

# HUMANITARIAN GENDER AND GENDER-BASED VIOLENCE (GBV) MINIMUM ACTIONS

<b>1</b>  All data is <b>disaggregated by age and sex</b> , and analysed regularly to identify who is included and excluded from our programmes	<b>2</b>  <b>Technical Advisors</b> are aware of, and consistently using, the (Humanitarian) Gender Equality Marker in programme design <sup>1</sup>	<b>3</b>  All consultation with communities is <b>sex-segregated</b> (conducted <i>separately</i> with girls, boys, women and men <sup>2</sup> )
<b>4</b>  All consultation with communities is conducted by a <b>facilitator of the same sex as the participant(s)</b>	<b>5</b>  SCI teams have <b>equal numbers</b> of male and female staff, including SLT/SMT and frontline staff	<b>6</b>  A <b>Safety Audit and Assessment</b> is regularly conducted to identify and mitigate GBV risks
<b>7</b>  <b>Gender Analysis</b> is conducted for target areas and is informing programming	<b>8</b>  A response-wide <b>Gender Action Plan</b> is developed and being implemented	<b>9</b>  <b>Girl-only safe spaces</b> are established (e.g Girls' Clubs and Girl Friendly Spaces), informed by consultation with girls
<b>10</b>  <b>Dignity kits</b> are distributed to women and girls, informed by consultation with women and girls	<b>11</b>  <b>Women and girls</b> are equally and meaningfully represented in all community structures: for mixed-sex community structures, there is a 50:50 balance of females and males; for single-sex community structures, there is a female-only and male-only structure	<b>12</b>  <b>Feedback and reporting mechanisms</b> are accessible to women and girls, based on their preferences, with door-to-door visits by female staff to consult women and girls that are homebound and/or illiterate
<b>13</b>  <b>Frontline staff</b> are aware of inter-agency GBV referral pathways and how to receive disclosures and make safe and ethical referrals for GBV survivors	<b>14</b>  Staff and communities are aware of the <b>PSEA Policy</b> and the reporting process	<b>15</b>  Targeted activities exist to <b>protect and empower girls</b>

<sup>1</sup> The Humanitarian GEM is to be used for rapid onset responses of less than 12 months. In all other contexts the standard GEM is to be used.

<sup>2</sup> If possible, specific consultations with LGBTQI+ should be conducted.

## SECTOR-SPECIFIC



### HEALTH

All health facilities have available CMR and family planning trained staff who have access to post rape kits and family planning commodities

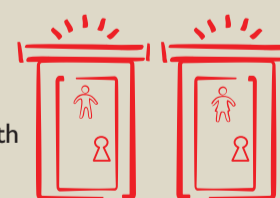


### NUTRITION

Staff and volunteers working in nutrition programmes are trained to make safe and ethical referrals for GBV survivors of all ages

### WaSH

Latrines are sex-segregated with doors and locks, and torches/ portable solar lamps are distributed to women and girls



### FSL

Distributions (cash, food, water, NFIs etc) always have female staff present to monitor, and receive feedback and complaints



### EDUCATION

Targeted interventions exist to address barriers for girls and boys to access education including identifying gender-appropriate teachers



### CHILD PROTECTION

All staff and case workers responding to GBV are trained on Caring for Child Survivors (CCS)



## FOR SUPPORT:

**People:** Gender Equality Humanitarian Technical Working Group (HTWG) contact [Nina.Gora@savethechildren.org](mailto:Nina.Gora@savethechildren.org)

**Tools and Guidance:** Gender and GBV Resource Package on [OneNet](#)