



GENDER-BASED VIOLENCE IN EMERGENCIES **GUIDANCE NOTE**



Contents

About this Guidance Note	3
OUR RESPONSIBILITY TO PROTECT FROM GBV in EMERGENCIES	4
CARE'S APPROACH TO GBVIE	6
Where does GBVIE sit within CARE and our 2030 Vision?	6
CARE's programmatic approach to GBVIE	7
Methods of implementing GBVIE programming	10
ENSURING BEST PRACTICE	12
Staff Roles and Responsibilities	12
Key Principles	13
Intersectionality	14
Coordination with other Humanitarian Actors	15
Protection Pathways	16
Safeguarding	18

This Guidance Note is accompanied by four GBVIE Implementation Guides to support staff with integrating Gender-Based Violence in Emergencies (GBVIE) into their programs:

- ➡ GBVIE Implementation Guide 1: **Risk Mitigation**
- ➡ GBVIE Implementation Guide 2: **Response**
- ➡ GBVIE Implementation Guide 3: **Prevention**
- ➡ GBVIE Implementation Guide 4: **GBVIE in the Project Cycle**

Cover image: As President of her savings group, Lami is leading action against gender-based violence in the refugee camp where she lives in Niger. *Photo credit: CARE Niger.*

About this Guidance Note

CARE International is dedicated to tackling gender-based violence (GBV).¹ This means challenging the social and cultural norms that discriminate against people due to their gender identity, mitigating risks that exist in the humanitarian environment or are associated with humanitarian programming and ensuring that survivors of GBV can safely access lifesaving services. Gender equality is the central organizing principle of CARE's [Vision 2030](#) and the heart of CARE's programmatic and organizational ambitions and targets. At the onset of emergencies, women, girls and marginalized and at-risk groups are disproportionately affected and are at higher risk of experiencing GBV. Because of this, CARE prioritizes addressing both gender inequality issues and GBV specifically in emergency contexts.

This guidance will explain what **CARE's approach to GBV in emergencies (GBViE)** is and what this looks like in the project cycle. It is written for all humanitarian practitioners, both GBV specialists and non-specialists. It is accompanied by four implementation guides which provide links to existing tools and resources for each of the three pillars of GBViE programming (risk mitigation, response and prevention) and steps of the project cycle. This document does not give humanitarian practitioners step-by-step guidance on what to do during an emergency but rather explains CARE's overall approach to GBViE and highlights the key internal and interagency tools. This guidance can be used for contingency planning during the preparatory stages to support humanitarian teams identify potential resources and expertise available within CARE to tap into for further technical support.

How to use this guidance

This guidance is for all CARE and partner staff working in emergency settings.

Non-GBV specialists should read **this Guidance Note** plus:

- GBViE Implementation Guide 1: **Risk Mitigation**
- GBViE Implementation Guide 4: **GBViE in the Project Cycle**

GBV specialists should read **this Guidance Note** plus:

- GBViE Implementation Guide 1: **Risk Mitigation**
- GBViE Implementation Guide 2: **Response**
- GBViE Implementation Guide 3: **Prevention**
- GBViE Implementation Guide 4: **GBViE in the Project Cycle**

CARE staff wishing to check whether this guidance is right for their context should consult the [GBV Hub on CARE Shares](#) or contact the Global Coordinator for Gender-Based Violence in Emergencies.

THIS GUIDANCE NOTE DRAWS HEAVILY ON THREE KEY RESOURCES TO GUIDE OUR FOCUS ON GBViE

- The [Inter-agency Minimum Standards for Gender-Based Violence in Emergencies Programming](#) guide GBViE response and prevention interventions.
- The [IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#) guide GBViE risk mitigation actions. These are commonly referred to as the **IASC GBV Guidelines**.
- The [GBV Pocket Guide](#) guides all humanitarian actors on how to support a survivor who reports an incident when there are not GBV actors in the area.

¹ CARE uses the term GBV while other organizations may use the term Violence against Women and Girls (VAWG), however these terms refer to the same types of violence. By using the term gender, we also recognize that others may be subject to GBV.



OUR RESPONSIBILITY TO PROTECT FROM GBV IN EMERGENCIES

GBV is an umbrella term for any harmful act that is perpetrated against a person's will and is based on socially ascribed differences between males and females (i.e., gender). It includes acts that inflict physical, sexual or mental harm or suffering, threats of such actions, coercion and other deprivations of liberty.² GBV takes many forms in times of conflict, both in private and public life including intimate partner violence/domestic violence, sexual assault, and isolation and economic exclusion that can lead to survival sex. While GBV can happen to people of all genders, women and girls and those with non-conforming gender identities experience the vast majority of this type of violence.

GBV is a global pandemic that affects one in three women in their lifetimes³ and is one of the most prevalent human rights violations in the world.⁴ In times of humanitarian crises, the prevalence and risks of GBV increases as support systems are interrupted or broken down and existing gender inequalities are exacerbated by the chaos and tensions within households, communities, and society. During an emergency and its aftermath, access to lifesaving care and support is unpredictable, vulnerability to violence is higher, and systems that protect women and girls, including family, community and state structures, may weaken or break down. In addition, crisis may introduce new forms of GBV such as sexual exploitation and abuse that can happen due to significant power imbalances left unchecked between humanitarian aid workers and affected populations. Critical services including safety and security, health, and judicial systems are disrupted or reduced as resources are diverted to respond to the emergency. Crises often lead to increased levels of intimate partner violence; sexual violence as a tactic of war; sexual assault or exploitation during displacement; child, early and forced marriages; denial of resources; increase in harmful traditional practices; and sexual exploitation and abuse by humanitarian aid workers, peacekeepers and security forces.

GBV takes many forms in times of crisis, both in private and public life.

During times of humanitarian crises, the prevalence and risks of GBV increase as existing gender inequalities are exacerbated by the chaos and tensions within households, communities, and society.

² GBV guidelines: <https://gbvguidelines.org/en>

³ UNFPA. United Nations Population Fund. Gender-based Violence. 2020. Available from: <https://www.unfpa.org/gender-based-violence>.

⁴ World Bank. Gender-based Violence (Violence against women and girls) 2019. Available from: <https://www.worldbank.org/en/topic/socialsustainability/brief/violence-against-women-and-girls>.

WE DO NOT NEED TO PROVE GBV IS OCCURRING BEFORE TAKING ACTION

Prevailing evidence and research dictate that GBV occurs in all emergencies worldwide, and thus all humanitarian actors should assume GBV is occurring in their context. This means it is not necessary to collect in-depth, rigorous data on GBV prevalence at the outset of an emergency before preparing to put GBV risk mitigation actions and/or response plans in place. In fact, focusing on collecting prevalence data in emergencies can cause harm as it is typically of poor quality and not comprehensive given chronic underreporting due to fear of stigmatization, further subjugation to violence, lack of confidentiality, and lack of available services.

For CARE, the standard is to conduct a [Rapid Gender Analysis \(RGA\)](#) at the outset of any crisis to help inform all program interventions. RGAs can also help to inform *how* to address GBV across all sectors and projects in humanitarian response as well as inform the required GBViE risk mitigation actions for all projects.



Photo Credit: Ekinu Robert / CARE

“In Congo, when one talks about GBV, you can be discriminated [against] or excommunicated from the community but when CARE trained us, we understood, got empowered and knew we had a right to report incidences of GBV.”

Janet Katumbusa, 40, is a Congolese refugee who fled to Uganda in 2014 with her three children, now aged 7, 14 and 19. Janet is a survivor of sexual violence, a member of her local savings group and a voice for the vulnerable in her community.



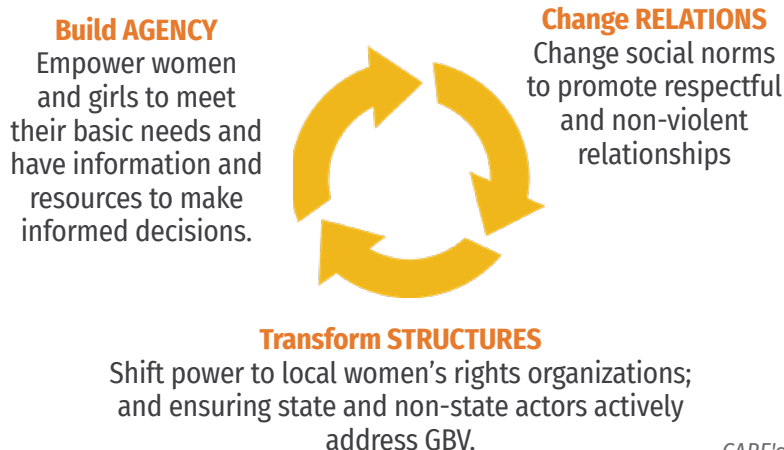
Photo: Helena Rompaer

CARE'S APPROACH TO GBVIE

WHERE DOES GBVIE SIT WITHIN CARE AND OUR 2030 VISION?

CARE believes that gender inequality is at the root of all GBV and therefore ending GBV in development and humanitarian settings requires a holistic approach centered on gender equality.

CARE's Vision 2030 provides our overarching theory of change for ensuring gender equality. In humanitarian settings, where structures, systems and all support for women and girls are interrupted or have broken down, we also continue to focus on **building agency**, **changing relations** and **transforming structures**.



*CARE's Gender Equality Framework:
Addressing Gender-Based Violence in Emergency settings*

CARE's strong focus on [Gender in Emergencies](#) is informed by our strategies on [Gender Equality](#) and [Humanitarian Action](#). Addressing GBV in Emergencies is a core pillar of CARE's approach to Gender in Emergencies:



ASSESS

Rapid gender analysis (RGA): Analyze the different needs, experiences and capacities of all people



MAINSTREAM

Minimum commitments: Mainstream gender and diversity into all programming



EMPOWER

Women Lead in Emergencies: Make women's voices count in humanitarian planning and decision-making

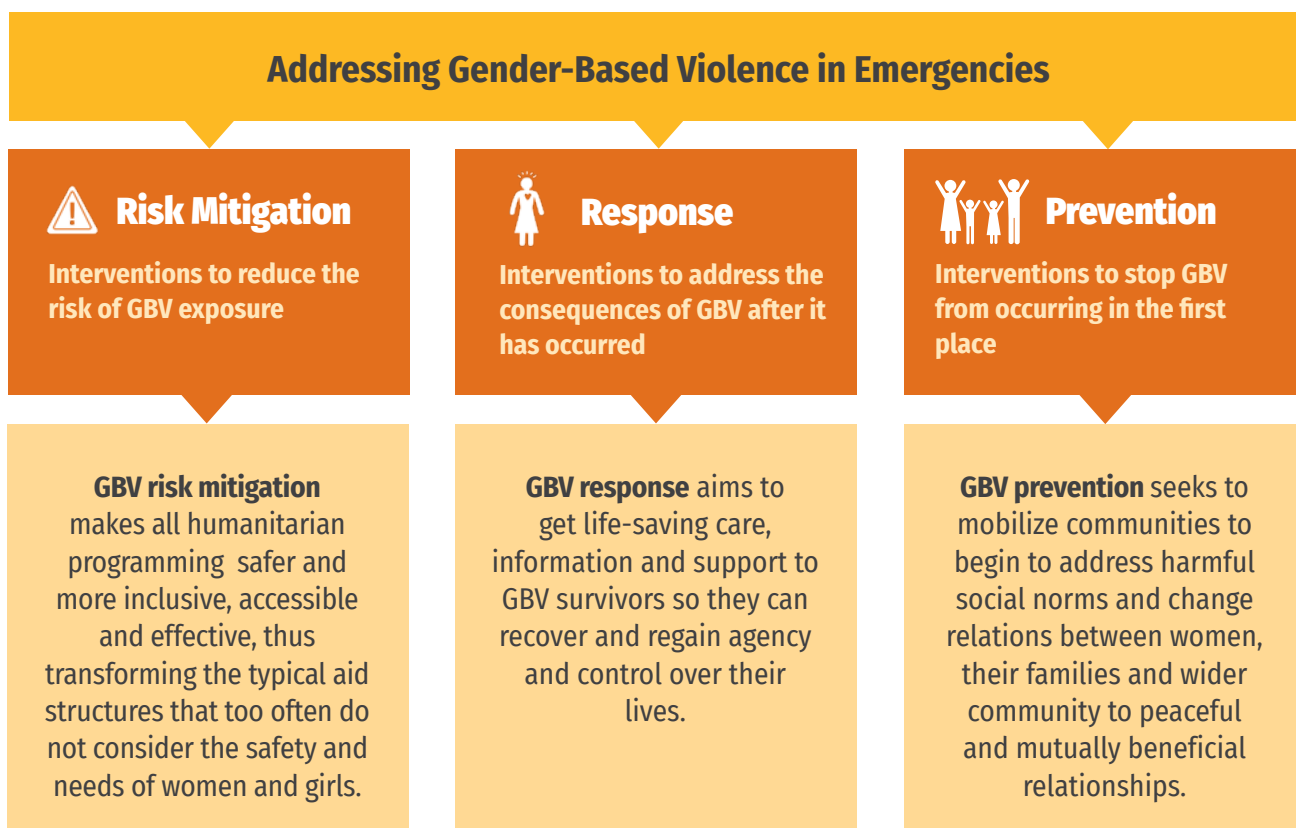


PROTECT

Ending Gender-Based Violence in Emergencies: Prevent, mitigate and respond to GBV during and after a humanitarian crisis

PROGRAMMATIC APPROACH TO GBViE

CARE's GBViE programmatic approach consists of three different pillars which at times overlap and together comprise a comprehensive approach to addressing GBV in emergencies.



This approach to GBViE aligns with CARE's overarching theory of change. Risk mitigation, response and prevention actions aim to create change across the domains of agency, relations and structures.





Risk Mitigation






Interventions to reduce the risk of GBV exposure

GBV risk mitigation, as defined by the IASC [GBV Guidelines](#), comprises a range of activities within all sectors of the humanitarian response which aim to deliberately identify GBV risks and take specific actions to reduce the immediate risk of exposure to GBV.

GBV risks are the factors which increase the likelihood that an incident of GBV will occur. GBV risks can exist in the general environment, within families and communities, and in or as a result of humanitarian service provision. Keeping with the **Centrality of Protection**⁵ and the **Do No Harm** principles,⁶ this is the responsibility of *all* humanitarian actors in emergency settings across all interventions and outcome areas.

It should be understood that risk mitigation is not a program area per se, such as GBV response or prevention, but is rather **integrated across all humanitarian programs**. CARE includes GBV risk mitigation as a key pillar given the fact that risk mitigation actions are the responsibility of all humanitarian actors across all sectors, including GBV programs, and when done properly in collaboration with community members, program participants and partners this can significantly reduce immediate risks of GBV and SHEA for the affected population.

Examples of GBV risk mitigation include:

-  Consulting with women and girls to understand their needs, challenges, concerns, and perceptions of safety and systematically design programs that respond to these concerns to ensure we do not harm.
-  Adapting facilities set-up to ensure they are accessible, safe and convenient for women and girls.
-  Disseminating information about available services and known risks of GBV.
-  Recruiting and training a gender-balanced team of frontline workers to ensure the program can access and engage equally with women and girls.
-  Ensure that Safeguarding and PSHEA is included in program risk assessments, recognizing that some aid interventions may inadvertently increase the risk of SEA.

GBV risks are the factors which increase the likelihood that an incident of GBV will occur.

Risk mitigation aims to identify GBV risks and take specific actions to reduce the immediate risk of exposure to GBV.

Risk mitigation actions are the responsibility of all humanitarian actors across all sectors.

View **GBViE IMPLEMENTATION GUIDE 1** for more detailed guidance on risk mitigation.

⁵At both the organizational and program implementation levels.

⁶ See the section on [Key Principles](#) for further information.



Response

Interventions to address the consequences of GBV after it has occurred

GBV response consists of interventions with explicit GBViE objectives to establish or strengthen service delivery which responds to the negative consequences of GBV after they have occurred. GBV response is exclusively the responsibility of GBV specialists. In emergency settings, response activities also seek to ensure more deliberate and systematic linkages between GBV and Sexual & Reproductive Health Rights for integrated, survivor-centered response efforts.

Examples of GBViE response interventions include:



Establishing Safe Spaces for Women and Girls.



Providing direct, or in partnership with local organizations, lifesaving services for clinical management of rape services including medical care, psychosocial support, case management, safety and legal aid and referrals for support services.



Delivering cash transfers or cash voucher assistance to women and survivors of GBV as complementary to case management.



Establishing and facilitating referral mechanisms to available services.

GBV response in emergency settings aims to establish or strengthen service delivery.

GBV response should only be conducted by trained GBV specialists.

View [GBViE IMPLEMENTATION GUIDE 2](#) for more detailed guidance on response.



Prevention

Interventions to stop GBV from occurring in the first place.

GBV prevention consists of interventions with explicit GBViE objectives which aim to stop GBV from occurring in the first place. Prevention activities aim to address the root causes of GBV by focusing on gender inequality, promoting positive gender norms and protecting the rights of individuals or groups at risk of violence. These are conducted by specially trained staff or GBV specialists. Prevention interventions should be established only after minimum GBV response services (medical, psychosocial and case management etc) are in place, and some interventions are more suited for more protracted or stabilized emergency contexts. It must be recognized that women and girls are their own experts in the prevention measures that can help to keep them safe.

Examples of GBViE prevention interventions include:



Conducting awareness-raising and sensitization in communities about GBV—including sharing key messages on PSHEA in accessible and appropriate formats.



Supporting adolescent girls on their general safety and wellness.



Engaging men and boys in group dialogue about gender equality and non-violence.



Mobilizing communities to prevent GBV and change harmful social norms.

GBV prevention aims to stop GBV from happening by addressing the root causes of violence and inequality.

GBV prevention activities should only be conducted by trained GBV specialists.

View [GBViE IMPLEMENTATION GUIDE 3](#) for more detailed guidance on prevention.

METHODS OF IMPLEMENTING GBViE PROGRAMMING

In an emergency setting, CARE aims to include all three pillars—**risk mitigation**, **response** and **prevention**—in our programming. These may be implemented in different ways through a range of projects and partnerships appropriate to the context and program focus. CARE uses three main methods of GBViE implementation: projects which **only focus on GBViE**, projects which **include a focus on GBViE** response and/or prevention alongside objectives from other impact areas, and project within **other impact areas** which do not include a specific focus on GBViE prevention or response. CARE's three main implementation methods for GBViE projects guide the level of focus and staff expertise required.



Method of implementation: **GBViE-focused**

Projects that have a primary outcome of addressing GBViE with explicit prevention, response and/or risk mitigation objectives. The project will also include GBViE risk mitigation actions.

- **Example:** A project to establish women's and girls' safe spaces which provide life skills activities, psycho-social support and case management services.
- **Example:** A project which aims to ensure crisis-affected women and girls have improved access to GBV specialized services.
- **Example:** A project which aims to ensure women and girls in affected communities have access to a strengthened protection environment.

Team requirements: Project team of GBViE specialists.



Method of implementation: **GBViE included**

Projects that have a primary outcome in other impact areas **and** include GBViE prevention and/or response integrated into or as additional objectives. The project will also include GBViE risk mitigation actions.

- **Example:** A sexual/reproductive health project which includes clinical management of rape in its service delivery and resources specialized staff to provide this service.
- **Example:** A primary health care project which includes provision of GBV Case management services in its health clinic and resources specialized staff to provide this service.

Team requirements: GBViE specialist(s) as part of the project team, if a GBV specialist is not already in the CO. Support may also be provided through regional and global GBViE Specialists and/or through the Rapid Response Team.



Method of implementation: **Other impact areas**

All projects should include GBViE risk mitigation actions regardless of the project outcomes.

- **Example:** An economic empowerment project utilizing market-based approaches and cash vouchers does a safety audit with women to figure out access and safety issues to markets.
- **Example:** A WASH project includes consultations with women about placement and management of water facilities
- View [GBViE Implementation Resource 1: Risk Mitigation](#) for further examples across impact areas.

Team requirements: Does not require GBViE specialists in the project team. However, it is advised that project leads coordinate and seek guidance from GBV specialists in country or at regional/global level.

All programs should include GBV risk mitigation actions. During acute emergencies, this may be all that is possible. However, GBV risk mitigation actions alone will only reduce the likelihood of GBV incidence, so specific prevention interventions are necessary to stop incidents from happening in the first place.

All pillars interlink within GBViE programming—for instance a survivor might access health services and receive information that helps prevent future experiences of violence, thus this response service has also achieved prevention objectives.

WOMEN LEAD IN EMERGENCIES

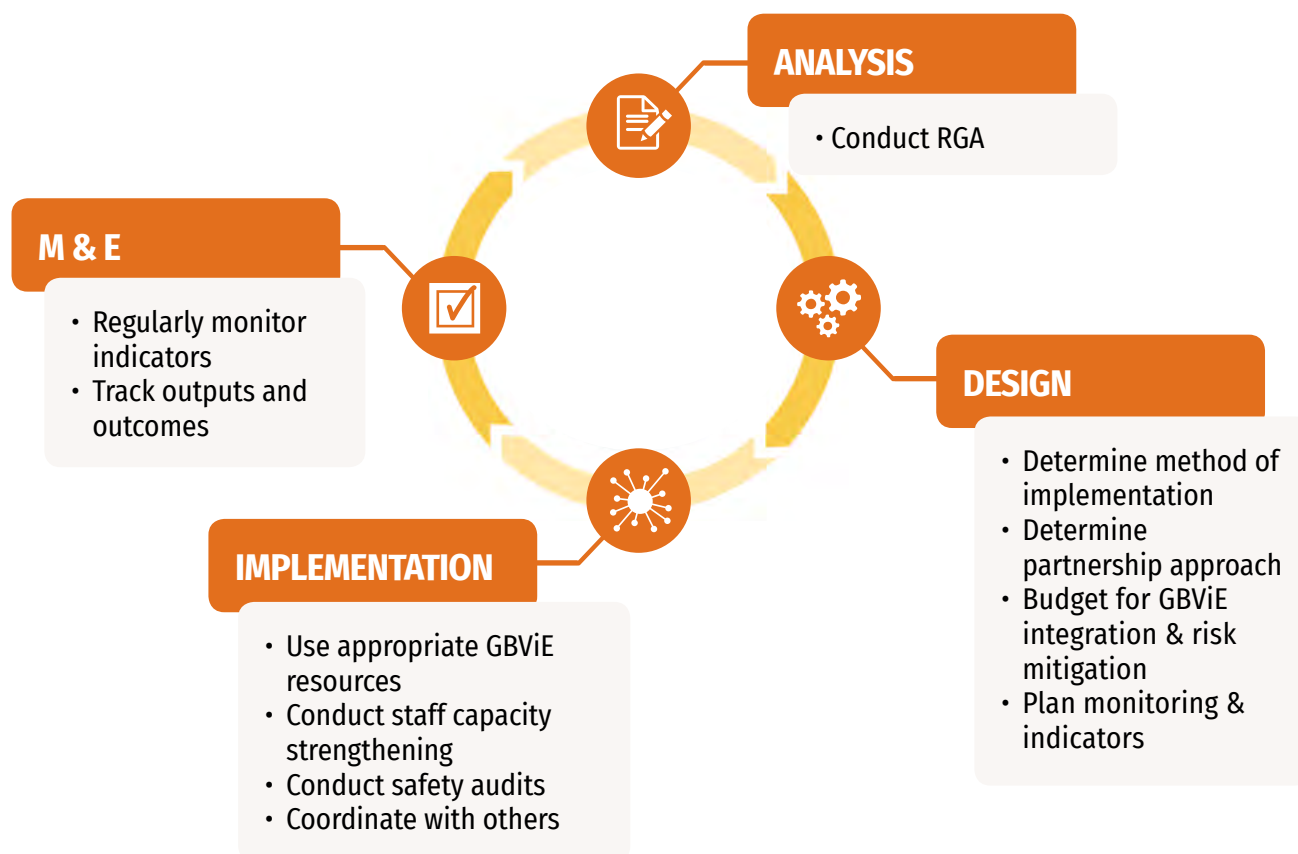
Women Lead in Emergencies (WLIE) is one of the four focus areas of CARE's approach to Gender in Emergencies. WLIE is a model and toolkit for humanitarian actors to use in multi-sector humanitarian programs to support crisis-affected women to participate in decision-making and to take collective action on issues that matter to them. Integrating WLIE in CARE programs supports locally led humanitarian practice by women (across all sectors) and gender transformation in emergency settings.

Using this approach can lead to GBViE risk mitigation, response and/or prevention goals depending on the priorities identified by the participants.

Learn more in the [Women Lead in Emergencies overview](#).

GBViE in the Project Cycle

GBViE risk mitigation, response and prevention actions should be planned and implemented throughout the project cycle. View [GBViE IMPLEMENTATION GUIDE 4](#) for more detailed guidance on each stage of the project cycle.



ENSURING BEST PRACTICE

STAFF ROLES AND RESPONSIBILITIES

GBViE risk mitigation actions can be performed by non-GBV specialist staff while GBViE response and prevention interventions require GBV specialized staff.

Non-GBV Specialized Staff

Non-GBV specialized staff are humanitarian staff in all other sectors of program, without specialized GBV knowledge and expertise. Attending one gender/GBV orientation or training does not automatically make us (or our partners) GBV specialized staff.

Non-GBV specialists have two key responsibilities in relation to GBViE:

- **GBV Risk Mitigation:** In consultation with women and girls, identify GBV risks and take action to integrate GBV risk mitigation strategies to reduce the risks of GBV.
- **Be prepared for disclosures of GBV:** When the community trusts program staff, it can be expected that survivors will disclose incidents of GBV to non-GBV specialists. In this situation, non-GBV specialist staff must know how to safely and ethically listen and provide accurate information about available services and provide referrals, such as by using the [GBV Pocket Guide](#). However, non-GBV specialists should never proactively identify or seek out GBV survivors.

It is important to ensure gender-balanced teams which include women staff across all impact areas, not just those explicitly focused on gender or GBV.

GBV Specialist Staff

GBV specialist staff have specialized training to safely and ethically implement programming to address GBViE.

GBV specialists have the responsibility to:

- Identify needed services for survivors of GBV.
- Design and implement specialized GBV response and prevention services.
- Develop or strengthen GBV referral pathways in coordination with relevant service providers and actors, and disseminate information to/provide training to other humanitarian actors on the available referral pathways.
- Support other sectors to integrate GBV risk mitigation into programming.

Some GBViE interventions require specialist knowledge and skills. GBV specialists must have the following core competencies:

- Understand and applies a survivor-centred approach, including GBV Guiding Principles (Safety, Confidentiality, Respect, Non-discrimination).
- Demonstrate commitment to gender equality.
- Promote and integrate gender analysis and mainstreaming into humanitarian programming.
- Exhibit empathy and positive interpersonal skills, including cultural competence.

See [Core Competencies for GBV Specialists](#) for further details.

KEY PRINCIPLES

CARE's approach to GBViE follows key principles for implementing GBV programming and humanitarian response actions.

Global humanitarian principles

CARE adheres to all humanitarian principles (humanity, neutrality, impartiality, independence) during emergencies.

More information on global humanitarian principles is available from [UN OCHA](#).

Survivor-centered approach

CARE's GBViE work utilizes a survivor-centered approach.

This means all GBV risk mitigation actions and response and prevention interventions must create a supportive environment in which survivors' rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect.⁷ This is based on four GBV guiding principles (see illustration to the right).

Centrality of Protection

CARE applies the Centrality of Protection principle in all humanitarian action as articulated in the [IASC Protection Policy](#).

This means that all humanitarian actors are responsible for the protection of all affected populations and informs humanitarian decision-making and response, including engagement with States and non-State parties to conflict. While protection of the rights of people is primarily the duty of member states and, in conflict, the parties to a conflict, all humanitarian actors hold collective responsibility to protect the rights, dignity and safety of affected populations throughout humanitarian action.

Do No Harm

The Do No Harm principle is a critical element for all sectors of humanitarian response including GBViE.

Do No Harm means taking all measures necessary to avoid exposing people to further harm as a result of humanitarian action.⁸ By applying the Do No Harm principle, CARE works to understand how "humanitarian assistance interacts with conflict, mitigate unintended negative effects, and influence conflict positively wherever possible, through humanitarian, development and/or peacebuilding interventions".⁹

⁷ Within the CI Safeguarding Policy, the survivor centered approach is defined as: The needs and wishes of survivors guide our response, that survivors are treated with dignity and respect, and the rights of survivors to privacy and support are prioritized.

⁸ The Sphere Project, Humanitarian Charter and Minimum Standards in Humanitarian Response, <http://www.spherehandbook.org/en/the-humanitarian-charter/>

⁹ UNICEF, 'Guide to Conflict Analysis', no. November (2016), <https://www.unicef.org/documents/unicef-guide-conflict-analysis>.

GBV guiding principles for a survivor-centered approach



Safety

The safety and security of survivors and their children are the primary considerations.



Confidentiality

Survivors have the right to choose to whom they will or will not tell their story, and any information about them should only be shared with their informed consent.



Respect

All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor. The role of helpers is to facilitate recovery and provide resources to aid the survivor.



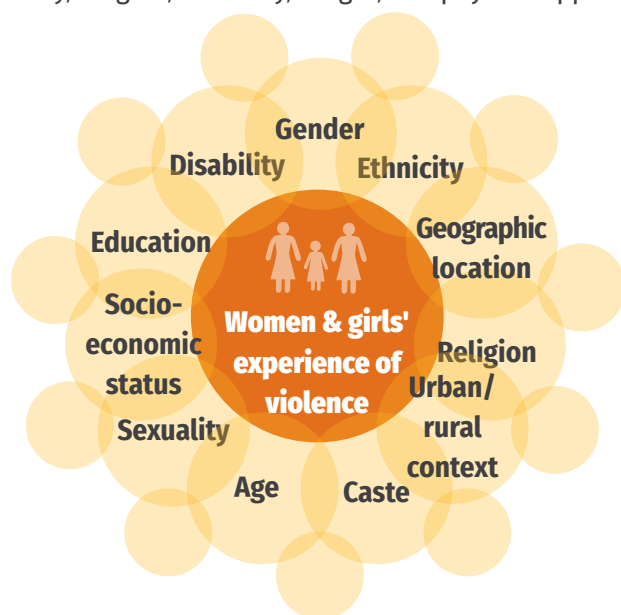
Non-discrimination

Survivors should receive equal and fair treatment regardless of their age, disability, gender identity, religion, nationality, ethnicity, sexual orientation or any other characteristic.

INTERSECTIONALITY

CARE uses an intersectional approach to ensure that we serve the most vulnerable in each context in which we work.

Intersectionality is an analytical framework for understanding how aspects of a person's social and political identities combine to create different modes of discrimination and privilege. Intersectionality identifies **multiple interconnected factors of advantage and disadvantage that influence power, privilege and oppression**. Examples of these factors include gender, caste, sex, race, ethnicity, socio-economic class, sexuality, religion, disability, weight, and physical appearance.



While CARE seeks greater gender equality for people of all genders, our impact population in all our work including GBViE is primarily those **people that most experience gender discrimination**: women and girls and marginalized groups (including people of diverse sexual orientations and gender identities). GBViE programming across any and all of the three pillars of risk mitigation, response and prevention must take into consideration the **intersection between many interrelated risk factors**. We also **work with men and boys as a target population**, to challenge gender discriminatory and patriarchal norms that have significant negative impacts for they themselves, as well as for others in society.

The design of GBViE activities should seek to engage the most vulnerable community members in a non-stigmatizing way, and the inclusion of elderly, Persons with Specific Needs (PWSN), and youth and adolescents is a key element of the outreach strategy. Prevention activities target participants based on their role in preventing and responding to GBViE and their potential to disseminate knowledge and best practices to the broader community. Advocacy and awareness raising initiatives target formal and informal leaders, community members and other stakeholders to sensitize them on risks associated with violence and its consequences. GBViE response services are designed to meet the different needs of different groups of women and girls.

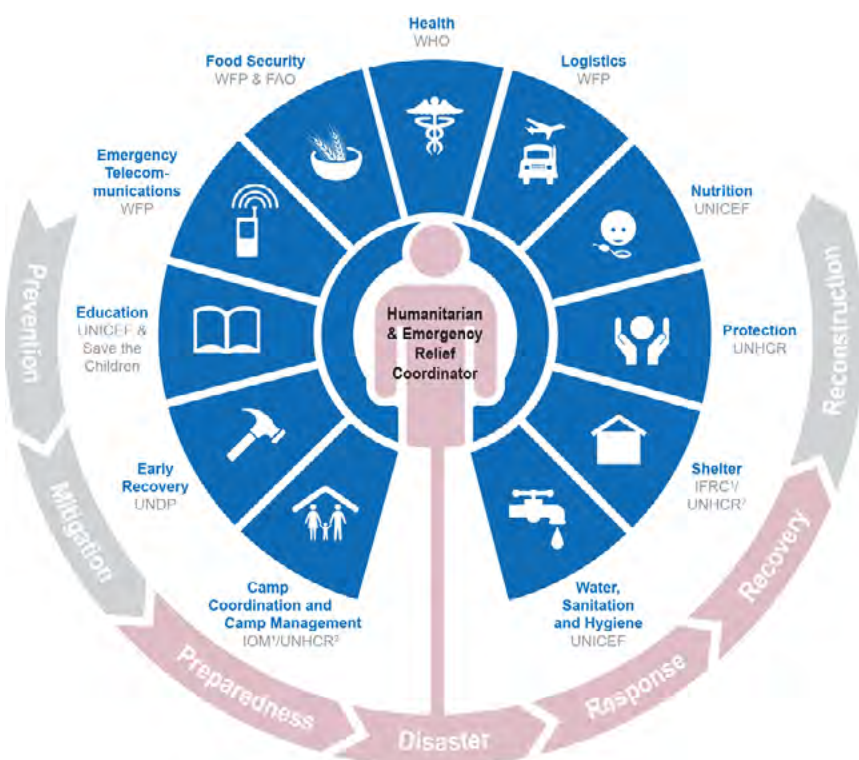
CARE seeks to see and understand **diverse groups of women and girls** based on their context.

GBViE programming should be designed based on **understanding of the unique needs** of these groups.

COORDINATION WITH OTHER HUMANITARIAN ACTORS

When emergencies occur, coordination amongst all responding actors is necessary and critical. The Humanitarian Cluster system aims to facilitate coordination in a humanitarian crisis.

Clusters are groups of humanitarian organizations, both UN and non-UN, in each of the main sectors of humanitarian action, e.g. water, health or logistics. They are designated by the Inter-Agency Standing Committee (IASC) and have clear responsibilities for coordination among the humanitarian actors—both international and local—who are responding to the emergency.



CARE participates in the **GBV Area of Responsibility (AoR) within the Global Protection Cluster** at global, regional & country levels.



Global level

CARE sits in the global GBV Guidelines Reference Group, in the global GBV AoR and hosts the Global Inter-agency GBV Guidelines Coordinator.



Country level

CARE's participation varies from co-leading coordination groups to actively participating.

Within this system, UNHCR chairs the Global Protection Cluster. **The issue of GBV sits under the Global Protection Cluster in a GBV Area of Responsibility (AoR), which is led globally by UNFPA.** Other AoR groups include: Child Protection, Housing/Land/Property, and Mine Action. All GBV-focused programs and those which include a focus on GBV response or prevention within another impact areas should coordinate with the local GBV AoR group.

CARE participates in the GBV Area of Responsibility (AoR) within the Global Protection Cluster at the **global, regional & country level.**

PROTECTION PATHWAYS

There are a number of pathways to impact at scale which are particularly relevant for GBViE programming.

Advocacy

Advocacy is an important pathway to achieve impact at scale, during crisis, recovery and development. CARE works with partners to advocate for centering gender equality and the empowerment of women and girls in humanitarian action because it is critical to gender justice and failure to do so magnifies their protection and GBV risks.

GBViE advocacy can be important during the acute phase of the crisis—even before the emergency stabilizes. It is useful in highlighting the protection needs of affected populations and pushing duty bearers to respect and fulfill obligations under International Humanitarian Law and global commitments.

Advocacy should be done in close partnership with crisis-affected women and girls and their organizations, networks, women-led and women's rights organizations, and other organizations promoting gender equality to ensure CARE's efforts are guided by local women and girls' voices and priorities.

For CARE staff, the [Humanitarian Impact Area Advocacy strategy](#) includes advocacy guidance specific to emergency contexts, especially the policy advocacy position on Gender Equality and the Empowerment of Women and Girls (GEEWG) in Humanitarian Action. Advocacy guidance is also available in the [CARE Emergency Toolkit](#). CARE's [Advocacy Resource package](#) is not specific to GBV or emergency settings, but provides some helpful resources on CARE's approach to advocacy overall, as does the [Global Advocacy Roadmap](#) which sets out CARE's external influencing agenda across Impact Areas to achieve Vision 2030.

CARE is a member of the [Call to Action on protection from GBV in Emergencies](#), the key global multi-stakeholder forum on GBViE. CARE has made 6 commitments under the Call to Action Roadmap (2021-2025) including commitments to **strengthen capacity for GBViE prevention, response and risk mitigation programming**, to **support women's leadership within humanitarian decision-making** and to **integrate GBV risk mitigation across CARE's humanitarian programming**.

In 2022 CARE joined the [Feminist Humanitarian Network](#), committing to the principles of a feminist humanitarian system which:

- Is committed to achieving gender equality
- Acknowledges the patriarchal and colonial dynamics within itself
- Takes responsibility for identifying unjust formal and informal power relations
- Actively shifts power to women-led organizations working in humanitarian contexts in the Global South
- Facilitates safe spaces through its coordination mechanisms
- Recognizes that there is no one-size-fits-all approach.

CARE International's Humanitarian Policy Advocacy Coordinator, represents CARE in the advocacy committee.

Key resources:

CARE's [Emergency Toolkit](#) advocacy resources

CARE's [Global Advocacy Roadmap](#)

[Call to Action on protection from GBV in Emergencies](#)

[Feminist Humanitarian Network](#)

CARE staff can also access:

CARE's [Advocacy Resource package](#)

CARE's [Humanitarian Impact Area Advocacy strategy](#)

Systems Strengthening

Included in CARE's overall approach to GBViE is a goal to strengthen existing institutions and systems to be more responsive to the needs of women and girls, especially in crisis settings.

Strengthening national systems through engaging national partners and local organizations is an integral part of an effective GBV **response** and particularly important during emergencies. Supporting services to be responsive to the needs of women and girls can also form an important part of **risk mitigation** and **prevention** measures.

Systems strengthening actions may include **partnering with local civil society organizations**, especially women-led organizations, to strengthen their capacity to lead GBV response and prevention activities. GBV sub-clusters or GBV working groups are important forums for CARE to engage with at national level.

Institutional capacity strengthening would include putting in place required policies, legal registration, meeting eligibility requirements to participate in the [Gender-Based Violence Information Management System](#) (GBVIMS), as well as other areas.

CARE also partners with government institutions and with private organizations delivering services, whether CSOs, NGOs, UN agencies, private sector organizations to provide services that meet the needs of women and girls. This may include health systems, ministries of gender or other relevant ministry, community coalitions and networks. It is important that the specific approach to working with national systems is based on a thorough understanding of the context to ensure that assistance is provided in line with both humanitarian principles and a **Do No Harm** approach. There is guidance in the thematic area guidance notes of the IASC [GBV Guidelines](#) and in the [Inter-agency Minimum Standards for Gender-based Violence in Emergencies Programming](#).

At global level the [Gender-Based Violence Accountability Framework](#) outlines GBViE responsibilities for key humanitarian actors (e.g. donors, HCTs, humanitarian agencies and GBV coordinators). This framework can help inform CARE's advocacy asks towards these actors in terms of accountability to their responsibilities.

Key resources:

IASC [GBV Guidelines](#)
[Inter-agency Minimum Standards for Gender-based Violence in Emergencies Programming](#)
[Gender-Based Violence Accountability Framework](#)
[Gender-Based Violence Information Management System](#)

SAFEGUARDING

Sexual Harassment, Exploitation and Abuse (SHEA)¹⁰ is a form of GBV and can also be referred to under the term safeguarding.¹¹ However, SHEA and GBV involve different accountabilities and areas of work.¹²

GBV incidents are perpetrated by persons who are not associated in any way with the organization e.g. community members. These incidents would be responded to, and prevented through protection and GBV programming.

In contrast, SHEA refers to sexual exploitation, abuse or sexual harassment perpetrated by those working in, or with, humanitarian organizations. This includes but is not limited to NGO, INGO and UN personnel. When SHEA incidents occur, humanitarian organizations like CARE have a responsibility to act. This may include conducting investigations of the allegations, providing additional training on safeguarding policies or terminating aid staff. Per CARE's Safeguarding Code of Conduct, staff are obligated to report any concerns of SHEA (or child abuse) through the reporting options available and maintain confidentiality by only sharing information with staff of the appropriate function who need to know this information.¹³

For both GBV and Safeguarding / Protection from SHEA (PSHEA), it is crucial that survivors are able to access safe, appropriate services and that a survivor centered approach is adhered to, in accordance with the CI Safeguarding Policy. It is likely that survivors of both GBV and SHEA will be referred to the same services, therefore GBV, Protection and Safeguarding practitioners must work in close collaboration to ensure that referral pathways are mapped and services functioning.

KEY RESOURCES FOR PREVENTION OF SEXUAL HARASSMENT, EXPLOITATION & ABUSE

- CARE's [Emergency Toolkit module on SHEA](#)
- [CARE International Safeguarding Policy](#)
- Inter-agency Standing Committee's [Accountability and Inclusion Resources Portal on Protection from Sexual Exploitation and Abuse](#)
- Safeguarding tools on [Resource and Support Hub](#)
- Clear Global's [Multilingual Safeguarding Glossary](#)

CARE staff can also access:

- [Global Safeguarding Hub](#) on CARE Shares
- [Translations](#) of the CARE International Safeguarding Policy

¹⁰ <https://careinternational.sharepoint.com/sites/Global-Safeguarding/SitePages/CARE-Policy.aspx>

¹¹ As defined in the [CI Safeguarding: Protection from Sexual Harassment, Exploitation and Abuse, and Child Abuse Policy](#). Safeguarding is: the measures we take to prevent, report and respond to harm or abuse and to protect the health, well-being and human rights of anyone that comes into contact with CARE, whether it is CARE Employees and Related Personnel, partners, program participants and communities. CARE's policy, and the Safeguarding Code of Conduct applies to all CARE employees of any CARE International entity, CARE Members, CARE Affiliates and CARE International Country Offices; and related Personnel. The policy applies both during, and outside, normal work hours. Actions taken by CARE Employees and Related Personnel outside of working hours that are seen to contradict this policy will be seen as a violation of the policy.

¹² [Understanding SEAH and GBV, Bitesize by Resource & Support Hub](#)

¹³ Additional guidance is available in CARE's Safeguarding Code of Conduct, Annex 1

This Guidance Note is accompanied by four GBViE Implementation Guides to support staff with integrating Gender-Based Violence in Emergencies (GBViE) into their programs:

➡ **GBViE Implementation Guide 1: Risk Mitigation**

This is for both GBV specialists and non-specialists

➡ **GBViE Implementation Guide 2: Response**

This is for GBV specialists only

➡ **GBViE Implementation Guide 3: Prevention**

This is for GBV specialists only

➡ **GBViE Implementation Guide 4: GBViE in the Project Cycle**

This is for both GBV specialists and non-specialists

A number of further resources have guided the development of CARE's approach to GBViE and may be helpful for GBViE practitioners to reference:

- The [Inter-agency Minimum Standards for Gender-Based Violence in Emergencies Programming](#) guide GBViE response and prevention interventions.
- The [IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#) guide GBViE risk mitigation actions. These are commonly referred to as the IASC **GBV Guidelines**.
- The [GBV Pocket Guide](#) guides all humanitarian actors on how to support a survivor who reports an incident when there are not GBV actors in the area.
- CARE's [Rapid Gender Analysis](#) Toolkit
- CARE's [Women Lead in Emergencies](#) Guidance
- GBViE resources in other languages:
 - Annotated Bibliography of [Arabic Language GBV in Emergencies Resources](#)
 - Annotated Bibliography of [French Language GBV in Emergencies Resources](#)
 - Annotated Bibliography of [Spanish Language GBV in Emergencies Resources](#)

CARE staff should also refer to the [GBV Hub](#) on CARE Shares for the latest updates.

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For further information contact CARE's Gender-Based Violence in Emergencies team, hosted by CARE Egypt Foundation on behalf of CARE International.

