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COVER NOTE

From:	General Secretariat of the Council
date of receipt:	14 October 2024
To:	Delegations
Subject:	Gender-based violence - presentation by CARE International

Following the meeting of the Working Party on Humanitarian Aid and Food Aid (COHAFA) of 14 - 15 October 2024, delegations will find in Annex the presentation made by CARE International¹².

¹ CARE International Aisbl, identification number in the EU Transparency Register: 90237823189-97.

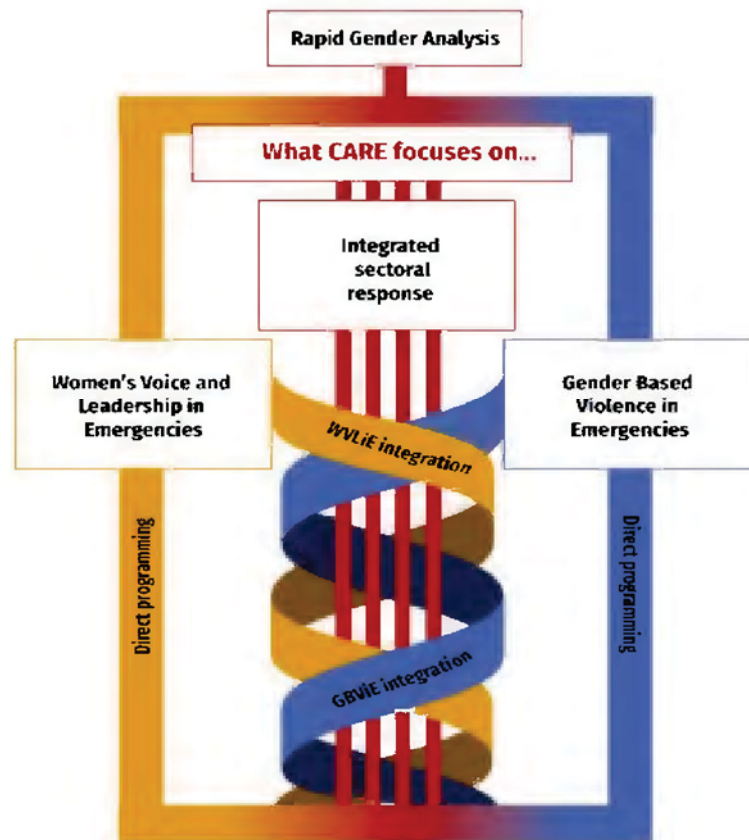
² This document contains a presentation by an external stakeholder and the views expressed therein are solely those of the third party it originates from. This document cannot be regarded as stating an official position of the Council. It does not reflect the views of the Council or of its members.

Gender-based violence in Emergencies

COHAFA meeting – 14 October 2024



GiE: Theory of Change



Women's Voice and Leadership in

Humanitarian Action: We will actively listen to all people, including women and girls, to understand their needs and elevate their voice

Gender Based Violence in Emergencies:

We must prevent, mitigate and respond to gender-based violence, to help keep all people, including women and girls, safe from violence.

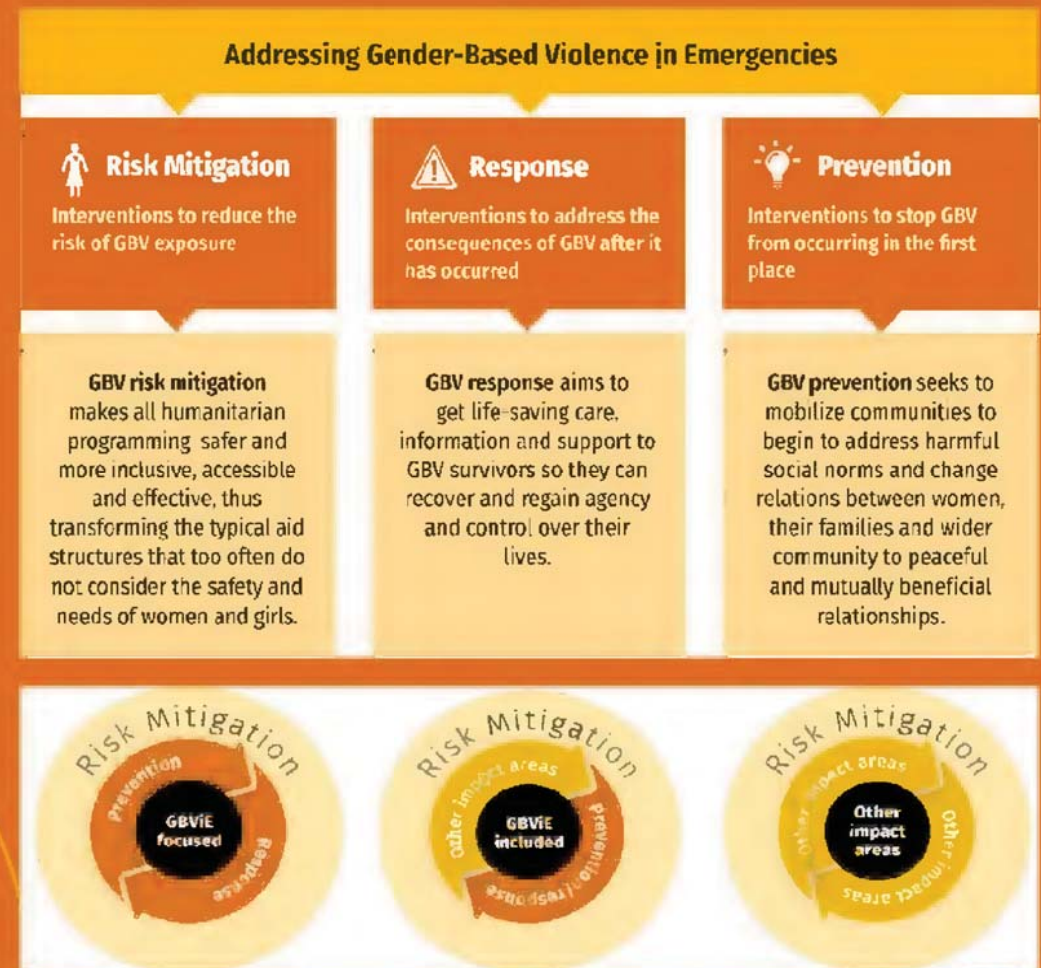
Integrated sectoral response: We must ensure that our sectoral interventions meet the fundamental and specific needs of women, girls, and all people living in emergencies, to be able to provide life-saving support.

GBV in Emergencies

Three core areas for GBViE:

- **GBV Risk Mitigation:** aims to make all programming safer and more inclusive, accessible and effective, transforming typical aid structures
- **Response:** addresses the consequences of GBV after it has occurred
- **Prevention:** aims to address the root causes of GBV.

Integrated AND dedicated GBViE programming, working with GBViE as both a sector in itself and as an approach across all sectors



GBViE in Food Distribution

RISK MITIGATION

- How do women and girls get to and from the distribution points, and how far is it?
- What is the preferred time of day for women to come to distribution points?
- How do women transport their items back home?
- Based on women's priorities, what is the mix of cash, vouchers & goods being distributed (are MHMs included)?
- Who is doing the distribution (men or women)?
- What information about services is being shared at the distribution points?
- Who is available there for women to talk to confidentially if they would like to?
- Who is not coming to food distributions and how might we be able to make our services more accessible?

RESPONSE

- What services are available in this location and context?
- What are the key issues they are hearing about from the women using those services?
- Who is **not** using services and as such, who do we want to hear from?
- How accessible are services, and how might we connect the distributions with outreach and awareness-raising of the availability of services?
- What are the opportunities for us to distribute NFIs that are supportive to women and girls through the food distribution process?
- What do women most need & how can we connect them with each other?
- What are the opportunities for us to use the distributions as a basis for bringing women together?

PREVENTION

- What are the potential issues of increased violence in the household if distributions are to women?
- What mechanisms are already in place to work with men in support of distributions to women?
- What work is going on with community leaders to support the safety of women & girls within their groups and how can this be supported?
- What work needs to be put in place to support the distributions to women at community level?
- How can this work be linked to Safer Programming goals, and to Protection work more broadly?
- How can this distribution be connected to women's groups & associations to amplify women's voices & to provide feedback & guidance to programming?



care

75 YEARS

Recommendations

1. Humanitarian programs and interventions must be informed by findings from **rapid gender analysis** (RGA), **protection and GBV risk assessments** and **Sex, Age and Disability disaggregated data** (SADD);
2. Access to **comprehensive survivor-centred GBV response services** must be explicitly addressed and funded from the onset of every humanitarian response;
3. Donors, UN agencies and organizations must ensure **protection, GBViE prevention and response** services are considered essential services with uninterrupted availability and accessibility.