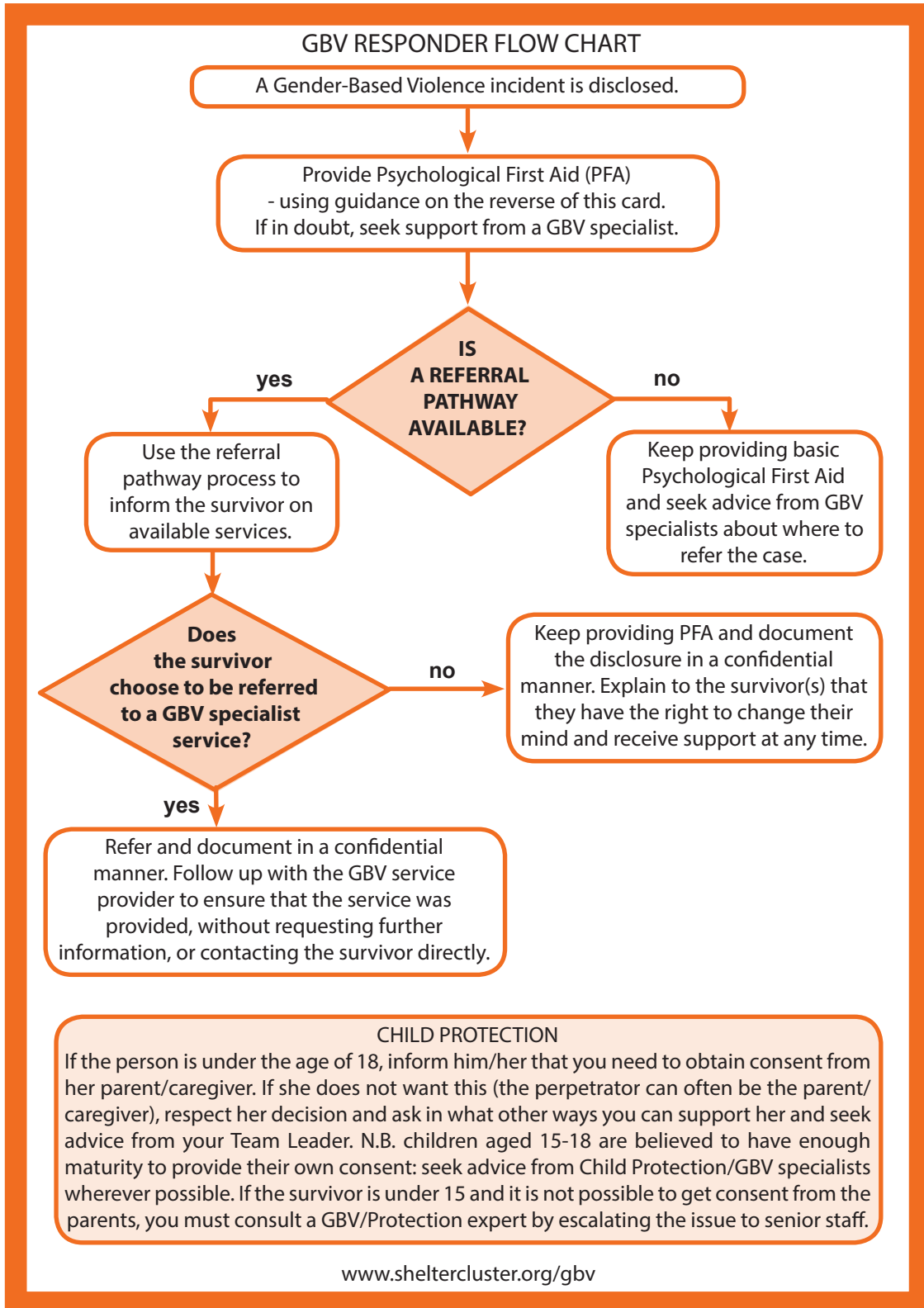
- Psychological First Aid: Do's and Dont's
- GBV responder flow chart
- Context-specific available services

www.sheltercluster.org/gbv

Fold along these lines

Reducing the Risk of GBV in Shelter Programmes

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This toolkit aims to help shelter practitioners to mainstream Gender-Based Violence risk mitigation into their shelter programming, ultimately helping to safeguard the health, security, privacy and dignity of crisis affected people.

Simply put, this toolkit is about good shelter programming...

Digital versions of this booklet are available from:

www.sheltercluster.org/GBV

