

GENDER & HUMANITARIAN AID

Why and how should SDC integrate gender
into Humanitarian Aid?



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Introduction

This report on Gender and Humanitarian Aid provides detailed issue-centered information and methodological support for mainstreaming gender equality in the planning, implementation, monitoring and evaluation of humanitarian aid interventions.

The Swiss Agency for Development and Cooperation (SDC) is committed to promoting gender equality, following Switzerland's national and international commitments (inter alia, to the Beijing Platform of Action and the Convention on the Elimination of all Forms of Discrimination against Women). Gender was integrated as a crosscutting issue in SDC's activities in the early 1990s, and since 2003, SDC has a new Gender Equality Policy (Gender Equality: A Key for Poverty Alleviation and Sustainable Development, SDC, 2003). This policy applies to all SDC interventions, as well as bi- and multilateral cooperation and humanitarian aid. It aims at ensuring that all interventions do increase women's and men's opportunities to exercise their rights equally and gain equal access to and control over the benefits of development. It forms part of SDC's broader commitment to fighting structural inequalities and unequal power relations.

To facilitate the implementation of its policy on gender, SDC has produced Gender in Practice: A Tool-kit for the Swiss Agency for Development and Cooperation (SDC) and its Partners (2003). This kit outlines key questions to ask on gender, and tools which can be adapted to different situations. Information sheets are provided on: definitions; gender strategies; gender analysis; analytical frameworks; gender in household and community, country, policy, sector, country programme, projects, organisations, partners; monitoring and evaluation and multilateral cooperation. A list of gender websites is also enclosed.



This report «Gender and Humanitarian Aid» is meant in priority for SDC staff, coordinators, consultants and partners whose responsibility it is to plan, implement, monitor and evaluate humanitarian aid interventions. It makes explicit the gender dimensions of humanitarian aid in dealing with issues such as human trafficking, sex work, HIV/AIDS, gender-based violence, physical security, water and sanitation, shelter and site planning, food and agriculture in emergency situations. Under each one of these issues, it lists key questions and formulates minimal guidelines in support to SDC staff, consultants and partners' efforts to mainstreaming gender equality in humanitarian aid interventions. At the end it lists other relevant publications, checklists, guidelines.



What is Humanitarian Aid?

Humanitarian aid (henceforth HA) is provided by SDC specifically for populations struck by natural disasters or armed conflicts. HA can take on different forms including payments in kind, particularly the distribution of food, cash contributions and the assignment of expert and deployment teams (primarily in cases of disaster). Humanitarian aid distinguishes between:

- **Conflicts:** Wars, civil wars and other similar confrontations
- **Crises:** Collapse of law and order and the lack of social safety nets
- **Disasters:** Natural disasters such as earthquakes, floods or drought and technological disasters such as nuclear incidents, biological and chemical accidents and other severe and acute destructive forces which could endanger human lives.

The goal of Swiss humanitarian aid is to save lives and alleviate suffering worldwide. On the one hand it provides direct help through the immediate deployment of expert teams from the Swiss Humanitarian Aid Unit (SHA) following natural disasters and in armed conflicts. On the other hand, it supports humanitarian partner organizations and contributes to conflict resolution and disaster risk reduction. Swiss humanitarian aid is involved at several stages: prevention, emergency relief, reconstruction, and in advocacy around preventing crises, conflicts and disasters, and mobilising support for those affected.

What is gender?

When a baby is born, one of the first things asked in many cultures, from the USA to China to Jordan, is «is it a boy or a girl?» Once the sex is decided, many social influences come into play to ensure that the child behaves in ways seen as appropriate for its sex. If the child, or later adult, behaves in ways that are seen as inappropriate, it may be punished, laughed at, beaten up or worse. This process of teaching us all to meet such expectations is called gender socialisation. The roles we are taught to take on are gender roles. These roles are often unequal between girls and boys, women and men (although it is not always the boys and men who get a better deal).

People's emotions are intimately connected with the process of gender socialisation. For example if a woman is raped she may feel shame. The experience of rape may be traumatic – but why does it cause shame? Shame comes from the socialisation process which in many contexts teaches women that sex before or outside of marriage is dishonourable not only for themselves but for their whole families. If a man is unable to protect his family he may feel not only bad for his family, but also that he has failed as a man, if he has been brought up with the expectation that men should be able to protect their families. Thus a psychosocial approach to gender is needed – meaning supporting people in dealing with





emotional and psychological issues, while at the same time challenging the social expectations around gender which make people feel worse and less able to cope.

«**Gender equality** is defined as the freedom of an individual to develop his/her personal abilities and make choices without the limitations set by Gender roles. It supposes the equal enjoyment by women and men of socially valued goods, opportunities, resources, and rewards. The aim is not that women and men become the same, but that their opportunities and life chances become and remain equal».
(SDC 2003)

How does gender relate to conflicts, crises and disasters?

Gender makes women and men vulnerable in different ways

In areas affected by the tsunami, women and girls were not typically taught to swim. They were also more likely to be wearing clothing that weighed them down, such as long saris, and to look for children before running away. As a result, in many areas more women and girls drowned than men and boys.
(Gender and Disaster Network 2005)

Violent conflict is often sustained by leaders who deliberately exploit a sense of powerlessness among men and boys. In Rwanda, Nigeria and Sierra Leone, for example, local leaders coerced and manipulated young men and boys to take up arms based on distorted ideals of «what a man should be». *Centre for Human Dialogue, 2006, (cited in DFID's DRAFT Gender Equality Action Plan)*



Emergencies may have different effects on women and men, boys and girls due to their gender roles, relations and inequalities. For example, in conflict men are more likely to engage in combat, be injured or even die fighting. If they refuse to engage in combat, they may be ridiculed as not man enough to defend their nation, clan or family or they might even be killed.

Women's role caring for the household means their burden increases in the case of material deprivation or trauma and ill-health among family members. In societies where women have the main responsibility for work or if the men usually fulfilling certain tasks are absent due to (forced) migration or war engagement, women will be under additional pressure.

In conflict, sexual violence against women often increases, and can lead to serious physical and psychological problems as well as contribute to the transmission of HIV/AIDS and other sexually transmitted diseases. Men may be less vulnerable to sexual violence than women, however they are not immune from sexual abuse. A review of studies of childhood sexual abuse from 20 countries, found roughly three times more sexual violence against girls than boys. In all countries,



the offenders were overwhelmingly male when the victim was female (above 90 percent), while studies varied on the sex of the offender when the victim was male. (Finkelhor D. 1994). It is clear that in conflicts such as the war in ex-Yugoslavia, and in the current conflict in Iraq, sexual violence against men has been used as a weapon of war (Petchesky 2005).

Gender affects people's capacity to respond and cope

Men generally have greater access to and control over income, land, economic resources, political power, and information. This may leave women at a disadvantage in coping with crises. Certain social and cultural duties which are part of every day life and considered essential might become difficult or impossible to fulfil. Both women and men may sell sex due to increased demand and economic pressures, although the figures are higher for women than for men. Women and men may become victims of trafficking.

The housewives and young mothers affected by floods and displaced found it more difficult to get wage labour and other income earning opportunities. The women who had lost all their meagre belongings and their life-long savings have not been able to compensate their losses even after decades. This situation has threatened their security within the family relationship.

Madhavi Ariyabandu, Programme Manager – Disaster Mitigation, ITDG – South Asia (quoted in ISDR 2002, p4)





Crises can change gender roles, intensifying or reducing inequalities

Humanitarian situations can intensify existing inequalities. For example, social norms and concerns about security may restrict women's mobility, causing difficulty accessing humanitarian aid. Such upheavals can, however, also create opportunities for changing gender roles, e.g. with women taking over public roles formerly done only by men. Men may also become involved in tasks previously performed by women, for example collecting wood and water, due to deteriorating security and also due to other changes to gendered divisions of labour.

The wars have changed women's lives profoundly. Before, the number of women who worked was limited. There was a certain shame attached to a working woman, with the exception of some older women who worked as traders...or some well-educated women who worked in offices...Our husbands worked and we stayed at home. But since the troubles started, it is rare to find a woman sitting at home. Circumstances have forced them out of their homes. The one who has children is working for them, and the one who has none has to work for herself.
Amina, Somaliland (cited in GTZ 2001 p9)

The gender system presents different problems and potential for women and men, whether they conform to, or resist, gender norms. The figure below outlines some of the ways women and men may benefit or lose out from the gender system in the case of crises, conflicts and disasters.




	benefit	lose out
Women	<p>Women may escape pressure to engage in combat due to their traditional gender role.</p> <p>Selling sex may present an opportunity for survival or income generation.</p> <p>Changing gender roles in times of social upheaval may provide new opportunities for women.</p> <p>Gender strategies of humanitarian aid agencies may also provide women with new opportunities.</p>	<p>Women may be less physically prepared – e.g. if it is culturally not acceptable for women to learn to swim or run, this means that more women may drown in floods.</p> <p>If women challenge gender norms – for example if they engage as fighters in combat situations – they may subsequently suffer reduced economic opportunities and marriage prospects.</p> <p>Women may have less access than men to income, land, political power, information, and may suffer from restrictions such as those on their mobility. These disadvantages may hamper their ability to deal with crises.</p> <p>Lack of economic resources means women may be pressured to sell sex and/or have unsafe sex. Trafficking is likely to increase. Women are also more likely to suffer sexual violence than men. Effects of sexual violence are made worse by ideas of chastity and purity which result in shame and social exclusion of survivors.</p> <p>Women may shoulder the burden of care for the sick, injured and traumatised in the family and community.</p>
Men	<p>Men generally have more access to information and resources needed to prepare for and respond to natural disasters, political crises and conflicts.</p> <p>Men generally have greater access to and control over resources such as demobilisation benefits and humanitarian assistance.</p> <p>Men are generally less vulnerable to sexual and domestic violence.</p>	<p>Masculinity is often seen as involving taking risks – for example in war, sex or drugs – which has health consequences such as injury or HIV/AIDS.</p> <p>If men conform to gender norms, they engage in and die in combat. If they refuse to fight, they may suffer social exclusion or be killed.</p> <p>If men fail to support/protect their families, they may feel they have failed as men.</p> <p>If men suffer sexual violence, they may experience this as a humiliation and an attack on their manhood. For these reasons and because such services are often targeted at women, men may also find it difficult to report experiences of sexual violence.</p>

Figure 1. How women and men may benefit or lose out from the gender system in situations of crisis, conflict and disaster.





Why is gender an issue for humanitarian aid?

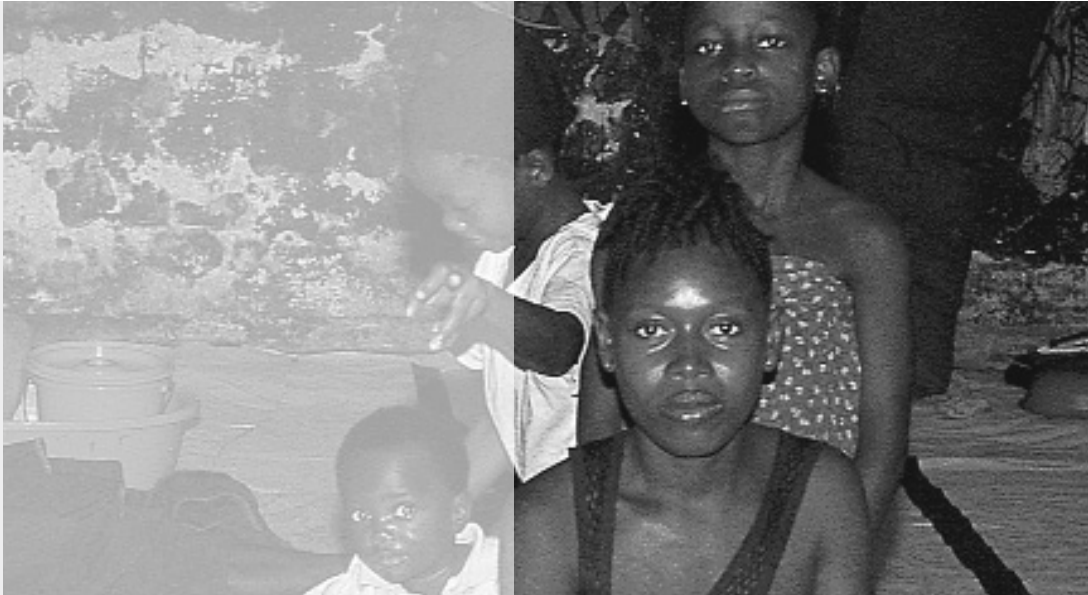
 In X camp, the director of a major NGO was approached at the onset of an emergency and asked to provide for the special nutritional needs of women heads of household, who made up 15% of the camps population. Pressed with other issues, he chose not to do so. Four months later, he discovered that the infant mortality rate among women-headed households was four times that of the general camp population.

(Women's Commission for Refugee Women and Children 1997, p1)

Humanitarian aid is not gender neutral

HA programmes have sometimes assumed that men's and women's experiences of, and response to crises are fundamentally the same, and that they have common interests and needs, regardless of their sex. The understanding of their responses and the targeting of humanitarian aid has often been based on ideas people have of men's experience. Because gender and women's specific needs have not been taken into account, humanitarian aid has been gender-biased and has therefore failed in many cases to achieve its objectives.

HA workforces can be very gender segregated, for example peacekeeping forces or mine sweepers can be made up of exclusively male teams. It is important to ensure that both women and men are trained and participating in the variety of HA work, and that a gender perspective is incorporated, in order to avoid the macho cultures that can arise in such all-male environments.



A gender perspective can make humanitarian aid more effective by:

- providing a more accurate understanding of the situation, by recognising the differences between women and men, girls and boys, rather than assuming they all share the same experience of the emergency;
- supporting the design of more appropriate responses which recognise the obstacles of particular groups in participating in humanitarian efforts, and which meet the needs of women and men, boys and girls, rather than just a limited segment of the population;
- helping build strength of those excluded by gender discrimination – whether women or particular groups of men such as those who refuse to fight – to rebuild a more equal society and a more genuine, lasting peace and security. If their basic needs such as food and medical assistance are met, these people are more able to contribute to reconstruction efforts;
- ensuring that HA programmes fully integrate the principle of non-discrimination (in this case between men and women, respectively girls and boys);
- supporting adjustment to changes in gender roles due to the crises. This includes supporting women as breadwinners (e.g. through economic self-reliance), supporting men in adjusting to new roles where they may no longer have the status of primary breadwinner, and supporting acceptance of women's and men's involvement in non-traditional areas (e.g. women drivers, men collecting wood and water);
- drawing attention to power. In other words requiring HA workers to consider who has power, who speaks for whom, and what power dynamics exist within communities. This can help HA better target those in need, rather than just perpetuating existing inequalities. It can also lead to recognition of those without power, which may reduce conflict;
- helping make the link between HA and long-term assistance.



Many international commitments require that gender be taken into account

Many international rights instruments address the inequalities between men and women and redress the discrimination, such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, ratified by Switzerland in 1997), the International Covenant on Civil and Political Rights (ICCPR), or the International Covenant on Economic, Social and Cultural Rights (ICESCR), both ratified by Switzerland in 1992. Furthermore, there are several high-level resolutions, such as the Beijing Declaration and Platform for Action (1995) and the UN Security Council Resolution 1325 on Women, Peace and Security (passed in October 2000) that reaffirm the importance of taking into consideration the particular discrimination and disadvantages women may face. Resolution 1325 recognises the importance of understanding the impact of armed conflict on women and girls and stresses the need for effective measures to guarantee their protection and full participation in peace processes (BRIDGE 2003 SRC, p8)





SDC policy requires that gender be taken into account

SDC is committed to mainstreaming gender equality throughout all programmes, including humanitarian aid. The HA mandate is to help people regardless of sex. This impartiality requires attention to gender in order to be achieved. SDC HA also aims at helping the most vulnerable including women and children. Genuine participatory consultations involving both men and women are required. The shift to a human rights approach to development, which views recipients of humanitarian aid as rights holders, also means giving attention to the human rights of women.


SDC interventions include prevention, emergency aid, reconstruction and advocacy. Advocacy priority issues as outlined in the «Advocacy Guidelines – humanitarian aid of the Swiss Confederation» recognise the need to focus on women and on issues which affect women in particular. Priorities are: trafficking in human beings; violence against women and children; sexual abuse of women; advocacy for forgotten populations in war or post war situations; and protection of most vulnerable groups. The importance given to advocacy is recognition of the need to link HA with longer term development assistance. Attention to essential gender issues in the emergency stage can facilitate the transition to longer term development with more extensive gender mainstreaming.



Are gender concerns not a distraction in emergency situations?

The answer is clearly no. As described above attention to gender can enhance the effectiveness of responses to emergencies, and save lives. However, it is necessary to be practical and consider the context. A gender perspective is not supposed to be applied in a rigid formulaic way which slows down important efforts, but needs to be a starting point which informs the whole direction of the intervention to make it more effective, and to take into account key issues from the start rather than make mistakes which cause problems and delays later. As in other areas, a minimum response in the midst of an emergency will differ from a more comprehensive response if the environment is stabilised, but the two need to be linked, and the former should prepare the ground for the latter. There is a trend in international donor assistance towards an increase in emergency funding and a decrease in long-term development funding. This implies an even greater need

than before for emergency funding to link into longer term action, including around gender.


 We realized that we couldn't bring a gender perspective into humanitarian assistance just because we wanted to, and we couldn't bring it in exactly how we would like to. We learned to be very aware of the resources available, what the women were willing to do, how they were willing to work with us, but that we had an important role in creating the circumstances for them to participate. *(CIDA/IHA partner, cited in CIDA 2003, p10)*



What does it mean to have a gender perspective in humanitarian aid?

Recognise and respond to differences in needs for security and protection

Due to differences in social attitudes and objective risks, women and girls may define security differently from men. Women may be at greater risk of being victims of sexual violence and exploitation. Domestic violence may increase in post-disaster and post-conflict situations. Women need protection from insecurity in order to access humanitarian relief and to participate in reconstruction efforts.


 In Y camp, refugee women and girls were having to walk further and further to gather wood. Girls as young as twelve were raped as they made their daily trek. Humanitarian agencies worked with refugees to identify harvesting sites and safe routes which could be monitored, and attacks decreased.

(Women's Commission for Refugee Women and Children 1997, p1)

Recognise and respond to sexual and domestic violence

Sexual violence is used in some conflicts as a weapon of war, usually, although not exclusively against women – US abuses in Abu Ghraib prison in Iraq provide one notorious example of sexual violence and humiliation against men perpetrated by women as well as by men.

Female rape may be in public, aimed at humiliating the woman, her male protectors, her family and community. Male rape may be aimed at humiliating the man and undermining his sense of masculinity. In times of stress due to natural disasters or other crises, evidence suggests that sexual and domestic violence increase. There have been unofficial reports of rape and sexual abuse in Aceh/Indonesia in welfare centers and rescue operations following the tsunami. However, women and men may associate this with shame and be reluctant to speak about it, so special efforts are needed to tackle this problem.

 It is widely agreed that rape was a systematic rather than incidental part of the war [in Yugoslavia]. Women and girls were sexually assaulted in the presence of family members, sequestered in rape camps, forced into sexual servitude, intentionally impregnated, and subject to genital mutilation. There are also accounts of sexual abuses suffered by men and boys, including injuries to sex organs, castration, rape, and forced sex among imprisoned male relatives.

(Cited in Ward 2002, p81)

Analyse who has what kind of responsibilities, who does what kind of work, and who controls which resources

Gender divisions of labour, responsibility and control may change in crisis and post-crisis situations. Women's role as family caregiver may mean an increased workload during humanitarian situations due to the destruction of homes, food and fuel shortages, illness or missing family members. Numbers of female-headed households and their workloads generally increase as men depart or die in combat. Women's work outside the family should be recognised by HA agencies, and so should inequalities in control over resources.

Women usually face more obstacles than men in obtaining adequate emergency entitlements such as food, blankets, soap, shelter, etc. as a result of discriminatory practices in registration, and because of their lack of access to information, and frequent absence from consultation processes over resource distribution (The World Food Programme cited in CIDA 2003).

We're finding that women farmers (particularly those who are not the head of the household) prefer seasonal climate forecast information to be made available through extension officers or schools, rather than over radio (preferred by male interviewees). Women farmers state that in attempting to balance farming, child care and other domestic responsibilities, they are less able to schedule a fixed time to listen to the radio. They also prefer information to be provided on site, in an environment where queries can be handled immediately, and discussion can take place...This confirms a growing sense in the climate impacts and applications community that women are a crucially under-served clientele.

(Emma Archer, IRI/PSU/NOAA, USA/South Africa, cited in ISDR 2002, p11)



Women and men may have different access to information which helps them prepare for and respond to humanitarian situations.

Identify differences and commonalities in priorities

Priorities may differ between women and men.

In one community in Nicaragua following Hurricane Mitch, men ranked the worst impact of the disaster as «decreased coffee production», while most women put «fear» at the top of their list. Women also listed «higher food prices» and «less basic grains» as important impacts, while men listed «less income» and «more work» as important.

(Cited in CIDA 1993, p7)



Look at how gender affects men

Gender norms affect men, and men's behaviour affects women, so men need to be a key part of any gender analysis or gendered intervention. In crises, when men are unable to provide for or protect their families, their traditional sense of masculinity and what it means to be a man, may be threatened. They may suffer loss of self-esteem and they may take it out on their families through domestic violence.

HA agencies need to help men to adjust to changing gender roles without taking their frustrations out on women.

Men who break with gender norms such as men who refuse to fight may suffer social sanction and recrimination and need support. They could be mobilised to contribute to peace-building and anti-violence efforts.

A recurring subject ...was men lamenting that women no longer respected them. The reason allegedly was that men no longer could provide for their wives and children. It is the UNHCR – or merely the wasungu (white people) – that provides food, medicine and plastic sheeting for building huts. And UNHCR provides the same amount to men, women and children alike. The UNHCR is a better husband the women say, at least according to the men.

(Burundi men in Tanzania, in CIDA 1993, p9)

Violence against women in Nicaragua increased following the years of war. The involvement of the women's movement in the Sandinista revolution provided a strong foundation for mobilising against this violence. Men have also been actively involved. In 1993 the Association of Men Against Violence (AMAV) was founded and has since become a national organisation. Its goal is to reduce violence against women by confronting issues of masculinity and aggression, through training workshops and reflection groups for men, public awareness campaigns, coordinating local men against violence groups and promoting alliances with women's groups.

(Ward 2002)



Recognise differences between women and also between men

Women may have different interests depending on which social class, ethnicity, or religion they belong to, if they live in rural or urban areas, or which position in the family they take (e.g. as mother-in-law, daughter-in-law, single, living with their spouse or partner). It should not be assumed that they have common interests. The same applies to men.

Recognise gender differences but challenge them too

Gender strategies call for the recognition of differences in women's and men's roles, and a response to their different situations, needs and priorities. Paradoxically, the result can be to reinforce the differences and inequalities. Gender strategies must not just recognise but also challenge differences in gender roles. This can be done in several ways: promoting acceptance of more equal gender roles that may have emerged during crises – e.g. employing women drivers; working with women's organisations, and organisations of vulnerable or disempowered groups; fighting stigma against rape victims by challenging ideas around chastity and virginity; and building the capacity of disempowered constituencies to take part in decision-making processes and reconstruction.

While witnessing a very vocal meeting of rural women in village Srirampur, Orissa, about a year and half after the cyclone of 1999, I was informed by the NGO there (Church's Auxiliary for Social Action) that before the cyclone, women would rarely come out and interact on social issues, let alone interact with outsiders. This changed after the cyclone, because relief packages of most NGOs, and even the Government, were targeted at, or through, women. That phase really empowered them, made them amenable to interacting on social issues, and also increased their self-esteem and their status within their families and society! (Anshu Sharma, SEEDS, India, On-line conference, Oct 2001, quoted in ISDR 2002, p7)

Be transparent and accountable

It is essential to inform communities (host, refugees, IDPs, others) about who qualifies for food [and other aid], the selection criteria, targeting and distribution arrangements (timing, composition and size of food rations), entitlements and so on, so that the intervention does not heighten risk and insecurity for anyone. Consultations with various sectors of the population can help identify potential sources of risk, and entry points to resolve tensions early on. During a focus group discussion in Colombia, for example, women reported tensions between people receiving food aid and other members of the community not receiving food who were questioning their exclusion from food aid activities. (cited from IASC 2007, Food distribution, p1)

Draw on existing expertise on gender and humanitarian assistance

The Gender and Disaster Network is one good source of information. If you have a particular question you can sign up to their electronic discussion list, pose your question, and receive answers from a range of experts and practitioners working in this area. Several materials included in this report were suggested by the network. Sign up on www.gdnonline.org/register.htm or www.gdnonline.org/index.htm.

The Interagency Standing Committee (IASC) has produced a comprehensive «Gender Handbook for Humanitarian Action» published in January 2007, which can be downloaded free from www.humanitarianinfo.org/iasc/gender. It includes checklists for information you need to know, how to mainstream gender, and indicators for gender mainstreaming in: camp management, education, food issues (food security, food distribution, nutrition), health, livelihood, non-food items, registration, shelter, water, sanitation and hygiene.



References to further checklists, guidelines and toolkits

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Canadian International Development Agency (CIDA), 2003

«Gender Equality and Humanitarian Assistance: A guide to the issues», International Centre for Reproductive Health, Ghent University.

Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), 2001

«Towards Gender Mainstreaming in Crisis Prevention and Conflict management – Guidelines for the German Technical Co-operation»

Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), 1996

«Gender aware approaches to relief and rehabilitation – Guidelines» <http://fmo.qeh.ox.ac.uk/FMO/Reader/Viewdoc.asp?Path=Oxford/1610/12/20&BookKey=Oxford/1610/12/20/1/Ar00100.xml&BookCollection=FMO>

Global Alliance Against Traffic in Women, 2002

Information Sheets, a set of fact sheets on trafficking, which provide basic information about trafficking and address common queries. These sheets cover topics such as: Information about GAATW, What is Trafficking? Protecting the Human Rights of Trafficked Persons, The UN Trafficking Protocol and its Limitations, Trafficking in the Global Context, and Useful Resources, www.gaatw.net/

Global Alliance Against Traffic in Women, 2001

«Human Rights and Trafficking in Persons: A Handbook», 2001 (available in English, Spanish, Russian and Polish), www.gaatw.net/

Global Alliance Against Traffic in Women, 1999

«Human Rights in Practice: A Guide to Assist Trafficked Women and Children» (Available in English, Bahasa Indonesia, Burmese, Chinese, Khmer, Lao, Thai and Vietnamese), www.gaatw.net/

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Inter-Agency Standing Committee (IASC), December 2006

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«Protecting Persons Affected By Natural Disasters», Operational Guidelines on Human Rights and Natural Disasters, (Jan Egeland, Chair of the IASC and Walter Kälin, Representative of the UN Secretary-General on the Human Rights of Internally Displaced Persons (RSG)); www.humanitarianinfo.org/iasc/content/documents/working/OtherDocs/2006_IASC_NaturalDisasterGuidelines.pdf





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Stability Pact for South Eastern Europe Task Force on Trafficking in Human Beings, undated, Guidelines for National Plans of Action to Combat Trafficking in Human Beings, www.osce.org/

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Checklist to facilitate Gender Sensitivity of Relief and Reconstruction Efforts for Survivors of the Earthquake in Pakistan, www.who.int/hac/techguidance/pht/womenshealth/Pakistan_Checklist_for_assessing_gender_sensitivity.pdf

SDC, 2004

«Advocacy Guidelines – Humanitarian Aid of the Swiss Confederation»

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Gender in Practice: A Tool-kit for Swiss Agency for Development and Cooperation (SDC) and its Partners (For a copy of this publication, please contact SDC - Head office, mailing address: Freiburgstrasse 130, 3003 Berne, telephone: +41 31 322 34 75, fax: +41 31 324 13 48, email: info@deza.admin.ch)

UN Habitat, 2003

Toolkit for Mainstreaming Gender in UN-HABITAT Field Programmes: Northern Iraq Settlements Rehabilitation Programme (UN-HABITAT, 2003) <http://hq.unhabitat.org/>

United Nations High Commissioner for Refugees (UNHCR), 1991

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United Nations High Commissioner for Refugees (UNHCR), 2003

Guidelines for Prevention and Response: Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons, www.rhrc.org/resources/gbv/gl_sgbv03.html

United Nations High Commissioner for Human Rights (UNHCHR), 2002

Recommended Principles and Guidelines on Human Rights and Human Trafficking [www.unhcr.ch/huridocda/huridoca.nsf/\(Symbol\)/E.2002.68.Add.1.En?Opendocument](http://www.unhcr.ch/huridocda/huridoca.nsf/(Symbol)/E.2002.68.Add.1.En?Opendocument)

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Key issues and operational tools for different sectors

- **Thematic Checklists**
- **General gender checklists for analysis of micro/meso/macro level**
- **Gender equality in disasters: Six principles for engendered relief and reconstruction**

Annex I

General gender checklists for analysis of micro/meso/macro level

(drawing on GTZ 2001)

- Personal
- Household
- Community
- National/State
- International and multilateral





Personal

- How is the disaster/crisis/conflict impacting on women and men, boys and girls, differently?
- Are women at a disadvantage (compared to men) in possessing the resources and capacity to respond to the disaster?
- Are the priorities of men and women, (including how they differ) being understood and acted upon?
- Is there an increase in physical violence?
- Who are the perpetrators of acts of violence?
- Who is at greatest risk of death and injury (men/women, boys/girls and different groups among these)?
- Is there an increase in sexual violence?
- Who are the perpetrators? Who are the victims?
- Is HIV/AIDS increasing?
- What are the most affected groups (gender/age)?
- Due to which factors?
- Who is suffering from psychological trauma?

Household

- Who is bearing the burden of care for the household in the case of economic pressure, sickness, injury and trauma?
- Is domestic violence being monitored?
- Are efforts made to overcome difficulties in detection?
- Are gender divisions of labour changing? Are women taking over traditional male roles in the absence or injury of men?
- Is this increasing women's burden of work?
- Is this increasing their economic autonomy and self-esteem?
- Is this creating friction and causing men to feel disempowered?
- Are they taking out their frustrations on women? What can be done about this?
- Are men sharing the increased burden of women's traditional care roles?
- Are women, especially female-headed households, being supported with resources to cope with the impacts of the disaster/crisis/conflict and contribute to reconstruction efforts?



Community

- Is there an increase in human rights violations (including of minority rights) and acts of sexual and domestic violence?
- Are security forces trained to deal with sexual violence and personal security?
- Are mechanisms in place to hold security forces accountable?
- Are women's groups/organisations as well as men's being supported to contribute to reconstruction efforts?

Specifically for conflict situations:

- Is a culture of violence developing?
- Are women becoming soldiers and perpetrating or inciting men to violence?
- Are girls and boys being recruited as child soldiers?
- Do they face sexual abuse?
- Are women befriending enemy soldiers for protection and risking condemnation by the community?
- Are peace organisations and activists being mobilised?
- Are women's organisations and informal networks being mobilised?
- Are women being stereotyped as the peaceful sex and men being stereotyped as aggressive?
- Is this stereotyping obstructing an accurate appraisal of the situation and efforts to change?

National/State

- Is there an increase in human rights violations (including minority rights) and acts of sexual violence?
- Are violations including those perpetrated by non-state agents, and including sexual and domestic violence, recognised as human rights violations?
- Is mobilisation of soldiers and humanitarian aid workers resulting in an increased commercial sex trade?
- Are sex workers rights to security and freedom from abuse being addressed?
- Is HIV/AIDS being prevented?
- Is the crisis resulting in displacement and refugees considered?
- Are there any differences in the needs and priorities of women/men and boys/girls refugees?
- Are women's roles as responsible for preparing food, fetching firewood and water in camps being assumed and reinforced?
- Are women's security needs being addressed in refugee camps?

Specifically for disaster situations:

- Is women's participation enabled/fostered in policymaking for hazard awareness, disaster reduction and responses to disasters?
- Do these policies take into account differences in women's and men's needs?
- How is information such as seasonal climate forecast and disaster warnings given out?
- Do women and men, girls and boys, all have access to this information?

**Specifically for conflict situations:**

- Does propaganda/media support for military action build on gender stereotypes? (e.g. «Are you man enough to defend your country and family?», «Are you woman enough to support and wait for your man while he is off fighting?»)
 - Can these stereotypes be tackled to support opposition to military action?
 - Are women excluded from formal and informal peace negotiations and implementation of accords?
 - Could they contribute to these?
 - Are women's experiences of sexual violence reflected in national reconciliation/truth commissions?
 - Are women involved as investigators of war crimes?

International and Multilateral

- Do fact-finding missions and deployment of humanitarian and peacekeeping operations take gender into account?
- Are the differences in needs and health concerns of female and male refugees, and possibly different reasons for applying for asylum, being taken into account?
- Is sexual violence and persecution by non-state agents recognised as grounds for asylum?

Specifically for conflict situations:

- Are women's rights being instrumentalised, in other words used as an excuse for aggression/used to justify policies of intervention such as in Afghanistan and Iraq?
- What are the implications for subsequent work on gender in these areas?
- How do those working on gender avoid being identified with the invading army?
- Do internationally brokered conflict settlements take women's experiences into account?
- Are women included?
- Is international law, which recognises rape as a war crime, being applied?
- Do international institutions and governments recognise impacts of armed conflict such as forced displacement, impoverishment and gender-based violence as violations of human rights and not as private or cultural concerns, or merely inevitable outcomes of war?
- Are international institutions and governments recognising, ratifying and enforcing UNSC Resolution 1325?



Annex II

Gender equality in disasters: Six principles for engendered relief and reconstruction

- Think big
- Get the facts
- Work at grassroots level
- Resist stereotypes
- Take a human rights approach
- Respect and develop the capacities of women



(cited from Gender and Disaster Network, January 2005)



Think big

Gender equality and risk reduction principles must guide all aspects of disaster mitigation, response and reconstruction. The «window of opportunity» for change and political organization closes very quickly. Plan now to:

- respond in ways that empower women and local communities
- rebuild in ways that address the root causes of vulnerability, including gender and social inequalities
- create meaningful opportunities for women's participation and leadership
- fully engage local women in hazard mitigation and vulnerability assessment projects
- ensure that women benefit from economic recovery and income support programs, e.g. access, fair wages, nontraditional skills training, child care/social support
- give priority to social services, children's support systems, women's centres, women's «corners» in camps and other safe spaces
- take practical steps to empower women, among others:
 - consult fully with women in design and operation of emergency shelter
 - deed newly constructed houses in both names
 - include women in housing design as well as in construction
 - promote land rights for women
 - provide income-generation projects that build non-traditional skills
 - fund women's groups to monitor disaster recovery projects

Get the facts

Gender analysis is not optional or divisive but imperative to direct aid and plan for full and equitable recovery. Nothing in disaster work is «gender neutral». Plan now to:

- collect and solicit gender-specific data
- train and employ women in community-based assessment and follow-up research
- tap women's knowledge of environmental resources and community complexity
- identify and assess sex-specific needs, e.g. for home-based women workers, men's mental health, displaced and migrating women vs. men
- track the (explicit/implicit) gender budgeting of relief and response funds
- track the distribution of goods, services, opportunities to women and men
- assess the short- and long-term impacts on women/men of all disaster initiatives
- monitor change over time and in different contexts



Work at grassroots level

Women's community organizations have insight, information, experience, networks, and resources vital to increasing disaster resilience. It is also important to encourage and enable men to promote gender equality.

Work with and develop the capacities of existing women's groups as well as of men willing to promote gender equality, such as:

- women's groups experienced in disasters
- women and development NGOs; women's environmental action groups
- advocacy groups with a focus on girls and women, e.g. peace activists
- women's neighbourhood groups
- faith-based and service organizations
- professional women, e.g. educators, scientists, emergency managers
- men's groups promoting gender equality or having the potential to promote gender equality

Resist stereotypes

Base all initiatives on knowledge of difference and specific cultural, economic, political, and sexual contexts, not on false generalities:

- women survivors are vital first responders and rebuilders, not passive victims
- mothers, grandmothers and other women are vital to children's survival and recovery but women's needs may differ from children's needs
- not all women are mothers or live with men
- women-led households are not necessarily the poorest or most vulnerable
- women are not economic dependents but producers, community workers, wage earners
- gender norms put boys and men at risk too, e.g. mental health, risk-taking, accidents
- targeting women for services is not always effective or desirable but can produce backlash or violence
- marginalized women (e.g. undocumented, HIV/AIDS, low caste, indigenous, sex workers) have unique perspectives and capacities
- no «one-size» fits all: culturally specific needs and desires must be respected, e.g. women's traditional religious practices, clothing, personal hygiene, privacy norms



Take a human rights approach

Democratic and participatory initiatives serve women and girls best. Women and men alike must be assured of the conditions of life needed to enjoy their fundamental human rights, as well as needed to simply survive. Girls and women in crisis run increased risk of:

- sexual harassment and rape
- abuse by intimate partners, e.g. in the months and year following a major disaster
- exploitation by traffickers, e.g. into domestic, agricultural and sex work
- erosion or loss of existing land rights
- early/forced marriage
- forced migration
- reduced or lost access to reproductive health care services
- male control over economic recovery resources

Respect and develop the capacities of women

Avoid overburdening women with already heavy work loads and family responsibilities likely to increase:

- identify and support women's contributions to informal early warning systems, school and home preparedness, community solidarity, socioemotional recovery, extended family care
- materially compensate the time, energy and skill of grassroots women who are able and willing to build partnerships with disaster relief organizations
- provide child care, transportation and other support as needed to enable women's full and equal participation in planning a more disaster resilient future

Annex III

Thematic Checklists



- **Physical Protection/Security** Sheet 1
- **Shelter/Site Planning** Sheet 2
- **Water and Sanitation** Sheet 3
- **Food and Agriculture** Sheet 4
- **Medical Care, Hygiene and Health** Sheet 5
- **Sexual and Gender-based Violence** Sheet 6
- **HIV/AIDS** Sheet 7
- **Sex Work** Sheet 8
- **Trafficking** Sheet 9

Physical Protection/Security

(adapted from GTZ 1996)

Security has generally been seen both as a concept and a service. As a concept, it has been described as a situation characterised by an absence of violence and threats. From a gender perspective, security for forcibly displaced persons, as well as for those who have remained behind, includes the prevention of and response to sexual and gender-based violence as well.

In principle, the primary responsibility for ensuring security rests either with the national Government in the case of IDPs or the local population or with the host Government (police, military and other relevant national security institutions) for refugees. However, in situations of failed, marginalised or collapsing states, their security is endangered and humanitarian actors (including health, protection, community and security personnel) must step in to help protect them.



Key Questions:

1. Are gender specific needs with regard to physical security being met?
2. Have men and women been consulted and asked where they see gender specific threats to their security?
3. Are local security agents trained to carry out their duties in a gender sensitive manner?
4. Are systems in place to foster their accountability to both women and men?
5. Are both women and men actively involved in the planning, establishment and implementation of security measures/systems?

In some instances, it is not considered safe for women to work in relief. This is a double-edged sword: on the one hand, reconstruction work dominated by male staff may indeed be unsafe work for many women, on the other hand, there is also the tendency to patronize, and disempower women under the guise of benevolent care and welfare (stereotyping women as the poorest and most vulnerable, and as economic dependents).
(Minutes of the 9th KOFF Gender Roundtable, 3 February 2005, KOFF/swisspeace, Bern)



Community leaders, security forces, police and law enforcement agencies can be exactly the people who are perpetrating abuses.

However, they can and also must be, a part of the solution.

To contribute to improve the security of affected communities (host population, IDPs, refugees), it is important to:

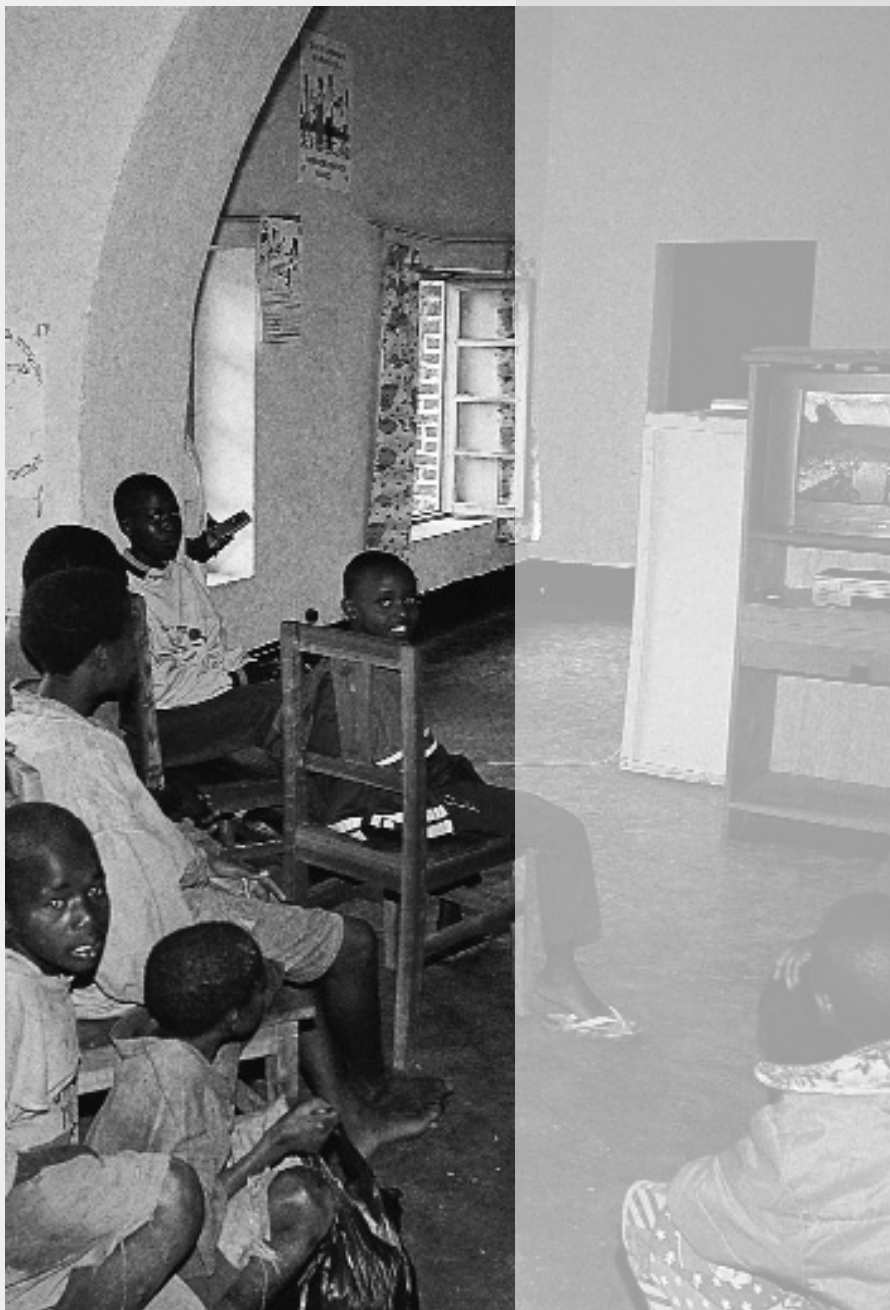
- Seek to establish systems to make accountable local leaders, refugee guards, law enforcement agencies, police and law enforcement elements.
- Empower community leaders and the refugee guard networks in camp settings (without automatically assuming that they are representative of their communities. How were they selected? Do they constitute an elite? Are they all male?).
- Mobilise the refugee community to identify their own security needs and establish systems in collaboration with law enforcement agencies (Ask questions such as: «What do women, men, boys and girls need to feel safe in the camps, during flight?»).
- Build the capacity of the local police to discharge its responsibility effectively and in an accountable way.
- Educate the leaders of the community on the consequences of sexual and gender-based violence and harmful traditional practices to eradicate deeply-rooted models of violent behaviour; isolate perpetrators in the community. Mobilise men's groups/organisations to work against sexual and gender-based violence.
- Support the rule of law in refugee settings, by supporting an effective and accountable presence of law enforcement elements, gender-sensitive referral procedures and the fair and rapid trial of perpetrators of sexual and gender-based violence.
- Ensure the participation of neighbouring local populations to prevent sexual and gender-based violence incidents as a result of inter-community tensions.
- Use existing resources to address sexual and gender-based violence.
- Set minimum standards of security that should exist in the refugee community.

Shelter/Site Planning

Key Questions:

1. Are gender specific needs with regard to shelter and site planning, such as location, accessibility, quality of building materials, room layout, functionality, cultural needs, etc. being met?
2. Are women and men actively involved in shelter construction/site planning and decision making?
3. Has the necessary basic site infrastructure for men and women been provided (safe, accessible and clean sanitary arrangements, safe road system, accessible shops, etc.)?

- Have women been consulted about basic needs for shelter, heating, hygiene and food preparation?
- How have changing roles altered women's burden to find shelter? Has the main (male) responsible in the family for construction/reparation/maintenance been lost?
- Can women be trained in construction/reparation/maintenance?
- Can housing for female-headed households be located in more secure areas, e.g. centrally?
- Has street planning been undertaken in a way that is sensitive to security issues for women, men, boys, girls?
- Does the size of houses allow for different rooms for girls and boys?



Shelter Sector – Gender Checklist

Analysis of gender differences

1. Focus group discussion on shelter construction, allocation and design conducted with men, women, boys and girls of diverse backgrounds and results fed into programming.

Design

1. Single people, young and old have access to dignified shelter.
2. Public spaces for social, cultural and informational needs of women and men, boys and girls are provided and used equitably.

Access

1. Male and female heads of households and single men and women have the same access to housing and shelter supplies.
2. Obstacles to equal access are promptly addressed.

Participation

1. Women and men are equally represented and participate in the design, allocation and construction of shelters and camp facilities.
2. Men and women, adolescent boys and girls, do have equal opportunities for involvement in all aspects of shelter construction receiving equal pay for equal work.

Training/Capacity building

1. Equal opportunities for training for men, women, boys and girls in construction skills training.
2. % of men and women trained in shelter construction.
3. % of men/women involved in shelter construction.

Actions to address Gender-based Violence

1. Routine spot checks and discussions with communities to ensure people are not exposed to sexual violence due to poor shelter conditions or inadequate space and privacy.
2. Mechanisms put in place to ensure people can report any harassment or violence.

Targeted actions based on gender analysis

1. The specific needs of girl- and boy-headed households are met.
2. Where construction materials are supplied ensure female-headed households have direct access to materials.

Monitoring and evaluation based on sex-and age-disaggregated data

1. Sex- and age-disaggregated data on programme coverage is collected, analyzed and routinely reported on.
2. Plans are developed and implemented to address any inequalities and ensure access and safety for all of the target population.

Coordinate actions with all partners

1. Number of sector actors who participate in or contribute to inter-agency coordination efforts on gender equality programming, including regular meetings of the gender network.
2. The sector/cluster has a gender action plan, has developed and routinely measures project-specific indicators based on the checklist provided in the IASC Gender Handbook.



Water and Sanitation

(adapted from CIDA 1993)

Key Questions:

1. Do both men and women have access to qualitatively and quantitatively sufficient water supplies?
2. Are women and men actively involved in planning, constructing and decision-making on water and sanitary arrangements?
3. Are specific gender needs with regard to water and sanitation taken into account?

Sanitation

It is important to take gender into account in water and sanitation interventions even at the emergency stages. Inappropriate location of water and sanitation facilities for example, may in the long run cause spread of infectious diseases and death. Questions to consider include:

- What are the roles, responsibilities and needs of women and girls in ensuring domestic water supplies in this place?
- Are water and sanitation programs based on an understanding of these roles?
- Have women been involved in setting priorities and making decisions about water supply programs? (This is particularly important if they take the primary responsibility for water collection and use, as is often the case).
- Are water supplies accessible and safe for women as well as for men? Is there access to containers for storage and collection of water, and is water accessible to women with limited mobility?
- Have women been involved in setting priorities and making decisions about sanitation programs?
- Do bathing, washing and laundry facilities ensure the privacy and security of women and girls?
- Are women's menstrual needs being met?





Intentional humanitarian aid responses to the tsunami:

Female survivors were unable to freely discuss their needs with male relief workers. Large quantities of sanitary napkins in camp stores remained undistributed. It is taboo to talk of body-related issues like menstruation in India and Sri Lanka. The very need was therefore not openly expressed and remedial action was not attempted. The lack of sanitary napkins exposed women and girls to serious health hazards.

(Minutes of the 9th KOFF Gender Roundtable, 3 February 2005, KOFF/swisspeace, Bern)



WASH – Gender Checklist

Analysis of gender differences

1. Information is gathered from women, girls, boys and men about:
 - cultural beliefs and practices in water and sanitation use;
 - hygiene habits;
 - needs and roles in operation, maintenance and distribution; and
 - methods and time spent in water collection.
2. Data disaggregated by sex and age is used to develop a profile of at-risk populations with special water requirements.

Design

1. Water sites, distribution mechanisms and maintenance procedures are accessible to women, including those with limited mobility.
2. Communal latrine and bathing cubicles for women and children are sited in safe locations, are culturally appropriate, provide privacy, are adequately illuminated and are accessible for those with disabilities.

Access

1. Women's, girls', boys' and men's access to services and facilities is routinely monitored through spot checks, discussions with communities, etc.
2. Obstacles to equal access are promptly addressed.

Participation

1. Women and men are equally and meaningfully involved in decision-making and programme design, implementation and monitoring.
2. Men and women are involved with the safe disposal of solid waste.

Training/Capacity building

1. Men and women are trained in the use and maintenance of facilities.
2. Men and women are sensitized/trained to protect surface and groundwater.

Actions to address Gender-based Violence

1. Both women and men participate in the identification of safe and accessible sites for water pumps and sanitation facilities.
2. Facilities and collection points are monitored to ensure that they are safe and accessible (locks, lighting).

Targeted actions based on gender analysis

1. Unequal knowledge levels on hygiene and water management between different community groups are addressed through trainings (for example targeting single male heads of households).
2. Women's and men's access to and control over resources for collecting/carrying water, containers and storage facilities is monitored and inequalities are addressed.
3. Discriminatory practices hindering women's participation in water management groups are addressed through programmes to empower women.



Monitoring and evaluation based on sex-and age-disaggregated data

1. Sex- and age disaggregated data on programme coverage is collected, analyzed and routinely reported on.
2. Plans are developed and implemented to address any inequalities and ensure access and safety for the entire target population.

Coordinate actions with all partners

1. Number of sector actors who participate in or contribute to inter-agency coordination efforts on gender equality programming, including regular meetings of the gender network.
2. The sector/cluster has a gender action plan, has developed and routinely measures project-specific indicators based on the checklist provided in the IASC Gender Handbook.

(cited from IASC 2007, Water, sanitation and hygiene - p5)

Food and Agriculture

(adapted from CIDA 1993)

Key Questions:

1. Are food and agricultural items distributed according to specific needs of men and women, both quantitatively and qualitatively?
2. Are family/household situations analysed in a gender sensitive way?
3. Do women and men have equal or at least adequate access to agricultural resources necessary for survival?

- Have there been separate consultations with women and men on priorities and issues?
- Have both men and women been consulted in the design and distribution of food aid?
- Are specific needs of men and women both in terms of quality and quantity of food taken into account?
- Are agricultural resources (seeds, tools, products, etc.) distributed in a gender sensitive way?
- Has there been recognition of the roles of women caring for families and dependents in decisions regarding size of rations, appropriateness of rations, distribution channels, and monitoring of distribution?
- How are households registered? Is there consideration of the different types of households and household structures (including female-headed and child-headed households)?
- Is there an assumption that all households will have fuel as well as cooking and food-preparation utensils?
- Have women's or children's roles in agriculture been identified and supported?
- Do women lack access to agricultural land, and if so, does this endanger food security for specific groups?



- Do food security programs draw attention to laws or customs that deny or restrict women's access to land?
- Are boys and girls equally nourished?
- Are infant mortality rates different for boys and girls?
- What indicators of food security are being used and are they sex-disaggregated?
- Have food distribution programs been reviewed with the goal of minimizing the potential for sexual abuse and exploitation?

Medical Care, Hygiene and Health

(adapted from IASC 2007)

Information to seek

What was the health situation before the emergency?

- What is the baseline health data, including information on immunization, contraception, etc?
- What diseases affect women and men differently within the context of the crisis?
- What is the Crude Mortality Rate disaggregated by sex and age? Are women, men, boys and girls disproportionately affected? If so, what are the reasons?

What are the cultural and religious aspects related to the provision of health care?

- Who provides health care to whom, for example can women only seek health care from female health workers?

- Are there cultural issues regarding pregnancy and childbirth, the burial/taking leave of the dead, washing, water use, cooking, animal husbandry, the privacy of latrines, that may negatively affect women, girls, boys and men?
- Is there any linguistic factor (such as illiteracy and use of minority or foreign languages) which may impact a certain group/community in access to health care services and health information (including information on underlying determinants of health, such as access to water and sanitation facilities)? Is there any difference between women and men in terms of ways of communication and/or access to information?





Health – Gender Checklist

Analysis of gender differences

1. Balanced ratio of women and men assessors and translators.
2. Balanced ratio of women and girls and men and boys who participate in the assessments.
3. Balanced ratio of women and men consulted about their health needs.
4. The following data are available and a gender analysis applied:
 - age-sex disaggregated cause-specific mortality rates
 - age-sex disaggregated case fatality rates
 - female/male- and child-headed households
 - social structures including positions of authority/influence and the roles of women and men
 - groups with specific needs (including physical and mentally handicapped) by age and sex.

Design of services

1. The timing, staffing, and location of health services ensure equal opportunity for women and men to access them.
2. Health care delivery strategies and facilities address the health needs of women, girls, boys and men equitably.
3. Percentage of health facilities with basic infrastructure, equipment, general supply, drug supply, space and qualified staff for reproductive health services including delivery and emergency obstetric care services (as indicated in the MISP).
4. Percentage of health facilities providing confidential care for survivors of sexual violence according to IASC GBV guidelines.
5. Ratio of health care providers disaggregated by profession, level and sex.
6. Ratio of community based psychosocial care disaggregated by sex and age.

Access

1. Proportion of women, girls, boys and men with access to sanitary materials (including household level sanitary disposal facilities for women).



2. Proportion of women, girls, boys and men with access to safe water supply.
3. Proportion of women, girls, boys and men with access to food aid.
4. Proportion of women, girls, boys and men with access to health services.

Participation

1. Balanced ratio of women and men participating in the design, implementation, monitoring and evaluation of humanitarian health responses.
2. Balanced ratio of women and men in decision-making positions.
3. Balanced ratio of local women and men hired/deployed in health sector.
4. Balanced ratio of international women and men hired/deployed in health sector.
5. Women and men participate regularly in group meetings or activities.

Training/Capacity building

1. Balanced/proportionate number of women and men from the community trained to provide health care.
2. Balanced/proportionate number of women and men from the community given employment opportunities in the health sector after training.

Actions to address Gender-based Violence

1. Twenty-four-hour access to services for survivors of sexual violence.
2. Staff are aware of and abide by medical confidentiality.
3. Staff trained on the clinical management of rape.
4. Confidential referral mechanism for health and psychosocial services for rape survivors.
5. Information campaigns for men and women about the health risks of sexual violence to the community.

Targeted actions based on gender analysis

1. Men, active and recently demobilized members of armed/security forces, displaced persons and refugees are targeted with HIV/AIDS messages.
2. Communication strategies are developed and implemented to highlight the specific health risks affecting women and men, as well as targeting adolescent girls and boys.



Monitoring and evaluation based on sex-and age-disaggregated data

1. Routinely collected data on demographics, mortality, morbidity and health services is disaggregated and reported by age and sex and a gender analysis applied.
2. Percentage of participatory assessment reports including/addressing the needs of women, girls, boys and men equally.
3. Formal monitoring and participatory evaluation mechanisms reporting the health impact of humanitarian crises on women, girls, boys, and men.

Coordinate actions with all partners

1. Number of sector actors who participate in or contribute to inter-agency coordination efforts on gender equality programming, including regular meetings of the gender network.
2. The sector/cluster has a gender action plan, has developed and routinely measures project-specific indicators based on the checklist provided in the IASC Gender Handbook.

(Cited from IASC 2007, Health, p4)

Sexual and Gender-based Violence

(adapted from Women's Commission for Refugee Women and Children – a synopsis of UNHCR guidelines on sexual violence)

Sexual and gender-based violence is a violation of basic human rights and a criminal act in most countries. Sexual and gender-based violence implies serious health and psychological consequences, and often leads to death.

Sexual and gender-based violence can occur in the home and in the community. Forms of sexual and gender-based violence include physical, sexual, and psychological abuse, such as:

- Non-consensual sexual acts
- Rape
- Forced marriage
- Involuntary prostitution
- Sex with a minor
- Female genital mutilation
- Domestic abuse
- Sexual harassment

There are many factors contributing to acts of sexual and gender-based violence in any setting. In general, the overriding causes are gender inequality, abuse of power, and lack of respect for human rights. In situations of armed conflicts and displacement, women and children face additional risks and vulnerability. Gender-based violence is a major contributor to global poverty, an accelerator of the HIV/AIDS pandemic and an impediment to the achievement of peace, freedom, and prosperity.

«Girls and women reported that the psychosocial consequences of sexual violence for them included: shame, depression, stigma, illness, difficulty coping – and at the worst suicide. All of the groups, but especially the men, felt powerless, helpless, and to a certain extent humiliated by the ongoing violence directed at women and girls.»

(from P6 The effects of conflict on health and well-being of women and girls in Darfur. A situational analysis report: conversations with the community.)



Monitoring

- Do not assume that sexual violence will be brought to your attention. Physical and sexual abuse is a highly sensitive issue; some people will not be prepared to report or discuss it.
- Recognize that sexual violence does occur in domestic settings. Care, caution and common sense must guide any response to prevent further harm to the survivor who may need/choose to return to the domestic setting. Some of the physical and psychological signs of domestic violence include: bruises, broken bones, complications of pregnancy, emotional breakdown, anger, exhaustion, depression, anxiety, despair, fear or avoidance of going home, and suicide attempts.

SEXUAL AND GENDER-BASED VIOLENCE – a definition

Physical, sexual and psychological violence occurring in the family and in the community, including battering, sexual abuse of female children, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence, violence related to exploitation, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking women, forced prostitution, and violence perpetrated or condoned by the state.

(Articles 1 and 2 of the UN Declaration on Violence against Women, 1993)

Key Questions:

1. Is sexual or gender-based violence accurately identified and dealt with?
2. Are men and women actively involved in the design and implementation of actions against sexual and gender-based violence?
3. Are appropriate security measures for the prevention and punishment of sexual and gender-based violence taken?



**Prevention**

- Ensure the security of refugee settings by involving women and girls in the design, layout and ongoing operation of camps and other accommodations, so that the risk of sexual attack is reduced.
- Identify women's and youth groups within the displaced population which are willing to work with authorities, disseminating and collecting information as needed. Seek their advice on how to prevent sexual violence, in accordance with the UNHCR Guidelines on the Protection of Refugee Women.

Response

- Develop rape response protocols to direct appropriate medical, legal and psychosocial services to those affected.
- Ensure the availability of emergency contraception that can be taken within 72 hours after rape; trauma can be reduced by the prevention of pregnancy in victims of rape.
- Local language-speaking female front-line staff should be as widely available to the refugee population as possible. Ensure female protection officers, health staff and interpreters are available. Male staff should also be trained and available to talk to men in case of sexual violence against them or their families.
- Inform survivors that they are NOT obligated to speak to NGO staff, media personnel or protection officers.
- Ensure documentation of all cases of sexual violence that are reported – preferably in collaboration with medical staff – and facilitate submission of a summary of cases to authorities responsible for legal and physical protection (e.g. UNHCR, Organization for Security and Cooperation in Europe (OSCE), refugee camp manager, local police). Where assistance is requested, provide help documenting reports and seeking prosecution of perpetrators.



Key points

- Ensure the physical safety and well-being of the survivor.
- Prevent any further suffering and violence.
- Be guided by the best interests of the survivor.
- Guarantee confidentiality, without condition.
- Be sensitive, compassionate and discreet when assisting a survivor.
- Ensure same-gender interviewers, interpreters and doctors.

Adapted from Women's Commission for Refugee Women and Children «Sexual Violence in Refugee Crises A Synopsis of the UNHCR Guidelines for Prevention and Response». More extensive guidelines, detailing prevention, and response including how to provide psychosocial, medical and legal support is at <http://www.womenscommission.org>

HIV/AIDS

Disaster situations may have varying effects on levels of HIV/AIDS transmission. Factors which cause increased transmission include breakdown of social structures, lack of income, sexual violence and abuse, lack of health infrastructure and education and increased mobility. Factors that may decrease HIV transmission include improved protection, health, education and social services, e.g. in the case of many refugee camps.

Transmission also depends on HIV prevalence in displaced and surrounding communities (IAAG, 2004 pg 3). HA interventions need to evaluate the situation with regard to HIV/AIDS, taking into account factors which may increase risk for particular groups.

Key Questions:

1. Are physical and psychological needs of men and women living with HIV/AIDS accurately addressed?
2. Are cultural and gender sensitive prevention campaigns carried out?
3. Are men and women adequately trained and encouraged to actively reduce their risk of HIV/AIDS transmission?



Mobile populations – including refugees, peacekeeping and military forces, and humanitarian aid workers, may generally be at risk due to unsafe sex or transmission by other vectors:

- isolation resulting from stigma, discrimination and differences in languages and cultures;
- separation from regular sexual partners;
- lack of support and friendship;
- desire for intimacy, comfort and pleasure in a stressful environment;
- sense of anonymity;
- power dynamics in buying or selling sex;
- lack of access to health and social services;
- increased risk of unsafe blood transfusions; (IAAG 2004)

Women may be at risk due to unsafe sex:

- desire for intimacy, comfort and pleasure in a stressful environment;
- breakdown of community and family creating a separation from regular sexual partners;
- ideas of femininity as submissive and sexually innocent;
- lack of negotiating power in sex with men, including in transactional sex which may be undertaken as a survival strategy with increased economic pressures and danger of violence;
- sexual violence;
- lack of information on safer sex and condoms (which may be exacerbated by greater illiteracy or lower education levels among women, as well as factors such as male outreach staff finding it easier to talk to men about sex);
- lack of access to condoms (due to lack of availability, cost, embarrassment, stigma).

Men's risk of unsafe sex may increase due to similar reasons:

- desire for intimacy, comfort and pleasure in a stressful environment;
- breakdown of community and family creating a separation from regular sexual partners;
- increased sex between men in situations with few women e.g. among soldiers, but at the same time increased stigma around sex between men in macho all-male environments which makes communication and safety-seeking behaviour more difficult;
- ideas of masculinity as aggressive, risk-taking, and sexually dominant;
- greater power to set the terms for sex, and disregard partners' wishes and needs, if partners are under economic pressure and a culture of violence is developing;
- sexual violence (both inflicting and suffering from);
- lack of information on safer sex and condoms (which may be exacerbated by ideas of masculinity as meaning knowing about sex and not seeking information, or by stigma around particular sexual practices e.g. sex between men, meaning these men do not seek information);
- lack of access to condoms (due to lack of availability, cost, embarrassment, stigma).



Guiding questions with regard to transmission by sex include:

- Does a HA response take into account the particular needs and different risks of women and men, girls and boys?
- Have women's and men's motivations for sex and unsafe sex been considered, including both economic pressures and emotional factors? Are behaviour change programmes based on an understanding of these factors?
- Have women been provided with economic and income generation opportunities so they can have the option not to engage in transactional sex/increase their chance to refuse unsafe sex/negotiate for safer sex?
- Do information and education strategies on safer sex tailor their messages appropriately to both women and men? Do they take into account the different barriers which women and men may face in accessing information?
- Are ideas of women having to be submissive and innocent in sex and elsewhere challenged? Are women's confidence and negotiation skills fostered?
- Are ideas of men having to be macho and dominant in sex and elsewhere challenged?
- Are sex workers empowered with knowledge, strategies and support to ensure safer sex from clients?
- Are clients/buyers targeted by initiatives to promote safety in transactional sex?
- Are military and peacekeeping operations, and humanitarian aid workers, aware of risks and responsibility for safer sex? Have they been supported and challenged to change risky or abusive behaviour?
- Have children been included in appropriate safer sex education?
- Are particular groups being associated with stigma of HIV/AIDS (e.g. sex workers, men who have sex with men, drug users, migrants, refugees, soldiers)? Is this stigma provoking violence against these groups? Is it disempowering them and making them more secretive about and less able to change unsafe behaviours? Are programmes to combat HIV/AIDS challenging stigma both against HIV/AIDS and against groups at particular risk? (or are they unwittingly reinforcing such stigma?)
- Do policies and programmes combat stigma and discrimination against displaced populations from local communities and governments?
- Are women and men both given access to condoms, including «female» condoms?
- Are HIV/AIDS interventions multisectoral and comprehensive from the start of the programme?





Guiding questions on testing, care and treatment

- Is there equitable access to voluntary, confidential testing, counselling and treatment and healthcare? If testing can NOT be guaranteed to be voluntary and confidential, with professional counselling following, and if no treatment or support is available to those who test positive, why is the testing being carried out? Will it do more harm than good? Will those who test positive be any more likely to adopt safer behaviour? Will they encounter stigma and violence? Will those who test negative be any more likely to adopt safer behaviour? Will they encounter stigma and violence simply for having taken the test? Are women who take the test or who test positive being seen as sexually promiscuous and encountering more stigma and violence?
- Are people living with HIV/AIDS, both women and men, involved in prevention and care work? Can they be supported to share their experiences and understanding of the issues without putting them at further risk of stigma and discrimination?
- Do information and education strategies combat stigma against people living with HIV/AIDS (or are they unwittingly reinforcing it?)
- Is treatment available for opportunistic infections? Are ARVs available? Do women face particular barriers to access these? (e.g. stigma, not being able to be open to other family members about being HIV positive, cost of treatment, lack of priority within family to spend money on women's health, location where treatment is available, male health providers, judgemental or discriminatory health providers). Are these barriers being addressed?
- If people are sick or traumatised, are women bearing the burden of care and support? How can this burden be alleviated?
- Are HIV/AIDS treatment, care and prevention efforts being integrated/coordinated with sexual and reproductive health services? Are these building on each others efforts?

Sex Work

Key Questions:

1. Are female and male (and possibly transgender) sex workers treated with confidentiality and respect?
2. Are specific needs of female and male (and transgender) sex workers addressed?
3. Are female and male (and transgender) sex workers included in specific consultations, e.g. on health and psychological issues, etc.?

Voluntary sex work by women, and also to some degree men and transgender people, may also increase in situations of social upheaval, because of increased opportunities to sell sex, and increased economic pressures. It may be difficult to distinguish between forced and voluntary sex work, and between migration and trafficking. This presents a dilemma for HA as to how to respond. Whereas trafficking is condemned as an abuse of human rights (Amnesty International 2004), a non-judgemental approach to sex work is increasingly recommended (WHO 2004), and sex worker organisations like Durbar in India see sex work as a legitimate form of income generation (see box below). Different strategies can be adopted in the face of this dilemma:



Working to improve the lot of all sex workers, regardless whether forced or voluntary

- adopting a non-judgemental attitude;
- ensuring that interventions do no harm;
- ensuring that sex workers' rights to privacy, confidentiality and anonymity are respected;
- respecting sex workers' human rights and according them basic dignity;
- respecting sex workers' views, knowledge and life experiences;
- involving sex workers, and, where appropriate, other community members in all stages of the development and implementation of interventions;
- recognizing that sex workers are usually highly motivated to improve their health and well-being, and that sex workers are part of the solution;
- building capacities and leadership among sex workers in order to facilitate effective participation and community ownership;
- recognizing the role played in HIV transmission by clients and third parties, i.e. targeting the whole sex work setting, including clients and third parties, rather than only sex workers;
- recognizing and adapting to the diversity of sex work settings and of the people involved.

(Cited from WHO Sex Work Tool Kit 2004)



Working with sex workers to prevent trafficking

Sex workers may themselves be effective in combating trafficking, as they work from inside the industry. Durbar, an organised forum of women, men and transgender sex workers based in West Bengal, India has intervened to stop trafficking in their area.





Ending trafficking into sex work calls for measures to ensure all brothel owners and managers abide by norms barring them from recruiting trafficked sex workers. Durbar rejects the «raid and rescue» operations favoured by the police, social workers and anti-trafficking NGOs. These «rescuers» never consult sex workers to find out what they want, violate their rights by evicting them from their homes and workplaces, often insult and physically abuse them during the raid and then imprison them in remand homes for destitutes and delinquents, in a process not dissimilar at all from trafficking. «Rehabilitation» can be equally coercive and can create the conditions for further exploitation, with brothel keepers or petty impostors posing as guardians and later extorting money from the sex worker or making her work like a slave.

To make a real dent into the practice of trafficking, Durbar...in 1999 established local Self-Regulatory Boards in Calcutta [and later across West Bengal]. Boards serve to mitigate violence against sex workers, by brothel keepers, room owners, pimps, local hooligans or the police; to establish channels of information within the red light area through which the board members can monitor whether any children or adults are trafficked into sex work or whether any one is being made to work against her will; to identify those who have been trafficked, and encourage them to seek the help of the board to come out of the situation; to provide trauma counselling and health services; and in the case of children, to organise repatriation, with representatives of the boards accompanying them back to their homes, or if they did not want to go back, to government residential homes, and maintaining contact with them to ensure that they are not stigmatised or re-trafficked (*Cited from Bandyopadhyay et al 2004, p 7-8*)

Trafficking

By the end of 2002, there were approximately 40 million persons displaced globally, 15 million refugees and 25 million internally displaced persons (IRC). However, there is little clear evidence as to the numbers trafficked, and the understanding of what constitutes trafficking is shifting and contested. The idea of a person being abducted and bundled off to another country is increasingly being regarded as a myth (Pfister 2004). It seems that more often, due to the usual motivations for migration – search for a better life, escaping conflict, crises, poverty, persecution or other pressures – people take part in schemes to travel to another area or country, often as a first point of contact run by people they know. What makes this **trafficking** rather than migration is the use of deception or coercion as some stage in the move by the traffickers. This is considered to render the trafficked person's consent invalid and can lead to various forms of exploitation and human rights abuses. Women are more often trafficked for sex work, and men more often for forced labour in dirty dangerous jobs such as construction. Children are more often trafficked for sexual exploitation or begging, and sometimes domestic labour. Emergency situations, structural crises often result in an increase in trafficking.

International actors, including HA, can contribute to prevention of trafficking and support to those trafficked, however, they can also be part of the problem.



In the second half of 1999, 40'000 KFOR troops were deployed and hundreds of UNMIK personnel arrived in Kosovo along with staff from more than 250 international NGOs. Within months of KFOR's arrival, brothels were reported around the military bases occupied by international peace-keepers. Kosovo soon became a major destination country for women trafficked into forced prostitution. A small-scale local market for prostitution was transformed into a large-scale industry based on trafficking predominantly run by organized criminal networks.

Even if women escape their traffickers or are «rescued» by the police, some women suffer human rights violations by officials. Some are arrested and imprisoned for prostitution or immigration offences, without being afforded the basic rights of detainees. Those recognized as victims of trafficking are denied rights to reparation and redress, and few receive appropriate protection, support and services. Some find that they have little or no protection from their traffickers if they testify in court. Throughout the process, women face discrimination on the basis of their gender, ethnic origin and/or their perceived occupation.

KFOR and UNMIK were publicly identified in early 2000 as a factor in the increase in trafficking for prostitution by the International Organization for Migration (IOM). Nevertheless, in February 2001, the IOM had cautioned, «The fact that you have 45'000 foreigners in Kosovo could be one element in the equation, but it is definitely not the whole equation.» The trafficking industry was also assisted by Kosovo's proximity to source countries and well-established trafficking routes via Albania to the European Union (EU), as well as cooperation between Serbian, Albanian, Kosovo Albanian and Macedonian organized criminal networks. A lack of sufficient and experienced police officers and a weak criminal justice system also enabled the development of trafficking. *(Extracts from Amnesty International 2004)*



**Key Questions:**

1. Is it made sure that aid workers and security personnel are not part of the problem of trafficking (e.g. as clients, assistants of trafficking networks, etc.)?
2. Are adequate measures taken in case victims of trafficking are identified (e.g. victim protection, etc.)?
3. Are existing anti-trafficking networks/structures supported?

Guidelines for prevention

- Ensure all military and peacekeeping operations, NGO staff and humanitarian aid workers are fully aware of relevant codes of conduct (e.g. the UN Code of Conduct and the Trafficking Regulation). All allegations of violations of the code or alleged human rights abuses, including against trafficked women and girls, should be fully investigated, and if convicted, the suspects should be subjected to disciplinary or criminal proceedings.
- Link into long-term development efforts to address the underlying situation.
- Provide material resources and economic opportunities to people, especially women, otherwise tempted to go elsewhere in search of a better life. Ensuring that women have equal access to benefits of HA will reduce the incentives for women to leave/agree to go with traffickers.
- Increasing possibilities for regular migration will reduce market for traffickers and smugglers.
- Legalising the sex industry and creating opportunities for greater openness, as well as supporting sex worker organisations, will make it easier to support women trafficked for sex work.

Guidelines for protection

If victims of trafficking are to be able and willing to come forward and gain support:

- complete confidentiality must be guaranteed;
- the right to remain for the trafficked person must be on offer as well as assistance in return if this is genuinely desired, and social, economic reintegration;
- support for psychological stress and trauma, and medical support should be offered whether the person decides to remain or return (Pfister).

Extensive work with local and national police and institutions may be necessary to work towards the above.

For more detailed guidelines on trafficking see OSCE undated; UNHCR 2003; UNHCHR 2002.





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