

GBV MAINSTREAMING FOR GOOD SHELTER PROGRAMMING

Reducing GBV risks through better shelter programme design and implementation

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Women often have to transport NFIs and shelter materials for long distances and through unsafe locations (Pariang refugee camp, South Sudan).



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Shelter staff are frequently taken to remote locations and interact with crisis-affected people, often in their homes (Nigerian refugee woman in Niger).

WHY SHOULD SHELTER ACTORS WORRY ABOUT GENDER AND GBV?

Shelter programmes are based on the most fundamental principles of protection: a roof over one’s head, clothing on one’s body; and at a minimum, freedom from physical harm and violence. The settlement as a whole, as well as individual shelters or “homes”, are often the one place where people seek wellbeing and safety. Shelter is critical in allowing dignity and recovery after a crisis. It must be habitable, provide physical safety and adequate space, as well as protection against the cold, damp, heat, rain, wind, and other climatic threats which impact health. In essence, shelter offers protection. However, it is not enough to build shelters: these – and settlements in which shelters are built – also need to provide protection from violence, including gender-based violence (GBV)¹. While Shelter practitioners should not replace GBV and Protection specialists, good shelter programming must include mitigation measures throughout the project cycle to reduce GBV risks across their programmes, ultimately contributing to better shelter outcomes.

Case study A.16 gives an example of a shelter project that provided cash and NFIs to families in collective centres, to encourage return to their original houses. Poor knowledge and consideration of the family structure and cultural practices, such as polygamy, led to insufficient support and contributed to reported incidents of intimate partner violence.

ONE SIZE DOESN’T FIT ALL

GBV mainstreaming is part of an overall gender approach and is essentially about achieving better, more effective and impactful, shelter projects that proactively aim to do no harm.

¹ “Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.” IASC 2015, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: <http://bit.ly/1MMWHBt>, also at <http://gbvguidelines.org/>

GBV mainstreaming is not an end in itself, but a strategy and process that aims at not overlooking issues that relate to gender and protection dynamics; which, if incorporated early in a response, are more likely to help staff to reduce vulnerabilities of affected populations, including women, girls, men and boys. As a minimum, projects should work with the gender norms in a society to make access to assistance more equitable (gender sensitive) and hopefully even change inequitable structures (gender transformative²). A focus on protection and gender-specific needs and capacity ensures better participation and more relevant shelter assistance, which meets individuals’ needs, including improved privacy, safety and dignity.

In the Haiyan response, certain projects aimed to equally involve women in the reconstruction process, e.g. in the promotion of Build Back Safer messaging and vocational trainings on construction. Women also had a key voice in deciding the design of shelters, to ensure the inclusion of elements to guard their privacy and dignity, such as internal partitions for separate sleeping areas, opaque cladding and spaces for hygiene and sanitation activities. Ultimately, to mitigate risks of GBV.

Potential GBV risk-mitigation interventions in shelter programmes should always be informed by a gender and risk analysis, conducted at the start of the programme³. These can support shelter practitioners to identify risks before they unintentionally cause harm. For example, the involvement of women may inadvertently lead to a decrease in men’s access or control of the recovery process, contributing to domestic, intimate partner violence, and other types of GBV⁴, if a proper assessment of the gender dynamics and roles is not undertaken early on.

This highlights more than ever the importance of good assessments and risk analyses that consider cultural, religious

² Gender and Shelter; Good Programming Guidelines, 2016, <http://bit.ly/2iOIRqg>.
³ Gender Handbook in Humanitarian Action, IASC 2006, <http://bit.ly/2iWPWu9>.
⁴ Good Shelter Programming, Tools to Reduce the Risk of GBV in Shelter Programmes, CARE UK, IOM 2016. Available at <http://www.sheltercluster.org/gbv>.

and economic practices, as well as the distribution of gender roles and existing power structures. The appropriate inclusion of gender and female participation in any project can have the potential not only to improve women's status in society, but also to decrease risks that can lead to GBV.

PROTECTION INSIDE AND OUTSIDE THE HOME

The starting point for any shelter programme is at the settlement level: the location where people will find shelter. Taking GBV risks into account at settlement level can help shelter practitioners to consider how shelter programmes will impact on issues such as overcrowding and site density, access to sanitation facilities, markets and emergency relief items.

An often overlooked type of GBV is the denial of resources, opportunities or services, which in the shelter context can be the denial of rightful access to housing, land, NFIs, safe shelter or livelihoods opportunities. To successfully ensure access to life saving services, shelter programmes must integrate protection and gender considerations prior to and during implementation. For example, considering GBV risks in an NFI distribution can allow shelter programme staff to better plan assessments and targeting, distribution locations, prioritization of individuals at distribution sites, on-wards transportation of materials, feedback and complaints systems and staffing, to ensure safe access for vulnerable groups during distribution activities.

Case study A.5 shows an example of distribution points that were carefully chosen and procedures designed to ensure the most vulnerable groups – especially women and girls – had a priority line and a “safe passage”, as well as support to transport the valuable items back home. The distribution was carried out by a gender-balanced team who was trained to detect and respond to incidents appropriately.¹

¹ *Gender and Shelter; Good Programming Guidelines, 2015, p.14-15.*

GBV does not just occur outside the home. Once settlement approaches and location have been decided, the focus of shelter programmes moves toward the home. For many, the home is not a place of safety. Intimate partner violence and domestic violence often take place in private, behind closed doors and between family members. Providing suitable shelter designs and sleeping spaces for different family members can help to mitigate certain acts of GBV. For example, providing adequate covered space per person reduces risks associated with sharing spaces with non-family members⁵.

In 2011, following findings from focus group discussions, a transitional shelter project in Haiti adapted shelters to include an additional door to the rear. Not only was it traditional to have two entrances but it also served as a secondary exit from the house if a family member needed to escape an act of violence¹. Separately, some women also felt safer in homes with outward opening doors, as they felt it would be harder for someone to pry the door open rather than to kick it in.

¹ *Lessons Learnt and Best Practice, IFRC Shelter programme in Haiti 2010-2012, p.74, <http://bit.ly/2iONfFT>*

Good shelter programming which considers GBV will not only focus on practical construction aspects, but will also make sure that vulnerable families feel safe and secure in their communities and are not relying on negative coping mechanisms.

⁵ Sphere Standards for Shelter, Chapter 4, <http://bit.ly/2iOYe21>.

If families cannot meet the costs of shelter (such as rent, bills, maintenance and repairs), then negative options such as early child marriage⁶, trafficking of persons and transactional coping strategies can put vulnerable groups at risk of GBV. When designing shelter programmes, practitioners not only have the responsibility to consider the protection of all vulnerable groups when travelling to access water and shelter materials, but also to ensure safety within the home.

SHELTER ACTORS WORK WITH SURVIVORS

Project implementation frequently takes shelter staff to remote locations and directly into the homes of affected populations. Staff members may be the only humanitarian actors to meet with families and witness or hear about a case of GBV that may or may not be linked to shelter activities⁷. In these settings, referral pathways⁸ and qualified GBV staff are not always easily accessible, emphasizing the responsibility of all humanitarian actors, including shelter practitioners, to know how to safely respond to GBV disclosures and how to facilitate access to available support services for GBV survivors.

A staff member was carrying out a shelter assessment in South Sudan, when a mother of a beneficiary disclosed that her daughter was being abused by a host family member. The shelter practitioner offered to take the daughter and mother to the health clinic, but the mother feared further reprisal. The staff member then reached out to colleagues to support the removal and relocation of the daughter and her family. However, in doing so, he compromised the confidentiality of the survivor, which resulted in further and more acute abuses.

The appropriate response to survivors of GBV will vary by context. However, all field staff should be trained in when and how to act on GBV disclosures, to minimize further negative impacts on survivors. This requires shelter actors to understand the concepts of confidentiality, consent, and child safeguarding, while also adhering to referral protocols in place to support survivors⁹.

CONCLUSION

It is difficult to quantify the number of GBV incidents in any context, but it should always be assumed that GBV is occurring. Measuring the impact of shelter interventions on GBV mitigation can also be challenging. Despite this, ensuring privacy, dignity and a feeling of safety can greatly influence families' security and well-being, so that people are free to access lifesaving services. Therefore GBV integration should not be seen as an additional task to add to shelter practitioners' to do list; it can be understood as an integral approach to programming, which includes the key principles of risk analysis, participation, inclusion, consultation and engagement with the affected communities. Abiding by these principles ultimately contributes to the overall objective of good shelter programming and is vitally important in ensuring the rights of those individuals we aim to protect.

⁶ To Protect Her Honour: Child Marriage in Emergencies, <http://bit.ly/1Ky3vkF>.

⁷ This is defined GBV disclosure.

⁸ A referral pathway is a flexible mechanisms that safely links survivors to supportive and competent services.

⁹ The GBV Constant Companion, a useful tool with practical step-by-step advice on how to react when faced with a disclosure of GBV, is available along with other resources at <http://www.sheltercluster.org/gbv>.