

- 1- Basic Assistance Gender and GBV Tip Sheet
- 2- Education Gender and GBV Tip Sheet
- 3- Food Security and Agriculture Gender and GBV Tip Sheet
- 4- Health Gender and GBV Tip Sheet
- 5- Livelihoods Gender and GBV Tip Sheet
- 6- Nutrition Gender and GBV Tip Sheet
- 7- Protection Gender and GBV Tip Sheet
- 8- Shelter Gender and GBV Tip Sheet
- 9- WaSH Gender and GBV Tip Sheet

The individual sector tipsheets are available [here](#).



Basic Assistance Gender and GBV Tip Sheet¹

Why do gender and GBV matter for Basic Assistance?

This tipsheet aims at guiding sector partners in enhancing the inclusion of gender sensitive data collection, analysis and programming in all phases of the project cycles and work streams. It was developed by the sector gender and GBV Focal Point in coordination with the coordinators of the sector.

Gender inequalities and gender-based violence (GBV) exist before, during and after crises. However, they are often exacerbated when a crisis occurs. Different individuals and social groups are affected by crises differently, based on their gender, but also their age, (dis)ability, social and legal status, as well as other factors. Women and girls are often disproportionately affected. Humanitarian action provides lifesaving services and facilitates recovery for affected communities, and it is the responsibility of humanitarian actors to ensure all groups are reached and have access to equitable benefits. Gender mainstreaming is therefore essential to ensure participatory, effective and equitable interventions that contribute to gender equality. This ensures benefits for entire communities, while facilitating participation and empowerment; protection, safety and dignity; equitable access to assistance; accountability and transformative change.

In Lebanon, the ongoing crises have amplified the challenges faced by women, especially with a significant drop in their labour force participation to 22%². Women of all nationalities are facing increased vulnerabilities, particularly those heading households who are more prone to exploitation and reliant on aid. Caretakers of children, persons with disabilities, older or sick household members face added challenges in securing basic needs. Social norms further restrict women's access to resources, income and decision-making, leading to their needs being overlooked in household spending, including essentials such as menstrual hygiene products. These norms also reinforce traditional gender roles, burdening women and girls with household care responsibilities. Basic Assistance interventions play an important role in ensuring that the basic needs of the most vulnerable groups are met, including women, girls, boys and men. Additionally, basic assistance projects can also contribute to strengthening women's access and control over resources and decision-making power within their households, by placing these resources directly into their hands. Such interventions can also address social norms related to women's ability to manage finances and handle cash.

¹ For additional useful resources, please refer to: [Gender Handbook for Humanitarian Action](#); [IASC GBV Guidelines](#); [IASC Gender with Age Marker](#); [Rapid Gender Analysis Toolkit](#); [Rapid Gender and GBV Analysis](#)

² ILO & CAS (2022). Lebanon Follow-up Labour Force Survey. https://www.ilo.org/beirut/publications/WCMS_844837/lang--en/index.htm





Mainstreaming gender and GBV risk mitigation across the humanitarian project cycle

Overarching considerations:

- ✓ **Consulting gender advisors, gender and GBV focal points and GBV experts every step of the way**, while recognizing that all practitioners are accountable for gender mainstreaming and GBV risk mitigation.
- ✓ **Training and strengthening capacities of all teams** around gender mainstreaming and GBV risk mitigation to ensure quality and safe interventions and mainstreaming efforts.
- ✓ **Training and strengthening knowledge of all teams, and most importantly frontline workers and referral focal points** on GBV core concepts, handling GBV disclosure and safe referrals and PSEA.
- ✓ **Integrating gender and GBV questions, data analysis and recommendations**, across all assessments, plans and strategies.
- ✓ **Facilitate meaningful participation and decision-making of women, girls, boys and men from affected communities**, across all levels and stages of the project cycle.
- ✓ **Formulate gender-sensitive and responsive plans and projects** across all sectors.
- ✓ **Integrate gender transformative activities and approaches** to plans and projects, addressing root causes of inequalities and contributing to long-term structural change.
- ✓ **Coordinate, collaborate, support and partner with women's rights and women-led organizations**, as the best-placed actors to identify and address the distinct needs and experiences of women and girls.
- ✓ **Integrate GBV risk mitigation activities** across all levels of interventions and plans.
- ✓ **Adopt a gender-responsive budgeting**, including dedicating budget lines for gender mainstreaming, allocating resources in a way that responds to the unique needs of marginalized groups and that facilitates their participation and access to project benefits, and assessing the impact of resource allocation on marginalized groups.

1. Needs assessment and analysis

- **Ensure gender-balanced teams for needs and vulnerability assessments.**
- **Disaggregate all data by Sex, Age and Disability (SADD) at a minimum, and use the data to identify gender gaps, needs and barriers.**
- **Conduct gender analysis or integrate in needs assessments**, and context and market analyses; **use findings and recommendations to identify gender priorities** and needs to address in Basic Assistance interventions. This would allow for the identification of concrete entry points to address gender issues through basic assistance (e.g., need for menstrual hygiene products).
- **Actively engage women, girls, boys and men of different age groups in the needs assessment process**, ensuring meaningful participation and influence over identification and prioritization of needs.





This means going beyond household-level surveys and ensuring separate conversations with women, girls, boys and men.

- **Identify safety perception of women, girls, boys and men, in relation to basic assistance interventions**, focusing on the modality of distributions, transfer values or types of items in kits, timing and location of distributions, information dissemination modalities, and develop GBV risk mitigation measures.
- **Ensure needs assessments also capture dynamics around decision-making and control over resources** - including cash and other types of assistance, **to inform the design of basic assistance interventions** and ensure they do not contribute to unequal power dynamics and instead facilitate access and control over resources for women, girls, boys and men.
- **Assess community attitudes and social norms** around household decision-making dynamics, division of roles and responsibilities, prioritization of needs within the household and perceptions towards women handling cash and controlling resources.

Key questions to consider for the needs assessment and analysis stage

- *Which groups (disaggregated by gender, age and disability) do existing cash and in-kind assistance programs support?*
- *What are the distinct needs of women, girls, boys and men that should be taken into consideration when designing basic assistance activities?*
- *What emergency in-kind assistance kits are of special relevance to women and girls' needs? (e.g., menstrual hygiene kits, for example).*
- *How are distributions organised? Where? In a safe place? Are the distribution modalities safe?*
- *Is existing assistance exacerbating gender inequality within supported households? How?*
- *How does existing assistance and the way it is distributed impact the perception of safety of women and girls in the household?*
- *Does receiving cash or items in distribution affect safety perceptions of women and girls at home? Does it increase tensions or risks?*
- *What potential does cash assistance have in strengthening women's decision-making power and access and control over resources? What are the specific considerations for particularly vulnerable groups, such as older women, adolescent girls and women and girls with disabilities? Where are the areas with the highest numbers of female-headed households? What type of challenges and vulnerabilities do these households face? Are there other types of households that are distinctly vulnerable or at risk (e.g., households with adolescent girls in early marriages, households with persons with disabilities etc.)?*





2. Strategic planning

- **Identify at least one gender issue to address** in the design of the basic assistance intervention, using findings from the gender analysis and needs assessment.
- Ensure **selection and targeting criteria take gender, age and disability considerations**, as well as other intersecting vulnerabilities, into account - prioritizing groups that have less access to resources and support.
- **Develop GBV Risk Mitigation Activities** to address the GBV Risks identified in the gender analysis, GBV assessment and/or needs assessments.
- **Integrate gender-focused activities**, such as financial literacy training and awareness raising around social norms in decision-making.
- **Consider women's care work responsibilities** in the design of the intervention, to ensure it does not add to their burden. Facilitating their access could include measures such as childcare support or compensations, transportation allowances or safe transportation modalities, breastfeeding spaces and flexibility to tailor and adapt distribution modalities/timings/locations to meet distinct needs.
- **Ensure gender is taken into account across all levels of the logical framework**, including activities, but also outcome and impact levels. Ensure **indicators** consider gendered issues and data disaggregation.
- **Consider integrating a gender transformative activity or approach** to the intervention, such as collaborating with women-owned and women-led businesses to procure kits and engaging women and girls receiving assistance in economic empowerment and leadership interventions.
- **Consult diverse groups**, paying close attention to whose voices are heard and whose experiences are being represented. This should include dedicated consultations with women, girls, boys and men and persons with disabilities, to inform the design of the intervention.
- **Consult and engage women's groups and women's rights and women-led organizations** in the design of the intervention to facilitate the identification of distinct needs, GBV risks and potential entry points to design the assistance in a way that can contribute to gender equality. This can also facilitate access to difficult to reach groups, such as older women, married girls, women and girls with disabilities.

Key questions to consider for the strategic planning stage

- *What are the gender issues that are being addressed through the intervention?*
- *What are the specific considerations put in place to facilitate access and benefit from the assistance for vulnerable groups, including women and girls? What about persons with disabilities?*
- *How is the design of the assistance taking into consideration the distinct needs of women, girls, boys and men?*
- *How are activities/services/items included in the distribution or cash assistance basket tailored to meet the distinct needs of women and girls?*





- *What measures are taken to ensure assistance is safe and accessible to individuals from different ages, genders and abilities?*
- *What activities can mitigate the GBV risks that could result or be exacerbated by the assistance?*
- *What gender-sensitive indicators, outcomes and activities are included in the sector's logical framework?*
- *Are resources allocated to gender-focused activities and/or considerations in your program? What about disability and inclusion considerations?*

3. Implementation

- **Ensure distribution modalities, timings and location, ATM machines as well as information about assistance, are accessible, suitable and safe for all.** This might involve additional considerations for women and girls, persons with disabilities, older persons or other vulnerable groups.
- **Use different modalities to share information** for individuals who do not have consistent access to mobile phones, which might be the case for women and girls, and ensure any information is accessible for persons with disabilities.
- **Tailor in-kind assistance to the distinct needs of different marginalized groups** in the affected populations, and particularly those with less access to resources and support (e.g., menstrual hygiene products, cash assistance for female headed households or households with persons with disabilities, kits for older persons etc.).
- **Where it is safe to do so, prioritize women as the main recipient of assistance**, encouraging their leadership and supporting their decision-making power. This could be complemented by community engagement to challenge social norms and practices which deprioritize women's needs and decision-making power.
- **Ensure gender-balanced teams at distribution sites** and in community outreach and engagement activities.
- **Put in place safe, diverse and accessible complaints and feedback mechanisms (CFMs)**, at distribution sites, as well as through remote tools such as hotlines, and make sure to address concerns or reports of harmful practices and adapt programming based on feedback.
- **Use findings from Post-Distribution Monitoring surveys (PDMs), CFMs and other tools to adapt and tailor programming and identify potential gender issues** that might have been missed in the needs assessment stage.
- **Provide access and safe referrals to specialized services** for GBV survivors and individuals at risk, including case management. This entails coordination with other actors in the same area of operation, as well as open and safe communication channels with community members.





- **Engage all community members across the project cycle**, to explain the benefits of basic assistance interventions for entire households and communities, reduce household tensions, and encourage women's access and control over resources.
- **Ensure that assistance does not expose individuals with limited freedom of movement or mobility to exploitation**, for example, by having to ask 'mediators' to collect cash and items if they are unable to.

Key questions to consider for the implementation stage

- *For in-kind assistance, what measures are taken to ensure the locations selected for distribution are safe and accessible for women and girls, and other vulnerable groups, including persons with disabilities? Does the time of distribution take into consideration the specific needs and preferences of women? What additional support, such as childcare or transportation coverage, do women need to access the assistance?*
- *Are teams in the distribution sites gender-balanced?*
- *What is the level of knowledge of teams, mainly frontliners present at distribution sites and ATMS regarding GBV, handling GBV disclosures and safe referrals? Were they trained on PSEA?*
- *For cash assistance, what measures are in place to ensure safe access of women and girls to assistance? Who receives the assistance? Are women and girls able to benefit from the assistance? How is this assessed? What about women and girls with disabilities?*
- *Which groups are prioritized for cash assistance? Who is identified as being the main recipient of assistance? What are the selection factors and are gender, age and disability prioritization factors?*
- *What are the existing feedback, complaints and response channels used by recipients of assistance? What measures were introduced to make the channels gender sensitive?*

4. Monitoring and evaluation

- **Design and report on indicators that capture gendered needs**, perceptions and experiences, including qualitative indicators around women's access and control over resources.
- **Monitor the satisfaction, access and benefits for recipients of aid**, with dedicated attention to the most vulnerable, including women and girls, boys and men and persons with disabilities.
- **Disaggregate all and any data collected by sex, age and disability (SADD) at a minimum.**
- **Utilize SADD data and gender and GBV data, including PDM data**, to inform project implementation and adaptations and assess contributions to gender equality objectives.
- **Monitor the rate of access to services for different groups** and use the data to inform project adaptations and potential changes to transfer values, kit contents, distribution modalities, timings and locations.
- **Ensure meaningful participation of women and girls**, as well as particularly vulnerable groups, including persons with disabilities, in monitoring and evaluation processes, capturing their experiences, priorities, satisfaction and concerns.





- **Conduct ongoing consultations** using tools such as safety audits (in close collaboration with gender and GBV experts) to assess emerging risks resulting from or exacerbated by the intervention and **adapt mitigation measures accordingly**.
- **Evaluate impact and contributions to gender equality objectives resulting from the basic assistance intervention**, including potential impact on women's leadership and decision-making and negotiation power within the household.

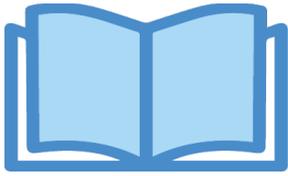
Key questions to consider for the implementation stage

- *What questions do PDMs include to capture the specific positive impact of cash or in-kind assistance on women and girls?*
- *What questions do PDMs include to capture the specific risks faced by women and girls in accessing and using cash and other forms of assistance? What about persons with disabilities?*
- *Are safety audits taking place in distribution sites? If yes, how often? How are findings reported and how are they informing the needed changes in the implementation of activities? What are the potential risks related to the intervention?*
- *How is the intervention responding to gendered needs and priorities? How does it contribute to gender equality?*
- *What do SADD and gender and GBV data tell us about the reality of the implementation, and what entry points for greater contributions to gender equality can be identified?*

For more information or support please contact:

Basic Assistance sector's Gender and GBV Risk Mitigation Focal Point
Malak El Hassan: elhassam@unhcr.org





Education Gender and GBV Tip Sheet¹

Why do gender and GBV matter to the education Sector?

This tipsheet aims at guiding sector partners in enhancing the inclusion of gender sensitive data collection, analysis and programming in all phases of the project cycles and work streams. It was developed by the sector gender and GBV Focal Point in coordination with the coordinators of the sector.

Gender inequalities and gender-based violence (GBV) exist before, during and after crises. However, they are often exacerbated when a crisis occurs. Different individuals and social groups are affected by crises differently, based on their gender, but also their age, (dis)ability, social and legal status, as well as other factors. Women and girls are often disproportionately affected. Humanitarian action provides lifesaving services and facilitates recovery for affected communities, and it is the responsibility of humanitarian actors to ensure all groups are reached and have access to equitable benefits. Gender mainstreaming is therefore essential to ensure participatory, effective and equitable interventions that contribute to gender equality. This ensures benefits for entire communities, while facilitating participation and empowerment; protection, safety and dignity; equitable access to assistance; as well as accountability and transformative change. Beyond economic barriers to attending education, boys and girls are reporting different harmful coping mechanisms, threatening their protection and well-being. This is why the sector works closely with the Ministry of Higher Education and with other sectors to provide gender responsive, safe, inclusive, and gender-equitable access to quality learning.

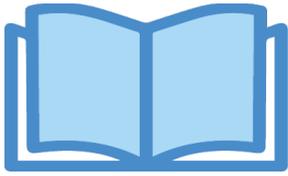
Mainstreaming gender and GBV risk mitigation across the humanitarian project cycle

Overarching considerations:

- ✓ **Consulting gender advisors, gender and GBV focal points and GBV experts every step of the way**, while recognizing that all practitioners are accountable for gender mainstreaming and GBV risk mitigation.
- ✓ **Training and strengthening capacities of all teams** around gender mainstreaming and GBV risk mitigation to ensure quality and safe interventions and mainstreaming efforts.
- ✓ **Training and strengthening knowledge of all teams, and most importantly frontline workers and referral focal points** on GBV core concepts, handling GBV disclosure and safe referrals and PSEA.

¹ For additional useful resources, please refer to: [Gender Handbook for Humanitarian Action](#); [IASC GBV Guidelines](#); [IASC Gender with Age Marker](#); [Rapid Gender Analysis Toolkit](#); [Rapid Gender and GBV Analysis](#)



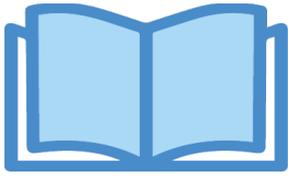


- ✓ **Integrating gender and GBV questions, data analysis and recommendations**, across all assessments, plans and strategies.
- ✓ **Facilitate meaningful participation and decision-making of affected communities, and particularly women, girls, boys and men** across all levels and stages of the project cycle.
- ✓ **Formulate gender-sensitive and responsive plans and projects** across all sectors.
- ✓ **Integrate gender transformative activities and approaches** to plans and projects, across all sectors, which includes challenging imbalanced power dynamics, addressing root causes of inequalities and contributing to long-term structural change.
- ✓ **Coordinate, collaborate, support and partner with women's rights and women-led organizations**, as the best-placed actors to identify and address the distinct needs and experiences of women and girls.
- ✓ **Integrate GBV risk mitigation activities** across all levels of interventions and plans.
- ✓ **Adopt a gender-responsive budgeting**, including dedicating budget lines for gender mainstreaming, allocating resources in a way that responds to the unique needs of marginalized groups and that facilitates their participation and access to project benefits, and assessing the impact of resource allocation on marginalized groups.

1. Needs assessment and analysis

- **Ensure gender-balanced teams** for needs and vulnerability assessments.
- **Disaggregate data by Sex, Age, and Disability (SADD) at a minimum** as well as legal status and marital status, and use the data to identify gender gaps, needs, and barriers.
- **Conduct gender analysis or integrate gender in the needs assessments** to identify gender priorities and needs to address in education interventions.
- **Actively engage women and girls** of different age groups, legal status, marital status as well as people living with disabilities, in the needs assessment process, ensuring meaningful participation, decision-making, and influence over-identification and prioritization of needs. This means going beyond household-level surveys and ensuring separate conversations with men, women, boys, and girls, an taking into account their different circumstances when planning these conversations (timing, location, etc).
- **Ensure needs assessments also capture social norms and power dynamics around and decision-making related to sending children to school**, as well as gendered rationale for taking boys and girls out of schools, early marriage and girls' care work responsibilities and child labour more broadly.
- **Assess menstrual hygiene management challenges and needs** of girls inside schools.
- Ensure needs assessment captures the risks of violence against boys and girls in education activities.
- **Identify safety perception of women and girls in relation to education interventions**, focusing on safety concerns for girls inside and on the way to school, as well as other gendered risks, and develop mitigation measures.





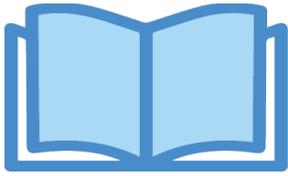
Key questions to consider for the needs assessment and analysis stage

- How does the crisis affect the attendance of girls and boys, adolescents and younger children? Is there a gender gap in enrolment, retention, or completion rates in general leading to dropouts? What are the reasons for these differences? Is there a gender gap in school enrolment, retention, or completion rate in general? Ensure comparing with the period before the crisis.
- Does the analysis take into consideration the different education needs of girls and boys at all education stages: Early Childhood Development (ECD), primary and secondary? E.g. formal, non-formal, vocational, life skills, remedial or catch-up classes?
- Does the analysis reflect on the overall attitudes and value of education for boys and girls within the affected community?
- Who makes the decision within the household about sending children to school? What is the participation of women and girls regarding decision-making around school?
- What roles do caregivers play in ensuring continuity of education? Specifically, what is the role of the female in the household? Are female-headed having additional issues?
- Does the analysis reflect community understanding/knowledge of the impact of the crisis on girls, boys' access to Education, and community access to relevant information?
- Does the analysis reflect on issues affecting boys and girls enrolment in school? E.G. Attitudes around child recruitment, child labour, migration, child marriage, and domestic responsibilities.
- Are attitudes in the community around volunteering programmes reflected including Parent Teacher Association (PTA)?
- Does the analysis identify children most at risk/disadvantaged? E.g. Sex, age, disability, minority, economic and legal status. This includes applying a gender lens.
- Do boys and/or girls with disabilities participate in the program? Is access fair for girls and boys?
- Does the analysis reflect on the issues presented as a result of the political sensitivities or conflict around the gender equality agenda?
- Does the assessment reflect the risks of violence and safety perceptions around boys and girls in education? Does it include a safety assessment on the routes to reach school and what threats girls and boys might face?
- Does the assessment team know how to identify and refer cases of GBV?

2. Strategic planning

- **Ensure key focal points of the education sector, as well as gender and GBV experts are included in the design phase.**
- **Ensure that caregivers concerns' regarding girls' and boys' safe access to formal and non-formal learning environments are addressed.**
- **Identify gender priorities to address in the design of the interventions, using findings from the gender analysis, needs assessment, and other preparedness data.**
- **Ensure selection and targeting criteria take gender, age, legal status and disability into consideration.**



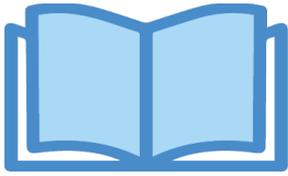


- **Ensure GBV training**, identification and referrals by education personnel are **included in the plan and budgeted**.
- **Include activities and budget for community awareness raising on GBV** and the importance of education for boys and girls.
- **Include regular coordination with other sectors** such as shelter and WASH to ensure that WaSH facilities take into account MHM concerns and needs of girls and are safely accessible and gender and disability inclusive.
- **Develop GBV Risk Mitigation Measures** to address the GBV Risks identified in the needs assessment.
- **Consult diverse groups**, paying close attention to whose voices are heard and whose experiences are being represented. This should include dedicated consultation with women, single and married girls, and children with disabilities to inform the design of the interventions.
- **Ensure that gender is taken into account across all levels of the logical framework**, including activities, but also outcome and impact levels. Ensure indicators consider gendered issues and data disaggregation.
- **Consider integrating a gender transformative activity or approach to the intervention**, engaging young women and men in youth programs that promote gender equality and equip them with leadership skills and tools to address gender-based violence and discrimination through community-level actions. Involve communities in supporting access to school for girls.

Key questions to consider for the strategic planning stage

- *How is gender integrated in the intervention? What are specific gender issues being addressed?*
- *Does the log frame include SADDD? And specific gender indicators?*
- *Is the gender and age marker used?*
- *Are there activities targeting the specific issues/needs/barriers of girls and boys? E.g. access to education, or remedial classes, girls' WASH and menstrual hygiene needs, nutrition needs, non-discriminatory and safe services.*
- *Is regular coordination happening with other sectors to ensure an inclusive learning environment (WASH, shelter, etc.)?*
- *What are the specific considerations put in place to ensure equitable access and decision-making for vulnerable children, with a particular focus on girls, as well as children with disabilities?*
- *Does the programme include interventions to address barriers to gender equality at community level? E.g. cultural sensitivity, negative coping mechanisms, value for education, early marriage, care work burdens on girls, etc...*
- *Are girls and boys of different ages and backgrounds consulted equally and appropriately about their experience of the education project? Is there a gender-balanced representation in education committees?*
- *What type of activities or messaging on GBV, as well as identification and referrals of cases, gender equality, girls' education, and other gendered issues, are integrated in the intervention?*





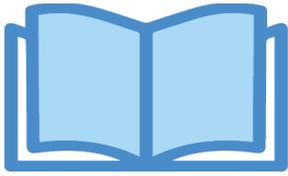
3. Implementation

- **Ensure equitable and inclusive access to the formal education environment** as well as that information about education programmes (including access to education in general) is accessible and tailored to the specific education needs, capacities, and priorities of boys, girls, children with disabilities, and vulnerable groups.
- **Ensure that parents/caregivers are fully aware of the available services** in their region and overall of the services provided in other regions, by using different communication channels. Use different modalities to share information for individuals who do not have consistent access to mobile phones, which might be the case for women and girls, and ensure any information is accessible for persons with disabilities.
- **Equip Education staff and teachers to identify and refer GBV survivors** to appropriate protection/social services.
- **Develop safe identification and referral systems for all education programmes, to specialized services.**
- **Develop and maintain a safe, accessible, and diverse complaint feedback mechanism.**
- **Provide tailored and targeted messaging** to caregivers, boys, girls, and children with disabilities.
- **Ensure women's participation in parents and teachers' communities** and engage caregivers to address their concerns regarding girls' and boys' safe access to formal and non-formal learning environments.
- **Work with the Child Protection Working Group** to conduct joint community-based interventions to prevent child marriage and school dropout.
- **Ensure married girls can still access school and are not discriminated against.** Ensure they have access to child friendly reproductive health services through school referrals.
- **Ensure access to TVET for out of schoolgirls.** Ensure that TVET activities are not gender stereotyped (ex. Hairdressing, beauty, etc.) and that they give girls access to jobs including in non-traditional employment sectors.

Key questions to consider for the implementation stage

- *Does your staff have sufficient knowledge of gender-responsive education programming?*
- *Are women employed as teachers? Are women represented in education committees? Are women teaching staff/women in education committees able to make decisions about the design and implementation of education activities? How are gender barriers to leadership and decision-making being addressed?*
- *Are education materials gender sensitive?*
- *Are referral protection mechanisms in place? Is this mechanism sufficiently disseminated, using a wide array of communication channels to ensure its inclusiveness? Who is in charge of such referrals?*





- Are temporary or non-formal education or recreational centers, and/or schools accessible and safe for girls and boys? What safety precautions are expected for girls by parents and caregivers?
- Are fathers and mothers part of decision-making in the parent-teacher communities?
- Have communities and parents been sensitized on the importance of continuity of education for both boys and girls? What about other key gendered issues, including girls' care work burden, early marriage or GBV and as identified in the needs assessment and gender analysis?
- Does your programme provide space to engage parents/caregivers and provide feedback? Do feedback and complaints consider the various groups?

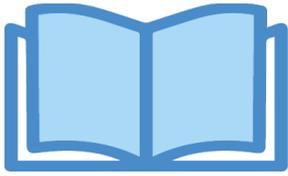
4. Monitoring and evaluation

- **Design and report on indicators that capture gender needs, perceptions, and experiences**, including qualitative data around women's and girls' safe and equitable access to formal and non-formal education and their decision-making power. Include indicators designed to measure change for women and girls based on the assessed gaps and dynamics.
- **Ensure meaningful participation by girls and boys**, particularly vulnerable groups such as girls and boys with disabilities and married girls, in monitoring and evaluation processes, capturing their experiences, priorities, satisfaction, and concerns.
- **Ensure caregivers address their concerns regarding girls' and boys' safe access to formal and non-formal learning environments**, with dedicated conversations with women and mothers.
- **Conduct ongoing consultations using tools such as safety audits (in close collaboration with gender and GBV experts)** to assess emerging risks resulting from or exacerbated by the intervention and adapt mitigation measures accordingly.
- **Ensure real time data monitoring on retention and dropout**, disaggregated by age, sex and disability is available and shared with education actors to inform strategic priorities as well as program adjustments, design, and implementation.

Key questions to consider for the implementation stage

- Are the right gender mainstreaming indicators in place to ensure monitoring?
- Is education sex- and age-disaggregated data on programme coverage regularly collected, analysed, and reported on? Especially in relation to enrolment at early levels, and dropouts at later levels in education.
- Identify which groups have more access to education and why.
- Are there indicators to measure the number and percentage of teachers and staff trained on gender equality?
- Is there an indicator to measure women's and girls' membership and leadership positions in school committees?
- How are women and girls' meaningful participation in the monitoring and evaluation of initiatives, their feedback, and concern taken into account?





- *How is the intervention responding to gender needs and priorities? What is its overall contribution to gender equality?*
- *What do SADD and gender GBV data tell us about the reality of implementation, and what entry points for greater contribution to gender equality can be identified?*

For more information or support please contact:

Education sector's Coordinator

Talin Sahakian: tsahakian@unicef.org





Food Security and Agriculture Gender and GBV Tip Sheet¹

Why do gender and GBV matter for the Food Security and Agriculture Sector?

This tipsheet aims at guiding sector partners in enhancing the inclusion of gender sensitive data collection, analysis and programming in all phases of the project cycles and work streams. It was developed by the sector gender and GBV Focal Point in coordination with the coordinators of the sector.

Gender inequalities and gender-based violence (GBV) exist before, during and after crises. However, they are often exacerbated when a crisis occurs. Different individuals and social groups are affected by crises differently, based on their gender, but also their age, (dis)ability, social and legal status, as well as other factors. Women and girls are often disproportionately affected. Humanitarian action with the Humanitarian-Development-Peace Nexus approaches provide lifesaving services and facilitate recovery and building resilience for affected and most vulnerable communities. It is the responsibility of humanitarian and development actors to do no harm and that all groups are reached and have access to equitable benefits. Gender mainstreaming is therefore essential to ensure participatory, effective and equitable interventions that contribute to gender equality and women empowerment. This ensures benefits for entire communities, while facilitating participation and empowerment; protection, safety and dignity; equitable access to assistance; as well as accountability and transformative change.

Mainstreaming gender and GBV risk mitigation across the humanitarian project cycle

Overarching considerations:

- ✓ **Consulting gender advisors, gender and GBV focal points and GBV experts every step of the way**, while recognizing that all practitioners are accountable for gender mainstreaming and GBV risk mitigation.
- ✓ **Training and strengthening capacities of all teams** around gender mainstreaming and GBV risk mitigation to ensure quality and safe interventions and mainstreaming efforts.
- ✓ **Training and strengthening knowledge of all teams, and most importantly frontline workers and referral focal points** on GBV core concepts, handling GBV disclosure and safe referrals and PSEA.

¹ For additional useful resources, please refer to: [Gender Handbook for Humanitarian Action](#); [IASC GBV Guidelines](#); [IASC Gender with Age Marker](#); [Rapid Gender Analysis Toolkit](#); [Rapid Gender and GBV Analysis](#)





- ✓ **Integrating gender and GBV questions, data analysis and recommendations**, across all assessments, plans and strategies.
- ✓ **Facilitate meaningful participation and decision-making of affected communities, and particularly women and girls**, across all levels and stages of the project cycle.
- ✓ **Formulate gender-sensitive and responsive plans and projects** across all sectors.
- ✓ **Integrate gender transformative activities and approaches** to plans and projects, across all sectors, which includes challengingⁱ imbalance power dynamics, addressing root causes of inequalities and contributing to long-term structural change.
- ✓ **Coordinate, collaborate, support and partner with women's rights and women-led organizations**, as the best-placed actors to identify and address the distinct needs and experiences of women and girls.
- ✓ **Integrate GBV risk mitigation activities** across all levels of interventions and plans.
- ✓ **Adopt a gender-responsive budgeting**, including dedicating budget lines for gender mainstreaming, allocating resources in a way that responds to the unique needs of marginalized groups and that facilitates their participation and access to project benefits, and assessing the impact of resource allocation on marginalized groups.

1. Needs assessment and analysis²

- **Ensure gender-balanced teams for needs and vulnerability assessments.**
- **Disaggregate all data by Sex, Age and Disability (SADD) at a minimum, and use the data to identify gender gaps, needs and barriers.**
- **Conduct gender analysis and/or integrate in needs assessments**, vulnerability and food consumption analyses, integrated phase classifications for food security, value chain assessments and context and market analyses, and **use findings and recommendations to identify gender priorities** and needs to address in Food Security and Agriculture interventions.
- **Use gender-sensitive language** – language that is gender-specific – should be used to report and present sex and age-disaggregated data and information.
- **Actively engage women, girls, boys and men of different age groups** in the needs assessment process, ensuring meaningful participation and influence over identification and prioritization of needs. This means going beyond household-level surveys and ensuring separate conversations with women and girls.
- **Capture gender division of roles and social norms around food consumption and preparation**, including decision-making and power dynamics, prioritization of food consumption between household members, perceived and expected responsibilities for preparation and potential associated risks.

² A list of guiding questions divided by key areas of inquiry for Food Security and Agriculture-focused Rapid Gender Analysis can be found as an annex to this document.





- **Identify safety perception of women and girls in relation to Food Security and Agriculture interventions**, contributing factors to GBV focusing on roles within the value chain, modalities of food distributions, information dissemination modalities, access to food and coping mechanisms etc.
- **Assess community attitudes and social norms around women's roles in agriculture** and across different stages of the value chain, as well as around land ownership, inheritance and access to agricultural inputs and technical and in-kind support. Identify implications on access and control over resources and decision-making as well as entry points for gender mainstreaming in agriculture interventions.

Key questions to consider for the needs assessment and analysis stage

- *How did the crisis affect the food security of women, men, boys and girls in different age groups differently, taking into account intersectional vulnerabilities (including those related to disability and legal status)?*
- *How are roles distributed within and outside households? What are the different roles in food production, selection and preparation? What are the different roles in the agriculture value chains? Which roles do women and girls hold and how do these affect their lives?*
- *What are the distinct needs of women and girls when it comes to food security? What about women-headed households and their dependents? What about women and girls with disabilities? Older women? Adolescent - married and unmarried – girls?*
- *What are the legal and social frameworks and norms that govern land ownership and inheritance, and access and control over resources, including agriculture inputs and productive resources? How do these affect gendered patterns of access and control over resources and decision-making?*
- *Who makes decisions about food purchasing, procuring, and other productive resources? Who receives food aid on behalf of the household? Who is prioritized for food consumption?*
- *Do certain groups or households or individuals find it more difficult to access food and agricultural inputs, distribution sites, work sites, workshops or registration points? What are the gendered barriers that restrict access and how can they be addressed?*
- *Is existing assistance exacerbating gender inequality within supported households and/or increasing risks of GBV, mainly physical and economic? How? How does existing assistance and the way it is delivered impact the perception of safety of women and girls in the household?*
- *What potential do food security and agriculture intervention have in strengthening women's decision-making power and access and control over resources? What are the specific considerations for particularly vulnerable groups, such as older women, adolescent girls and women and girls with disabilities?*

2. Strategic planning

- **Identify at least one gender issue to address** in the design of the food security and agriculture intervention, using findings from the gender analysis and needs assessment. **Ensure that specific**





gender issues from the assessments are guiding the activities and design of the intervention, and are reflected in the outputs and outcomes of the projects.

- Ensure **selection and targeting criteria take gender, age and disability considerations**, as well as other intersecting vulnerabilities, into account - prioritizing groups that have less access to resources and support.
- **Develop GBV Risk Mitigation Activities** to address the GBV Risks identified in the gender analysis, GBV assessment and/or needs assessment.
- **Ensure gender is taken into account across all levels of the logical framework**, including activities, but also outcome and impact levels. Ensure **indicators** consider gendered issues and data disaggregation.
- **Integrate gender-sensitive activities**, at a minimum aiming towards adopting gender responsive activities and approaches. For example, offering targeted agricultural training programs that address the specific challenges faced by women farmers, such as limited access to resources, land, and technology; ensuring that training sessions are scheduled at times convenient for women, taking into account their caregiving responsibilities; including modules on financial literacy and entrepreneurship to empower women in managing farm-related finances etc.
- **In close coordination with gender experts, consider integrating a gender transformative activity or approach.** For example, supporting community-based initiatives addressing social norms in agriculture and food consumption and preparation, inheritance and land rights and fairer distributions of gender roles and responsibilities; or using the Gender Action Learning System (GALS) methodology³ to address imbalanced gendered power dynamics in agriculture and cooperatives.
- **Refer to Gender and GBV related guidance** toolkits shared by the sector and consult with gender and GBV experts in designing your interventions. Refer to the last section for useful resources.
- **Consult with and ensure the meaningful participation of community members** in the design of the intervention, with dedicated discussions with women and girls, as well as especially vulnerable groups such as people with disabilities, to inform the design of the intervention. Pay close attention to whose voices are heard and whose experiences are being represented.

³GALS is a methodology designed to equip men and women to develop individual visions for change, develop, negotiate, implement and monitor their own plans to increase gender equality within households and bring about significant changes in property rights, participation in economic decision making, GBV and others. For example, GALS can be used at household level for changing gender and power relations or at community level for collective action to change gender relations and norms and engage in policy advocacy. GALS also aims to facilitate joint decision-making and leadership roles in agricultural cooperatives or community organizations, actively promoting equal participation of both men and women.





- **Consult and engage women's groups and women's rights and women-led organizations** in the design of the intervention to facilitate the identification of distinct needs, GBV risks and potential entry points to design the assistance in a way that can contribute to gender equality. This can also facilitate access to difficult to reach groups, such as older women, married girls, women and girls with disabilities.

Key questions to consider for the strategic planning stage

- *What gender issues is the intervention addressing?*
- *Are inclusive community consultations conducted? With whom? What are the distinct experiences and needs documented? What are the specific considerations put in place to facilitate access and benefit from the assistance for vulnerable groups, including women and girls?*
- *How are the distinct needs of women and men included in the action plan and logical framework? What gender-sensitive indicators, outcomes and activities are included?*
- *Are women-led organizations and gender actors mapped in the area of intervention? Have they been involved, consulted or approached for collaborations?*
- *Are food distribution points equally accessible and safe for women and girls? People with disabilities? Older persons?*
- *What activities can mitigate the GBV risks that could result or be exacerbated by the assistance?*
- *Are resources allocated for gender-focused activities and/or considerations in your program? What about disability and inclusion considerations?*
- *Are girls and boys of different ages and backgrounds consulted equally and appropriately about their experience of the education project? Is there gender-balanced representation on education committees?*
- *What type of activities or messaging around GBV, as well as identification and referrals of cases, gender equality, girls' education, and other gendered issues, are integrated in the intervention?*

3. Implementation

- **Facilitate access and engagement of women and girls and marginalized groups through dedicated considerations.** For example, offer childcare support in all activities, compensate or offer safe transportation when activities are distant or difficult to reach, ensure adequate and segregated toilets during activities, ensure gender-balanced teams at distribution sites and in community outreach and engagement activities.
- **Use different modalities to share information** for individuals who do not have consistent access to mobile phones, which might be the case for women and girls, and ensure any information is accessible for persons with disabilities.
- **Include gender and GBV related topics** in the soft skills training provided to all project participants - including women empowerment and leadership.





- **Collaborate with local GBV support services** to provide safe referrals and access to specialized services to GBV survivors, and to identify distinct needs that can be addressed through the food security and agriculture intervention.
- **Ensure distribution modalities, timings and location, as well as information about assistance, are accessible, suitable and safe for all.** This might involve additional considerations for women and girls, persons with disabilities, older persons or other vulnerable groups.
- **Tailor in-kind assistance, including food parcels, to the distinct needs of marginalized groups** in the affected populations, and particularly those with less access to resources and support. Consider how dietary needs are different based on gender, age and disability (e.g., pregnant and lactating women, adolescent mothers, older women etc.)
- **Put in place safe, diverse and accessible complaints and feedback mechanisms (CFMs),** address concerns or reports of harmful practices and adapt programming based on feedback.
- **Engage influential community leaders and members** in activities addressing division of roles and social norms and **integrate messaging around gender equality** across trainings and other activities.

Key questions to consider for the implementation stage

- *What are gender barriers restricting access to assistance and activities? How can these be addressed?*
- *For in-kind assistance, what measures are taken to ensure the locations selected for distribution are safe and accessible for women and girls, and other vulnerable groups, including persons with disabilities? Does the time of distribution take into consideration the specific needs and preferences of women? What additional support, such as childcare or transportation coverage, do women need to access the assistance? Do teams in the distribution sites include gender-balanced teams?*
- *Are our activities adding a double burden on women and girls at the household and the community level? How can this be mitigated?*
- *For cash assistance, what measures are in place to ensure safe access of women and girls to assistance? Who receives the assistance? Are women and girls able to benefit from the assistance? How is this assessed? What about women and girls with disabilities?*
- *What are the existing feedback, complaints and response channels used by recipients of assistance? Are they able to report exploitation and abuse linked to food assistance? What measures were introduced to those channels to render them gender sensitive?*

4. Monitoring and evaluation

- **Ensure meaningful participation of women and girls,** as well as particularly vulnerable groups, including persons with disabilities, in monitoring and evaluation processes, capturing their experiences, priorities, satisfaction and concerns.





- **Disaggregate all and any data collected by sex, age and disability (SADD) at a minimum**, including reporting on activity info.
- **Utilize SADD data and gender and GBV data**, to inform project implementation and adaptations and assess contributions to gender equality objectives.
- **Include gender-sensitive indicators and women and girl's empowerment indicators** (access to resources, empowerment, agency, and leadership related indicators).
- **Conduct ongoing consultations** using tools such as safety audits (in close collaboration with gender and GBV experts) to assess emerging risks resulting from or exacerbated by the intervention and adapt mitigation measures accordingly.
- **Evaluate impact and contributions to gender equality objectives resulting from the food security and agriculture intervention**, including potential impact on women's leadership and decision-making, distribution of roles and responsibilities within the households, food consumption prioritizations and implications etc.
- **Monitor food distribution dynamics at household level, and capture perspectives and needs of all household members.** This entails individual interviews, separate conversations with women and girls, and community dialogues around gender dynamics in access to food.

Key questions to consider for the implementation stage

- *Are women, men, boys and girls or of different age groups asked about their satisfaction with food assistance and distribution modalities, and trainings?*
- *Do post-distribution monitoring questionnaires include gender considerations? Do women participate in post distribution monitoring? How are their experiences and perceptions different? Are people with disabilities asked about their satisfaction with the project? What are the differences in satisfactions, and what are the gendered reasons behind any differences?*
- *Are targets and indicators disaggregated by sex, age and disability? Do they demonstrate the project is reaching those it needs to? If not, why? Which groups are heard or reached? Which groups are not and how can that be mitigated?*
- *Are the most vulnerable able to access food assistance? Trainings? Grants / in-kind support? If not, why? How can this be addressed?*
- *How is the intervention responding to gendered needs and priorities? What are its overall contributions to gender equality?*
- *What does SADD and gender and GBV data tell us about the reality of the implementation, and what entry points for greater contributions to gender equality can be identified?*
- *Are safety audits by gender and GBV experts taking place into distribution sites and other activities? How often? How are findings reported and how are they informing the needed changes in the implementation of activities? What are potential risks related to the intervention?*





For more information or support please contact:

FSAS sector's Gender and GBV Risk Mitigation Focal Points

Belal Jahjooh: belal.jahjooh@wfp.org

Marie Louise Hayek: marielouise.hayek@fao.org

ⁱ Social norms that have negative consequences on individuals or the community, like for example child marriage and child labour.





Health Gender and GBV Tip Sheet¹

Why do gender and GBV matter for the Health Sector?

This tipsheet aims at guiding sector partners in enhancing the inclusion of gender sensitive data collection, analysis and programming in all phases of the project cycles and work streams. It was developed by the sector gender and GBV Focal Point in coordination with the coordinators of the sector.

Gender inequalities and gender-based violence (GBV) exist before, during and after crises. However, they are often exacerbated when a crisis occurs. Different individuals and social groups are affected by crises differently, based on their gender, but also their age, (dis)ability, social and legal status, as well as other factors. Women and girls are often disproportionately affected. Humanitarian action provides lifesaving services and facilitates recovery for affected communities, and it is the responsibility of humanitarian actors to ensure all groups are reached and have access to equitable benefits. Gender mainstreaming is therefore essential to ensure participatory, effective and equitable interventions that contribute to gender equality.

The multifaceted crisis hitting Lebanon has disrupted access to healthcare across the country. Access challenges are aggravated for vulnerable groups such as women of reproductive age, children under 5 years old, persons with disability, older persons and those with chronic and/or catastrophic illness, and displaced persons including migrants.

Mainstreaming gender and GBV risk mitigation across the humanitarian project cycle

Overarching considerations:

- ✓ **Consulting gender advisors, gender and GBV focal points and GBV experts every step of the way**, while recognizing that all practitioners are accountable for gender mainstreaming and GBV risk mitigation.
- ✓ **Training and strengthening capacities of all teams** around gender mainstreaming and GBV risk mitigation to ensure quality and safe interventions and mainstreaming efforts.

¹ For additional useful resources, please refer to: [Gender Handbook for Humanitarian Action](#); [IASC GBV Guidelines](#); [IASC Gender with Age Marker](#); [Rapid Gender Analysis Toolkit](#); [Rapid Gender and GBV Analysis](#)





- ✓ **Training and strengthening knowledge of all teams, and most importantly frontline workers and referral focal points** on GBV core concepts, handling GBV disclosure and safe referrals and PSEA.
- ✓ **Integrating gender and GBV questions, data analysis and recommendations**, across all assessments, plans and strategies.
- ✓ **Facilitate meaningful participation and decision-making of women, girls, boys and men in affected communities**, across all levels and stages of the project cycle.
- ✓ **Formulate gender-sensitive and responsive plans and projects** across all sectors.
- ✓ **Integrate gender transformative activities and approaches** in plans and projects, addressing root causes of inequalities and contributing to long-term structural change.
- ✓ **Coordinate, collaborate, support and partner with women's rights and women-led organizations**, as the best-placed actors to identify and address the distinct needs and experiences of women and girls.
- ✓ **Integrate GBV risk mitigation activities** across all levels of interventions and plans.
- ✓ **Adopt a gender-responsive budgeting**, including dedicating budget lines for gender mainstreaming, allocating resources in a way that responds to the unique needs of marginalized groups and that facilitates their participation and access to project benefits, and assessing the impact of resource allocation on marginalized groups.

1. Needs assessment and analysis

- **Disaggregate all data by Sex, Age and Disability (SADDD)** at a minimum to address the needs of all populations, particularly vulnerable groups.
- **Conduct gender analysis to identify priority needs of different at-risk groups and potential power dynamics and social norms** that might deprive certain groups of equal and equitable access to health services and address these in programme activities.
- **Identify safety perceptions of women and girls** in or to reach health facilities and services and develop clear GBV risk mitigation measures.
- **Assess specific needs for women, men, girls and boys** as well as for at risk-groups, older persons, persons with disabilities and capacities of the health system to respond to these needs.
- **Assess the barriers that GBV Survivors could face in reaching GBV related health services** with a focus on location, timing of services, staff's harmful assumptions and biases.
- **Ensure an equal balance of men and women** in the health assessment team to ensure access to women, girls, men, and boys. Where feasible, include a gender specialist and protection/GBV specialist as part of the team.





- **Actively engage women, girls, boys and men of different age groups**, in the needs assessment process, ensuring meaningful participation, decision making and influence over identification and prioritization of needs.
- **Build on previously collected multi-sectoral data** and missing data regarding nationality, medical conditions, legal and socioeconomic status, access to healthcare including mental health.

Key questions to consider for the needs assessment and analysis stage

- *What was the health situation for women, girls, boys and men before the crisis and how has it changed since?*
- *What are the roles and responsibilities of women and men for health care at household level?*
- *What are the cultural and religious aspects related to the provision and access of health care?*
- *Are survivors of GBV able to access health services? Are referral systems in place for GBV survivors in health facilities?*

2. Strategic planning

- **Develop gender responsive programmes** that address the healthcare and psychosocial needs of the vulnerable groups, and that address the findings of the gender analysis/needs' assessments. For example: Adjust timing and location of health services to the different needs of women, girls, men and boys or integrate GBV one-stop service centres in health facilities.
- **Include GBV Risk Mitigation activities** that address GBV risks that could be exacerbated by health services and develop mitigation measures, while involving women and girls and other vulnerable groups to find solutions. For example, avoid separating and advertising GBV and CMR services provided in hospitals, train health personnel who is receiving patients to prioritize safety and confidentiality, etc.
- **Ensure that all gender groups** are involved in decision-making regarding the location, quality, and types of health services.
- **Allocate resources for gender equality and equity related programme**, needs assessments, activities, capacity building, and/or staffing and to encompass comprehensive psychosocial support within Clinical Management Rape (CMR) services.
- **Identify and involve diverse focal points, community leaders, key influencers, stakeholders and implementing partners** who can support the inclusive response, with a particular focus on those who are usually underrepresented. This should include dedicated consultations with diverse groups of women and girls (mothers, single and married girls, women in different age groups etc.).



- **Ensure that facilities are safe, confidential and accessible** for persons with disabilities or other individuals at risk, like GBV survivors (e.g. handrails, non-stigmatizing entrances).
- **Consider mobile outreach services** to reach those with mobility restrictions while linking these activities to the closest health centre within the catchment area in line with Health sector strategies across different existing frameworks.
- **Increase SRH and community outreach campaigns** to women and girls on access to free SRH services and menstrual health materials.
- **Design health information sessions for men and boys** to learn about their roles in personal and family health.
- **Consider integrating a gender transformative activity or approach to the intervention.** Example: Offering sexual and reproductive health services that address the unique needs and vulnerabilities of women and girls, while working with communities and women and girls themselves to increase women's and girls' access to SRHR information and services, and to reduce the stigma and discrimination associated with SRHR.
- **Consider how routine care and frequency of required visits** (e.g. routine childhood vaccination, ANC, NCD follow up) **may pose an undue burden** on certain groups and work to reduce barriers such as transportation costs.
- **Apply gender markers** to health programme designs for the response.

Key questions to consider for the strategic planning stage

- *How is gender incorporated into the intervention design?*
- *Are the results and project benefits taking gender roles and relations into account? Will they affect the relative status of men and boys, women and girls?*
- *Are activities planned in a way to identify affirmative actions to favour gender equality and equity or to challenge existing harmful gender norms, roles, behaviours and structures and to promote the equitable participation of vulnerable groups in programs as appropriate?*

3. Implementation

- **Set-up gender-responsive, inclusive, and confidential feedback and complaint mechanism (FCM)** including PSEA reporting measures for health staff and beneficiaries.





- **Ensure the provision of holistic support for survivors of rape**, combining medical care with psychosocial assistance. Continuously train healthcare staff to deliver empathetic care and trauma support during CMR services.
- **Identify possible GBV risks** in a participatory manner with women, girls in and to reach health facilities and services and find solutions together.
- **Address biases of staff** in the provision of responsive services to all populations.
- **Provide comprehensive packages of health services in primary health care centres and facilities**, with a special focus on women, girls, children, persons with disabilities and older people, including consultation, medication for chronic and acute diseases, vaccination, sexual and reproductive health (SRH), mental health, nutrition services, and physical rehabilitation.
- **Equip healthcare workers with information on available services for referrals and provide in-kind transportation support** to ensure referral and continuum of care, especially for women and girls at risk.
- **Ensure that individuals who have limited mobility** (older people and persons with disabilities, women restricted because of gender norms, etc.), as well as persons who lack documentation (such as displaced Syrians and migrants) **have access to health services** (home visits, mobile clinics, transport services, etc). while staying in line with Health sector strategies across different existing frameworks.
- **Deliver SRHR services adapted to single and married adolescent girls**, including information, easy access and pre and post maternal screening and support as part of prevention and response to child marriage.

Key questions to consider for the implementation stage

- *Is the team on the project trained on gender-mainstreaming?*
- *Are there mechanisms to ensure that the project resources or benefits are not controlled or taken over by a specific group? Or by sub-groups, factions or individuals within / outside the community*
- *Are there appropriate opportunities for both women and men to participate in project management positions?*

4. Monitoring and evaluation

- **Include a dedicated gender-specific section in reports** highlighting the outcomes experienced by marginalized and vulnerable gender groups.
- **Disaggregate data collected by sex, age and disability (SADD) at a minimum.**
- **Incorporate mechanisms for meaningful participation** in the monitoring and evaluation framework concerning gender mainstreaming and GBV risk mitigation efforts within healthcare services through





engaging survivors, local communities, and relevant stakeholders to gather diverse perspectives and feedback.

- **Design and report on indicators that capture gendered needs, perceptions and experiences**, including qualitative indicators around women and girls' access to health needs and facilities.
- **Monitor the satisfaction, access and benefits for recipients of aid**, with dedicated attention to the most vulnerable, including women, girls and persons with disabilities.
- **Include gender sensitive and specific monitoring tools** (FDGs, KII, pre- and post-tests, and satisfaction survey). Example: changes in the balance of women and men's access to resources and decision-making.
- **Conduct ongoing consultations** using tools such as **safety audits (in close collaboration with gender and GBV experts)** to assess emerging risks resulting from or exacerbated by the health interventions, and **adapt mitigation measures accordingly**.
- **Monitor the access to health assistance by women, girls, men and boys** and develop indicators designed to measure change for women, girls, boys and men based on the assessed gaps and dynamics.
- **Review methodologies and processes to assess equal access to health services** by women, girls, men and boys.
- **Share good practices around usage of gender-responsive approaches** and address gaps identified.

Key questions to consider for the implementation stage

- *Are collected data sex-disaggregated?*
- *Is there a monitoring and evaluation system in place, which will enable staff to identify positive and negative impact in terms of gender equality?*
- *Have different groups participated equally in the monitoring and evaluation stages – both as beneficiaries and as programme staff members*

For more information or support please contact:

Health sector's Gender and GBV Risk Mitigation Focal Point

Racha Chalha: chalhar@who.int





Livelihoods Gender and GBV Tip Sheet¹

Why do gender and GBV matter for the Livelihoods Sector?

This tipsheet aims at guiding sector partners in enhancing the inclusion of gender sensitive data collection, analysis and programming in all phases of the project cycles and work streams. It was developed by the sector gender and GBV Focal Point in coordination with the coordinators of the sector.

Gender inequalities and gender-based violence (GBV) exist before, during and after crises. However, they are often exacerbated when a crisis occurs. Different individuals and social groups are affected by crises differently, based on their gender, but also their age, (dis)ability, social and legal status, as well as other factors. Women and girls are often disproportionately affected. It is the responsibility of sector members to ensure all groups are reached and have access to equitable benefits. Gender mainstreaming is therefore essential to ensure participatory, effective and equitable interventions that contribute to gender equality. This ensures benefits for entire communities, while facilitating participation and empowerment; protection, safety and dignity; equitable access to assistance; as well as accountability and transformative change. It is crucial to adopt a holistic approach to Livelihoods Programs that integrate Gender and GBV, that promote equal and inclusive access, decision-making, participation, and well-being, of the most marginalized groups.

Mainstreaming gender and GBV risk mitigation across the project cycle

Overarching considerations:

- ✓ **Consulting gender advisors, gender and GBV focal points and GBV experts every step of the way**, while recognizing that all practitioners are accountable for gender mainstreaming and GBV risk mitigation.
- ✓ **Ensure that livelihoods teams are gender balanced.**
- ✓ **Map out existing gender assessments and resources and use them to develop your own gender analysis**
- ✓ **Training and strengthening capacities of all teams** around gender mainstreaming and GBV risk mitigation to ensure quality and safe interventions and mainstreaming efforts.

¹ For additional useful resources, please refer to: [Gender Handbook for Humanitarian Action](#); [IASC GBV Guidelines](#); [IASC Gender with Age Marker](#); [Rapid Gender Analysis Toolkit](#); [Rapid Gender and GBV Analysis](#); [Gender Mainstreaming in Livelihoods - Lebanon](#)





- ✓ **Training and strengthening knowledge of all teams, and most importantly frontline workers and referral focal points** on Gender, GBV core concepts, handling GBV disclosure and safe referrals and PSEA.
- ✓ **Integrating gender and GBV questions, data analysis and recommendations**, across all assessments, plans and strategies.
- ✓ **Facilitate meaningful participation and decision-making of affected communities, and particularly women and girls**, across all levels and stages of the project cycle.
- ✓ **Formulate gender-sensitive and responsive plans and projects** across all sectors.
- ✓ **Integrate gender transformative activities and approaches** in plans and projects: which includes challenging imbalance power dynamics, addressing root causes of inequalities and contributing to long-term structural change while maintaining a conflict-sensitive approach.
- ✓ **Coordinate, collaborate, support and partner with women's rights and women-led organizations**, as the best-placed actors to identify and address the distinct needs and experiences of women and girls.
- ✓ **Integrate GBV risk mitigation activities** across all levels of interventions and plans.
- ✓ **Adopt a gender-responsive budgeting**, including dedicating budget lines for gender mainstreaming, allocating resources in a way that responds to the unique needs of marginalized groups and that facilitates their participation and access to project benefits, and assessing the impact of resource allocation on marginalized groups

Needs assessment and analysis

- **Ensure gender-balanced teams** for needs and vulnerability assessments.
- **Disaggregate all data by Sex, Age and Disability (SADD)** at a minimum, and use the data to identify gender gaps, needs and barriers.
- **Conduct a gender analysis** or integrate gender and GBV Risk Mitigation questions in existing livelihoods assessments to identify gendered priorities and needs of women and adolescent girls and other at risk-groups.
- **Identify potential gender norms and power dynamics** that might deprive certain groups of equal access to livelihoods opportunities and services, with a particular focus on exclusion of women from certain work types, gender-based discrimination in the workplace, sexual exploitation, gender stereotyped work opportunities, etc.
- **Identify how limitations based on gender impacts women and adolescent girls' access to livelihoods opportunities**, focusing on location of and distance to livelihoods opportunities and services, mobility and transportation issues, timing, working hours, child-care and other domestic labour, low literacy levels, lack of training etc.





- **Identify gender stereotypical job opportunities and trainings and develop alternatives**, for example avoid providing hairdressing courses and instead promote courses for jobs that are required in the market but also offer flexibility, for example fixing mobile phones, renewable energy, or any other jobs that are presently a monopoly of men and boys.
- **Assess equal access for women and men as well as for at-risk-groups** such as the elderly and persons with disabilities to livelihoods opportunities and skills trainings, and identify potential barriers for women, girls, men and boys accessing these.
- **Identify safety perceptions for at-risk groups** in and to reach livelihoods opportunities and services (including single women heads of households, adolescent girls, including married adolescent girls, persons with disabilities, older women, pregnant women and girls) within targeted communities and develop clear GBV risk mitigation measures.
- Assess the physical safety of and access to livelihoods programmes to identify associated risks of GBV (e.g. safety travelling to/from work; exploitation by employers, clients or suppliers; work hours and locations; backlash from family or community members when women start earning money; safe strategies for storing earned money; etc.)
- **Actively engage women, girls, boys and men** of different age groups in the needs assessment process, ensuring meaningful participation, decision making and influence over identification and prioritization of needs.

Key questions to consider for the needs assessment and analysis stage

In surveys:

- *Who (women, girls, men and boys) participated in unpaid care work (collecting water and firewood, caring for family members, washing clothes) pre-crisis and what role(s) and responsibilities did they have? Have these roles changed since the crisis? Do women or men shoulder more responsibility for this work than they did previously? Are these roles barriers to accessing livelihoods opportunities?*
- *Who makes decisions about how resources are allocated in the household and household expenditures?*
- *What economic coping strategies have been adopted since the crisis, and are these putting women, men, girls or boys at risk? What are they?*
- *What support do women and girls need to be able to take up a job? Day care, safe transport, medical support, etc?*

On context/situation analysis:

- *What laws and practices exist with regard to land ownership, inheritance, access to land and education? Do these discriminate against women, men, girls or boys? Are certain kinds of livelihoods activities forbidden for women or men?*
- *Are women and men participating in the market as vendors, suppliers, wholesalers and consumers? Are there barriers to full participation for each of these groups? Are there opportunities to strengthen participation?*
- *What roles do women and men play in business ownership and management, home-based businesses, etc?*



- *What skills and capacities do women and men, possess that could contribute to strengthening or expanding the market? Does the available labour supply meet demand? What skills need to be developed further to meet market requirements?*
- *What risks do women, girls, men and boys face when engaging in their current livelihoods activities?*
- *Do economic programmes risk entrenching existing gender norms, e.g., only placing women in care roles? What are the risks of backlash associated with engaging women in economic empowerment programmes?*

Key questions on GBV risks:

What are the GBV-related risks faced by affected populations—particularly women, adolescent girls and other at-risk groups—when earning a living?

• Which logistical and environmental issues increase the risk of sexual assault, harassment or exploitation (e.g. borrowing money; getting stopped by police; selling goods from house to house; travelling at night; travelling through unsafe areas; working in a shop by oneself; etc.)? •

Which livelihoods relationships increase the risk of sexual assault, harassment or exploitation, and which provide safety (e.g. customers, suppliers, market administrators, intimate partners, etc.)?

Who is orchestrating, encouraging, permitting, and colluding in the perpetration of violence? Does limited access to livelihoods assets force women and other at-risk groups to adopt unsafe survival strategies? If so, what are they? What might help mitigate their risk of engaging in these survival strategies?

-

1. Programme/Project design

- **Identify gender priorities** to address in the design of the livelihoods interventions, using findings from the gender analysis, needs assessment and other preparedness data.
- **Consider the specific needs and labour capacity of certain groups** such as the persons with disability, elderly, pregnant and lactating women.
- **Ensure gender is taken into account across all levels of the logical framework**, including activities, but also outcome and impact levels. Ensure indicators consider gendered issues and data disaggregation.
- **Ensure selection and targeting criteria take gender, age and disability considerations**, as well as other intersecting vulnerabilities, into account - prioritizing groups that have less access to livelihoods opportunities and services (women head of households, mothers, older adolescent girls and people with disabilities).
- **Develop GBV Risk Mitigation activities** to address the GBV Risks identified in the needs' assessments, in collaboration with women and girls.
- **Consider women and girls' care work responsibilities** in the design of the intervention, to ensure it does not add to their burden.





- **Consider integrating a gender transformative activity or approach to the intervention**, ensuring conflict sensitivity and do no harm, such as working and collaborating with women-owned and women-led businesses in addressing barriers that women face in accessing livelihoods opportunities, contributing to a stronger role of women in income generation in the household to address economic vulnerabilities, and ensuring safer working environments for women.
- **Design activities that are non-gender stereotyped**, including jobs that are presently only conducted by men and boys.
- **Include indicators in the log frame to assess the access, participation of women and PWD** and the impact of the project on their lives.
- **Involve women in business committees** to enhance their businesses and influence the decision-making process.
- In consultation with women, girls, men and boys, implement livelihoods programmes that minimize related GBV risks (e.g. sensitize community members about GBV; work with local authorities to increase security measures; engage men and boys as supportive partners through workshops and discussions on gender issues; work with receptor or host communities to reduce competition over employment or natural resources; strategies that allow participants to control their assets in ways that mitigate the risk of theft or financial exploitation, etc.).

Key questions to consider for the project design stage

- *Do women, persons with disabilities, the elderly and other marginalized groups have the opportunity to be involved as active participants in decision-making processes regarding program design and planning? Do they participate in needs assessment, consultation meetings, interviews etc...*
- *Have you made accommodations to make participation equitable? Tailoring the activity, flexible project time and safe location, accessibility etc...*
- *Are women, persons with disabilities, the elderly and other excluded groups recognized as key stakeholders for livelihoods interventions?*
- *Does the livelihoods program define ways to empower women and other marginalized groups?*
- *Are appropriate resources allocated for Gender Equality and Social Inclusion (GESI)-related interventions?*

2. Implementation

- Implement outreach strategies that are accessible and inclusive, ensuring that information about the project reaches women in all areas, especially remote ones. This could involve setting up information sessions in community centers, collaborating with local women's organizations, and using mobile technology for communication.





- Conduct orientation sessions specifically targeting women before the start of the activities to make sure they are fully aware of the services/activities and to collect their concerns prior to commencement to amend as possible. Similarly, offer to provide additional support to women in preparing for training and assignments as needed.
- When women face mobility restrictions, carry out livelihoods activities within the covered living space or adjacent area. For example, if some women are not able to leave their close community, it is best to organize the activities in locations that are closest to their area of residence.
- Before initiating the activities, conduct awareness sessions on sexual harassment in the workplace, with a focus on Law 205 that criminalizes it.
- Conduct awareness sessions to all beneficiaries on PSEA and existing reporting mechanism
- **Address barriers that prevent women and girls from accessing livelihoods opportunities and services**, including time, location, distance and availability of childcare support.
- **Provide mothers with the needed support and private physical space to breastfeed** as well as guide mothers, in coordination with the nutrition sector, on safe and proper use of breast-milk substitutes if they wish to switch to formula milk.
- **Provide flexible schedules for women and men to participate in cash-based interventions (CBIs) and offer childcare**, which can be provided as cash-for-work options for mothers increasing the value of women's care work.
- **Conduct awareness raising initiatives** that involves male community, about the importance of women's economic empowerment, and shared household responsibilities related to food preparation, production, and procurement.
- **Provide access and safe referrals to specialized services, including case management.** This entails coordination with other actors in the same area of operation, as well as open and safe communication channels with community members.

Key questions to consider for the implementation stage

- *How will the proposed means of implementation affect men, women? (to be assessed for households from the different social groups)?*
- *Who will contribute in the project implementation and how they are participating in the decision making?*
- *Do the activities include interventions to advance gender equality and women empowerment?*
- *Do the committees have representatives who are women and from other excluded groups?*
- *How will the proposed means of implementation affect both men/women?*
- *Who (men/women and persons with disabilities) are going to be involved in management and under what arrangements?*
- *Do the activities include interventions to advance empowerment of marginalized people?*



- *Could the implementation of activities trigger any GBV risks? What kind of risks? Are there mitigation measures in place?*

3. Monitoring and evaluation

- **Design and report on indicators that capture gendered needs, perceptions and experiences**, including qualitative indicators around women's access and control over resources and opportunities.
- **Monitor the satisfaction, access and benefits** for beneficiaries, with dedicated attention to the most vulnerable, including women and girls and persons with disabilities.
- **Disaggregate all and any data collected by sex, age and disability (SADD) at a minimum.**
- **Utilize SADD data and gender and GBV data, including PDM data**, to inform project implementation and adaptations and assess contributions to gender equality objectives.
- **Monitor the rate of access to services for different groups**, and use the data to inform project adaptations and potential changes to the modalities of livelihoods opportunities and services, including type, timings, locations etc.
- Ensure meaningful participation of women and girls, as well as particularly vulnerable groups, in monitoring and evaluation processes, capturing their experiences, priorities, satisfaction and concerns.
- **Conduct ongoing consultations using tools such as safety audits (in close collaboration with gender and GBV experts)** to assess emerging risks resulting from or exacerbated by the intervention and adapt mitigation measures accordingly.
- **Evaluate impact and contributions to gender equality objectives** resulting from livelihood opportunities and services, including potential impact on women's leadership and participation in labour.
- **Set-up gender-responsive, inclusive, and confidential feedback and complaint mechanisms**, including SEA reporting measures for Livelihoods' beneficiaries. Make sure that communities/beneficiaries have information on how and where to report misconduct.
- Identify, collect and analyse a core set of indicators—disaggregated by sex, age, disability and other relevant vulnerability factors—to monitor GBV risk-reduction activities throughout the programme cycle





Key questions to consider for the implementation stage

- *Are the Gender and GBV indicators identified and incorporated in the M&E system during program design and planning? Will the GESI indicators incorporated in the M&E system help to measure Gender and GBV results, such as the participation levels of women, men and/or persons with disabilities in program implementation?*
- *What does SADD and gender and GBV data tell us about the reality of the implementation, and what entry points for greater contributions to gender equality can be identified?*
- *Does the M&E system help to assess and measure changes and trends in decision-making, participation, access, systems and well-being? (and the dynamics between marginalized and non-marginalized groups) over time, and the causes of those changes?*
- *How is the intervention responding to gendered needs and priorities? What are its overall contributions to gender equality?*

For more information or support please contact:

Livelihoods sector's Gender and GBV Risk Mitigation Focal Point

Chorouk Kouteich: chorouk_kouteich@wvi.org





Nutrition Gender and GBV Tip Sheet¹

Why do gender and GBV matter for the Nutrition Sector?

This tipsheet aims at guiding sector partners in enhancing the inclusion of gender sensitive data collection, analysis and programming in all phases of the project cycles and work streams. It was developed by the sector gender and GBV Focal Point in coordination with the coordinators of the sector.

Gender inequalities and gender-based violence (GBV) exist before, during and after crises. However, they are often exacerbated when a crisis occurs. Different individuals and social groups are affected by crises differently, based on their gender, but also their age, (dis)ability, social and legal status, as well as other factors. Women and girls are often disproportionately affected. Humanitarian action provides lifesaving services and facilitates recovery for affected communities, and it is the responsibility of humanitarian actors to ensure all groups are reached and have access to equitable benefits. Gender mainstreaming is therefore essential to ensure participatory, effective and equitable interventions that contribute to gender equality. This ensures benefits for entire communities, while facilitating participation and empowerment; protection, safety and dignity; equitable access to assistance; as well as accountability and transformative change.

The Nutrition Sector in Lebanon focuses on the needs of children, adolescents' girls and pregnant and lactating women in their interventions. The nutritional needs of women and adolescent girls are often overlooked. While working with pregnant and lactating women to meet their and their children's nutrient needs is important especially in emergencies, it is equally important to consider the social roles attributed to women as the sole caregivers especially in early childhood. Women often are not supported enough to provide the best start in the life of an individual, which is achieved through breastfeeding. Hence in both development and emergency contexts, pregnant and lactating women need to be supported and enabled to provide and protect optimum Infant and Young Child feeding (IYCF) to their children. Uncontrolled and unsolicited donations of breast milk substitutes especially in the time of emergencies are often disrupting the natural feeding practices by lactating mothers and creating unnecessary dependency on formula feeds as families and may put infants' lives at risk are left with the option of purchasing formula milks once the donated products are used up².

¹ For additional useful resources, please refer to: [Gender Handbook for Humanitarian Action](#); [IASC GBV Guidelines](#); [IASC Gender with Age Marker](#); [Rapid Gender Analysis Toolkit](#); [Rapid Gender and GBV Analysis](#)

²The distribution of these products might violate the International Code of Marketing of Breast-milk Substitutes (the Code) and the Lebanese Law 47/2008. Frequently these come from organizations and individuals who are reacting to the perceived rather than actual need and misguidedly believe that they are





Mainstreaming gender and GBV risk mitigation across the humanitarian project cycle

Overarching considerations:

- ✓ **Consulting gender advisors, gender and GBV focal points and GBV experts every step of the way**, while recognizing that all practitioners are accountable for gender mainstreaming and GBV risk mitigation.
- ✓ **Training and strengthening capacities of all teams** around gender mainstreaming and GBV risk mitigation to ensure quality and safe interventions and mainstreaming efforts.
- ✓ **Training and strengthening knowledge of all teams, and most importantly frontline workers and referral focal points** on GBV core concepts, handling GBV disclosure and safe referrals and PSEA.
- ✓ **Integrating gender and GBV questions, data analysis and recommendations**, across all assessments, plans and strategies.
- ✓ **Facilitate meaningful participation and decision-making of affected communities, and particularly women and girls**, across all levels and stages of the project cycle.
- ✓ **Formulate gender-sensitive and responsive plans and projects** across all sectors.
- ✓ **Integrate gender transformative activities and approaches** to plans and projects, across all sectors, which includes challenging imbalance power dynamics, addressing root causes of inequalities and contributing to long-term structural change.
- ✓ **Coordinate, collaborate, support and partner with women's rights and women-led organizations**, as the best-placed actors to identify and address the distinct needs and experiences of women and girls.
- ✓ **Integrate GBV risk mitigation activities** across all levels of interventions and plans.
- ✓ **Adopt a gender-responsive budgeting**, including dedicating budget lines for gender mainstreaming, allocating resources in a way that responds to the unique needs of marginalized groups and that facilitates their participation and access to project benefits, and assessing the impact of resource allocation on marginalized groups.

1. Needs assessment and analysis

- **Ensure gender-balanced teams** for needs and vulnerability assessments.

helping infants and young children. They may also come from the infant feeding industry who may view the emergency as an 'opportunity' to enter into or strengthen markets.





- **Disaggregate all nutrition and Early childhood development (ECD) assessment and analysis data by Sex, Age and Disability (SADDD)** at a minimum, and use the data to identify gender gaps, needs and barriers.
- **Conduct gender analysis** or integrate gender questions in nutrition needs assessments to identify gendered priorities and needs and to understand different nutrition capacities, barriers and aspirations and identify populations with special nutrition support needs. This information will be useful to develop nutrition interventions with a focus on specific nutritional needs, for example of adolescent girls and pregnant and breastfeeding mothers, as well as self-reported barriers to accessing nutrition programming.
- **Actively engage women, girls, boys and men** of different age groups in the nutrition needs assessment process, ensuring meaningful participation, decision making and influence over identification and prioritization of needs. This means going beyond household-level surveys and ensuring separate conversations with women and girls.
- **Identify safety perceptions of women and girls** in or to reach nutrition facilities and services (including women headed households, girls, early married girls, persons with disabilities, older women, pregnant women and girls etc.) within targeted communities, as well as risks that might result from the lack of women personnel in nutrition services' and develop clear GBV risk mitigation measures.
- **Ensure nutrition needs assessments also capture dynamics around decision-making and responsibilities within the household relating to nutrition** to inform the design of interventions and ensure they do not contribute to unequal power dynamics and instead facilitate access for women and girls, by tackling gender stereotypes.
- **Assess community attitudes and social norms** around household dynamics, and perceptions towards women decision making in nutrition and breastfeeding, infant and young child feeding, as well as division of roles and responsibilities around food consumption and preparation, and prioritization of food consumption between household members, to inform project design.

Key questions to consider for the needs assessment and analysis stage

- *Is nutrition information sex, age, and disability (SAAD) disaggregated?*
- *What are the distinct nutrition needs of women, girls, pregnant and lactating women that should be taken into consideration when designing nutrition programming?*
- *How does the crisis affect nutritional well-being of girls and women, and particularly pregnant women and girls?*
- *What cultural beliefs and practices such as food taboos affect nutrition and infant and young child feeding decision making in households?*





- *Who controls household resources, and how does this affect access to food infant and young child feeding patterns including collecting, storing and treating water, managing cleaning, as well as preparing food? Who is prioritized for food consumption within the household?*
- *How do nutrition activities/services and the way they are delivered impact the perception of safety of women and girls in the household?*
- *Are the locations, time and methods of delivering nutrition services safe and accessible for women and girls and other at-risk groups?*
- *Are female-headed households accessing sufficient and nutritious diets?*
- *How do individuals with disabilities access food and nutrition services and is this access disability-inclusive? What are specific considerations for women, girls, boys and men with disabilities to access nutrition services and adequate diets?*
- *What are the malnutrition rates for boys, girls, women and men in different age groups? What about pregnant women and girls?*
- *Are there spaces for breastfeeding, especially in crowded locations or camps? Are they safe to access?*
- *Do social norms impact breastfeeding decisions and practices of women and girls? Did the crisis impact breastfeeding? How?*
- *How does access to nutrition services vary amongst different groups, boys, girls, men, women, ?*
- *What are the common food consumption and dietary habits in the community, and is it different for women, men, boys and girls? Are there any nutrition taboos for women and girls during pregnancy and lactation? What about during menstruation?*
- *Are women, girls nutrition needs and consumption impacted more than men and boys if food is not available? What are the social norms shaping these dynamics? How do they impact different groups?*
-

2. Strategic planning

- **Identify gender priorities to address** in the design of the nutrition and ECD interventions, using findings from the gender analysis, needs assessment and other preparedness data.
- **Ensure nutritional needs of women, girls, pregnant and lactating women are accounted for** - prioritizing groups that have less decision-making power and receive less support.
- **Include GBV Risk Mitigation activities that address potential GBV risks that could be exacerbated by nutrition facilities and interventions and develop mitigation measures**, while involving women, girls, boys and men and other vulnerable groups to find solutions.
- **Ensure gender is taken into account across all levels of the logical framework**, including activities, outputs, outcomes and impact levels. Ensure nutrition **indicators** consider gendered issues and data disaggregation.





- **Consult diverse groups**, paying close attention to whose voices are heard and whose experiences are being represented. This should include dedicated consultations with women, girls, pregnant and lactating women, persons with disabilities to inform the design of the intervention. Don't forget to account for age considerations, particularly looking at the nutritional needs and access of older women.
- **Consider women and girls' care work responsibilities** in the design of the nutrition interventions, to ensure it does not add to their burden. Try to identify creative ways the intervention can go beyond women and girls' stereotypical gendered roles, open their horizons, and increase their opportunities, especially when it comes to roles related to food preparation, household spending and decision-making that has an impact on nutrition status, and beyond.
- **Collaborate with the GBV experts to design interventions that respond to nutritional needs of GBV survivors**, including those who may have specific nutritional requirements for supporting the healing process.
- Consider integrating a gender transformative activity or approach to the intervention, such as **collaborating with women-owned and women-led businesses and promoting women decision making in nutrition, breastfeeding, infant and young child feeding** involving men in nutrition trainings to shift their role as caregivers and take on more responsibilities inside the household, as well as supporting women's groups and initiatives to address harmful nutritional myths and stereotypes.
- Consider **working with other sectors** to holistically plan interventions that address the barriers to quality nutrition for women, girls, men and boys. E.g. education, food security, health, PSEA, GBV, Child Protection.

Key questions to consider for the strategic planning stage

- *How is gender integrated in the nutrition intervention?*
- *How are the identified nutrition needs in the assessment phase connected to the planned intervention and its outcome?*
- *What are the specific considerations put in place to ensure equitable access to nutrition services and decision making for vulnerable groups, including women, girls and pregnant and lactating women and girls? What about women with disabilities and older women?*
- *What activities can mitigate potential GBV risks that could result or be exacerbated by nutrition activities?*
- *How is the design and location of nutrition facilities and programming taking into consideration the distinct needs of women, girls, individuals with disabilities? How are nutrition activities/services tailored to meet the distinct needs of women and girls reduce and/or /prevent gender inequality and GBV risks?*
- *Do campaigns and trainings target family members who make decisions about infant and young child feeding, who may not be the mothers?*





- *Does management of acute malnutrition that includes supplementary feeding and malnutrition treatment include older women, people and women and girls with disability, and girls?*
- *What efforts are made to ensure women and girls with mobility restrictions can access the nutrition intervention and its services?*
- *What systems are put in place to ensure women have decision making powers in the design and implementation of nutrition programs in their communities?*
- *Are gender-disaggregated and specific gender indicators included in your results framework to adequately measure the gender results you aim to achieve?*
- *How does your results framework measure the gender outcomes the nutrition project aims to achieve?*
- *Are resources allocated for selected gender interventions in your program?*

3. Implementation

- **Ensure program activities, facilities and information** about the program are accessible and tailored to the specific nutrition needs, capacities and priorities of women, girls, boys and men as well as based on an understanding of household dynamics related to food consumption, and their impact on family members' health and nutritional needs.
- **Identify possible GBV risks** in a participatory manner with women, adolescent girls, pregnant and lactating women, to access nutrition program and services.
- **Develop and maintain safe, accessible and diverse complaints and feedback mechanisms** for women and girls as part of nutrition programmes; and make sure to address concerns or reports of harmful practices and adapt programming based on feedback.
- **Provide access and safe referrals to specialized services**, including GBV case management. This entails equipping staff implementing nutrition interventions to identify and refer GBV survivors, and coordination with other actors in the same area of operation, as well as open and safe communication channels with community members.
- **Ensure women's representation**, among nutrition program staff, and that staff are aware of gender-specific needs of girls, women and pregnant and lactating women.
- **Include gender capacity strengthening and prevention of sexual exploitation and abuse (PSEA)** in nutrition work.
- **Set up private breastfeeding rooms/breastfeeding corners** in safe spaces and provide an environment for imparting knowledge on nutrition best practices.
- **Organise trainings for fathers** on nutrition best practices and on their role in care taking and feeding their children.





- **Deploy infant and young child feeding specialists** in health facilities and at the community level (through a national hotline) to support lactating women.

Key questions to consider for the implementation stage

- Are nutrition program staff knowledgeable of gender mainstreaming in the program?
- Is the intervention acknowledging the different nutrition needs of women, girls and pregnant and lactating girls and women?
- Are nutrition interventions implemented in safe, culturally accepted and in accessible locations?
- Are women and girls of different ages, abilities and backgrounds consulted equally and appropriately about the content and review of the nutrition project?
- Is information about how to access nutrition services accessible, appropriate and easy to understand for different gender and age groups? Are campaigns adapted and relevant to the concerns of different gender and age groups? What about for persons with disabilities?
- Is there gender-balanced representation on nutrition committees? Do women and girls have decision making power in the nutrition committee?
- What is the level of awareness and knowledge in the community around their rights and the measures they can take if they face any form of SEA?
- Does your program have available safe and diverse complaint feedback mechanisms and does the program regularly review the feedback from beneficiaries?

4. Monitoring and evaluation

- **Design and report on indicators that capture gendered needs, perceptions and experiences**, including qualitative indicators around women and girls' quality access to nutrition services.
- **Develop and monitor a feedback mechanism** for women, girls, pregnant and lactating women and girls, gender minorities and persons with disabilities.
- **Monitor the access to nutrition services** by women, girls and use the data to inform project adaptations.
- **Develop indicators designed to measure impact and change** for women and girls based on the assessed gaps and dynamics.
- **Disaggregate all and any data collected by sex, age and disability (SADD) at a minimum.**
- **Ensure meaningful participation of women and girls**, as well as particularly vulnerable groups, in monitoring and evaluation processes, capturing their experiences, priorities, satisfaction and concerns.
- **Conduct ongoing consultations** using tools such as **safety audits (in close collaboration with gender and GBV experts)** to assess emerging risks resulting from or exacerbated by the intervention, and **adapt mitigation measures accordingly.**





- **Evaluate impact and contributions to gender equality objectives** resulting from the nutrition intervention, including potential impact on women and girls' participation, role, leadership and decision-making.
- **Share good practices and lessons learned on using gender-responsive approaches in nutrition**

Key questions to consider for the implementation stage

- Are you implementing gender intervention in nutrition programming as planned? How did it contribute to achieving the desired gender impacts?
- Are safety audits by gender and GBV experts taking place on site? If yes, how often? How are findings reported and how are they informing the needed changes in the design and implementation of nutrition activities? What are potential risks related to the intervention?
- Are women, girls, pregnant and lactating women and girls asked about their satisfaction with nutrition assistance? Are people and women and girls with disabilities and other diverse groups of concern asked about their satisfaction with the project? Are different groups equally satisfied?
- How are women and girls meaningfully participating in the monitoring and evaluation of this initiative and is their feedback and concerns considered?
- Do women and girls have space to identify access barriers or negative consequences of nutrition activities and share them with program staff? Are reported exclusion issues dealt with promptly?
- How is the nutrition intervention responding to gendered needs and priorities? What are its overall contributions to gender equality?
- Are there mechanisms to measure the empowerment outcome of the different program interventions? E.g. women group volunteer and women support groups.
- Are the programs preventing against stereotyping among the targeted groups? E.g. care role messages only targeting women.
- Does your reporting mechanism indicate how many girls and women benefited from your empowerment component?
- Does your reporting mechanism reflect upon which gender barriers you have reduced?
- What does SADD and gender and GBV data tell us about the reality of the implementation, and what entry points for greater contributions to gender equality can be identified?

For more information or support please contact:

Nutrition sector's Gender and GBV Risk Mitigation Focal Point

Christelle Bercachy: cbercachy@unicef.org





Protection Gender and GBV Tip Sheet¹

Why do gender and GBV matter for the Protection Sector?

This tipsheet aims at guiding sector partners in enhancing the inclusion of gender sensitive data collection, analysis and programming in all phases of the project cycles and work streams. It was developed by the sector gender and GBV Focal Point in coordination with the coordinators of the sector.

Gender inequalities and gender-based violence (GBV) exist before, during and after crises. However, they are often exacerbated when a crisis occurs. Different individuals and social groups are affected by crises differently, based on their gender, but also their age, (dis)ability, social and legal status, as well as other factors. Women and girls are often disproportionately affected by humanitarian crises. Humanitarian action provides lifesaving services and facilitates recovery for affected communities, and it is the responsibility of humanitarian actors to ensure all groups are reached and have access to equitable benefits. Gender mainstreaming is therefore essential to ensure participatory, effective and equitable interventions that contribute to gender equality. This ensures benefits for entire communities, while facilitating participation and empowerment; protection, safety and dignity; equitable access to assistance; as well as accountability and transformative change.

In Lebanon, compounded crises have exacerbated already high and normalized levels of GBV, disproportionately impacting women and girls. In fact, gender roles confine women and girls to the private sphere, limit their mobility and in term their access to social support networks. Women and girls from marginalized groups, such as displaced Syrians and migrants, as well as those with disabilities, face additional risks. In addition, financial dependence and decreased labour force participation significantly impede women and girls at risk, and survivors, to seek support. Data from the VASyR 2023 indicates that displaced Syrian women and girls are also less likely to hold legal residency, exposing them to additional risks of exploitation, violence and detention or deportation.

The below considerations and actions are recommended to Protection Sector members to enhance gender-sensitive programming.

¹ For additional useful resources, please refer to: [Gender Handbook for Humanitarian Action](#); [IASC GBV Guidelines](#); [IASC Gender with Age Marker](#); [Rapid Gender Analysis Toolkit](#); [Rapid Gender and GBV Analysis](#)





Mainstreaming gender and GBV risk mitigation across the humanitarian project cycle

Overarching considerations:

- ✓ **Consulting gender advisors, gender and GBV focal points and GBV experts every step of the way**, while recognizing that all practitioners are accountable for gender mainstreaming and GBV risk mitigation. Highlighting the importance of this consideration to be adapted in the assessments to ensure appropriateness of including Gender and GBV sensitive questions.
- ✓ **Training and strengthening capacities of all teams** around gender mainstreaming and GBV risk mitigation to ensure quality and safe interventions and mainstreaming efforts.
- ✓ **Training and strengthening knowledge of all teams, and most importantly frontline workers and referral focal points** on GBV core concepts, handling GBV disclosure and safe referrals and PSEA.
- ✓ **Integrating gender and GBV questions, data analysis and recommendations**, across all assessments, plans and strategies in close coordination with the GBV sub sector.
- ✓ **Facilitate meaningful participation and decision-making of affected communities, and particularly women and girls**, across all levels and stages of the project cycle.
- ✓ **Formulate gender-sensitive responsive plans and projects** across all sectors. This can be accomplished through prioritizing the needs of women and girls, mitigating risks and adapting our approaches to answer the different needs of all people.
- ✓ **Integrate gender-transformative activities and approaches** into plans and projects, across all sectors, which challenge unequal power dynamics, addressing root causes of inequalities and contributing to long-term structural change, i.e. reshaping societal norms, structures and behaviours to achieve lasting gender equality. These initiatives work towards dismantling the root causes of gender-based discrimination and fostering environments where everyone can thrive regardless of their gender.
- ✓ **Coordinate, collaborate, support and partner with women's rights and women-led organizations**, as the best-placed actors to identify and address the distinct needs and experiences of women and girls.
- ✓ **Integrate GBV risk mitigation activities** across all levels of interventions and plans.
- ✓ **Adopt a gender-responsive budgeting**, including dedicating budget lines for gender mainstreaming, allocating resources in a way that responds to the unique needs of marginalized groups and that facilitates their participation and access to project benefits, and assessing the impact of resource allocation on marginalized groups.





1. Needs assessment and analysis

- **Ensure gender-balanced teams for needs and vulnerability assessments are trained and involved in all assessment phases.**
- **Disaggregate all data by Sex, Age and Disability (SADD) at a minimum, and use the data to identify gender gaps, needs and barriers.**
- **Conduct and integrate gender analysis in protection monitoring, risks and needs assessments and context analyses, and use findings and recommendations to identify gender priorities and needs to address in protection interventions.** This would allow for the identification of concrete entry points to address gender issues through protection interventions (e.g., gender-based violence risks due to protection environment factors, age, gender, disability, nationality, legal status, marital status, gender disparities in legal status and access to legal information etc.)
- Ensure protection assessments identify and capture distinct risks and needs of vulnerable groups, with **particular attention to women and girls**, including married girls.
- **Identify safety perception of women and girls in relation to protection interventions**, focusing on GBV and gendered protection risks, and come up together with risk mitigation measures. It's important to engage GBV specialists/ coordinators in such exercises such as conducting Safety audits.
- **Ensure equal representation of women and men in the protection team** responsible for data collection, preferably involving members from the affected community. Ensure training and capacity for safe identification and referral amongst data collection teams.
- **Share Protection Monitoring reports with gender and GBV specialists** for review, feedback and addition of a gender lens to the analysis.
- **Actively engage women, girls, boys and men of different age groups**, including married girls, in the needs assessment process, ensuring meaningful participation and influence over identification of risks, prioritization of needs and development of mitigation measures – including through separate conversations.
- **Assess community attitudes and social norms around gendered division of roles and responsibilities, protection risks, decision-making power** and access and control over resources. Capture access to **social support networks and gendered coping mechanisms** to identified risks. Relevant exercises should be done in coordination with GBV Experts and GBV sub sector.

Key questions to consider for the needs assessment and analysis stage

- *Does the data collection team include equal representation of men and women?*
- *Are we looking at the distinct needs and risks of men, boys, women, girls?*



- Are we looking at the distinct needs of the most vulnerable/most at risk groups of women and girls? What about women and girls with disabilities? Adolescent, including married, girls? Older women?
- Is the team working on data collection, reporting and analysis well trained on Gender and GBV Mainstreaming?
- What about safe identification and referrals?
- Are we including a section related to Gender/ GBV findings and recommendations in our studies?
- Are we advocating for best practices and connecting with specialized agencies to validate findings?
- Are we equally engaging women, men, boys, and girls? What about persons with disabilities?
- Are we collecting and reporting Sex, Age, and disability disaggregated data? Are we analysing and reporting different needs of different groups and in according to their age? How are we ensuring inclusion of people with disabilities?

2. Strategic planning

- **Design and tailor activities to respond to the different needs, risks and challenges** faced by women, men, boys and girls.
- **Ensure targeting criteria take gender, age and disability considerations**, as well as other intersecting vulnerabilities, into account - prioritizing groups that have less access to resources and support
- When planning the implementation of activities **take into account the accessibility and safety of groups** based on their gender, ability, legal status and age.
- **Identify and prioritize vulnerable groups of women and girls**, including those heading households, women and girls with disabilities, displaced Syrians and migrant women, women and girls in rural areas, married girls.
- **Develop GBV risk mitigation measures** to address the GBV risks identified in the gender analysis, GBV assessment and/or needs assessment.
- **Plan activities in consultation with people from different genders, age groups, and abilities.** This should include dedicated consultations with women and girls and persons with disabilities to inform the design of the intervention.
- **Consider women's care work responsibilities in the design of the intervention**, to ensure it does not add to their burden. Facilitating their access to protection activities could include measures such as childcare support or compensations, transportation allowances or safe transportation modalities, breastfeeding spaces etc.
- **Consider integrating a gender-transformative activity or approach to the intervention**, such as working with displaced Syrians and host community women's groups to develop community-based protection and GBV prevention and response initiatives or organizing safe spaces for women and girls to build solid social support networks.





- **Ensure gender is taken into account across all steps of the logical framework**, including activities, but also outcome and impact levels. **Ensure indicators consider gendered issues** and data disaggregation, and that the monitoring and evaluation plan includes disaggregated data reflecting the diversity of women and girls especially those from the most vulnerable groups.
- **Consult and engage women's groups and women's rights and women-led organizations** in the design of the intervention to facilitate the identification of distinct needs, GBV risks and potential entry points to design the assistance in a way that can contribute to gender equality. This can also facilitate access to difficult to reach groups, such as older women, married girls, or women and girls with disabilities.

Key questions to consider for the strategic planning stage

- *Are we planning our activities based on the findings and recommendations of a gender-sensitive protection assessment or gender analysis? What are the gender issues and risks identified and addressed in the intervention?*
- *Can people from different age groups, and with different abilities access our activities safely? What are the specific considerations put in place to facilitate access, participation and equitable benefits?*
- *Does our assessment of protection risks take into account the distinct experiences, needs and priorities of women, girls, boys and men across age groups and abilities?*
- *Are our activities planned based on inclusive consultations with women, girls, boys and men from different age groups?*
- *Are we including in the protection project a specific budget for gender activities and considerations? What about disability and inclusion considerations?*
- *What gender-sensitive indicators, outcomes and activities are included in the sector's logical framework, i.e. does the results framework include the disaggregation of data by sex, age and disability?*
- *How does the intervention promote women and girls' leadership as active agents of change?*
- *Are we aiming at having a gender transformative result in our intervention? What are the specific resources and expertise dedicated to that result?*

Implementation

- **Support access for women and girls to legal residency and other legal assistance programs.**
- **Ensure and strengthen access to justice**, contributing to gender-responsive community-based mechanisms that can be used by different groups to address local protection issues (excluding GBV).
- **Support girls-led groups** to sensitize communities, provide services and lead on their community-based protection initiatives.
- **Report any identified risk or change in the gender roles and dynamics** in the community to the gender focal point in your organization.





- **Integrate inclusive and gender specific key messages in advocacy and communications campaigns** and include messaging on available GBV services across activities.
- **Prioritize partnering and sub-granting with organizations working on gender equality, including GBV actors, women's rights and women-led organizations.**
- **Support and engage with women's initiatives for community-based protection** and GBV prevention activities that support women's leadership and decision-making.
- **Prioritize provision of services to survivors or those at risk of GBV**, ensuring safe and inclusive access. Invest in specialized services and expertise for distinctly vulnerable groups, including adolescent and married girls, older women and women and girls with disabilities. This entails coordination with other actors in the same area of operation, as well as open and safe communication channels with community members.
- **Use diverse modalities to share information** for individuals who do not have consistent access to mobile phones, which might be the case for women and girls, and ensure any information is accessible for persons with disabilities.
- **Put in place safe, diverse and accessible complaints and feedback mechanisms (CFMs)**, in person and through remote tools such as hotlines, and make sure to address concerns or reports of harmful practices and adapt programming based on feedback throughout different Project cycle.
- **Engage all community members across the project cycle**, to explain the benefits of protection interventions for entire households and communities, reduce household tensions, and encourage women's leadership, freedoms and decision-making.

Key questions to consider for the implementation stage

- *Did all our team members receive training on Gender and GBV such as GBV Core concepts, Gender mainstreaming? GBV risk mitigation? Protection from Sexual Exploitation and Abuse?*
- *Are we consulting with specialized agencies and collaborating with actors working on Gender equality, especially women's rights and women-led organizations, to align our approach and ensure proper mainstreaming?*
- *How have the activities been designed to facilitate access and participation of women and girls? What are the age and disability considerations put in place?*
- *Are we adapting our intervention based on the recommendations of Gender analysis? Are we reporting identified trends and risks regarding gender roles and dynamics to our Gender focal points and GWG?*
- *Are we providing gender equality and GBV sensitization sessions adapted to needs, ages, genders and disabilities?*
- *Are we incorporating key messages around gender equality in our advocacy campaigns and across activities?*
- *Are we prioritizing provision of services to those at risk or survivors of GBV? What are distinct considerations put in place for vulnerable groups, including adolescent and married girls, older women and women and girls with disabilities?*





- *What are the available complaints and feedback mechanisms? What are the specific considerations put in place to facilitate access for women and girls, as well as other vulnerable groups including persons with disabilities?*

3. Monitoring and evaluation

- **Use Gender and Age Markers** for each protection project. **Aim at sensitive and responsive scoring at a minimum**, with the integration of transformative approaches where resources and expertise exist, and adjust the intervention to avoid scoring neutral, blind or unaware.
- **Include specific indicators with clear targets on gender mainstreaming** in the protection project. This should include indicators that capture gendered needs, perceptions and experiences, including qualitative indicators around women's decision-making, safety perceptions and access and control over resources.
- **Ensure MEAL teams are gender-balanced** to enable effective communication with community members of different genders.
- **Ensure meaningful participation of women and girls as well as other vulnerable groups**, in monitoring and evaluation processes, capturing their experiences, priorities, satisfaction and concerns.
- **Conduct ongoing consultations using tools such as safety audits** (in close collaboration with gender and GBV experts/ GBV WG) to assess emerging risks resulting from or exacerbated by the intervention and adapt mitigation measures accordingly.
- **Evaluate impact and contributions to gender equality objectives** resulting from the protection intervention, including potential impact on women's safety perceptions, leadership and decision-making, protection from GBV, and social norms change.
- **Identify any additional GBV risks from the program and ensure clearly identified Complaints and Feedback mechanisms; drawing lessons learned and ensure updated programming.**

Key questions to consider for the implementation stage

- *Are we applying a Gender and Age marker for each project? How is the intervention scoring, and how is it being adjusted to solidify gender mainstreaming?*
- *How are we using SADD and gender data to inform and adapt the intervention?*
- *Do we have specific indicators and tools that measure the contributions to gender equality, as well as that capture the needs, experiences and satisfaction of women and girls? What about those with disabilities?*
- *Is our gender specialist reviewing all MEAL tools? Is our MEAL team gender balanced?*
- *Are we including gender equality objectives in our interventions? What about GBV risk mitigation measures?*





- *Are women and girls equally included in the monitoring and evaluation activities and their voices heard and reflected?*
- *How is the intervention responding to needs and priorities of all people? What are its overall contributions to gender equality?*
- *What does SADD and gender and GBV data tell us about the reality of the implementation, and what entry points for greater contributions to gender equality can be identified?*

For more information or support please contact:

Protection sector's Gender and GBV Risk Mitigation Focal Point

Maya Andari: Maya.Andari@careliban.org

GBV and Protection Sector Coordinators:

[Sophie Etzold \(etzold@unhcr.org\)](mailto:etzold@unhcr.org)

[Josiane Noun \(josiane.noun@nrc.no\)](mailto:josiane.noun@nrc.no)

[Pamela Di Camillo \(dicamillo@unfpa.org\)](mailto:dicamillo@unfpa.org)





Shelter Gender and GBV Tip Sheet¹

Why do gender and GBV matter for the Shelter Sector?

This tipsheet aims at guiding sector partners in enhancing the inclusion of gender sensitive data collection, analysis and programming in all phases of the project cycles and work streams. It was developed by the sector gender and GBV Focal Point in coordination with the coordinators of the sector.

Gender inequalities and gender-based violence (GBV) exist before, during and after crises. However, they are often exacerbated when a crisis occurs. Different individuals and social groups are affected by crises differently, based on their gender, but also their age, (dis)ability, social and legal status, as well as other factors. Women and girls are often disproportionately affected. Humanitarian action provides lifesaving services and facilitates recovery for affected communities, and it is the responsibility of humanitarian actors to ensure all groups are reached and have access to equitable benefits. Gender mainstreaming is therefore essential to ensure participatory, effective and equitable interventions that contribute to gender equality. This ensures benefits for entire communities, while facilitating participation and empowerment; protection, safety and dignity; equitable access to assistance; as well as accountability and transformative change.

In Lebanon, social norms confine women to caregiving roles and restrict their access to resources, movement and decision-making, including around key household and those related to shelter. Vulnerable groups, including displaced Syrians and migrants, tend to live in overcrowded and substandard living conditions, with women-headed households being more likely to reside in such shelters. Additionally, lack of privacy within shelters - especially when shared - as well as the low availability of latrines, and high likelihood of them being shared and unlit, exposes women and girls at increased risks of GBV, and restricts their privacy and ability to manage their menstrual hygiene. Women are also more likely to face exploitation from landowners, and single women struggle to access shelter as a result of social stigmas. Shelter interventions must consider decision-making dynamics, divisions of roles, as well as distinct gendered needs into account, to avoid reproducing gender inequalities and instead respond to the needs of all groups. Shelter interventions can contribute to challenging traditional gender roles, by encouraging women to engage in shelter rehabilitation activities and decision-making, and are crucial in ensuring women and girls' need for privacy and safety are met.

¹ For additional useful resources, please refer to: [Gender Handbook for Humanitarian Action](#); [IASC GBV Guidelines](#); [IASC Gender with Age Marker](#); [Rapid Gender Analysis Toolkit](#); [Rapid Gender and GBV Analysis](#)





Mainstreaming gender and GBV risk mitigation across the humanitarian project cycle

Overarching considerations:

- ✓ **Consulting gender advisors, gender and GBV focal points and GBV experts every step of the way**, while recognizing that all practitioners are accountable for gender mainstreaming and GBV risk mitigation.
- ✓ **Training and strengthening capacities of all teams** around gender mainstreaming and GBV risk mitigation to ensure quality and safe interventions and mainstreaming efforts.
- ✓ **Training and strengthening knowledge of all teams, and most importantly frontline workers and referral focal points** on GBV core concepts, handling GBV disclosure and safe referrals and PSEA.
- ✓ **Integrating gender and GBV questions, data analysis and recommendations**, across all assessments, plans and strategies.
- ✓ **Facilitate meaningful participation and decision-making of affected communities, and particularly women and girls**, across all levels and stages of the project cycle.
- ✓ **Formulate gender-sensitive and responsive plans and projects** across all sectors.
- ✓ **Integrate gender transformative activities and approaches** to plans and projects, across all sectors, which includes challenging imbalanced power dynamics, addressing root causes of inequalities and contributing to long-term structural change.
- ✓ **Coordinate, collaborate, support and partner with women's rights and women-led organizations**, as the best-placed actors to identify and address the distinct needs and experiences of women and girls.
- ✓ **Integrate GBV risk mitigation activities** across all levels of interventions and plans.
- ✓ **Adopt a gender-responsive budgeting**, including dedicating budget lines for gender mainstreaming, allocating resources in a way that responds to the unique needs of marginalized groups and that facilitates their participation and access to project benefits, and assessing the impact of resource allocation on marginalized groups.

1. Needs assessment and analysis

- **Ensure gender-balanced teams for needs and vulnerability assessments.**
- **Disaggregate all data by Sex, Age and Disability (SADD) at a minimum, and use the data to identify gender gaps, needs and barriers.**
- **Conduct gender analysis or integrate in needs assessments, context analyses, shelter design assessments and use findings and recommendations to identify gender priorities and needs to**





address in Shelter interventions. This would allow for the identification of concrete entry points to address gender issues through shelter (e.g., specific safety and privacy considerations).

- **Analyse the shelter data not only per age group or from a disability perspective, but also by gender.** For example, considering the distinct needs of women with disabilities, which may be different than those of men with disabilities; or looking into the specific needs for the different gender and age groups depending on the type of shelter they live in.
- **Actively engage women, girls, boys and men of different age groups in the needs assessment process,** ensuring meaningful participation and influence over identification and prioritization of needs. This means going beyond household-level surveys and ensuring separate conversations with women and girls.
- **Identify safety perception of women and girls in relation to shelter interventions,** focusing on the type of shelter, privacy issues, location of shelters, number of families housed together, shelter maintenance, information dissemination modalities etc.
- **Assess community attitudes and social norms** around household decision-making dynamics - including around shelter type and other related decisions, division of roles and responsibilities - including around shelter maintenance, prioritization of needs within the household and perceptions towards women engaged in rehabilitation or shelter maintenance activities.

Key questions to consider for the needs assessment and analysis stage

- *Do women and girls feel safe in their shelters? What are specific barriers to accessing shelter and safety risks for women and girls? What about older women? Adolescent girls (married or unmarried)?*
- **Non-permanent shelters/tents:** *Does the shelter design allow for safety, privacy, and dignity? Do women, including those heading households, know how to maintain their tents? Do they need support? Where are the cooking facilities located? Is there enough lighting? Do women with physical disabilities have any movement restraints, and are there any ramps and handrails to support them?*
- **Residential shelters:** *Does the shelter design allow for safety, privacy, and dignity? Are there internal partitions and locks on the doors? Is the shelter overcrowded or do women and girls have personal space? Is there a specific WASH facility for the family, separate from the kitchen / other living areas? Are the shower facilities safe and lockable? Is there an indoor kitchen for the HH?*
- **Non-residential shelters:** *Does the shelter design allow for safety, privacy, and dignity? Are families sharing shelters? Are the shelters overcrowded? Are the cooking and WASH facilities shared? Are the cooking and WASH facilities safe? Are they shared or segregated by sex? Is there lighting in the common areas?*
- *What is the gender disaggregation of families living in the different shelter types? How many households headed by women live in non-permanent shelters? How many live in residential shelters? How many live in non-residential shelters).*
- *What are the distinct needs of women and girls that should be taken into consideration when designing shelters? What about those with disabilities?*



- *How do existing shelter interventions impact the safety e perceptions of women and girls?*
- *What are the social norms that shape decision-making dynamics around shelter design and type, as well as divisions of roles and responsibilities that impact shelter management and maintenance?*
- *How does access and control over resources impact access to shelter for women and girls? What about individuals with disabilities?*

2. Strategic planning

- **Identify at least one gender issue to address** in the design of the shelter intervention, using findings from the gender analysis and needs assessment.
- **Ensure targeting criteria and prioritization take gender, age and disability considerations, as well as other intersecting vulnerabilities, into account** - prioritizing groups that have less access to resources and support and are at higher risk.
- **Identify potential GBV risks** that could be exacerbated by the shelter intervention and **develop GBV risk mitigation measures**.
- **Consult diverse groups in the design of the intervention**, paying close attention to whose voices are heard and whose experiences are being represented. This should include dedicated consultations with women and girls and persons with disabilities to inform the design of the intervention.
- **Ensure gender is taken into account across all levels of the logical framework**, including activities, but also outcome and impact levels. Ensure indicators consider gendered issues and data disaggregation.
- **Integrate gender-focused activities**, such as establishing women-friendly spaces within shelters, providing specialized support for survivors of gender-based violence, and promoting gender-equitable distribution of shelter resources. These could also include training women (not only men) in skills needed for shelter maintenance and fixes, and engaging women in building and designing shelters.
- **Consider integrating a gender transformative activity or approach** to the intervention, such as establishing women-led committees or task forces that have decision-making power and are responsible for overseeing shelter projects or collaborating with local women's organizations and grassroots movements to provide support, mentorship, and advocacy platforms for women leaders in the shelter sector.
- **Consider women's distinct needs in the design of the intervention**, such as creating breastfeeding spaces and flexibility to tailor and adapt shelter designs based on specific needs, including safety and privacy considerations.



Key questions to consider for the strategic planning stage

- Which type of gender issue is the intervention addressing?
- What are the specific considerations put in place to facilitate access and benefit from the shelter intervention for vulnerable groups, including women and girls and persons with disabilities?
- How is the design of the intervention taking into consideration the distinct needs of women and girls? How are activities/services tailored to meet the distinct needs of women and girls? What about those with disabilities?
- **Non-permanent shelters:** Do we need to provide training for women on how to use shelter kits? Do we need to have a different modality for the implementation of weatherproofing activities, depending on the profile of the head of the HH?
- **Residential shelters:** Who are we targeting with shelter rehabilitation? Are we addressing the needs of all family members? Who are we targeting with cash for rent? Do we have tailored rehabilitations for people with limited mobility, hearing, and visual disabilities? What is the modality used to implement shelter rehabilitation?
- **Non-residential shelters:** How is the design of the intervention and the modality of implementation tailored to the needs of women?
- What measures are taken to ensure shelters are designed in a way that guarantees safety, privacy and dignity for people from different ages, genders and abilities?
- What activities can mitigate the GBV risks that could result or be exacerbated by the assistance?
- What gender-sensitive indicators, outcomes and activities are included in the logical framework?
- Are resources allocated for gender-focused activities and/or considerations in your program? What about disability and inclusion considerations?
-

3. Implementation

- **Tailor information, training and messaging** to different groups, based on gender, age and ability, including messaging around fire awareness and shelter training activities.
- **Ensure the services provided and kits distributed are accessible** to everyone, especially women and girls, with particular attention to adolescent girls – including married girls, older women, and women and girls with disabilities.
- **Consider the selected location for the distribution of kits or the provision of trainings** to make sure the environment is safe and accessible for women and girls, persons with disabilities and other vulnerable groups. Consider timing distance from distribution points, distribution modalities, need for safe transportation or compensations, need for childcare support, among other issues. **Ensure gender-balanced teams** at distribution sites and in community outreach and engagement activities.
- **Ensure information about assistance is accessible to all groups and use diverse modalities to share information** for individuals who do not have consistent access to mobile phones, which might be the case for women and girls, and ensure any information is accessible for persons with disabilities.





- **Put in place safe, diverse and accessible complaints and feedback mechanisms (CFMs)**, at distribution sites, as well as through remote tools such as hotlines, and make sure to address concerns or reports of harmful practices and adapt programming based on feedback.
- **In residential and non-residential shelters, make sure there's partitioning and lockable doors and windows**, to ensure the privacy and safety of women and girls and mitigate GBV risks.
- **Ensure consistent consultations** with particularly vulnerable groups, including separate conversations with women and girls, and attention to age and disability considerations, to ensure shelter activities are designed in a way that protects safety, privacy and dignity.
- **Conduct targeted outreach to women for training and other activities involving shelter maintenance, decision-making or management**, and integrate messaging around gender equality, women's roles and leadership in their households and communities, and encouraging women's involvement in non-traditional roles (such as those related to shelter activities).
- **Strive for the inclusion of female staff in shelter management teams**. If there is no gender balance in the team, consider collaborating with other sectors or organizations to ensure that female staff are present, particularly during distributions or other activities involving direct contact with the affected population.
- **For collective shelters: Mitigate GBV risks in transit, reception and collective shelters:**
 - Sleeping areas: keep families together; provide privacy partitions; provide sleeping areas solely for women/children; create separate spaces for unaccompanied older boys, older girls and young children; ensure children are accompanied by an adult at all times; avoid lack of privacy for dressing and bathing.
 - Toilets and bathrooms: ensuring segregated toilets that are well lit and conveniently located for women and girls, near communal and sleeping areas; ensure that WASH facilities have locks that are regularly checked and ensure that menstrual hygiene supplies for women and girls are made available.
 - Communal areas: providing separate spaces for men and women; ensure doors lock from the inside; ensure there is sufficient lighting in communal areas.

Key questions to consider for the implementation stage

- **Non-permanent shelters:**
 - *Distribution of shelter kits – What measures are taken into consideration to ensure the locations selected are safe and accessible for women and people with disabilities? Are teams at distribution sites gender-balanced?*
 - *Fire prevention and awareness – Are training materials tailored and accessible to different needs and priorities, based on gender, age and disability?*



- *Site improvement – What measures are taken to ensure the safety of women, girls during the implementation of site improvement activities? What about older persons and persons with disabilities? What measures have been put in place to encourage and facilitate women’s meaningful engagement in decision-making and shelter maintenance?*
- **Residential shelters:** *Are women consulted during the assessment of the shelter? Is there flexibility in the selection of the modality of implementation of the shelter rehabilitation (through contractor or through property owner) depending on the diverse needs of community members?*
- **Non-residential shelters:** *Are the WASH facilities shared? If so, are they disaggregated by gender? Are common areas well-lit and safe for women and girls? Is there a need to increase partitioning?*
- *Do shelters include private spaces for breastfeeding, menstrual hygiene management and other distinct gendered needs identified in the assessment or gender analysis?*
- *What are the different complaints and feedback mechanisms in place?*

4. Monitoring and evaluation

- **Design and report on indicators that capture gendered needs**, perceptions and experiences, including qualitative indicators around women’s access and control over resources, perceptions of women’s roles and decision-making power and dynamics.
- **Monitor the satisfaction, access and benefits for different groups**, with dedicated attention to the most vulnerable, including women and girls and persons with disabilities.
- **Disaggregate all and any data collected by sex, age and disability (SADD) at a minimum.**
- **Ensure meaningful participation of women and girls**, as well as particularly vulnerable groups such as people with disabilities, in monitoring and evaluation processes, capturing their experiences, priorities, satisfaction and concerns. **Use these findings to improve and adapt the response.**
- **Conduct ongoing consultations** using tools such as safety audits (in close collaboration with gender and GBV experts) to assess emerging risks resulting from or exacerbated by the intervention and adapt mitigation measures accordingly. Safety audits can be conducted in distribution sites, but also location of shelters and shelter activities.
- **Evaluate impact and contributions to gender equality objectives resulting from the shelter intervention**, including potential impact on women’s leadership and decision-making and the gendered division of roles and responsibilities in households and communities.



Key questions to consider for the implementation stage

- **Non-permanent shelters:** What questions did the PDM include on the ability of women to maintain or rehabilitate their tents? What questions are included to capture the specific risks for women and girls during trainings and distributions? What about those with disabilities?
- **Residential and non-residential shelters:** What questions did the PDM include to study the impact of shelter interventions on enhancing the safety and security of women and girls? What about those with disabilities?
- Are safety audits by gender and GBV experts taking place into distribution sites? What about in sites where shelter activities are taking place/shelters are being built? If yes, how often? How are findings reported and how are they informing the needed changes in the implementation of activities? What are potential risks related to the intervention?
- How is the intervention responding to gendered needs and priorities? What are its overall contributions to gender equality?
- What does SADD and gender and GBV data tell us about the reality of the implementation, and what entry points for greater contributions to gender equality can be identified?

For more information or support please contact:

Shelter sector's Coordinator

Abdul Rahman Abdul Ghani: ABDELGAB@unhcr.org





WaSH Gender and GBV Tip Sheet¹

Why do gender and GBV matter for the WaSH Sector?

This tipsheet aims at guiding sector partners in enhancing the inclusion of gender sensitive data collection, analysis and programming in all phases of the project cycles and work streams. It was developed by the sector gender and GBV Focal Point in coordination with the coordinators of the sector.

Gender inequalities and gender-based violence (GBV) exist before, during and after crises. However, they are often exacerbated when a crisis occurs. Different individuals and social groups are affected by crises differently, based on their gender, but also their age, disability, social and legal status, as well as other factors. Women and girls are often disproportionately affected. Humanitarian action provides lifesaving services and facilitates recovery for affected communities, and it is the responsibility of humanitarian actors to ensure all groups are reached and have access to equitable benefits. Gender mainstreaming is therefore essential to ensure participatory, effective and equitable interventions that contribute to gender equality. This ensures benefits for entire communities, while facilitating participation and empowerment; protection, safety and dignity; equitable access to assistance; as well as accountability and transformative change.

Mainstreaming gender and GBV risk mitigation across the humanitarian project cycle

Overarching considerations:

- ✓ **Consulting gender advisors, gender and GBV focal points and GBV experts every step of the way**, while recognizing that all practitioners are accountable for gender mainstreaming and GBV risk mitigation.
- ✓ **Training and strengthening capacities of all teams** around gender mainstreaming and GBV risk mitigation to ensure quality and safe interventions and mainstreaming efforts.
- ✓ **Training and strengthening knowledge of all teams, and most importantly frontline workers and referral focal points** on GBV core concepts, handling GBV disclosure and safe referrals and PSEA.
- ✓ **Integrating gender and GBV questions, data analysis and recommendations**, across all assessments, plans and strategies.
- ✓ **Facilitate meaningful participation and decision-making of affected communities, and particularly women and girls** across all levels and stages of the project cycle.

¹ For additional useful resources, please refer to: [Gender Handbook for Humanitarian Action](#); [IASC GBV Guidelines](#); [IASC Gender with Age Marker](#); [Rapid Gender Analysis Toolkit](#); [Rapid Gender and GBV Analysis](#)





- ✓ **Formulate gender-sensitive and responsive plans and projects** across all sectors.
- ✓ **Integrate gender transformative activities and approaches** to plans and projects, across all sectors, which includes challenging imbalance power dynamics, addressing root causes of inequalities and contributing to long-term structural change.
- ✓ **Coordinate, collaborate, support and partner with women's rights and women-led organizations**, as the best-placed actors to identify and address the distinct needs and experiences of women and girls.
- ✓ **Integrate GBV risk mitigation activities** across all levels of interventions and plans.
- ✓ **Adopt a gender-responsive budgeting**, including dedicating budget lines for gender mainstreaming, allocating resources in a way that responds to the unique needs of marginalized groups and that facilitates their participation and access to project benefits, and assessing the impact of resource allocation on marginalized groups.

1. Needs assessment and analysis

- **Ensure gender-balanced teams** for needs and vulnerability assessments.
- **Disaggregate all data by Sex, Age and Disability (SADD)** at a minimum, and use the data to identify gender gaps, needs and barriers.
- **Conduct gender analysis** or integrate in needs assessments to identify gender priorities and needs to address in WaSH interventions. Identify most at-risk groups of women and girls and their needs.
- **Actively engage women, girls, boys and men** of different age groups in the needs assessment process, ensuring meaningful participation, decision making and influence over identification and prioritization of needs. This means going beyond household-level surveys and ensuring conversations with women, girls in separate groups.
- **Identify safety perceptions of women, girls** related to WaSH facilities (including women-headed households, girls, persons with disabilities, older women etc.) within targeted communities, as well as risks that might result from WaSH facilities' design and location and develop clear GBV risk mitigation measures.
- **Ensure needs assessments also capture dynamics around decision-making and responsibilities within the household relating to WaSH**, including Menstrual Hygiene Management (MHM) to inform the design of WaSH interventions and ensure they do not contribute to unequal power dynamics and instead facilitate access for women, girls.
- **Assess community attitudes and social norms** around household decision-making dynamics, MHM, division of roles in collection, handling, managing and using water, hygiene and sanitation and perceptions towards women decision making and engagement with WaSH facilities' design, management and maintenance.





Key questions to consider for the needs assessment and analysis stage

- *What are the different roles of women & men, boys & girls in managing WaSH facilities, including but not limited to, collecting, handling, managing, and using water? In designing facilities and maintaining them?*
- *Who makes decisions about how water is used in the household and how it is allocated? What are the social norms that shape these dynamics?*
- *How are existing WaSH services and facilities – including in schools and health centers – intentionally designed to meet the needs of women, girls, boys and men, including those with disabilities such as adequate sanitation, provision for MHM?*
- *How do women, girls, boys and men feel using WaSH facilities? What protection risks might they have in relation to water & sanitation?*
- *What is the distance to water points, toilets, and other WaSH facilities?*
- *Are facilities accessible for women with disabilities, and for which types and severity of disability?*
- *Is water distributed through contractors and does this expose women to exploitation risks, including sexual exploitation?*
- *Are WaSH facilities safely accessible? e.g. sex-segregated toilets, adequate lighting and privacy, adequate distance?*
- *Do existing WaSH community outreach materials and activities exacerbate negative gender stereotypes? Do they promote positive ones? Do they include basic information about GBV risk reduction, where to report GBV risk, and how to access care?*
- *What is the level of participation and leadership of women and adolescent girls in the design, construction and monitoring of WaSH facilities, and how does it compare to men's level of participation and leadership?*
- *What is the percentage of women included in WaSH committees, and what is their level of decision-making power compared to men?*
- *What are the hygiene practices of different groups?*
- *Has the crisis impacted hygiene practices for women, girls, men and boys and access to WaSH facilities, including access to MHM products?*
- *What are menstrual hygiene practices in communities you work with? What information exists to allow women and girls to address their menstrual hygiene and management needs? What types of harmful myths related to menstrual hygiene exist in the communities you work with? How can they be addressed?*

2. Strategic planning

- **Identify gender priorities to address** in the design of the WaSH intervention, using findings from the gender analysis, needs assessment and other preparedness data.
- **Ensure selection and targeting criteria take gender, age and disability considerations**, as well as other intersecting vulnerabilities, into account - prioritizing groups that have less decision-making power and receive less support.
- **Include GBV Risk Mitigation activities** that address potential GBV risks as identified in the needs' assessment phase, that could be exacerbated by the WaSH facilities and interventions, while involving women, girls, and other vulnerable groups to find solutions.





- **Prioritize Menstrual Hygiene Management** and tackle harmful myths around it.
- **Ensure gender is taken into account across all levels of the logical framework**, including activities, but also outcome and impact levels. Ensure indicators consider gender issues and data disaggregation.
- **Consult diverse groups**, paying close attention to whose voices are heard and whose experiences are being represented, including women, girls, and persons with disabilities.
- **Consider women and girls' care work responsibilities in the design of the intervention**, including responsibilities that entail the use and management of water such as cleaning and cooking, to ensure it does not add to their burden. Try to identify creative ways the intervention can go beyond women and girls' stereotypical gendered roles, open their horizons, and increase their opportunities.
- **Consider integrating a gender transformative** activity or approach to the intervention such as working collaboratively with women-owned and women-led businesses, e.g. those manufacturing hygiene items, to procure kits and engage women and girls in leadership interventions and roles.
-

Key questions to consider for the strategic planning stage

- *How are identified needs considered in the assessment phase, in the planned WaSH activities and outcome?*
- *What are the specific considerations put in place to ensure equitable access and decision making for vulnerable groups, including women and girls?*
- *How is the design of WaSH facilities and programming taking into consideration the distinct needs of women, girls, boys and men, including those with disabilities? What about older women?*
- *How are activities/services tailored to meet the distinct needs of women, men, boys and girls reduce and/or prevent gender inequality and GBV risks? And what are these activities?*
- *What systems are put in place to ensure women have decision making powers in the design and implementation of WaSH programs in their communities?*
- *Are gender-disaggregated and specific gender indicators included in your results framework to adequately measure the gender results you aim to achieve?*
- *How does your results framework measure the gender outcomes the project aims to achieve?*
- *Are resources allocated for gender-focused activities and/or considerations in your program? What about disability and inclusion considerations?*

3. Implementation

- **Ensure program activities, facilities and information** about the program are accessible and tailored to the specific WaSH-related needs, capacities and priorities of all women, girls, boys and men.





- **Involve women, girls and other at-risk groups** in the siting, design, construction and maintenance of water and sanitation facilities and in hygiene promotion activities.
- **Distribute culturally appropriate menstrual hygiene products to women and girls of reproductive age**, which also take into account care work responsibilities, time use and level of effort needed to wash, dry or dispose of products, social norms stigmatizing menstruation and the potential need for additional water during menstruation.
- **Identify possible GBV risks in a participatory manner with women and girls** due to WaSH facilities' location, distribution or any risk or safety concerns related to WaSH activities.
- **Develop and maintain safe, accessible and diverse complaints and feedback mechanisms**, including providing access to safe referrals to specialized services
- **Provide tailored and targeted messages to women and girls**, e.g., how, where, and when to safely access water, sanitation and bathing facilities, and MHM kits, in reception, transit and placement centers.
- **Integrate messaging around women's leadership**, debunking myths related to menstruation, care work and division of responsibilities around the use and management of water, and other gendered issues in WaSH activities and trainings.
- **Equip WaSH personnel to identify GBV risks and refer GBV survivors** to appropriate protection services.
- **Ensure women representation** among WaSH program staff, and staff are aware of gender-specific needs of girls and women.
- **Ensure to include gender capacity strengthening and prevention of sexual exploitation and abuse (PSEA)** in your work.

Key questions to consider for the implementation stage

- *Are WaSH facilities secure for women and girls (separated toilets with signs, functional locks on latrines, well-lit, are walls opaque)?*
- *How does collection or delivery of water address the roles and security concerns of women, girls? Are women and men able to negotiate access to water equally?*
- *Are WaSH facilities tailored so women, girls, boys and men can access them with dignity and privacy? Are ramps, bars, and dimensions suitable for people with mobility impairments?*
- *Can women and girls get water safely? How many hours are spent traveling to and from water points? Is there a queue at the main water point and who is in the queue? If water is pumped at given times, are these convenient and safe for those who are collecting water?*
- *What other steps are taken to reduce the risk of GBV? Is there a GBV reporting and referral pathway?*
- *Are water supplies and menstrual hygiene kits accessible to adolescent girls and catering to their needs (i.e., sanitary pads, pain-relief medication, underwear, wet wipes)?*





- Are sanitation, public health and hygiene messages and menstrual hygiene kits adolescent-friendly in content, structure, and delivery? Do they include messaging around gender equality, gender roles, women's leadership, and menstrual hygiene?
- Are you using safe, accessible and diverse complaints and feedback mechanisms for women and girls to implement accountability and feedback mechanisms for services?
- Have you ensured women participation in community structures related to WaSH service provision and positions of responsibility?
- Are you engaging local CSOs and women's organizations in supporting the WaSH response? If not, what actions and partnerships may be taken?

4. Monitoring and evaluation

- **Design and report on indicators that capture gendered needs, perceptions and experiences**, including qualitative indicators around women and girls' safe and equitable access to WaSH facilities and their decision-making power.
- **Develop** and monitor a feedback mechanism for women, girls, gender minorities and persons with disabilities.
- **Monitor the access to WaSH** by women, men, boys and girls and use the data to inform project adaptations.
- **Develop indicators** designed to measure impact and change for women, men, boys and girls based on the assessed gaps and dynamics.
- **Disaggregate** all and any data collected by **sex, age and disability (SADD)** at a minimum.
- **Ensure meaningful participation of women and girls**, as well as particularly vulnerable groups, in monitoring and evaluation processes, capturing their experiences, priorities, satisfaction and concerns.
- **Conduct ongoing consultations** using tools such as **safety audits** (in close collaboration with gender and GBV experts) and **adapt mitigation measures accordingly**.
- **Evaluate impact and contributions to gender equality objectives** resulting from the WaSH intervention, including potential impact on women's role, leadership and decision-making.





Key questions to consider for the implementation stage

- *Are you implementing gender intervention in WaSH programming as planned? How did it contribute to achieving the desired gender impacts, such as decreasing safety risks when accessing WaSH facilities?*
- *Are safety audits by gender and GBV experts taking place on site? If yes, how often? How are findings reported and how are they informing the needed changes in the design and implementation of WaSH activities?*
- *How are women and girls meaningfully participating in the monitoring and evaluation of this initiative and is their feedback and concerns taken into account?*
- *How is the intervention responding to gendered needs and priorities? What are its overall contributions to gender equality?*
- *What does SADD and gender and GBV data tell us about the reality of the implementation, and what entry points for greater contributions to gender equality can be identified?*

For more information or support please contact:

WASH sector's Gender and GBV Risk Mitigation Focal Point: Jihad Abdul Ghani: JAbdulGhani@oxfam.org.uk

