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TO PREVENT VIOLENCE

Violence Against Women and Girls
in Conflict and Humanitarian Crises

Responding to Typhoon Haiyan: women and girls left behind

A study on the prevention and mitigation of violence against women and girls in the emergency response



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Abbreviations and terminology

AoR	Area of Responsibility
CCCM	Camp Coordination and Camp Management
CSO	Civil Society Organisation
DfID	Department for International Development
DSWD	Department of Social Welfare and Development
DTM	Displacement Tracking Matrix
GenCap	Gender Standby Capacity Project
GBV*	Gender-Based Violence
GWI	Global Women's Institute
GWU	George Washington University
HPC	Humanitarian Programme Cycle
IASC	Inter-Agency Standing Committee
INGO	International Non-Governmental Organisation
IOM	International Organization for Migration
IPV	Intimate Partner Violence
IRC	International Rescue Committee
M&E	Monitoring and Evaluation
MIRA	Multi-Cluster/Sector Initial Rapid Assessment
MISP	Minimal Initial Service Package
MPP	Minimum Preparedness Package
NATF	Needs Assessment Task Force
NGO	Non-Governmental Organisation
NRC	Norwegian Refugee Council
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PSEA	Prevention of Sexual Exploitation and Abuse
PSVI	Preventing Sexual Violence Initiative
RRT	Rapid Response Team
RTE	Real-Time Evaluation
SADD	Sex and Age Disaggregated Data
SRP	Strategic Response Plan
UN	United Nations
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
VAW	Violence Against Women
VAWG*	Violence Against Women and Girls
WASH	Water, Sanitation and Hygiene
WCPD	Women and Children Protection Desks
WCPU	Women and Children Protection Units

* NOTE

Violence against women and girls (VAWG) and gender-based violence (GBV) are used interchangeably in this report.

We mainly use GBV when referring to humanitarian structures, for example, the Gender-Based Violence Area of Responsibility (GBV AoR).

Elsewhere we tend to use VAWG to signify the focus of this report on GBV experienced by women and girls. We are focusing on women and girls "due to their documented greater vulnerabilities to GBV, the over-arching discrimination they experience, and their lack of safe and equitable access to humanitarian assistance".[1]

Executive summary

Violence against women and girls (VAWG) is widespread and both a cause and consequence of gender inequality. During humanitarian emergencies, women and girls' risk of exposure to multiple forms of gender-based violence (GBV) is heightened. This study examines how VAWG prevention and mitigation were carried out in the early phases of the emergency response to Typhoon Haiyan in the Philippines.

At the time of the typhoon, the Inter-Agency Standing Committee's (IASC) *Guidelines for Gender-based Violence Interventions in Humanitarian Settings (2005 IASC GBV Guidelines)*[2] were the primary guidance for preventing and responding to GBV in emergencies and set out key actions for humanitarian actors across all sectors. This study explores how the *2005 IASC GBV Guidelines* were interpreted and adhered to and investigates the utility of deploying GBV experts to assist VAWG prevention and mitigation activities in the humanitarian response.

A document review was conducted along with semi-structured interviews with GBV experts and local and international humanitarian responders, including local women's groups. Data collection was carried out between October 2014 and February 2015.

Key findings show that:

1 GBV and the specific needs of women and girls were not consistently taken into account. At every stage of the response and across every sector, addressing VAWG was considered to be a secondary concern – rather than a life-saving priority for women, girls, and communities.

- Initial assessments did not collect sex-disaggregated data nor VAWG information such as risk factors and response needs.
- Later assessments did include more information on VAWG. While some positive actions were taken, including specific sectoral initiatives to understand women and girls' needs and reduce VAWG risks, such efforts remained ad-hoc and were unable to influence the wider humanitarian response.
- Contrary to the standards outlined in the *2005 IASC GBV Guidelines,* throughout all stages of the response, consultation with women and girls was insufficient and local women's groups were largely left out. Local civil society had the knowledge and skills to address GBV but they were often excluded.

2 Understanding and interpretation of the *2005 IASC GBV Guidelines* varied, resulting in inconsistent application and monitoring.

- **Awareness**
  There was limited awareness of the *2005 IASC GBV Guidelines,* especially from internationally-deployed surge staff. Respondents in national or local organisations had received more training on the *2005 IASC GBV Guidelines* prior to Typhoon Haiyan than international staff but felt that their ability to act on this was undermined by the surge of less informed international responders.
- **Accountability**
  Monitoring frameworks did not consistently include mechanisms for measuring effectiveness in relation to GBV prevention or response and ensuring adherence to the guidelines.

  However there are some examples of good practice – particularly from the Water, Sanitation and Hygiene (WASH) and Camp Coordination and Camp Management (CCCM) sectors. The investments they made at the global level to provide sector-specific guidance on VAWG had a positive impact on their response to Typhoon Haiyan.
- **Funding**
  From a wide range of respondents there was a perception of a lack of prioritisation of VAWG in funding. The absence of initial assessments on women and girls' needs resulted in a lack of funding towards prevention and mitigation of GBV and implementation of the guidelines.

3 GBV experts strengthened the response but they were unable to sufficiently influence the wider humanitarian response overall.

- A majority of respondents agreed that the presence of GBV experts strengthened the GBV response in the aftermath of Typhoon Haiyan.
- However, whilst GBV experts played a key role in facilitating adherence to the *2005 IASC GBV Guidelines,* they were too often marginalised from key decision-making. Often GBV experts had to rely on personal contacts and networks to advance the GBV agenda.
- Further, some respondents felt that there were not enough GBV experts deployed to support a robust response and ensure consistent attention to GBV.

Executive summary

The findings from this study provide further lessons on the challenges of addressing VAWG in emergencies and provide recommendations for the roll-out and implementation of the recently revised *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (2015 IASC GBV Guidelines)* published in September 2015.[3] Specific recommendations are made for different stakeholder groups.

Key recommendations include:

- Funding the Global Reference Group and the Implementation Support Team to sustain the implementation and uptake of the *2015 IASC GBV Guidelines;*
- Prioritising VAWG prevention and response considerations in all preparedness planning;
- Monitoring adherence to the guidelines and developing policies which outline how staff or partners responding to emergencies will be held accountable for implementing the guidelines;
- United Nations (UN) agencies ensuring the integration of the guidelines throughout emergency preparedness, response assessments, and plans, including the Multi-Cluster/Sector Initial Rapid Assessment (MIRAs), strategic response plans (SRPs) and other Humanitarian Programme Cycle (HPC) products and national plans;
- Identifying and appointing high-level global champions within the humanitarian system to support integration of GBV prevention and response activities in emergency response;
- Conducting further research, including real-time evaluations (RTEs) on the effectiveness of the *2015 IASC GBV Guidelines.*



Background

Violence against women and girls in humanitarian emergencies

Violence against women and girls (VAWG) is widespread and is both a cause and consequence of gender inequality. Across the world, 35% of women have experienced either physical and/or sexual intimate partner violence (IPV) or non-partner sexual violence.*[4] This includes 30% of women who have experienced violence in intimate relationships and 7% of women who have experienced sexual violence from non-partners. There are significant and lasting psychological, social, health, and economic impacts of this, including death, high rates of depression, anxiety, alcohol disorders, and higher likelihood of contracting HIV than women who have not experienced violence in relationships.[5] In the Western Pacific Region (including the Philippines) 24.6% of women have experienced IPV, which is among the highest of any region in the world where such data has been collected.[6]

During humanitarian emergencies, women and girls' risk of exposure to multiple forms of gender-based violence (GBV) is heightened. A recent systematic review of GBV in humanitarian emergencies found that approximately one in five refugees or displaced women experience sexual violence.[7] Separation from family and communities, displacement and the breakdown of societal infrastructures, and women's economic vulnerability and dependence on others for basic survival needs can all contribute to increased vulnerability of sexual violence.[8] Whilst much of the focus has been on sexual violence in humanitarian crises, evidence suggests that IPV is also a pervasive problem for women and girls in humanitarian contexts, with some studies in complex emergencies finding higher rates of IPV than sexual violence perpetrated by individuals outside of the home.[9] Across the continuum of the many potential and intersecting forms of VAWG, there may be a range of negative outcomes including increased risk of contracting HIV, mental health issues,[10] physical health consequences, and poor sexual and reproductive health outcomes.[11]

In recent years there has been a more concerted effort to recognise the need to address VAWG in humanitarian settings through the UK Government's leadership on the *Call to Action on Protecting Girls and Women in Emergencies (Call to Action)*[12] and the *Preventing Sexual Violence in Conflict Initiative (PSVI)*[13] as well as other government-funded initiatives such as the US Government's *Safe from the Start Initiative*.[14]

* It should be noted that whilst efforts can be made to more accurately capture women's experience of VAWG, there is still a recognition that this data reflects a certain degree of underreporting from women and that the rates may be higher.



The *2005 IASC GBV Guidelines for Interventions in Humanitarian Settings*

Whilst the primary responsibility to protect against VAWG lies with the state, in relation to armed conflict and natural disasters humanitarian actors play a vital role in supporting measures to prevent and respond to violence. All humanitarian actors have a responsibility to be aware of the risks of VAWG and act collectively to prevent, mitigate and, where appropriate, respond to GBV as quickly as possible in their areas of operation.

While there is growing consensus among the humanitarian community about the need to use both specialised and mainstreaming approaches† to protect women and girls from violence in emergencies,[15] there has been debate about the best way to facilitate effective VAWG prevention and mitigation across the humanitarian response (e.g. mainstreaming GBV prevention and mitigation).

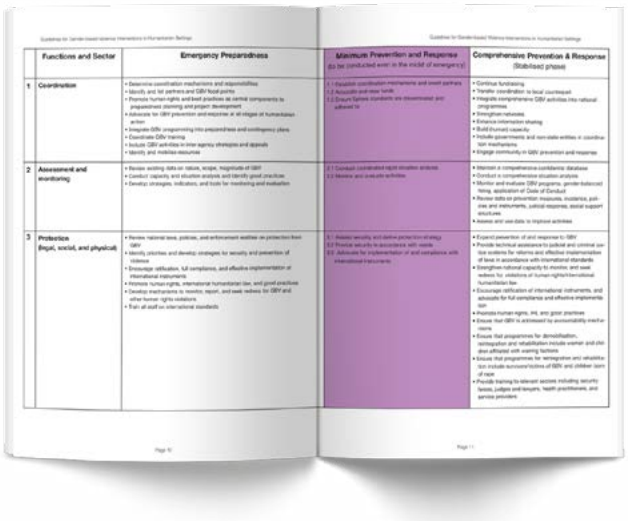
In 2005 the Inter-Agency Standing Committee (IASC) developed the *Guidelines for Gender-based Violence Interventions in Humanitarian Settings (2005 IASC GBV Guidelines)*,[16] setting out key areas of action on how to mainstream VAWG prevention, mitigation, and response across all sectors of the humanitarian response.

† *Specialised programming*, also referred to as *vertical programming*, includes the deployment of GBV experts to lead a comprehensive assessment of the needs of women and girls, and establish specific activities to support women and girls affected by violence – e.g. case management, clinical care for sexual assault survivors, and counselling.

Mainstreaming, sometimes also called *horizontal programming*, involves the integration of VAWG prevention and mitigation activities into all humanitarian sectors, including health, food and security, water and sanitation, amongst others.

This report focuses on the mainstreaming of VAWG prevention and mitigation.

Background



The need for such a document at that time stemmed in part from "the failure of humanitarian agencies to institute basic protection against sexual violence in Darfur",[17] and from the lack of a clear framework setting out essential steps humanitarian actors could take in order to prevent, mitigate, and respond to GBV.

The *2005 IASC GBV Guidelines* provided an overview of recommended key interventions for preventing and responding to GBV particularly in the early and stabilised phases of an emergency.

Action Sheets set out by cross-cutting functions and by sector were also included. These Action Sheets provided background information, guidance on key actions to take, responsibility for those actions, key resources available to support their implementation, and some examples, case studies, checklists, and sample indicators for monitoring. These "minimum interventions and implementation details"[18] formed the core element of the *2005 IASC GBV Guidelines*.

The guidelines were disseminated globally via trainings and other information-sharing activities.[19]

Areas covered by Action Sheets in the *2005 IASC GBV Guidelines*

Cross-cutting functions

- Coordination
- Assessment and monitoring
- Protection
- Human resources
- Information education communication

Sectors

- Protection
- Water and sanitation
- Food security and nutrition
- Shelter and site planning and non-food items
- Health and community services
- Education



Deployment of GBV experts

Whilst not explicitly mentioned in the *2005 IASC GBV Guidelines*, one practice that has emerged to support the implementation of the guidelines and GBV prevention and response work is the deployment of GBV experts.

Since 2011, the IASC Gender Standby Capacity Project (GenCap)* has operated in partnership with the Gender-Based Violence Area of Responsibility (GBV AoR)† to provide a Rapid Response Team (RRT) of GBV advisors to be deployed on short notice in the early phases of a humanitarian response, or at a critical juncture in a chronic emergency.[20] One important role of these advisors is to support the mainstreaming of VAWG prevention and response within and across all sectors.‡

However there continue to be questions about how to best ensure VAWG prevention and mitigation across the humanitarian response – including whether it is necessary to deploy GBV experts to support mainstreaming efforts. Debates about VAWG prevention and mitigation mainstreaming have hampered the ability of the humanitarian field as a whole to be timely and consistent in policy, funding, and operational decisions on VAWG in emergencies.

This report does not see 'gender' and 'GBV' programming as the same or interchangeable. Whilst both types of programming are vital and mutually reinforcing, we have focused specifically on how GBV is addressed in emergencies.

Therefore for the purposes of this report 'GBV experts' are defined as United Nations (UN) GBV staff such as the GBV AoR staff or roster members providing surge capacity specifically on GBV in emergencies.

* In 2007 GenCap was established under the guidance of the IASC Sub-Working Group on Gender and Humanitarian Action (now the Gender Reference Group and Humanitarian Action) and in collaboration with the Norwegian Refugee Council (NRC) to support the integration of gender in humanitarian response.

† The Gender-Based Violence Area of Responsibility (GBV AoR), led by the UN Population Fund (UNFPA) and the UN Children's Fund (UNICEF), is the global level forum for coordinating prevention and response to GBV in humanitarian and other crisis settings.

‡ The terms of reference for advisors also include setting up or strengthening existing GBV coordination mechanisms as well as mobilising emergency resources.





About the study

Objectives

This retrospective study was conducted within the context of Typhoon Haiyan in the Philippines to understand how the humanitarian sector met the needs of women and girls. It looks specifically at how VAWG prevention and mitigation were carried out in the early phase of the emergency; how the *2005 IASC GBV Guidelines* were interpreted and adhered to; and investigates the utility of deploying GBV experts to assist VAWG mainstreaming in the humanitarian response.

At the time of the typhoon, the 2005 version of the *IASC GBV Guidelines* was still the standard for preventing and responding to VAWG in humanitarian settings. For this reason, this research uses the implementation of the *2005 IASC GBV Guidelines* as a way to understand how the humanitarian system responded to the needs of women and girls.

Typhoon Haiyan, a super-typhoon that resulted in widespread devastation in the Philippines in November 2013, was selected as a research case study as it was the first Level 3* emergency response after the global *Call to Action*. It was also a sudden onset disaster, offering an opportunity to examine decision-making and priorities in the first weeks of an emergency in relation to preventing and mitigating VAWG. Further, examination of adherence to the guidelines during a natural disaster in the Philippines, a setting where natural disasters recur with frequency, offered an opportunity to explore challenges on preparedness.

This study complements other research studies and evaluations on VAWG in humanitarian emergencies,[21] including the recent *Evaluation of Implementation of 2005 IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Settings in the Syria Crisis Response* (October 2015)[22] which used similar qualitative methodology† to this study and found strikingly similar results in Jordan, Lebanon, Turkey, and the Kurdistan Region of Iraq.

It also builds on findings from a UK Department for International Development (DfID) workshop titled *What works in addressing violence against women and girls? Lessons learned from Typhoon Haiyan*[23] by providing a different space for respondents to share more freely outside of a donor workshop environment, as well as allowing a wider range of perspectives, including local women's groups and more Philippine Government officials.

This study feeds into a growing body of evidence on programming that provides further lessons on the challenges of addressing VAWG in emergencies and recommendations for understanding, implementing, and ensuring accountability to the new, revised *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (2015 IASC GBV Guidelines)*.[24] It is aimed at humanitarian practitioners and policymakers that fund humanitarian action.

Research questions

1 **How were the specific needs of women and girls taken into account across humanitarian sectors in the initial assessments after Typhoon Haiyan?**

2 **Did different sectors, such as Water, Sanitation and Hygiene (WASH) and Health, meet their minimum actions outlined in the *2005 IASC GBV Guidelines* in their immediate response to Typhoon Haiyan?**

3 **When GBV experts were deployed, what actions did they take to promote meeting the *2005 IASC GBV Guidelines* minimum response across sectors in the immediate response to Typhoon Haiyan?**

What actions did other sectors take in response?

What were the perceived positive or negative impacts on the overall response to GBV?

* *Level 3* is a UN designation that mobilises the most significant response from the humanitarian system.

† *The Evaluation of Implementation of 2005 IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Settings in the Syria Crisis Response* included focus group discussions and in-depth interviews whilst this study carried out in-depth interviews only.

About the study



Methodology

In order to address the above research questions, two key activities occurred:

1. **a document review**; and
2. **semi-structured interviews** with GBV experts and international and local humanitarian responders including local women's groups.

The study was jointly led by the International Rescue Committee (IRC) and the Global Women's Institute (GWI) along with a research consultant that assisted in recruiting interviewees, conducting interviews, and leading the document review. The research design and tools were reviewed by members of the *What Works* Component 2 Research Design Team, whose members* provide expert review and technical input as well as being responsible for the component's overall programme of research. The report has been peer reviewed and validated by the Component 2 Research Design Team and the external Global Research Advisory Group, whose members† provide expert review of the design, implementation, and products of the research programme.

* The members of the *What Works* Component 2 Research Design Team at the time of review were Dr Jeannie Annan, Dr Mary Ellsberg, Dr Kathryn Falb, Dr Mazeda Hossain, Dr Chimaraoke Izugbara, Danielle Spencer, Dr Shana Swiss (review of research design and tools only) and Dr Manuel Contreras-Urbina.

† The members of the external Global Research Advisory Group at the time of review were Judy El-Bushra, Dr Claudia García-Moreno, Dr Jennifer Leaning, and Mendy Marsh.

Document review

The purpose of the document review was to collect published and internal reports which outlined the response to Typhoon Haiyan/Typhoon Yolanda (both terms were used for searches). A desk review of published documents after November 2013 pertaining to the typhoon response was conducted over two weeks in October 2014 via Google with search terms identified by the IRC (see Annex 1). Combinations of the terms were linked with "and" during the searches to ensure all possible combinations were found. Bibliographies included in reports were reviewed for additional documents not captured in the Google search. Documents were specifically examined for information related to the research questions.

Additional reading materials were identified through recommendations from interviewees. These included terms of references, PowerPoint presentations, and unpublished "lessons learned" documents shared within the GBV community. For the bibliography of the thirty-two identified resources used, see Annex 2. Documents typically focused on real-time evaluations (RTEs), lessons learned from programme implementation, and assessments.

Semi-structured interviews

The purpose of the semi-structured interviews was to gain deeper understanding of how VAWG was prevented and mitigated in the humanitarian response to Typhoon Haiyan at the national-level and within regions affected by the typhoon including Eastern Visayas. As the study focuses on the humanitarian response, representatives from three groups were engaged for their perspectives and experience: GBV experts (including national and international non-governmental organisations (NGOs/INGOs), and government officials), and local women's groups.

Humanitarian responders and local women's groups were selected based on cluster representative information in the Strategic Response Plan (SRP)‡ document and through consultations with IRC emergency response staff responding to Typhoon Haiyan and GWI. All non-Philippines based international participants were selected on the basis that they were deployed to the Philippines in the immediate

‡ Strategic Response Plans are strategies prepared and used by humanitarian coordinators and humanitarian country teams to manage responses to crises requiring the support of multiple agencies.

aftermath of Typhoon Haiyan. Snowball sampling from interviewees was also employed. Three separate question guides were developed for the different interview categories (see Annex 3).

Data collection

Between October 2014 and February 2015, a research consultant contacted 119 people. Ninety-two of these were from the humanitarian sector (40 from UN agencies, 38 from NGOs and the remaining 14 from Philippine Government agencies and other humanitarian actors). Eighteen contacts from women's groups, six GBV experts, and three donors were sought out for interviews.

Thirty-four interviews were completed. Twenty-eight were from the humanitarian community, including four Philippine Government officials, three gender advisors, thirteen international INGO staff, six national INGO/NGO staff, and two donors).§ Three interviews were completed with local women's group representatives and three interviews were completed with GBV experts (see Annex 4). The sample, while small, focused on capturing a wide breadth of perspectives on the response, including a variety of humanitarian sectors and a range of local and global humanitarian actors (e.g. from local women's groups to representatives from UN agencies).

The low response rate for interviews was primarily driven by two factors. First, many international staff who responded to the typhoon have since been deployed to other emergencies and did not have time for interviews or had outdated contact information as they have moved on to other organisations. Second, representatives from local women's groups and government offices were difficult to contact, likely due to technological issues, and thus had low response rates as all interviews were conducted remotely. Therefore interviews may be biased due to the characteristics of the respondents that were available and agreed to be interviewed compared to those that declined to participate or were not reachable.

Along with the research consultant, a member from the IRC or GWI attended interviews to assist in note-taking. Interviews lasted between 45 and 60 minutes and occurred via Skype or telephone. Many respondents were based in various worldwide locations (e.g. not necessarily based in the Philippines) or were travelling when the data collection was happening, therefore telephone and Skype interviews were more appropriate.

§ One additional interview with a GBV expert was not included in the analysis as the respondent was not deployed to the Philippines during the Typhoon Haiyan response.

Analysis

Qualitative data was analysed based on *thematic analysis*, which is a common qualitative analysis approach that first assigns codes to data and then categorises the codes into themes. The overarching themes were identified *a priori* and focused on coordination, assessment, adherence to standards, and perception of response based on the research questions. Within these themes, if consistent issues emerged from the interviews, they were included as sub-topics under the overarching themes. This analytic approach was selected as the study was specifically interested in answering the research questions, rather than developing a new framework for understanding emergency response.

Ethical considerations

This report centres on programmatic learning with programme officials and therefore did not directly seek to interact with survivors of violence. Thus, formal ethical approval was not sought. All participants were assured that their responses were documented in the report anonymously and no audio recordings were taken. Participants were reminded that they could skip questions if they did not feel comfortable answering them prior to initiating the conversations. All participation was voluntary.



About the study



Limitations

Findings of this retrospective analysis must be interpreted with the following limitations in mind:

1. Interviews were conducted approximately one year after Typhoon Haiyan struck the Philippines, thus recall bias may be present and some respondents noted difficulty in remembering their exact activities and roles. Respondents were encouraged to send any documents or reports at the conclusion of the interview to mitigate this limitation.

2. While respondents were encouraged to speak freely and were reminded that their responses would be anonymous, there may have been social desirability bias – where staff may have been less critical or open about their own organisation or their sector response. We addressed this by using confidential in-depth interviews (rather than group discussions) and highlighting that no names would be used in the report and encouraged them to be honest in their answers.

3. Many potential international respondents moved on to other emergencies – making them extremely difficult to track down and speak to. Many were already deployed again and did not have time to participate. However, we were still able to engage with international sector representatives as well as many national staff working in a variety of organisations, thus minimising this potential bias of having limited numbers of INGO staff interviewed.

4. The retrospective methodology meant that there were challenges to reaching saturation. Themes varied greatly across levels of response (e.g. local, national, and international organisations and between international and national staff working at various organisations), which create a complex picture of the response to Typhoon Haiyan, making definitive perceptions of the response difficult to infer.

5. The connection over Skype and phone was at times problematic which led to asking respondents to repeat responses for clarity and may have also led to lower quality interviews and/or interview notes. Respondents were encouraged to send any follow-up information or documents to the consultant or rescheduled the call as needed.

Despite these limitations, findings are consistent with evaluations from other emergencies and investigations including DfID's workshop report *What works in addressing violence against women and girls? Lessons learned from Typhoon Haiyan*[25] and the *Evaluation of Implementation of 2005 IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Settings in the Syria Crisis Response* (October 2015).[26]

Study context: the Philippines

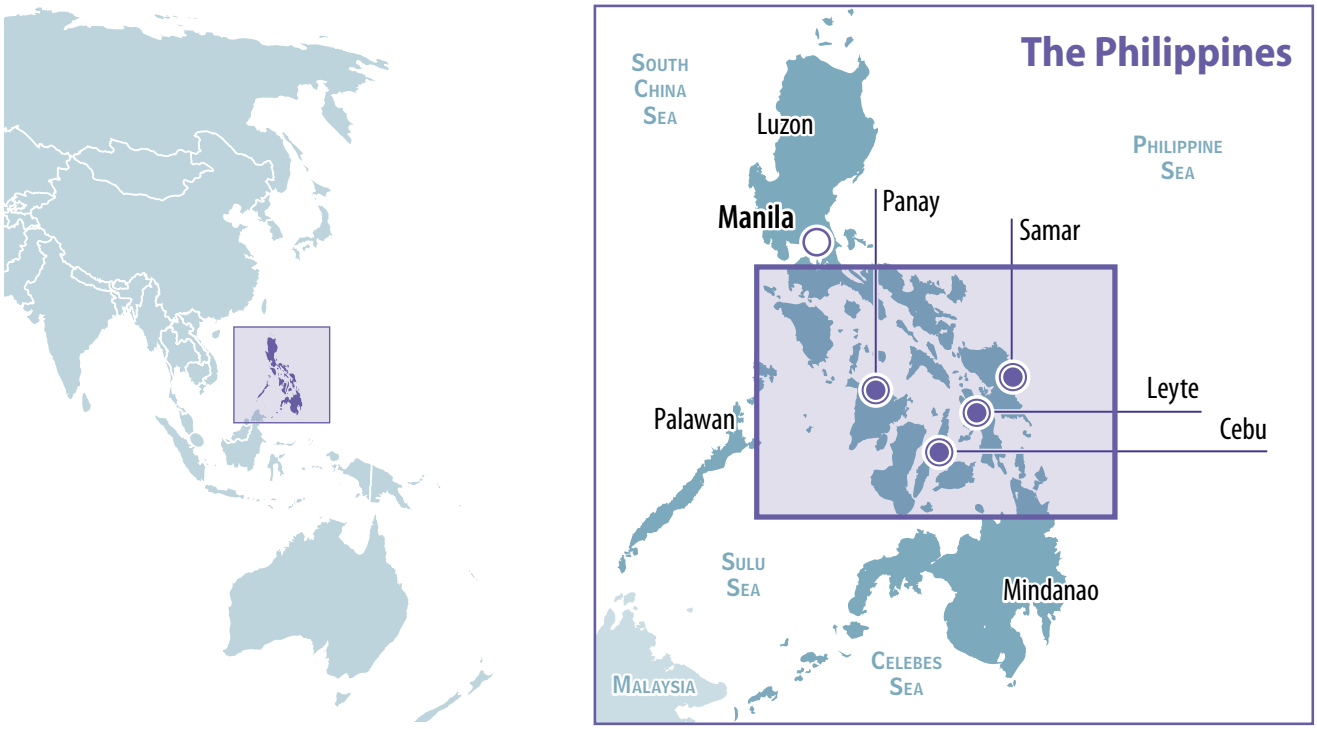
Typhoon Haiyan

The acute emergency selected for this analysis was Typhoon Haiyan, locally also referred to as Typhoon Yolanda, a super-typhoon that struck the Philippines on 8th November 2013 and resulted in widespread devastation. Typhoon Haiyan, the most powerful natural disaster in the history of the Philippines, displaced 4 million people, affected the lives of 14.4 million people, and was the direct cause of death for 6,000 Filipinos. The typhoon cut a path across the country affecting 41 provinces, with much of the damage taking place in Leyte, Cebu, Eastern Samar, Samar and Capiz provinces.

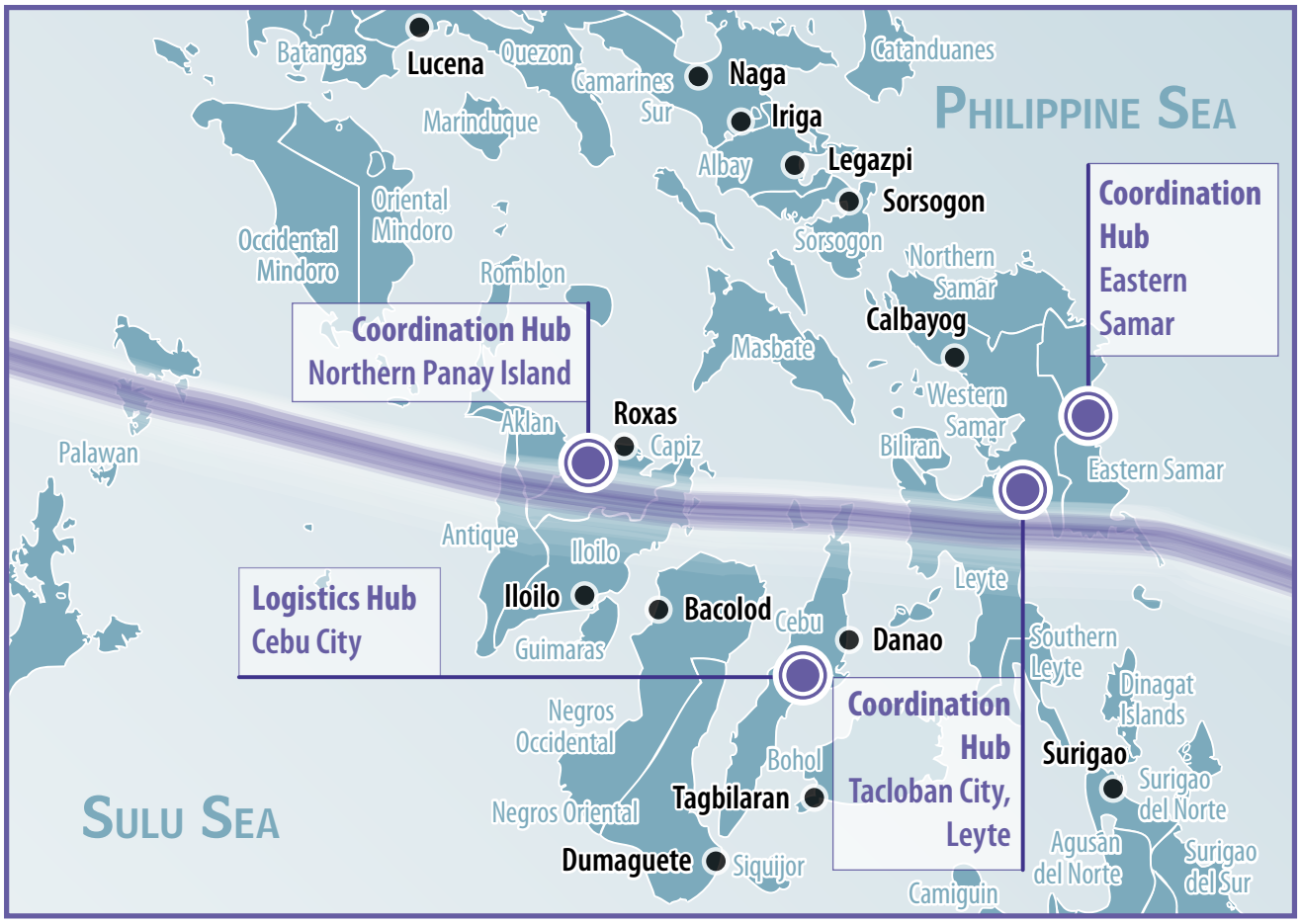
The spread of devastation created complex challenges for humanitarian responders both locally and internationally.[27] The scale of the disaster was not anticipated and the resultant flooding and widespread destruction created logistical challenges to access communities cut off from supplies and communication.[28]

At the time Haiyan struck, the country was already recovering from two other recent emergencies, including an earthquake in Bohol the month before Haiyan and escalating conflict in Zamboanga in September 2013,[29] further compounding the effects of Haiyan.





Areas affected by Typhoon Haiyan[30]



Violence against women and girls in the Philippines

There is strong evidence that emergencies increase the risk of violence against women and girls.[31] Indeed, the scale of disaster caused by Typhoon Haiyan only exacerbated the risks faced by women and girls in the Philippines and their difficulties in accessing services. To better understand the context women and girls found themselves in during the typhoon, and the context within which the humanitarian response was conducted, it is important to look at VAWG in the Philippines prior to Typhoon Haiyan.[32]

The most recent Demographic Health Survey conducted in the Philippines, completed only a month before Typhoon Haiyan made landfall, showed that nearly one in five women aged 15 to 49 had experienced physical violence since age 15, and that 6% of women had experienced sexual violence; the majority of which was perpetrated by their spouse.[33] Women and girls in the Philippines were already facing risks such as IPV, sexual violence from a non-partner, and were susceptible to trafficking. Similar to other contexts, research has shown that Filipina women in abusive relationships may remain with their partner given a lack of personal resources or lack of social support,[34] both of which may be compounded in times of natural disaster.

Recurring natural disasters in the Philippines mean that women and girls face continued cycles of heightened risks of violence. For example, among female youth aged 18 to 24 years residing in areas impacted by Typhoon Bopha (also known as Typhoon Pablo) which hit the Philippines in December 2012 – one year before Typhoon Haiyan – nearly one-quarter reported experiencing IPV in their lifetime during or immediately after the typhoon or long-standing conflict in Mindanao.[35] Cases of rape, human trafficking, and commercial sexual exploitation of children were reported.[36]

The effects of Typhoon Haiyan, similar to those of Typhoon Bopha, led to similar patterns of increased GBV.[37] Typhoon Haiyan, as a case in point, was not the last natural disaster to the hit the Philippines – Typhoon Hagupit (also known as Typhoon Ruby) hit in December 2014, and while the impact was significantly smaller than Typhoon Haiyan, it still displaced one million people from their homes, many of whom were still recovering from the year prior.[38]

The Philippine Government had in previous years already recognised VAWG as a prevalent social issue and took steps to mitigate this. In August 2009 new legislation known as the Magna Carta of Women,[39] aimed at eliminating discrimination against women and promoting Filipina women's rights, was signed into law and called for the establishment of Violence Against Women (VAW) Desks



in every *barangay*, the smallest administrative units in the Philippines. The function of the VAW Desks included responding to GBV cases, keeping records of these and reporting to higher levels of government, assisting survivors in accessing services and legal protection, and leading the way in addressing VAW in the community and advocating on women's behalf.[40] However, there were varying levels of compliance amongst the *barangays* – according to the Philippine Government, as of March 2014, nearly five years later, 75% of districts had set up VAW desks.[41] Those that had been set up recorded increases in the reporting of VAW cases.[42]

Other services were also available to GBV survivors prior to Typhoon Haiyan. As well as services provided by NGOs and civil society organisations (CSOs), this included thirty-eight Women and Children Protection Units (WCPUs) spread across twenty-five provinces[43] made up of multidisciplinary teams providing medical and psychosocial services to female and child victims of violence. The Philippine National Police also had Women and Children Protection Desks (WCPDs) to be staffed by female officers. However, despite the availability of these services, barriers to accessibility, limited numbers of female police officers, and the need for psychosocial support and women-friendly spaces were still identified as gaps in services.[44]



Key findings

1 Assessments of women and girls' needs

1.1 EARLY ASSESSMENTS DID NOT ADEQUATELY ADDRESS RISKS TO WOMEN AND GIRLS

The *2005 IASC GBV Guidelines* provided clear recommendations for humanitarian assessments – suggesting, at minimum, the inclusion of information about sexual violence (regardless of sector or organisations' interest); demographic information (including disaggregated age and sex data); overview of the settings and types of services and activities underway; overview of sexual violence; and systems in place.[45] Few of these recommendations were followed during the initial stages of the Haiyan response.

The earliest, large-scale assessment following Typhoon Haiyan was the Multi-Cluster/Sector Initial Rapid Assessment (MIRA I)[46] conducted in November 2013 which involved over 40 agencies and covered 92 municipalities across 9 provinces. This assessment did not specifically examine the risk factors and response needs of women, girls, and GBV survivors. The MIRA I did not collect and report sex and age disaggregated data (SADD) and only included one question (out of a 50-question survey) on protection, namely "Are there major protection concerns?".

There was confusion from different respondents about what the MIRA could and could not achieve. Initially, two people interviewed who played a leading role in implementing MIRA I noted that because it was purposive sampling, rather than employing a representative sampling frame for the survey, it was not possible to provide SADD. MIRA guidance[47] notes that the MIRA "cannot deliver statistically representative primary data for quantitative analysis on humanitarian needs". Respondents noted that this meant they could not report SADD. However, similarly with the other data collected, SADD does not need to be statistically representative to give a useful indication of any trends for women and girls, as long as understanding of the limitations and biases inherent in non-representative data are taken into account in the interpretation of findings. Further discussion with UN agency staff leading MIRA I revealed that it would be "absolutely possible to disaggregate every single question but it will take a lot more time and a lot more resources."

> "We need to balance resources, time and quality. It's impossible to disaggregate information on all the questions."
>
> **UN AGENCY**

In addition to the barrier of time and resources, respondents noted that another barrier to collecting SADD and VAWG information was that key informants chosen were often male and felt that they would not be able to provide accurate information about the needs of women and girls.

> "[Data] would still be voiced by a key informant who may or may not be informed. For example, the [male] head of a hospital may be the best placed to answer health needs of the community but may not be the best person to ask about women."
>
> **UN AGENCY**

In terms of the limited protection questions included in MIRA I, GBV experts consulted in the assessment process felt that their recommendations around VAWG risks were not incorporated and therefore the picture of the VAWG situation provided by MIRA I was inadequate. Those involved in MIRA I highlighted that GBV experts arrived in the Philippines at the end of the process which "meant that [protection] questions weren't included. This was definitely a mistake on our side," in the words of one UN agency respondent.

Those involved in leading MIRA I noted a number of other challenges to collecting meaningful data for women and girls, including: a lack of trained enumerators who were gender specialists; lack of time to train researchers on asking questions on sensitive issues such as GBV; not enough resources to include additional focus group discussions on protection issues as part of the MIRA I methodology; not enough time

Key findings

to ensure that any GBV-related questions were asked sensitively and ethically (e.g. ensuring there were referral mechanisms in place for anyone disclosing VAWG); and prioritising questions to ensure the questionnaire was not too long.

While international guidelines state that action to prevent and respond to VAWG must be immediate regardless of the presence or absence of concrete and reliable evidence,[48] it is clear that data still plays a huge role in securing funding for VAWG programming. Donors first allocated funding following MIRA I, and GBV experts noted that as no VAWG information was provided at the outset through the MIRA, this hampered the ability to advocate for GBV funding. Humanitarian agencies reported that this lack of funding in the initial appeals also created obstacles for the inclusion of GBV mainstreaming and specialised services further down the line, particularly in the SRP.

> "[The MIRA I] was designed to provide high-level decision makers evidence on how to make strategic decisions for a response plan. "

UN AGENCY

> "Because the first MIRA failed to reflect needs of women and girls, it was a lost opportunity. The second one picked it up, but it was a bit too late because. . . many donors were strapped [for cash]."

GBV EXPERT

Participants felt that the deficiencies in MIRA I severely limited the space to push for VAWG programming in general. GBV experts and advocates felt they were forced to rely on bilateral conversations to support the inclusion of GBV into individual proposals. GBV experts felt that the lack of attention to GBV in MIRA I was reflective of a larger perception amongst both humanitarian actors and donors that GBV was not a priority in the initial response phase, rather than a logistical and ethical issue as outlined by the assessment teams. Respondents, particularly GBV experts, noted that this perception was likely to be a reason why GBV was not prioritised by agencies in funding proposals, as agencies perceived that they would not be successful if they applied for funding for VAWG programming as it was not seen as a donor priority.

1.2 LATER ASSESSMENTS INCLUDED MORE INFORMATION ON PROTECTION ISSUES FOR WOMEN AND GIRLS

Simultaneous to efforts to rectify the missed opportunity in MIRA I for adequate collection of data on the needs of women and girls, GBV experts advocated for stronger inclusion of GBV questions in the second MIRA (MIRA II), which was conducted between the 3rd and 10th of December. A household sampling framework was used for MIRA II and more female respondents were interviewed.

MIRA II also collected useful data around feelings of insecurity, risk of trafficking, and restrictions on movements. However, GBV experts felt that pushing for these questions was a constant struggle and they perceived a standing resistance to their inclusion in MIRA II.

At the same time, GBV experts were advocating for more attention to women and girls' needs in other sectors' assessments, such as Education and Health, some of which did collect SADD and included protection questions. Yet efforts to do so were not formalised and largely occurred through informal discussions and networks.

> "There was an influx of assessments at the beginning, usually done per agency not as a cluster or sub-cluster. Many INGOs did their own assessments. GBV experts reached out to NGOs doing their assessments to try and figure out what they were doing and influence but most of that was from her own networks and relationships and not formal."

GBV EXPERT

1.3 LOCAL WOMEN'S GROUPS WEREN'T MEANINGFULLY CONSULTED IN THE IMMEDIATE AFTERMATH OF THE TYPHOON

The *2005 IASC GBV Guidelines* noted the importance of involving the community in assessments and collecting information. Almost all respondents also highlighted the importance of complementing MIRA I/II with other qualitative and quantitative assessments and information on GBV, particularly from Philippine civil society with experience dealing with cyclical natural disasters. Engagement and consultations with local women's groups and CSOs was seen as important but humanitarian actors found it challenging. Many attributed this to the fact that many local groups were directly affected by the typhoon.

"...they [international humanitarian responders] had difficulty in the beginning connecting with local groups. Computers and phone connections were wiped out."

INGO

Respondents from local women's groups and national organisations noted that many of their staff were grappling with the trauma of losing their housing and trying to locate family members.

Some INGO interviewees noted that collaboration was difficult because they were never sure who the local counterparts were, attributing this to the typhoon's effect on local staff including deaths, displacement, and shock from the disaster. One out of three respondents from a local women's group stated that many of their members were volunteers from affected communities and needed assistance to recover and mobilise. Despite this some local women's organisations noted that they were still carrying out activities and mobilising in the weeks following the typhoon.

"When Haiyan struck, [we] looked for members in areas that were hit. Some members were able to do assessments of situations and first aid psychosocial briefings with women."

NATIONAL WOMEN'S RIGHTS ORGANISATION

While the typhoon clearly had an impact on local civil society, both international and local actors reported that engagement was also limited by other factors, including the location and timing of critical meetings and conversations. Whilst local women's groups and other CSOs had participated in some GBV sub-cluster coordination meetings following the typhoon, national GBV sub-cluster meetings were held in the capital, Manila. Reports that travel to and from meetings could take up to two hours each way meant that many local women's organisations, other CSOs, and even Philippine Government officials could not justify the time it took to travel to meetings. Like other UN sub-cluster meetings, GBV sub-cluster meetings were later moved to alternative locations to try to make it easier for local groups to attend. Whilst this is not unique to the GBV sector[49] this led to a lack of involvement and perspective from a country with a strong tradition of women's groups and mobilisation.

Perceptions of local staff capacities and an influx of international staff also were seen as playing a role in the marginalisation of Philippine civil society. Half of the national NGO staff interviewed felt that locally trained NGO staff were over-ridden in terms of their role and decision-making once a surge of international staff arrived. Similarly, investments in GBV training of both national staff and local women's groups were perceived as having been essentially 'thrown out' due to the surge of INGO staff. Whilst the issue of international staff taking over from local capacity occurred in other sectors as well,[50] the strength of the women's movement in the Philippines makes it particularly disappointing – particularly when respondents noted that many of the international staff (not GBV experts) did not have the specific skills and training on GBV that local responders did.

"Training and investment that they had done was essentially thrown out because of all the other people that came in and didn't use it... [Local staff] were not the major actors on the ground who were decision makers."

INGO

Where the international humanitarian response prioritised engagement with local CSOs, the results were positive. The Food Security and Agriculture cluster worked closely with CSOs to conduct community assessments over a broad geographic area. They partnered with CSOs who were familiar with the area to participate in training on facilitating focus groups and conducting 'listening exercises' (e.g. community walk-throughs).

"In the Rojas area there had been rape and kidnappings that were not discovered by any INGOs until we did focus group discussions. By speaking to youth groups we found out that there were new recruiters that were recruiting young girls for prostitution and forced labour since their families were destitute. We also found that women in other organisations were blacklisted from certain evacuation centres since they were raising issues of women. This was also missed by other organisations because they weren't specifically asking local groups. We did a briefing sheet for GBV and protection on this and gave presentation to clusters."

UN AGENCY:
FOOD SECURITY AND AGRICULTURE CLUSTER

2 Accountability to guidelines

2.1 THERE WAS SOME AWARENESS OF THE *2005 IASC GBV GUIDELINES* BUT LIMITED EVIDENCE OF USE BY INTERNATIONAL RESPONDERS

Respondents from national or local organisations generally knew of the *2005 IASC GBV Guidelines*, which were often referred to as the 'Purple Book' (due to the purple cover of the guidelines). However, understanding of the purpose of the *2005 IASC GBV Guidelines* and interpretation of how the guidelines should be applied varied across respondents that were interviewed.

Most respondents in national or local organisations had received some form of training on 'gender' and/or on the guidelines themselves, sometimes as part of previous typhoon responses. Given the cyclical nature of disasters in the Philippines, many local staff and government representatives reported gender and/or GBV trainings as part of preparedness activities – with a number referencing training provided by UNFPA.

"Even during [Typhoon] Pablo and until Haiyan, all staff had orientation and conducted workshops for GBV using the Minimal Initial Service Package* (MISP) module and Purple Book. We were asked to read through the Purple Book and had Q&A sessions. Not officially credentialed but staff had a general knowledge on GBV and internal protocols to deal with survivors."

NATIONAL NGO

Local staff in NGOs and government officials said there was a perceived challenge of operationalising the guidelines given that Typhoon Haiyan was a natural disaster. Overall, they felt that more regional and disaster-specific examples would have been helpful, particularly relevant examples for natural

* The Minimal Initial Service Package (MISP) is a multi-sectoral set of priority activities to be implemented by humanitarian actors to prevent and manage the consequences of sexual violence and provide access to comprehensive reproductive health services in emergency settings.

disaster and non-camp environments in Southeast Asia and the Philippines. This would have helped staff understand how the key actions provided in the guidelines could be operationalised in their specific context.

"Expats provided GBV training. . . the examples were at the international level and were not contextualised. They needed to customise their training so that there are examples from the Philippines and people can connect to the information given."

PHILIPPINE GOVERNMENT

Respondents from INGOs reported that they also understood the general purpose of the *2005 IASC GBV Guidelines* and most people could describe a low-level specificity of the actual content of the Action Sheets relevant to their sector. However, they noted that they did not feel adequately trained on how to use these to make programmatic decisions during the emergency response.

Respondents from INGOs and the UN (non-GBV experts) often spoke in vague terms about GBV programming, for example referencing checklists or training as their GBV activity. They also seemed to conflate 'gender' and 'GBV', often not making any distinction between approaches and programming.

"[Typhoon] Haiyan was considered a good [GBV] response given a ticking of a checkbox, but there was nothing looking at the quality. . ."

INGO

Respondents from across the response noted that newly deployed international staff had little to no familiarity with the guidelines and because there was a surge, and rapid rotation, of new INGO and UN staff following the typhoon, this played a role in the limited use of the guidelines. Organisations reported that internal gender advisors did provide new staff with brief and often ad-hoc introductions to 'gender issues' or 'gender mainstreaming' and a few respondents noted that their organisations recommended that new staff attend trainings organised by GBV experts.



However despite this, teams from sectors such as Health and Education often deployed with no prior GBV training and did not receive such training until well after the initial response phase. Some Health teams received a flash drive of information on 'gender' which included information on the clinical care for sexual assault survivors, codes of conduct, and Prevention of Sexual Exploitation and Abuse (PSEA). However, they generally did not receive in-depth training on the *2005 IASC GBV Guidelines* until they were in the field for a few weeks, if at all, given the volume of health needs of the affected population. A number of people noted that this training could wait until they had 'more time to explore such issues in ongoing trainings and meetings'.

Similarly, the Education sector also reported challenges in having to do 'catch-up' training for new staff on the guidelines, which did not occur until several months after the typhoon struck. Respondents highlighted that during orientation processes there were only a few general reminders on gender or protection.

Both gender and GBV experts noted how these examples from the Health and Education sectors highlighted how VAWG prevention and response is considered optional, even often as an after-thought, that could be addressed later on in the response rather than as an important life-saving response at the onset of an emergency.

Key findings



2.2 THERE WAS NO STANDARDISED APPROACH TO MONITORING ADHERENCE TO THE RECOMMENDED ACTIONS IN THE *2005 IASC GBV GUIDELINES*

Respondents representing Protection, Health, Education, Camp Coordination and Camp Management (CCCM), Nutrition, and WASH sectors noted that there were no formal, official, or standardised mechanisms for monitoring adherence to the sector-specific recommendations contained in the *2005 IASC GBV Guidelines*. Moreover where monitoring information related to GBV was documented, it was generally attached to outputs (rather than outcomes), such as number of flashlights or number of cash transfers distributed.

The document review showed that activities led by other sectors did not include measures of effectiveness in relation to GBV prevention or response. For example, cash transfers were referenced as 'gender-related' or 'GBV-related' simply because funds were disbursed to women. There was no follow-up with women or data about whether women benefitted in terms of safety, ability to meet basic needs, or other factors. Documentation of these activities focused instead on numbers of women who received money, not whether they were able to control and make choices about the use of that money, whether that money helped them to mitigate the risks that women and girls face in emergencies (as a result of not being able to meet their basic needs), or whether there were other either positive or negative protection outcomes as a result of this activity.

Representatives from different sectors made efforts to ensure that monitoring data included relevant SADD and protection measures. However, it was not clear whether this data was reported at all, reported accurately, or used to inform response. For example, the Food Security and Agriculture sector pushed for SADD from their implementing partners regarding distributions yet there was no formal mechanism to hold the organisations accountable to this.

Some sectors such as WASH and CCCM offered positive examples on potential good practice in monitoring adherence to the guidelines. For example, one WASH representative reported that organisations that partnered with the WASH sector signed agreements to adhere to standards, including the *2005 IASC GBV Guidelines*. Forms completed by partners on a quarterly basis, followed up by site visits, were meant to monitor whether this was happening. If standards were not met (e.g. latrine design was not in accordance with the guidelines), the organisations would not receive the next round of funding. Reports, combined with site visits, were seen by the WASH sector as effective in ensuring accountability. It was also noted that ensuring such accountability and adherence to the *2005 IASC GBV Guidelines* often led to delays and required no-cost extensions for programming because implementing organisations were not prepared to programme in line with the guidelines, or did not develop programming in line with the guidelines and then had to invest time in fixing problems later in order to meet standards.

CCCM also included GBV-specific protection issues in their monitoring tools and visited evacuation centres to ask questions regarding these issues. One GBV expert stated CCCM was very proactive in reaching out to identify indicators that would include GBV-related information (e.g. lighting, placement of latrines, etc.) but which also were captured in a safe manner. Overall site visits were often cited as key to ensuring accountability to the *2005 IASC GBV Guidelines.*

> "[We have] a checklist on hand for GBV. [CCCM] goes around evacuation centres . . .and goes to camp manager and actually tests referral pathways."
>
> **UN AGENCY**

2.3 FUNDING WAS LIMITED FOR THE IMPLEMENTATION OF THE *2005 IASC GBV GUIDELINES*

Across interviews a primary challenge mentioned to implementing the *2005 IASC GBV Guidelines* was a lack of funding. Many attributed this to a lack of initial assessment and programme design taking the guidelines into consideration in each sector. As a result, addressing the key actions in the guidelines was an afterthought, and often one that had not been adequately resourced. Donor representatives stated that not enough proposals submitted addressed GBV or, if they did, were not of high quality.

Funding was also a critical concern for local and national staff, both in terms of defining their own priorities as well as accessing funds and technical expertise from the international community. For example, one organisation reported wanting to provide non-food items for women and girls, but struggled due both to lack of adequate funds and support to target the most vulnerable groups of women (e.g. female-headed households, women with disabilities, adolescents).

3 The role of GBV experts

The first GBV AoR expert arrived in the Philippines approximately five days after the typhoon and was joined approximately 10 days later by two other members of the AoR. The complete AoR team was comprised of three staff acting in different roles: GBV information management systems, country-level GBV sub-cluster coordinator, and GBV sub-cluster coordinator in Tacloban. Most of the international humanitarian responders interviewed arrived within the first few days and weeks after Typhoon Haiyan and were based in Manila or Tacloban.

3.1 THE PRESENCE OF SPECIALISED GBV EXPERTS STRENGTHENED THE GBV RESPONSE IN THE AFTERMATH OF TYPHOON HAIYAN

Summary of the types of activities GBV experts carried out in the first three months following Typhoon Haiyan

- Led national and Tacloban coordination, including with government social workers, police, and local women's groups;
- Supported the set-up and use of information management systems that met international standards but were also able to work within existing national systems;
- Established or rehabilitated existing referral pathways with the Philippine Government;
- Supported organisations and government to assess community needs and provide advice on GBV-related indicators;
- Advocated for material or other items to address needs;
- Supported other sectors to address VAWG, including through trainings to non-GBV actors on implementation of the *2005 IASC GBV Guidelines;*
- Advocated to UNICEF to provide latrines for female officers, and to UNFPA to provide tents, vehicles, and stipends for female police working in Tacloban.

Key findings

Overall, the majority of non-GBV interviewees agreed that the presence of experts strengthened the GBV response in the aftermath of Typhoon Haiyan. Interviewees mentioned being 'grateful' for GBV surge staff, learning and benefitting from working with them. They felt having GBV experts there helped people on the ground 'understand' GBV and ensured GBV prevention and response did not get 'left out.'

Government officials interviewed expressed appreciation for trainings and advocacy led by GBV experts which they felt improved their ability to gain attention to the needs of women and girls with others in their own government.

Most of the national staff of NGOs or UN agencies interviewed felt that trainings on *2005 IASC GBV Guidelines* offered by the GBV experts were extremely helpful, particularly for organisations that primarily focused on health or child protection issues.

INGO respondents also were supportive of GBV experts and felt they were critical in supporting mainstreaming of GBV into other sector responses.

Local women's organisations also found GBV experts valuable in helping to seek funding opportunities and general guidance on GBV programming.

GBV experts felt that their role as advocates was one of the most important, noting that had they not been on the ground continuously pushing, fewer GBV recommendations would have been included in assessments and monitoring processes. UN agencies noted that GBV experts only arrived towards the end of the development of MIRA I and that this was a reason given for GBV-related issues not being prioritised. Many recognise that the GBV experts played a vital role in ensuring that the MIRA II collected SADD and included GBV-related questions.

Despite the wider general appreciation for GBV expertise, GBV experts felt that there were not enough GBV experts deployed to support a robust response and to ensure consistent attention to GBV. For example, one INGO (non-GBV expert) respondent who participated in Shelter, Livelihoods, and Health cluster meetings noted that GBV was not mentioned in any meetings they participated in. GBV experts reported that clusters with dedicated gender advisors more successfully mainstreamed GBV than those that did not. While still liaising with GBV experts, these clusters did not require as much assistance to start incorporating the *2005 IASC GBV Guidelines* in their work. This suggests that without dedicated GBV expertise, VAWG prevention and

Examples of GBV experts' activities in mainstreaming

- Worked with other clusters to support the needs of women and girls.
  For example, worked with the WASH cluster to alter design after water access points and male and female latrines were placed too close to one another. Supported WASH actors to install locks on their doors and designated showering areas to stop people from showering in the open air;
- Worked with child protection to secure child safe spaces and make them accessible to women accompanying children;
- Advocated to the Shelter cluster on the need for lighting in temporary shelters and displaced person camps (although this reportedly remained a problem throughout the first three months of response in Tacloban);
- Worked with the national police to support GBV prevention and response training.
  The GBV AoR coordinated agencies to provide shelter, per diem, and lights for these staff in the field;
- Coordinated with medical NGOs on provision of psychosocial and mental health services and support.
  (Mental health services for women and children were mentioned as a good entry point for VAWG prevention and response activities.);
- Supported CCCM and the International Organization for Migration (IOM) to include GBV protection questions in their monitoring tools (including the Displacement Tracking Matrix (DTM));
- Advocated to UNICEF to provide latrines for female officers, and to UNFPA to provide tents, vehicles, and stipends for female police working in Tacloban.

mitigation is not prioritised or discussed by other sectors. GBV experts voiced concerns that they still had to fight to have GBV considered across sectors in the typhoon response and many used personal relationships and networks to advance the GBV agenda.

Despite this, there was some evidence of backlash towards GBV experts and it could be seen as 'overkill' as stated by one sector lead and one UN representative. This may have been due to the fact that many organisations were beginning to bring in their own gender experts as part of their mainstreaming response.[51]

"In the rush to respond, the GBV mainstreaming considerations across the other clusters were not prioritised. Once more people arrived, there was resistance to so many GBV personnel deployed to the response. Colleagues normally supportive of GBV response thought it was an overkill."

UN AGENCY



3.2 GBV EXPERTS PLAYED A KEY ROLE IN BOLSTERING REFERRAL NETWORKS AND SUPPORTING EXISTING SERVICES

All sectors noted the importance of referral networks for survivors of GBV. Prior to the typhoon, the government had established women's shelters or safe spaces staffed with social workers, led by the Department of Social Welfare and Development (DSWD). In the immediate response period, GBV experts and NGOs working on GBV created awareness of existing services for other sectors. Despite having pre-existing referral systems, respondents felt that these networks needed technical support and rehabilitation to be able to function in line with the *2005 IASC GBV Guidelines* in the aftermath of the typhoon. GBV experts were able to pull together these existing systems and focus on the identification and coordination of needs across sectors. They also ensured that local women's groups and existing government services continued to play a key role in service delivery. Across sectors this was seen as a useful activity. Meanwhile, the government continued to focus on improving service delivery, including the establishment of women's and children's protection desks, which were staffed by police who had received specialised training in GBV, in almost all evacuation centres.

"They helped give protection to women and children. They worked with INGOs on advocacy and awareness raising programmes on VAWG in evacuation centres on why they were concerned with protecting women and children and why it was important to the police. There were so many basic things not working and yet the international staff were successful in referring cases and making things happen in evacuation centres."

LOCAL WOMEN'S GROUP



Discussion of findings and implications for the *2015 IASC GBV Guidelines*

These findings demonstrate that despite progress in global policy debates and guidance on VAWG in emergencies,[52] the specific needs of women and girls were not consistently taken into account across humanitarian sectors in the immediate aftermath of Typhoon Haiyan.

There are a number of lessons that can be learned to improve future humanitarian responses and inform the roll out and implementation of the *2015 IASC GBV Guidelines*.

Whilst the revised *2015 IASC GBV Guidelines* provide more detailed and concrete guidance for addressing many of the practical challenges outlined in this study, the issues which have hindered implementation of the *2005 IASC GBV Guidelines* point to a culture where VAWG continues to be an afterthought – rather than an issue that is considered to be a life-saving priority for women, girls and communities.

The findings from this study highlight three main barriers to implementation of the *2005 IASC GBV Guidelines* in the Philippines: lack of awareness and training on the guidelines; lack of accountability; and perceived lack of funding (linked to the invisibility of women and girls in initial assessments).

Barrier to implementation

▶ Lack of awareness and training on the guidelines

This study shows that throughout the response many people conflated 'gender' and 'GBV' without clearly understanding the differences between approaches and programming. Many respondents used very vague or generic terms suggesting that, at times, there was a lack of concrete knowledge or understanding of the specificities of the *2005 IASC GBV Guidelines*. Interestingly many noted that the capacity of the local community and responders was much better in terms of understanding the context and VAWG, but that their ability to move forward was undermined by the massive surge of international responders who took control. Many of the international responders had less understanding of VAWG than local responders who had taken part in preparedness training.

The *2015 IASC GBV Guidelines* put increased focus on raising awareness and training within the different sectors and different actors (including local, national, and international humanitarian responders). For example there are numerous 'essential actions' outlined in the revised guidelines including actions around ensuring resources are made available for the development and delivery of sector-specific training related to GBV, GBV training packages being integrated into staff inductions, and more focused work on developing a roll-out plan for that includes training sessions and materials.

The *2005 IASC GBV Guidelines* have now been revised and the new *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery* (*2015 IASC GBV Guidelines*) were published in September 2015.

The extensive revision of the guidelines took two years and was overseen by an Operations Team led by UNICEF and guided by the Task Team, an inter-agency advisory board made up of sixteen organisations with expertise in addressing GBV in humanitarian settings. It incorporated the experiences and perspectives of a wide range of humanitarian sectors, good practice programming that has developed since 2005, and the implications of the *Transformative Agenda* (a UN humanitarian reform process started in 2005 which aims to improve the effectiveness of humanitarian response through greater predictability, accountability, responsibility, and partnership).

The revision process included:

- broad-based consultations with national and international actors at headquarters and in-country, including four global reviews of the draft guidelines;
- direct dialogue with GBV experts working in humanitarian settings, all humanitarian sectors and AoRs, cross-cutting areas, INGOs, UN agencies, and donor agencies;
- two surveys distributed globally in four languages; and
- ten field visits to initially assess preliminary content and then to provide pilot trainings.

The revised *2015 IASC GBV Guidelines* are designed for use by national and international humanitarian actors operating in settings affected by armed conflict and natural disasters. They are mainly for humanitarian actors who do not have extensive experience in GBV programming ("non-GBV specialists"). The *2015 IASC GBV Guidelines* include 'essential actions' for programming and ensuring implementation of guidelines.

Once the *2015 IASC GBV Guidelines* are rolled out more research will be required to explore whether the barriers to increasing awareness, understanding, and use of the guidelines relate to the previous lack of investment in awareness-raising, the quality of training materials, and tools, or whether there are other issues which may prevent

Discussion of findings and implications for the *2015 IASC GBV Guidelines*

humanitarian staff from fully understanding and building capacity on the guidelines. For example, a number of respondents commented on how training on GBV was seen as something that could 'wait until later' or until 'there was a bit more time', suggesting the issue may be less around the need for better materials and training but more around the lack of urgency and prioritisation given to GBV training.

Barrier to implementation

▶ Accountability

The absence of sector-specific as well as country-wide reporting requirements on GBV contribute to a failure to act upon and monitor recommendations outlined in the *2005 IASC GBV Guidelines*. In the aftermath of Typhoon Haiyan the lack of monitoring implementation of and accountability to the guidelines was seen as an excuse not to prioritise GBV prevention and mitigation mainstreaming (e.g. with so many priorities, respondents focused on what they deemed to be 'important' and what they needed to report on). This also influenced the priority given to training and preparedness on VAWG prevention, mitigation, and response.

There were, however, some notable examples of good practice, particularly within the WASH and CCCM sectors. Not only did partners sign up to agreed GBV standards – site visits monitored adherence to the *2005 IASC GBV Guidelines* and it was clearly stated that future funding was reliant on adherence to the guidelines. This approach, where funders clearly demonstrated to partners that addressing GBV was a priority at every stage including monitoring, increased implementation of the standards across the sector. Both WASH and CCCM have dedicated significant resources to global level guidance on VAWG in recent years,[53] highlighting the benefits of targeted investment in ensuring sector-specific understanding of implementing, and holding partners to account to, the guidelines.

The revised *2015 IASC GBV Guidelines* recognise the challenges outlined in this study on monitoring of and accountability to the guidelines across sectors. They include targeted 'essential actions' for monitoring and accountability at every stage of the response for different stakeholders and sectors. These essential actions include mechanisms to better ensure accountability to good practices outlined in the guidelines. The *2015 IASC GBV Guidelines* also include a non-exhaustive set of indicators for monitoring and evaluating the recommended GBV activities at every phase of the programme cycle. Whilst the tools available in the *2015 IASC GBV Guidelines* are now stronger, challenges may remain in ensuring consistent high-level accountability.



Barrier to implementation

▶ Funding

At the assessment stage, the scale of disaster meant that individual women and girls and local women's groups were not adequately consulted in the immediate aftermath of the typhoon. This led to a significant gap in understanding the realities of women and girls affected by Typhoon Haiyan. It also set the tone for the limited involvement of local women's groups in the initial response. Whilst efforts were made at a later stage to increase participation from local women's groups and actors in the humanitarian response (e.g. through changing the locations of cluster meetings), these voices were missing at the assessment and planning stage when priorities were being set for the response. Respondents noted that one of the biggest missed opportunities was the lack of GBV-related questions in the MIRA I which led to the invisibility of women and girls in terms of funding priorities.

The revised *2015 IASC GBV Guidelines* give more detailed advice for how to conduct assessments ethically and include concrete monitoring and evaluation (M&E) indicators for women's participation in assessments (as respondents) and of GBV-related questions. They also note that it is "essential that GBV be adequately addressed and integrated

into joint planning and strategic documents – such as the Humanitarian Program Cycle [HPC], the OCHA Minimum Preparedness Package (MPP), the Multi-Cluster/Sector Initial Rapid Assessment (MIRA), and Strategic Response Plans (SRPs)".[54]

However, those leading MIRA had a different understanding from GBV experts of what the MIRA was, and is, able to do. There continues to be confusion about the ability and/or utility of SADD and integration of GBV questions in initial MIRAs and other initial assessments. In the case of Typhoon Haiyan, decisions about inclusion of GBV questions seemed to be based around value judgements of balancing 'resources, time, and quality' with the benefit of finding ways of including this information.

Whilst this study does not attempt to analyse the funding made available for GBV prevention and mitigation, qualitative interviews with a range of respondents highlighted the perception that donor funding priorities were driven by initial assessments which did not include GBV-related questions. This had an impact on how much different humanitarian actors could invest in GBV prevention and mitigation activities. However, the qualitative data suggests that lack of funding was not seen as the primary reason that the *2005 IASC GBV Guidelines* were not implemented. Rather, the perception that GBV was not a priority for donors (partly evidenced by the perceived lack of funding made available) coupled with the lack of rigorous monitoring and accountability mechanisms meant that GBV prevention and mitigation was not prioritised.

Enabling implementation

▶ GBV experts

With multiple challenges in place in terms of implementing the *2005 IASC GBV Guidelines* in the aftermath of Typhoon Haiyan, this research found that once GBV experts were deployed, they played a positive role in working with other sectors to prevent, mitigate, and respond to VAWG. Respondents noted that it was unlikely that many activities would have happened without the deployment of GBV experts. For example, many attributed the changes in the MIRA II (to include SADD and more questions on VAWG) to the advocacy of the GBV experts, and organisations noted that GBV experts supported them to mainstream VAWG prevention and mitigation in their proposals and programming. Respondents cited that one of the key benefits of having GBV experts deployed was their ability to help the humanitarian community to bolster referral networks and ensure that local women's groups and government services continued to play a key role – an area that was overlooked in the immediate aftermath of the emergency before GBV experts were deployed.

The fact that GBV experts have a role to play in supporting the mainstreaming of GBV prevention and mitigation in other sectors is explicitly recognised in the new *2015 IASC GBV Guidelines*: "It is expected that GBV specialists, agencies and inter-agency mechanisms will… assist non-GBV specialists in undertaking prevention and mitigation activities".[55] The findings from this study demonstrate that GBV experts continue to play a key role in ensuring that VAWG prevention and mitigation is mainstreamed across the humanitarian response.

Despite respondents reporting the positive impact of GBV experts, there was still a perception that addressing VAWG was seen as a secondary priority. The humanitarian community as a whole did not see addressing VAWG as a priority at the onset of the emergency. GBV experts often had to continue to rely on personal networks and relationships to make progress on VAWG and they often encountered pushback from the wider humanitarian community on the importance of addressing VAWG in the first phase of humanitarian response. Whilst existing international standards to prevent, mitigate, and respond to VAWG exist, GBV experts are still absolutely vital to ensuring that these standards are considered across the humanitarian response.




MEDICINE FOR COLDS
CHILDREN ONLY

Recommendations

Despite the increased global policy and media attention to VAWG in emergencies, there continue to be challenges in implementing good practice guidelines to prevent and mitigate VAWG. The existing lack of accountability to the *2005 IASC GBV Guidelines* being implemented underpins many of the challenges to preventing and mitigating VAWG seen in the response to Typhoon Haiyan. Unless addressed, these issues may continue to hamper the implementation of the revised *2015 IASC GBV Guidelines.* Therefore recommendations focus on increasing understanding, implementation of, and accountability to the revised *2015 IASC GBV Guidelines* across the humanitarian system.

The GBV AoR has developed an implementation strategy for the revised *2015 IASC GBV Guidelines* based on learning from implementing minimum standards or guidance from other humanitarian sectors including the Sphere Humanitarian Charter and Minimum Standards, IASC Guidelines on Mental Health and Psycho-Social Support in Emergency settings, Protection Mainstreaming and others.* As part of the implementation strategy, a dedicated multi-agency Global Reference Group and a technical Implementation Support Team† have been established. Together they have the responsibility to lead and support implementation of the guidelines over the long-term. The experience of other sectors who have implemented standards or guidance shows that establishing a dedicated group to lead the sustained implementation of any guidelines is one of the most important success criteria to long-term uptake of guidance. Funding for these groups is therefore perhaps the single most important recommendation, as they will be key in providing sustained leadership for the implementation and uptake of the *2015 IASC GBV Guidelines*.



* Other minimum standards and guidance include:

- the Minimum Standards for Education in Emergencies (INEE) and for Child Protection (CPMS);
- Implementation Strategy for the Child Protection Minimum Standards;
- Implementation of the Secretary General's Bulletin on the Protection from Sexual Exploitation and Abuse (PSEA);
- the IASC Commitments to Accountability to Affected Populations/People (CAAP);
- Safe Access to Firewood and alternative Energy (SAFE Guidelines); and
- gender-sensitive programming (specifically within the WASH sector).

† The Global Reference Group was created as a multi-agency, stand-alone entity to drive the sustained implementation of the revised guidelines. The Implementation Support Team was created to support this group throughout the implementation process, including acting as the first point of contact for GBV staff on the ground, supporting training in-person or remotely, deploying to target roll out countries to support humanitarian actors in other sectors develop effective processes for implementation and monitoring, and being responsible for global monitoring of the implementation of the guidelines.

Recommendations

FOR ALL (including national and local government of disaster and conflict affected countries)

- **Include discussion on the *2015 IASC GBV Guidelines* in inter-agency and governmental emergency preparedness policies, practices, and meetings**;
- **Require the prioritisation of VAWG prevention and response considerations in all preparedness planning**. All local, national, and international emergency responders should be well versed in the 'essential actions' in the *2015 IASC GBV Guidelines* before they are deployed;
- **Monitor adherence to the *2015 IASC GBV Guidelines*** and clearly state that all staff responding to emergencies will be held to account for implementing the guidelines;
- **Advocate for regular inclusion of data assessing the degree to which relevant programming is in line with the *2015 IASC GBV Guidelines* 'essential actions'** as part of monitoring and reporting;
- **Support GBV specialists**, such as GBV coordination mechanisms and local GBV expertise, to initially take the lead and provide practical expertise to support mainstreaming;
- **Strengthen engagement with women and women's organisations** and better utilise local and national expertise on VAWG – from assessment through to implementation.

FOR DONORS

- **Fund the Global Reference Group and the Implementation Support Team** to sustain the implementation of the *2015 IASC GBV Guidelines*;
- **Ensure uptake of the *2015 IASC GBV Guidelines* across humanitarian sectors.** Require and monitor implementing partners' adherence to the *2015 IASC GBV Guidelines* in field programmes by integrating indicators into M&E plans;
- **Use the *2015 IASC GBV Guidelines* to inform assessments and funding** – including ensuring GBV is prioritised in emergency common funding pools and agency funding proposal guidance;
- **Ensure GBV experts advise on all emergency funding committees and/or decision-making bodies**.

FOR NGOs/CSOs

- **Institutionalise the *2015 IASC GBV Guidelines* 'essential actions' internally**, for example within humanitarian strategies, policies, programming, and monitoring both at HQ and in-country;
- **Train all emergency responders (across all sectors) on the *2015 IASC GBV Guidelines*.**

FOR UN AGENCIES

- **Ensure integration of the *2015 IASC GBV Guidelines* throughout emergency preparedness and responses assessments and plans** – in particular MIRAs, SRPs, and other HPC products and national plans.
- **Humanitarian coordinators should monitor implementation of the *2015 IASC GBV Guidelines* using the recommended indicators** in humanitarian country plans and cluster activities.

FOR THE GLOBAL REFERENCE GROUP IMPLEMENTING THE GUIDELINES

- **Advocate for the inclusion of GBV in all common assessments** to ensure that the recommendations made in the *2015 IASC GBV Guidelines* are taken into consideration. In particular, work with the IASC Needs Assessment Task Force (NATF) to discuss priorities for conducting MIRAs that capture VAWG issues;
- **Ensure that there are context-specific examples and case studies in the roll-out of the *2015 IASC GBV Guidelines*, particularly for natural disasters**;
- **Disseminate the *2015 IASC GBV Guidelines* through multiple channels and in different, accessible formats** – for example, through hard copies, phone apps, internet, USB keys, and CD-Roms;
- **Identify high-level global champions within the humanitarian system to support integration of GBV into emergency response**.

Recommendations for further inquiry

The findings from this study highlight some of the challenges to implementation of and accountability to the *2005 IASC GBV Guidelines*. To ensure that the *2015 IASC GBV Guidelines* do not face the same challenges, further research is needed to fully understand the process of implementation of the revised *2015 IASC GBV Guidelines*.

Recommendations for further research include:

- **RTEs on the effectiveness of the *2015 IASC GBV Guidelines* in future emergencies**, focusing on the extent to which the 'essential actions' are taken up and implemented by non-GBV specialists in emergency settings;
- **More in-depth exploration of the barriers to implementation of the *2015 IASC GBV Guidelines*** across all sectors of the humanitarian response.





Annex 1: Document review search terms

Setting	Methodology	Focus	
Philippines Typhoon	After-action review	Women and girls	
Typhoon Haiyan	MIRA (Multi-cluster Initial Response Assessment) (MIRA I and MIRA II)	Gender	
Typhoon Yolanda	Real-time evaluation	Sexual violence	Rape
	Rapid GBV assessment	Sexual abuse	Sexual exploitation
		Sex trafficking	
		Gender-based violence	
		Intimate partner violence	
		Domestic violence	
		Violence against women and girls	

Annex 2: Documents reviewed

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Annex 3: Interview guides

Humanitarian sector response/ government official/ non-governmental organisation semi-structured interview guide

Thank you for speaking with us today. We are conducting an assessment of the implementation of the *IASC GBV Guidelines* and subsequent programming during the immediate response to Typhoon Haiyan that occurred in the Philippines in November 2013. We would like to ask you a few questions and would appreciate if you responded from the perspective of a representative of your sector, not a specific organisation or individual. We will take notes during the call, but quotes or findings will be anonymous in the final report.

1 Could you tell us the process and timeline of events when your sector first responded in the immediate aftermath of Typhoon Haiyan?

- **a** What types of assessments were conducted by your sector?
- **b** Were there question asked about the needs of women and girls?
  What types of questions? *Probe for menstrual hygiene needs, sexual and reproductive health, violence and exploitation.*
  Did you use any pre-established tools to help you identify questions that enable assessing the needs of women and girls and that guide your actions in relation to this?
- **c** What types of demographics did you collect as part of the assessment?
  Was the data disaggregated and analysed by them?
- **d** Where did your sector gather the information about the needs of women and girls?
  Who did you talk to?
  Did you work with groups of local stakeholders to conduct the assessments?
  Which ones did you work with?
- **e** What types of activities did you undertake to collect data? *Probe for observational assessments, questionnaires, site visits.*
  Did you use same interviewers and interpreters when talking to men and women?
- **f** What reports were generated from the assessments?
  Are you able to share them with us?

2 Could you describe the general minimum standards under the *IASC GBV Guidelines* for your sector?

How did you learn about them?

Have you received any training on how to implement them?

- **a** How did your sector work to meet those minimum standards?
  What specific activities did they undertake?
  Probe for meeting specific standards based on sector.
  - **i** What were some of the challenges of meeting these standards?
  - **ii** If guidelines were not used, what were the reasons?
- **b** What data was collected as part of the monitoring process for meeting the minimum standards?
  Did you use any pre-established monitoring tools or questions?
  If so which ones?
- **c** How was the data used and analysed?
  Where was it presented?
  What happened if the monitoring data was favourable or if the monitoring data was unfavourable for meeting minimum standards?
- **d** Did sectoral coordination leads share monitoring data with others?
  How did they share the data and data analysis?

3 How did you sector interact with any gender-based violence experts that were deployed to respond to Typhoon Haiyan?

What activities were undertaken and what do you think were the consequences of those activities?
Probe for trainings, improved monitoring, etc.

4 Is there anything else we should know about in regards to your sector and meeting the minimum standards for the *IASC GBV Guidelines*?

Annex 3: Interview guides

Women's groups semi-structured interview guide

Thank you for speaking with us today. We are conducting an assessment of the implementation of the *IASC GBV Guidelines* and subsequent programming during the immediate response to Typhoon Haiyan that occurred in the Philippines in November 2013. We would like to ask you a few questions and would appreciate if you responded from the perspective of a representative from your organisation who was working in Tacloban before Typhoon Haiyan. We will take notes during the call, but quotes or findings will be anonymous in the final report.

1 **Can you describe the goals and activities of your organisation?**

2 **In general, what types of activities did your organisation undertake in the aftermath of the typhoon to meet the needs of women and girls?**

How was this different than before the typhoon?

3 **How did you see international organisations efforts to meet the needs of women and girls through their programs?**

What about the UN?

What specific activities did they do?

Would you qualify their intervention as successful, did they meet the needs of women and girls?

Why or why not?

4 **What was the interaction like with international organisations who were responding to the typhoon?**

- **a** Which international organisations did you interact with?
- **b** Did they consult with you or your organisation when conducting assessments or before starting any programming? If so, what was the interaction like? *Probe for respectfulness, valuing opinion, ongoing communication, sharing of findings, etc.*
- **c** Was the interaction of all outside organisations with your group coordinated?

5 **What recommendations would you make going forward for humanitarian organisations/ responders if another typhoon or disaster occurs, so that they better meet the needs of women and girls?**

6 **Were reports generated from the assessments?**

Were the reports generated from assessments for which you provided information shared with you?

Are you comfortable sharing those reports with us?

7 **Is there anything else you would like to tell us about?**

Gender-based violence experts semi-structured interview guide

Thank you for speaking with us today. We are conducting an assessment of the implementation of the *IASC GBV Guidelines* and subsequent programming during the immediate response to Typhoon Haiyan that occurred in the Philippines in November 2013. We would like to ask you a few questions and would appreciate if you responded from the perspective of as an expert in gender-based violence, and not necessarily from your specific organisation. We will take notes during the call, but quotes or findings will be anonymous in the final report.

1 **Could you tell us the process and timeline of events when your sector first responded in the immediate aftermath of Typhoon Haiyan?**

2 **As a GBV expert what was your role in the response to Typhoon Haiyan?**

Do you have a TOR that you could share with us?

3 **What is your assessment on whether international organisations were meeting the needs of women and girls in their programming, or not?**

Why?

a What specific activities did they do?
Which sectors used gendered assessments to guide their programming?
How were they conducted?
How where they used, specifically in relation to programming?
Did you feel the needs of women and girls were accurately reflected in the assessments?

4 **How did you work with local women's groups?**

a *Probe* Did you consult them on the assessment and response activities?
What was the timeline for consultation in relationship to the program?

5 **At what point in the emergency where GBV expert deployed?**

What activities in relation to prevention and response to GBV were undertaken before and after gender-based violence experts were deployed?

What do you think were the consequences of those activities?
Probe for trainings, improved monitoring, etc.

Do you think certain sectors were more responsive than others?

Why or why not?

6 **Do you think that your role as a GBV responder had a positive or negative impact on the overall response to GBV?**

Why or why not?

7 **Are there any recommendations you would make to improve accountability to GBV minimum standards across sectors?**

8 **Did you observe GBV addressed as a mainstreamed issue, a specialised program or both?**

If it was mainstreamed was this effective?

Why? Why not?

9 **Is there anything else you would like to tell us about?**

Annex 4: List of interviewees

Sector	Number of interviews	Male	Female
GBV experts	3	0	3
Humanitarian responders	28	4	24
Philippine Government	*4*	*0*	*4*
Gender advisors	*3*	*0*	*3*
UN/NGO – international staff	*13*	*3*	*10*
UN/NGO – national staff	*6*	*1*	*5*
Donor	*2*	*0*	*2*
Local women's groups	3	0	3
Total	**34**	**4**	**30**

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PHOTOGRAPHS

All photos Tyler Jump/IRC, 2013

The photos in this report do not represent women and girls who have themselves been affected by gender-based violence.

DESIGN

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ABOUT THE *WHAT WORKS TO PREVENT VIOLENCE AGAINST WOMEN AND GIRLS IN CONFLICT AND HUMANITARIAN CRISES* PROGRAMME

What Works to Prevent Violence Against Women and Girls (What Works) is a flagship programme set up by the UK Department for International Development (DfID) investing an unprecedented £25 million, over five years, to the prevention of violence against women and girls (VAWG). It supports primary prevention efforts across Africa, Asia, and the Middle East that seek to understand and address the underlying causes of violence, to stop it from occurring.

What Works consists of three complementary components. Component 2 – *What Works to Prevent Violence against Women and Girls in Conflict and Humanitarian Crises* – aims to produce rigorous research and evidence on the prevalence, forms, trends, and drivers of violence against women, girls, men, and boys, as well as effective VAWG prevention and response, in conflict and humanitarian settings.

Component 2's Consortium is led by the International Rescue Committee (IRC) in collaboration with CARE International UK (CIUK) and the Global Women's Institute (GWI) at the George Washington University (GWU). Other partners include The London School of Hygiene and Tropical Medicine (LSHTM), the Africa Population and Health Research Center (APHRC), and Forcier Consulting.



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