

Handbook on Gender, Sexual and Gender Based Violence in Disasters

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The formulation of the Policy Framework and National Plan of Action to address Sexual and Gender based Violence (SGBV) in Sri Lanka, as initiated by the Ministry of Women, Child Affairs and Social Empowerment, incorporated nine different sectors representing key government entities. The Disaster Management Centre (DMC) played a pivotal role in contributing to the development of this Policy Framework and National Plan, considering the fact that, gender perspective needs to be integrated into all aspects of disaster management.

Accordingly, the handbook on "Gender, Sexual and Gender based Violence in Disasters" was developed by the Disaster Management Centre (DMC) with the technical assistance of the United Nations Population Fund (UNFPA), Sri Lanka and the financial support of the Australian Government's Department of Foreign Affairs and Trade (DFAT).

The development process of the handbook was overseen by the UNFPA team, led by Mr. Kunle Adeniyi, Representative for Sri Lanka and Country Director for the Maldives, United Nations Population Fund's (UNFPA) and DMC team, led by Major General Sudantha Ranasignhe, Director General of the Disaster Management Centre.

It is with great appreciation. that we acknowledge the significant contribution and dedication displayed by all key stakeholders who were involved in the process of developing this handbook. They represented varied sectors involved in the disaster management process such as government ministries and departments. UN agencies. health sector professionals, emergency response teams, non-governmental organisations, civil societies, experts in the subject and academia who were . actively involved during the consultative process and review discussions. The development of this handbook followed several steps including a literature review, sector-level consultations and individual interviews with the relevant stakeholders. Draft content of the handbook was reviewed by the respective stakeholders including government. UN agencies. professionals, academia, INGOs. NGOs and CBOs.

The lead author of this handbook was Dr. Manoj Fernando, Senior Gender Consultant supported by Ms. Sharika Cooray, National Programme and Policy Analyst, Women's Rights & Gender UNFPA and coordinated by Ms. Hiroshani Gunathilake, Programme Officer - Gender, UNFPA.

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List of Abbreviations

CBO CommunityBased Organisation

CEDAW Convention on the Elimination of all forms

of Discrimination Against Women

CPO Child Protection Officer

CRPO Child Rights Promotion Officer

DDMCU Directors of District Disaster Management

Centre Units

DFAT Department of Foreign Affairs and Trade

DMC Disaster Management Centre

DRR Disaster Risk Reduction

DS Divisional Secretariat

GBV Gender based Violence

GN Grama Niladhari

HIV Human Immunodeficiency Virus

HNO Humanitarian Needs Overview

IASC Inter-Agency Standing Committee

IFRC International Federation of Red Cross

IRC International Rescue Committee

LGBTIQA Lesbian, Gay, Bisexual, Transgender, Intersex,

Queer and Asexual

MIRA Multi-sector Initial Rapid Assessment

MISP Minimum Initial Service Package

MOH Medical Officer of Health

MO MCH Medical Officer of Maternal and Child Health

NDRSC National Disaster Relief Services Centre

NGO Nongovernment Organizsation

PAHO Pan American Health Organization

PHI Public Health Inspector

PHM Public Health Midwife

PHNS Public Health Nursing Sister

PSEA Prevention of Sexual Exploitation and Abuse

SC Safety Centre

SGBV Sexual and Genderbased Violence

SPHI Supervising Public Health Inspector

SPHM Supervising Public Health Midwife

SRH Sexual and Reproductive Health

SRHR Sexual and Reproductive Health and Rights

STI Sexually Transmitted Infections

UN United Nations

UNFPA United Nations Population Fund

UNHCR United Nations High Commissioner

for Refugees

UNICEF United Nations Children's Fund

VDMC Village Disaster Management Committee

WDO Women Development Officer

WHO World Health Organization

MESSAGE FROM

H. K. W. M. N. B. HAPUHINNA SECRETARY FOR MINISTRY OF WOMEN, CHILD AFFAIRS AND SOCIAL EMPOWERMENT



Disaster Management sector is a key area in the Policy Framework and National Plan of Action to address Sexual and Gender Based Violence (SGBV) in Sri Lanka, which was formulated by the Ministry of Women, Child Affairs & Social Empowerment in 2016

The formulation of this handbook on "Gender, Sexual & Gender Based Violence in Disasters" is a key action in the disaster management sector of the National Plan of Action to address concerns related to sexual and gender based violence in the country.

The gender dimensions in natural disasters have increasingly been recognised internationally and important tools have been developed for incorporating a gender dimension into both disaster risk reduction and disaster response. Moreover, not only due to biological and physiological reasons but also because of socioeconomic and power inequalities, women tend to be more vulnerable than men, to the effects of disasters.

Many of the factors associated with disasters, the separation of families, the collapse of social networks, the breakdown of norms and mores, the destruction of infrastructure, the

relocation of individuals and changed relationships within the family seem to increase violence against women and children.

Women are particularly at risk and suffer disproportionately during disasters and they also play significant roles in all stages of disaster risk management. They work in their communities to reduce risks and often act as frontline responders.

People displaced by a disaster, particularly people in temporary shelters, appear to be especially vulnerable to sexual assault by strangers. Displacement seems to create risks in large measure because people are uprooted from their traditional social networks.

The Disaster Management
Centre (DMC) with the
support of the United Nations
Population Fund (UNFPA),
commenced work with regard
to the development of the
"Handbook on Gender, Sexual
Gender Based Violence in
Disasters" with the objective

of sensitizing and capacitating communities and the disaster management structure to effectively respond to issues of SGBV in disasters.

I appreciate the Disaster Management Centre's commitment and contribution in supporting the implementation of this framework to address SGBV concerns, related to disaster management and also thankful to both the DMC and the UNFPA for providing the technical support. A special note of thanks to the Australian Government and DFAT for the financial support extended in finalising this publication. I believe that, this handbook will be a useful tool to enhance the capacity, as well as create greater awareness among all stakeholders, including the advocacy staff, response staff and also the community. involved in the disaster management process.

MESSAGE FROM

MAJ. GEN. SUDANTHA RANASINGHE DIRECTOR GENERAL FOR DISASTER MANAGEMENT CENTRE



As an island nation, Sri Lanka is vulnerable to the rapid effects of climate change and extreme weather conditions. The natural disasters and human generated catastrophes are exacting a massive toll on the lives of people. We all know that during all forms of crises, women and girls are affected differently than men and boys.

Gender equality and empowerment of women and girls are at the very core of principle of effective disaster response. It is our primary duty to understand the specific needs, capacities and priorities of women. girls, boys and men and integrate this understanding throughout the disaster management programme cycle. As the leading agency for disaster management in Sri Lanka, the Disaster Management Centre (DMC) is mandated with the responsibility of implementing and coordinating national and sub-national level programmes, for reducing the risk of disasters with the participation of all relevant stakeholders.

The Policy Framework and National Plan of Action to address Sexual and Gender-based Violence (SGBV) in Sri Lanka (Ministry of Women's Affairs, 2012) identified the following five main focus areas, under the disaster

management sector plan, to prevent and respond to SGBV with regard to disasters and integrate them to the organisation's plans and programmes; (a) awareness creation and capacity building (b) gender equality in preparedness, mitigation, response, rehabilitation and reconstruction stages of disasters (c) protection, security and safety measures in all stages of the disaster management cycles (d) reproductive health services and psycho-social support and (e) policy and mechanisms to address SGBV in crisis situations during disasters.

I am pleased to recommend all disaster responders to use this handbook on Gender, Sexual and Gender-Based Violence in Disasters. It is an important and useful resource, which will help the stakeholders involved in managing disasters to build on their commitments to gender equality and on women and girls in humanitarian action, with the aim of delivering more effective, rights-based programming. The handbook

offers practical guidance to ensure, that gender equality and women's empowerment are mainstreamed throughout the preparation, response, recovery, and mitigation which are the four (4) phases, of the disaster management cycle.

On behalf of the DMC. I would like to appreciate the efforts of everyone who was involved in the development of this gender handbook, specifically focused on the key aspects related to disasters. Further. I also extend our appreciation to the UNFPA for facilitating the technical expertise and also coordinating the financial support needed to develop this handbook. It is my fervent hope that this handbook will be an instrumental resource for all stakeholders involved in disaster management, to address issues arising with regard to sexual and gender based violence.

MESSAGE FROM

KUNLE ADENIYI

REPRESENTATIVE FOR SRI LANKA AND COUNTRY DIRECTOR FOR THE MALDIVES UNITED NATIONS POPULATION FUND (UNFPA)



Natural and man-made crises or disasters affect women and men differently, further exacerbating existing inequalities faced by women and girls. I believe the protection and safety of women and girls can be achieved only through coordinated, collective, and sustained action. This is why when an emergency strikes, UNFPA prioritizes its work on reaching the most vulnerable. UNFPA is committed to ensuring that all its programmes integrate gender, as a matter of principle. Our ultimate goal is to eliminate gender-based violence (GBV) in all settings and make progress toward the protection of human rights.

The current socio-economic and political crisis in Sri Lanka has caused a negative impact on social and gender equality. Even before the current crisis, gender-based violence was already one of the greatest human rights violations and anecdotal evidence indicates that there is an increasing risk of GBV during crisis situations. So now more than ever, we must work together to strengthen our knowledge and skills on GBV coordination as gender equality and protection from further vulnerability and harm is a central responsibility of humanitarian action. I believe the Handbook on 'Gender, Sexual and Gender-Based Violence in Disasters' comes at a crucial time in our humanitarian efforts and will help deliver on this strategic objective. This GBV integrated handbook will be used to capacitate all stakeholders; advocacy staff, response staff, and the community to better respond to disasters to ensure that the needs of all those affected by the crisis are met in an equitable manner. The meaningful participation of women, girls, men, and boys, in disaster recovery planning, will ensure we leave no one behind

With the development of this handbook, disaster responders now have guidance on gender mainstreaming and on addressing and preventing gender-based violence in any disaster. Integrating gender in humanitarian action and mitigating and responding to GBV are the responsibilities of all humanitarian aid workers. I strongly believe that this Handbook, which provides practical guidance

on integrating gender and GBV into 4 phases of disaster response, will help fulfil this responsibility.





1.1 BACKGROUND

This handbook aims to provide practical guidance to policy makers, response staff (both programme managers and service providers) and community groups to plan, coordinate, implement, monitor and evaluate essential actions for a gender equitable disaster response. Further, the handbook includes measures to prevent and mitigate gender and sexual and gender based violence (SGBV) issues in disasters and emergencies through all three phases of a disaster:



Preparedness and mitigation

(planning and preparation; risk mitigation/disaster reduction action)



Response during acute phase

(loss of lives, property and disruption of existing protection social networks risking women and children)



Recovery

(long term action is taken to restore normalcy)

The handbook is intended to be used as a training tool mainly for the staff of the Disaster Management Centre (DMC), National Disaster Relief Services Centre. It also will also aim to sensitization officers within the Ministry of Women, Child Affairs and Social Empowerment, Department of Social Services, relevant other ministries and community with the objective of adopting a comprehensive disaster response approach.

Gender equality is a human right and is the responsibility of all actors involved in responding to disasters, to give due recognition and importance by way of action, when discharging their services and duties. Disasters impact men, boys, women, girls and other marginalised groups in different ways. Evidence indicates that gender inequalities are prevalent in communities even prior to a disaster, such as limited and low access to resources, restrictive norms and practices which create the need for targeted interventions.

1.2 DEFINING TARGET GROUPS

This handbook will focus on identifying the effective responses that can be implemented by three categories namely, policy makers, response staff and Community members before, during and after disasters to effectively integrate gender during emergencies and disasters.

Target groups



Secretaries and Additional Secretaries of relevant Ministries, Director General and Board of Directors of DMC, Director General Health Services, Director of Disaster Preparedness and Response Division of Ministry of Health, Provincial and Regional Directors of health services,



Response staff (Programme

(Programme Managers and service providers) Response staff of DMC and NDRSC, Tri Forces Provincial Secretaries, District Secretaries Divisional Secretaries, MOH office staff (MOH, PHM, PHI), DS office staff (WDO, CRPO, CPO, GNO, ECCD officer, Elders Rights Promotion officer) Police, Village Disaster Management Committees, Safety Centre Manager or In Charge Officer



Categories involved in disaster management activities, CBOs NGOs and INGOs Host Community Affected Community, Community Volunteers, Village Disaster Committees, Community leaders, Village societies, Women societies, Religious leaders This handbook consists of five (5) sections as follows.

Section 1	Introduction
Section 2	Concepts and definitions
Section 3	Focus on preparedness/mitigation, response and recovery interventions for policy makers
Section 4	Focus on preparedness/mitigation, response and recovery interventions for Community based groups
Section 5	Focus on preparedness/mitigation, response and recovery interventions for Community based groups

All three categories of officials/ officers/ persons are required to refer Section I and Section 2 before focusing on specific sections of the book which relates to preparedness/mitigation, response and recovery interventions for each category. All three categories mentioned above should be familiar with the gender concept as lack of understanding of such concepts lead to ineffective response before and after a disaster.

Further reading and annexures are included to give a comprehensive understanding on effective gender, SGBV responses before and after a disaster.

1.3 DEFINING TARGET GROUPS

It is universally accepted that the needs of women, men, girls and boys should be addressed in humanitarian settings.¹ During and after a crisis, the lack of protection systems, whether disrupted by disasters or non-existent, compounds the vulnerability and risk of violence. In refugee and displacement safety centres, cramped living circumstances, poor lighting and lack of security, inadequate water and sanitation facilities and the non-existence of channels or modes to report violence against women, girls and other marginalised groups, who are more vulnerable. Conflicts, displacements and natural disasters can exacerbate SGBV due to a collapse in social systems, lack of law enforcement and limited access to health facilities.

Effective and sustainable humanitarian approaches, require adequate comprehension on specific needs and requirements of diverse groups of women and men. Integrating gender equality into humanitarian approaches will provide a human rights based approach, in ensuring the rights of all individuals.

The normative framework to integrating gender and SGBV to disaster response and recovery are reflected below:

- 1. The Universal Declaration of Human Rights, 1948
- 2. Article 12 of the 1978 Constitution of Sri Lanka recognises gender equality and freedom discrimination on the grounds of sex as a fundamental right
- 3. Establishment of Women's Bureau in 1978
- 4. The Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), 1979
- 5. First government policy on women and the women's charter in 1993 and National Committee of Women.
- 6. Ratification of a major international labour convention on gender equality i.e. Equal Remuneration Convention, 1951 (no. 100) on 1st April 1993
- 7. The Programme of Action, International Conference on Population and Development, Cairo 1994

Inter-Agency Standing Committee. (2005). Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies.

- 8. Grave sexual abuse is a criminal offence under Section 365B of the Penal Code (Amendment) Act no. 22 of 1995.
- 9. The Beijing Declaration and Platform for Action were adopted at the 4th World conference on Women Beijing, 4th -5th September, 1995
- 10. 1st National plan of action on women was drafted in 1996
- 11. The Discrimination (Employment and Occupation) Convention no. 111, of 1958 was ratified by Sri Lanka on 27th November 1998
- 12. Women and children's desks at police stations were established in 2000
- 13. The Prevention of Domestic Violence Act No. 34, October 2005
- 14. Provisions related to trafficking introduced by the Penal Code Amendment Act No. 16 of 2006
- International Conventions on Prevention of Trafficking- Implemented by Sri Lanka
- Gender Bureau at the Ministry of Labour and Labour Relations established in 2008
- 17. UNSCR 1820 passed on 19th June 2008 addresses sexual violence in conflict and post conflict situations
- 18. UNSCR 1888 passed in September 2009, strengthen efforts to end sexual violence against women and children
- 19. UNSCR 1889, passed on 5th October 2009, urge member states, UN bodies, donors, and civil society to ensure women's protection and empowerment
- 20. UNSCR 1960, passed on 16th December 2010, established a monitoring, analysis, reporting mechanism on conflict related sexual violence
- 21. UNSCR 2106 passed on 24th June 2013, focused on accountability for perpetrators of conflictsituated sexual violence
- 22. UNSCR 2122, passed on 18th October 2013, addressed the persistent gaps in the implementation of the women peace and security agenda
- 23. The Family Policy was formulated by the Ministry of Social Services Sri Lanka in December 2010 and was passed in 2014

- 24. In 2014 the National Action Plan on Women (2014-2018) received Sri Lanka government cabinet approval
- 25. Policy Framework and National Plan of Action to address Sexual and Gender-based Violence (SGBV) in Sri Lanka for 2016-2020 prepared in 2014 and launched in 2016.
- 26. Empowering women, Empowering humanity; the Beijing Platform for Action Turns 2016.

Objectives of the handbook

- To understand the key concepts and definitions of gender and SGBV in disasters
- To understand roles of policy makers, response and community in addressing gender issues during a disaster
- To understand the causes and consequences of GBV in disasters
- To understand and mitigate risks to minimize and/or prevent vulnerabilities among communities exposed to disasters





This section of the handbook will focus on the core concepts and definitions in order to conduct assessments, design programmes, deliver services, coordinate with other sectors, monitor and evaluate emergency responses, through a gender perspective. Contents of this section is divided into three key aspects of gender and disaster.



Concepts on gender and SGBV



Human rights and humanitarian principles



Disaster cycle and gender

2.1 CONCEPTS ON GENDER AND SGBV

Gender

Although the terms 'gender' and 'sex' are used interchangeably, the difference between these two terms must be understood. The term gender refers to the economic, social and cultural attributes and opportunities associated with being male or female. In most societies, being a man or a woman is not a matter of different biological and physical characteristics. Men and women face different expectations about how they should dress, behave or work. Relations between men and women, whether in the family, workplace or the public sphere, reflect understanding of talents, characteristics and behaviour appropriate to women and men respectively.²

Gender attributes and characteristics, encompassing, inter alia the roles that men and women play and the expectations placed upon them vary widely, among societies which change over time. However, socially constructed attributes of gender characteristics are context specific, time specific and can change.³

² Inter-Agency Standing Committee. (2005). Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies.

³ Action Aid. (2009). Women's rights in emergencies Integrating Women's Rights into emergency response; a guide for trainers.

Engagement of Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Asexual (LGBTIQA) representatives or groups during all phases of a disaster, in order to protect their rights and minimise the challenges experienced by them. As LGBTIQA populations are not homogenous, it is essential to deal separately with each subgroup, in order to address respective vulnerabilities and their protection needs.

Gender equality and equity

Gender equity is the process of being impartial to women and men. "To ensure fairness (or impartiality) strategies and appropriate measures must be available often, to compensate for women's historical and social disadvantages which prevent women and men from otherwise operating on a level playing field. Equity thus leads to equality".

"Gender equality requires equal enjoyment by women and men of socially valued goods, opportunities, resources and rewards". Promoting gender equality should be identified as centric in disasters and when providing assistance. Gender mainstreaming and targeted actions in response to a gender analysis, are two main strategies for achieving gender equality. 5

Social and cultural norms

Social and cultural norms are unwritten rules governing the behaviour of the members of a given group or society. They are informal and often implicit rules that most people accept and abide by. Social or cultural norms are highly influential over individual behaviour in a broad variety of contexts, including violence and also on the aspects related to GBV during disasters, as norms can create an environment that can increase or mitigate violence.

⁴ United Nations Population Fund (UNFPA). (2005). State of world population: The Promise of Equality Gender Equity, Reproductive Health and the Millennium Development Goals.

⁵ Inter-Agency Standing Committee. (2006). Women, girls, boys and men: different needs-equal opportunities.

Power and gender

"Gender-based violence involves the abuse of power. To understand GBV risks and vulnerabilities, it is important to understand the power dynamics. Power: involves the ability, skill or capacity to make decisions and take action; physical force or strength. The exercise of power is an important aspect of relationships".⁶

Collective and shared norms on women's subordinate role in society can also perpetuate the power imbalance leading to violence against them.

Gender mainstreaming

Gender mainstreaming is targeted at incorporating ideas and experience of both men and women. Furthermore, it considers the impact of policies and programmes on both women and men to influence the development process in ensuring equal social and institutional structures are being established. Gender mainstreaming is a strategy to be undertaken by all humanitarian actors, where the ultimate goal is to promote multi-sector, interagency action to prevent and respond to SGBV.

As a process, it is intended to prevent gender / SGBV issues from being overlooked or considered as an add on or optional. It provides tools that, help humanitarian actors to integrate SGBV. When officials/ offciers/ staff are aware of gender and protection dynamics from the early days of an emergency, they are more likely to assess SGBV risks and take measures to reduce vulnerability among women, girls, boys and men. Barriers in mainstreaming SGBV prevention and response include, a lack of coordination between humanitarian actors and sectors and the compartmentalised way in which humanitarian organisations are structured, which often does not support an integrated approach to aid delivery.

⁶ https://www.unfpa.org/sites/default/files/pub-pdf/GBV%20E-Learning%20Companion%20Guide ENGLISH.pdf

Gender mainstreaming principles

- **Equal participation and inclusion:** Engaging women meaningfully in order to understand and incorporate their diverse perspectives. This includes capacity building, skills training and generating political will. It also requires promoting and supporting women's participation at all levels of policy making and engaging with women via non-traditional and informal mechanisms. Gender mainstreaming requires engaged consultations with all, especially women.⁷
- Gender analysis: Gender analysis enables the setting to examine the relationships between men and women with respect to their roles, responsibilities, access to and control of resources and the difficulties faced comparatively to each other. A gender analysis needs to be integrated in needs assessments conducted related to humanitarian assistance.8
- Non-exclusivity: Recognizing that gender inequality between men and women is relational leads to the understanding that gender mainstreaming is not a women's issue. Gender mainstreaming does signal the replacement of womencentered approaches within mandates, although there has been a move away from 'women' as a target group. Gender mainstreaming therefore incorporates men and boys in gender-planning initiatives, modifies existing programs to reduce negative and amplify positive effects for men (without undermining the overall goal), and supports alliances between men and women.⁹
- Coherence (inferred): Policies and programs across the system must support gender equality and should work cooperatively and coherently to that aim alongside specific policy objectives. Success in one policy area is not countenanced if it harms the objective of gender equality. Moreover, coherence across mandates to secure gender equality is required as policies and programs in one mandate or policy area can undermine efforts in another.¹⁰

⁷ Katherine Brown, (2019), Guidance note- Gender mainstreaming principles, dimensions and priorities for PVE- UN WOMEN: New York.

⁸ Inter-Agency Standing Committee. (2006). Women, girls, boys and men: different needs-equal opportunities.

⁹ Katherine Brown, (2019), Guidance note- Gender mainstreaming principles, dimensions and priorities for PVE- UN WOMEN: New York.

¹⁰ Katherine Brown, (2019), Guidance note- Gender mainstreaming principles, dimensions and priorities for PVE- UN WOMEN: New York.

Sexual and Gender based Violence (SGBV)

According to the IASC guidelines, "GBV is an umbrella term for any harmful act that is perpetrated against a person's will and is based on socially ascribed (i.e. gender) differences between males and females. Acts of SGBV violate universal human rights protected by international norms. All forms of SGBV are illegal and considered as criminal acts in national laws and policies". This definition has been accepted by agencies involved in emergency responses including the United Nations (UN). SGBV includes any form of sexual, physical, mental and economic violence threats of violence, manipulation and coercion.

Sexual and Reproductive Health and Rights (SRHR)

Sexual and Reproductive Health and Rights (SRHR) refers to the right of every person to make their own choices regarding partners, family planning and the right to access information needed, to support these choices. SRH is a significant public health issue and a range of adverse outcomes can be prevented by timely provision of healthcare services before, during and after emergencies.¹²

During an emergency the affected population and more specifically adolescents face increased vulnerability to exploitation, violence and transactional sex. Their risk taking behaviours are increased due to breakdown of partnerships and distortion of future perspectives.¹³ Provision of basic contraceptive methods is disrupted in emergencies and may lead to increased risk of unplanned pregnancies, unsafe abortions with further risk in situations where there is rape and sexual violence. Poor access to skilled care for childbirth during emergencies, including care for obstetric and neonatal complications, most maternal and neonatal deaths occur around the time of labour, childbirth and the immediate postnatal period. Disasters expose women and their newborns to increased risk of morbidity and mortality because of the sudden loss of support and reduced access to resources, compounded in many cases by trauma, malnutrition or disease and exposure to violence. 14 "In emergency situations,

¹¹ Inter-Agency Standing Committee. (2005). Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies.

¹² Inter-agency Working Group on Reproductive Health in Crises. (2010). Inter-agency Field Manual on Reproductive Health in Humanitarian Settings.

¹³ Ibio

¹⁴ Inter-agency Field Manual on Reproductive Health in Humanitarian Settings, Inter-agency Working Group on Reproductive Health in Crises, 2010.

Sexually Transmitted Infections (STIs) may spread more rapidly where there is disruption to the community and health infrastructure". 15

Evidence on SGBV

"Globally at least one woman in every three has experienced physical or sexual abuse in her lifetime". 16

In Sri Lanka according to the Women's Wellbeing Survey done in 2019¹⁷:

1 in 5 (20.4%) ever-partnered women have experienced physical and/or sexual violence by an intimate partner in their lifetime.

The most common form of reported violence is controlling behaviour (19.1%)

which reflects the lack of agency women have to take decisions regarding their lives. 2 in 5 (39.8%) women have experienced physical, sexual, emotional, and/or economic violence and/or controlling behaviours by a partner in their lifetime. 1 in 4 (24.9%) have experienced physical and/or sexual violence since age 15 by a partner or non-partner.

¹⁵ Prevention and Control of Sexually Transmitted Diseases,in Emergencies. PAHO, 2011.

World health organization. Gender and Health. (2002). Available at https://www.who.int/gender/ other_health/genderdisasters.pdf. & United Nations Population Fund (UNFPA). (2012). Managing Gender-based Violence Programmes in Emergencies. http://www.unfpa.org/public/home/ publications/pid/10495

¹⁷ Department of Census and Statistics, Sri Lanka Women's Wellbeing Survey. (2019), https://srilanka.unfpa.org/en/publications/womens-wellbeing-survey-2019.

Close to half

(49.3%) of the women who experienced sexual violence by a partner

did not seek formal help anywhere.

Most women did not seek help as they did not know of available services

and feared they would not be believed; be blamed for the violence; shamed and embarrassed; and most importantly be told that it is normal and not a grave violation.



1 in 5 (21.4%)

women who experienced sexual violence by a partner told no one about it before being interviewed in this survey indicating the shame they feel within themselves to disclose violence.

Impacts on mental health are high with emotional distress

reported at much higher rates by women who experienced violence compared with women who did not.

A quarter

(25.4%)

of women

who had experienced physical and/or sexual violence by a partner

have had an unwanted pregnancy

(or wanted the pregnancy later) compared to 10.7% of women who have never experienced violence

Although it is difficult to obtain data on GBV during disasters, regardless of such limitations it is assumed that SGBV occurs in such distressed environs. Loss of livelihoods, disruption of services and societal and family structures during disasters increase the vulnerability specifically for women, girls and other marginalised groups.

SGBV case management

Case management is a process that engages a range of individuals, organizations and services to support a survivor's immediate needs and longer term recovery. It is important that survivors are provided with information so they can make informed choices, including choices about using services.

SGBV response services and the possible consequences of not accessing those services must be known by all (e.g. whether or not the case automatically reported to the police, expectations of the interview and/or examination process, etc.). Effective case management ensures informed consent and confidentiality, respects the survivor's wishes and provides services and support without discrimination based on gender, age, race or ethnicity.

In emergencies, it is often difficult to provide the full range of case management services. Survivors' immediate needs should be prioritized, including their safety and security and access to healthcare and counseling. The case manager should assess the immediate risk to the survivor and ask what measures should be taken to protect her/his safety. The case manager can then work closely with the survivor to prepare a safety plan and connect the survivor to healthcare services.¹⁸

¹⁸ Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies_ UNFPA Humanitarian and Fragile Contexts Branch_New York_2015

A Survivor-Centred Approach

A survivor-centred approach embraces each individual survivor's physical, psychological, emotional, social and spiritual aspects. This approach also considers a survivor's cultural and social history as well as what is happening in her or his life that could support and facilitate recovery. The survivor-centred approach recognises that:

- a) Each person is unique
- b) Each person reacts differently to GBV and will have different needs as a result
- **c)** Each person has different strengths, resources and coping mechanisms
- **d)** Each person has the right to decide who should know about what has happened to them and what should happen next¹⁹

Guiding Principles for addressing SGBV

The guiding principles for working with survivors of gender-based violence reflect the values and attitudes that underpin a survivor-centered approach to GBV response. They apply at all times to all actors. The Gender Based Violence (GBV) coordination and programming is built on the guiding principles of safety, respect, confidentiality and non-discrimination.

- **"Safety:** Is a priority concern of the survivor and related parties such as family members and people who would be of assistance. Disclosing an incident or history of abuse, may increase the risk of further violence from the perpetrator(s).
- Respect: Any assistance provided to the survivor should be dealt with respect. The facilitators will help the recovery process but ensure that the choices and dignity of the survivor is respected.
- **Confidentiality:** Maintaining confidentiality will enhance the trust to disclose an incident of abuse. Confidentiality ensures that the shared information on an incident by a survivor or any other person will not be disclosed to any party, without the informed consent of the person concerned"²⁰.

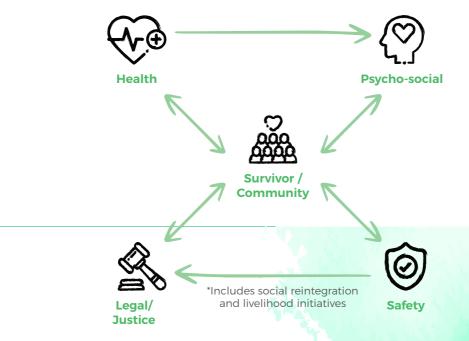
¹⁹ https://www.unfpa.org/sites/default/files/pub-pdf/GBV%20E-Learning%20Companion%20Guide_ ENGLISH.pdf

²⁰ Gender-based Violence AoR-Global Protection Cluster. (2019). Handbook for Coordinating Gender-based Violence Intercentions in Emergencies.

• **Non-discrimination:** Equal and fair treatment of survivors should be maintained. Age, gender, disability, religion, nationality, ethnicity or sexual orientation should not biase any response.

Multi-sectoral response to SGBV

A multi-sectoral response to SGBV represents a holistic and coordinated approach aimed at harmonizing and correlating programmes and actions developed and implemented by a variety of institutions (but not limited to the following) mainly in the sectors of health, psychosocial, justice/legal, safety and security. A multi-sectoral response to GBV is based on interinstitutional partnership and cooperation, which requires a common understanding for addressing GBV and follows the principles and standards determined by the partners involved.²¹



²⁰ Gender-based Violence AoR-Global Protection Cluster. (2019). Handbook for Coordinating Gender-based Violence Interventions in Emergencies.

²¹ UNFPA Regional Office for Eastern Europe and Central Asia (UNFPA EECARO). (2015) Multi-sectoral response to GBV An effective and coordinated way to protect and empower GBV victims/survivors

2.2 HUMAN RIGHTS AND HUMANITARIAN PRINCIPLES

Humanitarian Principles

The humanitarian principles should underpin the implementation of the Minimum Standards and are essential in maintaining access to affected populations and ensuring an effective response.

- "Humanity: Human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings.
- Neutrality: Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.
- Impartiality: Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no adverse distinction on the basis of nationality, race, gender, religious belief, class or political opinion.
- **Independence:** Humanitarian action must be autonomous from political, economic, military or other objectives that any actor may hold, with regard to areas where humanitarian action is being implemented".²²

Human Rights

Human rights are rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion or any other status. Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education and many more.

Everyone is entitled to these rights, without discrimination. Human rights are universal. Gender equality is a human right. Women and girls are entitled to live with dignity and in freedom from fear and violence.

²² https://civil-protection-humanitarian-aid.ec.europa.eu/who/humanitarian-principles_en#...text=The%20principles%20of%20humanity%2C%20neutrality.attention%20to%20the%20most%20vulnerable.

Rights based approach

A rights-based approach guides all phases of a programme in terms of assessment, analysis, planning, implementation, monitoring, evaluation and reporting and sectors such as education, food, health, livelihoods, etc. of humanitarian programming.

It incorporates international human rights laws to analyze inequalities and to develop programmes to address any obstruction to the enjoyment of human rights. "Rights-based approach recognises rights holders with entitlements and duty bearers with obligations. It emphasizes principles of participation, empowerment and accountability for human rights violations".²³

Prevention of sexual exploitation and abuse (PSEA)

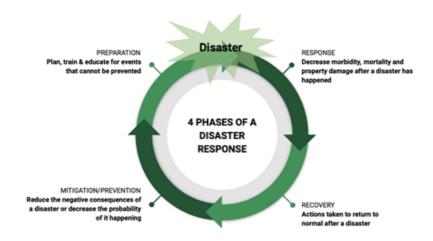
PSEA is an important aspect of SGBV prevention. "It is essential that service providers should not engage in any activity that will involve any sexual transaction, exploitation or abuse when providing services. PSEA policies are adopted by UN agencies and other agencies to protect beneficiaries from sexual exploitation and abuse and should be adopted by all stakeholders. Sexual exploitation is defined as an actual or attempted abuse of someone's position of vulnerability, differential power or trust to obtain sexual favors, including but not only, by offering money or other social, economic or political advantages". ²⁴ Adopting PSEA policies by the service providers in the referral system would build trust among victims/ survivors of the SGBV system and prevent misconduct by service providers.

²³ Inter-Agency Standing Committee. (2006). Women, girls, boys and men: different needs-equal opportunities.

²⁴ https://emergency.unhcr.org/entry/32428/protection-from-sexual-exploitation-and-abuse-psea

2.3 DISASTER CYCLE AND GENDER

Disaster response can be divided into four (4) major phases considering the effective management and prevention of impacts of a disaster. These phases are illustrated below.²⁵



Preparedness and mitigation

This phase focuses on activities prior to a disaster. Many essential actions must be followed in a coordinated manner from the earliest phase of emergency preparedness. "Emergency preparedness is the knowledge and capacity developed by governments, recovery organizations, communities and individuals to anticipate, respond to and recover from the impact of potential, imminent or current hazard events, or emergency situations that call for a humanitarian response. Emergency preparedness requires long-term, comprehensive engagement in the framework of disaster risk reduction (DRR)". Eg: Emergency exercises, planning, capacity building, etc.²⁶

²⁵ https://disastermedicine.wordpress.com/four-phases-of-disaster-management/

²⁶ Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies_ UNFPA Humanitarian and Fragile Contexts Branch_New York_2015

Response

Emergency response involves the provision of emergency services and public assistance during or immediately after a humanitarian crisis to save lives, reduce health impacts, ensure public safety and protection and meet the basic needs of women, girls, boys and men in the affected population. This stage can range from a few days or weeks to many months and even years, particularly in protracted insecurity and displacement contexts ²⁷

Recovery

Recovery is the process following relief and supporting the transition into long term reconstruction and development. Recovery actions are most effective if anticipated and facilitated from the very outset of a humanitarian response. Recovery involves the restoration and improvement of facilities, livelihoods and living conditions of crisis affected communities, including efforts to reduce risks brought on by the crisis.²⁸

Types of SGBV in emergencies

01	02	03
Rape	Sexual	Sexual
	Exploitation	Assault
04	05	06
Physical	Sexual	Domestic Violence/
Assault	Abuse	Intimate Partner
		Violence
07	08	09
Psychological/	Denial of	Trafficking
Emotional	Resources,	in Persons
Abuse	Opportunities	
	or Services	
10	11	12
Harmful Traditional	Son	Female
Practices	Preference	infanticide

²⁷ Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies_ UNFPA Humanitarian and Fragile Contexts Branch_New York_2015

²⁸ Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies_ UNFPA Humanitarian and Fragile Contexts Branch_New York_2015

Factors exacerbating SGBV during disaster

Disaster is a situation where many factors collectively exacerbate SGBV. Knowledge on these factors is essential to minimise SGBV during and after a disaster

		_			
01	Social Norms	02	Increased availability of weapons	03	Law enforcement
04	Perceived threats to masculinity	05	Increased substance abuse	06	Human rights abuses
07	Extreme poverty	08	Loss of livelihoods	09	Disrupted family and community protection structures
10	Traumatic stress	11	Loss of legal and protective mechanisms	12	Disability
13	Pre-existing intimate partner violence	14	Transactional sex	15	Lack of access to basic resources ²⁹
				_	

Ecological model for addressing SGBV in disasters

Disasters can disproportionately affect women and girls by accelerating the existing gender inequalities, marginalization and discrimination. The ecological model on violence against women can be used to understand this risk arising from four layers at individual, relationship, community and societal levels.³⁰

"Individual level - includes personal factors such as age, low levels
of literacy, lack of livelihoods and income, lack of access for
women to assist recovery from disasters, disabilities etc.,

²⁹ Spangaro, J., Toole-Anstey, C., MacPhail, C.L. et al. The impact of interventions to reduce risk and incidence of intimate partner violence and sexual violence in conflict and post-conflict states and other humanitarian crises in low and middle income countries: a systematic review. Confl Health 15, 86 (2021). https://doi.org/10.1186/s13031-021-00417-x

³⁰ Heise, L.L. (1998). Violence against women: An integrated, ecological framework. Center for Health and Gender Equity.

- Relationship level includes the layer of family, intimate partners and friends where domestic responsibilities such as caring for children and older relatives, exclusion from policy-making processes, low socio-economic status at the household level etc.
- The level of the community includes the neighborhood and workplace factors where poor safety in public places and gender discriminatory practices and social norms exist etc.
- The broader level includes factors from the societal level including the prevailing economic, social and gender inequalities and poor integration of gender issues into laws and policies related to disasters etc".³¹

Minimum Initial Services Package (MISP)

Minimum Initial Services Package (MISP) is a set of prioritised Sexual and Reproductive Health activities to be implemented at the onset of a disaster.

The goal of Minimum Initial Services Package (MISP) is to prevent sexual and reproductive health related mortality, morbidity and disability in crisis affected population. There are six objectives of MISP.

- 1. Ensure the health sector identifies an organisation to lead implementation of the MISP.
- Prevent sexual violence and respond to the needs of survivors
- **3.** Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs.
- **4.** Prevent excess maternal and newborn morbidity and mortality.
- 5. Prevent unintended pregnancies.
- 6. Plan for comprehensive SRH services, integrated into primary health care as soon as possible. Work with the health sector/cluster partners to address the six health system building blocks.

³¹ Heise, L.L. (1998), Violence against women: An integrated, ecological framework. Center for Health and Gender Equity.

"MISP is implemented at the onset of a humanitarian emergency to prevent excess sexual and reproductive health related morbidity, mortality and disability in crisis affected population. Implementation of service delivery activities of the MISP requires continuous monitoring and coordination of all relevant partners.

It is important to note that MISP is the minimum requirement and essential to be implemented in all circumstances. These services should be continued and put together with comprehensive SRH services early as possible and supplies throughout protracted crises and recovery."³²

Disability

Disability can aggravate the issues faced by women, men, boys, girls and LGBTIQA. This often happens based on the physical environment of the safety centres, availability of resources to meet their basic needs and the status of the exigencies prevalent at that time.

This category of persons during disasters and emergencies do become more vulnerable and at an increased risk of SGBV. Service providers should consider this fact and attend the multiple needs of this group without discrimination.

Children

"Children have unique needs. Children in particular girls are often at risk of exploitation and abuse during a disaster". They are a group sensitive towards the impact of disasters and likelier to get affected psychologically than others.

There are specific needs of children which could get severely affected, during a disaster, mainly with regard to female children or girls who have their reproductive rights and wants. Furthermore, there may be children without parents where response staff should pay attention when providing services. Many other sectors such as Child Protection Authority, Police

³² Inter-agency Working Group on Reproductive Health in Crises. (2010). Inter-agency Field Manual on Reproductive Health in Humanitarian Settings.

³³ Sphere Association. (2018). The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response (fourth edi). www.spherestandards.org/handbook

Women and Child Desk, Probation and Child Care Department should engage with both the health sector, DMC and NDRSC to provide comprehensive disaster response for children. In general, the Ministry of Education and Ministry of Health with other key stakeholders should identify measures to promote hygiene in schools, children care homes and also among children living on the street. Involve children in developing the communique, as they are capable of promoting healthy behaviour among their family members and others in the community. Ensuring continuation of education and providing necessary opportunities of children impacted by disaster is vital.

Media

Mass media in particular social media can play an important role during disasters. Social media in particular is helpful in making people aware and communicate with them effectively and efficiently. However, breaching ethical boundaries of the affected population by media personnel and social media (i.e. posts, groups and pages) should not be allowed, as it could do more harm.

When providing public information should portray an objective image of the disaster situation where the capacities and aspirations of disaster victims are highlighted, and not just their vulnerabilities and fears.³⁴

³⁴ Sphere Association. (2018). The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response (fourth edi). www.spherestandards.org/handbook



POLICY MAKERS

This section provides action for the role of staff involved in policy making and advocacy. Although, there are effective interventions for integration of gender and protection from SGBV, policy level responses should be implemented considering three levels namely, structural, systemic and operative.

- **Structural level:** Providing primary preventative measures will ensure the rights of women and girls are recognized and protected by the international, statutory and traditional laws and policies.
- **Systemic level:** Providing legal, welfare, health systems or community mechanisms to monitor and respond when the above stated rights are being breached.
- **Operative level:** Providing direct services to meet the needs of survivors of SGBV, the vulnerable and victimized.³⁵

Coordination would ensure a more probable, accountable and effective response to GBV during disasters and emergencies. Preparedness and coordination requires a collective and multi –sector effort which requires the relevant activities to be coordinated between service providers of government and non-governmental stakeholders involved in disaster management. Addressing gender and SGBV issues in the phase of preparedness for disasters or various hazards, would require coordinating with relevant partners in different sectors who are involved in gender related activities. These partners would include government organisations (e.g. ministries) at national and local level, non-government oragnisations which would include both foreign and local, private sector, volunteers etc.

At national level, preparedness and coordination activities should be facilitated by the Disaster Management Centre (DMC) with the involvement of other relevant national and subnational stakeholders and to be routed through the local authorities.

³⁵ International Rescue Committee. (2011). GBV emergency response & preparedness: Participant handbook. https://resourcecentre.savethechildren.net/document/gbv-emergency-response-preparedness-participant-handbook/

National level Key stakeholders



Ministry of Defense



Disaster Management Centre



National Disaster Relief Services Centre



Family Health Bureau, Ministry of Health



Disaster Preparedness and Response Division, Ministry of Health



Provincial and Regional Directors of Health Services



Ministry of Women Affairs, Child Development and Social Empowerment



Ministry of Public Administration, Local Government



Child Protection Authority



Sri Lanka Police



All other relevant Ministries

All communication coordination and monitoring of activities need to be routed through DMC for transparency and accountability. Periodic programmes should be jointly conducted with DMC in an effective and productive manner during pre-disaster preparation planning.

The following gender equality actions are recommended by the Inter-Agency Standing Committee (IASC) panel.

- Include gender analysis results in the initial assessment reports to influence funding priorities for the overall response.
- Refer to gender audit results and look at resources already available and prioritize accordingly.
- Prepare key messages with inter-agency/inter-sectoral gender working groups (if established) to enable advocacy for both technical and financial resources with donors and other humanitarian stakeholders.
- Apply and track the IASC Gender Marker project codes to demonstrate gender equality programming and programming coherence.

Inter-Agency Standing Committee. (2018). Guideline: The Gender Handbook for Humanitarian Action.

3.1 ACTIONS DURING PREPAREDNESS AND MITIGATION PHASE

- Advocate developing interventions to be carried out in all phases of a disaster with a focus on women, men, boys, girls and other marginalised groups. Direction to be provided for gender responsive multi-sectoral coordination mechanisms at national, provincial, district and local level.
- Ensure gender sensitiveness and responsiveness in developing new acts, national plans, policies and other directives and also strengthen, review and amend existing acts/policies (e.g. National Disaster Management policy) to identify gaps and develop comprehensive strategies to assist and guide during the preparedness phase.
- Advocate to include the community and engage women and girls in the policy making process, development of preparedness plans and strategies on GBV prevention and implementation of response.
- Ensure holistic response and planning for emergencies that take into account a survivor centered approach and address the psychosocial support for survivors of SGBV at individual level
- Ensure response staff is trained on psychological -First
 Aid deriving best practices by the community based
 organisations and other international organisations working
 towards improving psychological counselling.
- Ensure quality standards for SGBV prevention and response during crisis/ emergencies specifically through multi-sectoral interventions that can be facilitated, focusing on systems and standards.
- Periodic programmes, capacity building and awareness trainings on gender and SGBV should be conducted jointly with DMC in an effective and productive manner during predisaster preparation and planning stages.

- Ensure training programmes should be focused on guiding the relevant persons in addressing gender based sensitive issues during disasters and emergencies. The categories of person and participants should include response staff (both Programme managers and service providers), Public Health Midwife, Public Health Inspector, members of the Village Disaster Management Committee (VDMC) such as Grama Niladhari officer, Samurdhi officer, Development officer, Women Development officer (WDO), Early Childhood Care and Development (ECCD) officer, Child Protection officer, Child Rights Promotion officer, Social Services officer, Elders Rights officer, Counseling officer, representatives from Municipal Council/ Urban Council/ Pradeshiya Sabha, members of NGOs, volunteers and other relevant officers working at community level.
- Establish proper coordination at national level, provincial, district and local level involving relevant ministries, especially the Family Health Bureau of Ministry of Health, Ministry of Women Affairs, Child Development and Social Empowerment, Women's Rights organisations and forums, civil society organisations, NGOs and INGO partners who are involved in handling emergencies related to women and girls.
- Ensure monitoring and evaluation systems are developed to assess the effectiveness of programme interventions in preventing, mitigating and responding to SGBV during and after disasters.
- Ensure funds and resources are allocated for the utilisation of specific support and concerns of women, girls and other marginalised groups.
- Published content to be reviewed every five year period and revised accordingly to best fit prevalent situations and developments that, have incurred in relation to SGBV.
- Ensure all sectors at all levels are capacitated and provided them with proper equipment and allowances to address SGBV.
- Strategies in place for response staff to actively engage with community groups to strengthen community readiness to prevent and respond to SGBV during disasters.

- Policies and actions should be implemented to develop community support groups that can educate communities on prevention of SGBV and provide community-based psychological and social support.
- Ensure creating an alliance with media groups and make them aware of the importance of ethical reporting. Arrange trainings for reporters/media personnel on gender sensitive journalism including prevention and avoid sensationalisation SGBV incidents and advocate for strong messages on GBV prevention in emergency situations, especially pre. during and post disaster stages.
- Advocacy for national level awareness on electronic and print media for effective response to crisis/ emergencies prior to disaster in local languages, e.g. mini documentaries related to Sri Lanka's common disasters. The communication should highlight ways of mitigating risks before, during and after disasters with emphasis placed on how SGBV and gender issues increase during disasters and how mitigation can be strengthened.



Regular monitoring allows WDO to continuously assess changes in the protection environment that affect women and girls and track the quality and accessibility of multi-sector services for survivors. This information can be used to modify the disaster respond programme to ensure it best responds to the nature of protection risks facing women and girls throughout the duration of the emergency or disaster.



Needs assessments are comprehensive, accurate and provide relevant information. which is helpful in planning gender sensitive responses before and during disasters. This assessment should be done in coordination with all relevant actors, e.g.: national and local authorities, affected populations, host communities, village committees, civil society organisations, INGOs which are actively involved in the affected area, and CBOs.

- The preparedness phase of a disaster requires attention for mobilisation of funds and resources which includes but is not limited to funds but, equipment and manpower. As advocacy to promote further planning, mobilise and utilise allocated resources to achieve gender sensitive disaster response.
- Strategies develop partnerships with donors and private sector to carry out advocacy with all interested parties to meet the demands of women, men, boys and girls. Their needs should be identified and prioritised for effective mobilisation of resources for a gender equitable disaster response.

Information generated from assessments act as evidence to strategies gender sensitive responses. There are specific tools available to assess the needs of the affected population, which pay special attention to gender and SGBV. These assessments should be usually done at the early stage of a disaster, in order to get an accurate idea of the situation of the affected population. Following tools have been widely used when assessing the needs of affected communities with a special emphasis on gender and SGBV.

- MIRA Multi-sector Initial Rapid Assessment
- HNO Humanitarian Needs Overview
- Ensure gender is integrated within all job roles and functions
 of response staff by providing necessary resources. Relevant
 measures should be taken to include gender and related
 concepts in disaster situations in an appropriate curriculum
 related to disaster management as well as gender specific
 subjects.
- Ensure familiarisation of gender concepts among the response staff, as lack of understanding leads to ineffective response.

3.2 ACTIONS DURING RESPONSE PHASE

- Approval mechanisms to obtain required response services to be made efficient through directives in the formal administrative structure. Specifically, in seeking approvals at service delivery, obtaining supplies and addressing financial matters. Rigid approval mechanisms should be made more flexible during disaster and emergency situations to enhance the effectiveness of service delivery.
- Ensure that the needs of women, girls and survivors of SGBV are met during the response phase. e.g. MISP, dignity kits, emergency contraceptive pills etc. A mechanism to distribute these items among relevant affected population is vital.
- Ensure response staff is vigilant about the factors that could contribute towards SGBV which would be related to the immediate environment, layout or setting of the safety centre, gender norms, culture and values, religious beliefs, behaviour of affected and host community, adverse media reports and ineffective provision of services by certain service provided.

3.3 ACTIONS DURING RESPONSE PHASE

- Advocate for coordination of activities to take into account the specific requisites of women, girls and other marginalised groups to ensure a holistic response. Specifically, identifying and mapping service providers for the management of survivors of SGBV.
- Ensure identification and empowerment of communities for effective interventions through policy level directives to protect women and girls from SGBV with an emphasis on strengthening local ownership.
- Enforcement and integration of international commitment on gender equality and discrimination to national laws and strengthening the existing policies for gender mainstreaming.





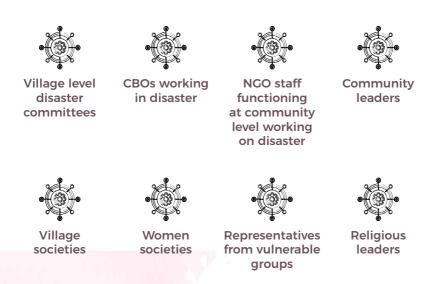




Community members and community groups can play an important role in preventing SGBV during and after a disaster. There are several key stakeholders functioning at the community or village level in preparing their communities to give a comprehensive support during and after a disaster. These groups and creating new community based groups is essential in addressing gender, SGBV and SRH issues during a disaster.

This module intends to strengthen the community based responses of these groups in preparing for prevention, mitigating and responding gender inequality and SGBV which occur with disasters. Following groups and individuals will benefit from this module.

Key stakeholders:



Community groups should be the key actors to prevent negative impacts of not only the disaster but minimize the impacts of a disaster on gender issues, such as poor sexual and reproductive health among girls and women and sexual and gender based violence. Most often family members can be protected from these effects of a disaster if community systems are strengthened. Knowledge of the Elderly population in the affected community should be taken into consideration. As they have life long experience on these situations.

The importance of working with communities / developing community level disaster response groups is to help them to understand and influence communities' that can assist in early recovery. Further, it is cost effective and can also be more effective in covering a wider geographical area.

Role of community members in disasters (Both host community and the affected population)

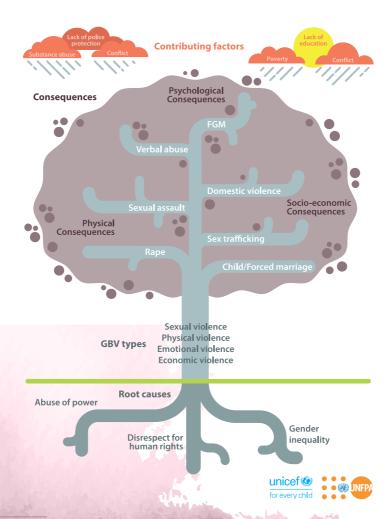
The role of the community is vital in any disaster/ emergency context, given their knowledge and understanding of their own needs and vulnerabilities. The capacity of empowered women and men in the community should be acknowledged and they must be empowered to actively participate in disaster response efforts. Most contributory factors of SGBV during a disaster had existed in the community before and will exist even after. Community members' responses should focus on addressing myths on gender and SGBV, and protect women and girls in this community.

Inter-Agency Standing Committee. (2018), Guideline: The Gender Handbook for Humanitarian Action.

5.1 ACTIONS DURING PREPAREDNESS AND MITIGATION PHASE

Community should be aware of the risk factors, contributing factors, root causes and consequences of SGBV. The root causes are often deep rooted and are not visible, namely abuse of power, disrespect for human rights and gender inequality.

The Toxic GBV Tree⁴⁹



- Community members should engage with community level officers working at the village / division level to prevent and mitigate disaster responses on women, men, boys and girls.
- Community members can organize meetings as a group and with the help of community level disaster management officers before disasters occur to identify strategies for minimizing risks and reducing the vulnerabilities of the community such as gender inequality.
- Community groups should be aware of the factors contributing SGBV from four different levels, individual, family, local community and societal levels to directly targeted interventions.
- Support response staff to meet all community members by identifying the most vulnerable households, families and individuals.
- Support the response staff to develop a strong relationship with community members.
- Ensure participation of women, girls, men and boys within the community in the assessment process.
- Support the response staff to distribute data collection tools among the community. This helps to collect more accurate information about people who are at risk and affected. Eg: People at risk of SGBV and survivors of SGBV.
- Participate in trainings organized by the disaster response staff in the community to gather knowledge and acquire skills to address SGBV effectively during the disaster.
- Link up with CBOs or existing disaster management groups in the community and share information on gender, SGBV and disasters and emphasize the need for creating protected environments
- Support to execute the referral pathways and the multi sectoral coordination mechanism to response the SGBV.
 Eg: Referrals to Mithuru piyasa and hospitals.



Suggestions for community based activities

- Carrying out a situational analysis of your own community to understand the gender norms, gender attitudes, knowledge on gender, SGBV and SRH and the prevalence of SGBV.
- Regular meetings as a group to share this information, plan of action and prepare own communities to minimize the SGBV incidents. This would reduce the impact of disaster on all genders.
- Educating all communities and always share new information with all..
- Support women and girls to access to basic health services before and after disasters.
- e. Support and ensure safety of survivors of sexual violence.
- f. Provide psychological and social support for survivors/ victims by listening to them and by caring. Until they are referred to a skilled health care worker.
- g. Creating or act as vigilance groups to prevent and respond SGBV before and after a disaster and inside SC.
- h. Support safe site planning and camp programmes.
- Skill development for prevention of SGBV and making children aware of sexual abuse.
- j. Support safe food security and nutrition programmes.
- Make your community aware about SGBV and the availability of services for the survivors.
- I. Take measures to address the contributory factors of SGBV.
- m. Make everyone aware how to protect children. Children should also be made aware how to protect themselves.
- Sensitizing all males in the community about the importance of protecting women, girls and safeguarding their dignity. How to find the suitable partner and responsible sexual behaviour.

Communities can adapt their own mechanisms of monitoring the level of protection of their own communities. The indicators and the levels of measurements to monitor the changes can be decided by the community.

 Identification of government institutions and CBOs working on disaster and networking; It is required to identify the capacity of different individuals and groups in the community and link them with the different response agencies who are engaged in disaster situations for medical, social, legal and others support.

Responsible community officers

PHI PHM GN officer WDO CRPO Samurdhi officers NGO staff

5.2 ACTIONS DURING RESPONSE PHASE

Acute stage of a disaster is critical period for the affected as well as the service providers. Above table might have given you an idea about the members in the preparedness and response team who will be providing many services including services for women and girls. Support from community groups at this stage to prevent SGBV and support the survivors of SGBV is crucial. Proper communication and coordination with the response staff and other relevant officers is necessary when involving response actions.

- Supporting response staff in disasters to provide services
 - a) Communicate with the response staff and be mindful of the requirements of the affected community.
 - b) Community should be made aware to not interrupt the activities of response staff and other officers.
 - c) Support them to identify the safe locations for SCs and vulnerable individuals
 - d) Support the response work by providing manpower.

During disasters communication with the service providers and between members of community groups may be difficult. Methods should be recognized to communicate when planning community level disaster responses. There are many other ways of communication between groups possible. WhatsApp is a new and a cost-effective way of communicating with groups. Through WhatsApp groups can link with any other groups in the country to communicate as well as to share the experiences, Ideally this should be done during the preparedness phase.

- e) Take measures to minimize SGBV within SCs through necessary awareness of the area, by cooperating with Police, civil society organizations and identifying vulnerable areas in the locality.
- f) Always be mindful about limitations when providing support. Do not cross limits when providing services to affected people and response staff.
- Be vigilant to protect women, girls and other marginalied groups; Should be vigilant about the safety and health concerns of women, girls, LGBTIQA, elderly, the differently abled individuals of the community. They may experience difficulties due to following reasons.
 - a) No proper sanitary facilities
 - b) Sexual and reproductive needs are not met
 - c) Experiencing violence
 - d) Rights may be violated and neglected.
- Identification of possible locations and sites at the community level which can be used as SCs to promote safety and reinforce community based protection, such as safe spaces for women and girls.⁵⁰
- Monitor the quality of the basic services provided separate toilets for Male and female, washing areas with proper doors and lock (inside), adequate water and proper lighting etc.|
 A ramp should be available for differently abled persons.

⁵⁰ Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies UNFPA Humanitarian and Fragile Contexts Branch New York 2015

5.3 ACTIONS DURING RECOVERY

- Support response staff to collect information; the response staff requires updated data and information for better service delivery during disasters. In a situation of system breakdown at disasters there may be difficulty in accessing the required information and service delivery. The community groups can be actively involved in supporting the response staff in collecting information by sharing the records available with them or by supporting to access the available sources to receive information.
- Support the affected to rebuild; community bonding and solidarity may have increased after disasters. This need will enhance the effectiveness of recovery, through continuous building of trust, participation, and networking.⁵¹
- Create self-help groups; involvement of different stakeholders at the community level to coordinate and advocate on SGBV prevention and identifying male role models in the community to speak publicly against SGBV can be a strategy to increase the involvement of community members for SGBV prevention in their communities.⁵² Youth can effectively be involved in these self-help groups in both affected and host communities.
- Support the survivors of SGBV to reach services
 - a) Identification of referral networks could be done through formal as well as informal processes. The formal process may be through an officer of the response team specially the health care workers. The informal assistance may be through women who can be identified as leaders in their own communities.
 - b) Community members should be trained to recognize the risks of SGBV victimization and to provide assistance to seek formal support through Helplines, WDU & Police desk. Communities should be aware of available services on SGBV prevention and psychological support for SGBV.⁵³

⁵¹ Virginie Le Masson, Sheri Lim, Mirianna Budimir, Jasna Selih Podboj. (2016).Disasters and violence against women and girls. Working paper. Available at https://www.odi.org/sites/odi.org.uk/files/ resource-documents/11113.pdf.

⁵² Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies_ UNFPA Humanitarian and Fragile Contexts Branch_New York_2015

⁵³ Inter-Agency Standing Committee. (2005). Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies.

- Make aware on the survivor centered approach;
 - a) Be treated with dignity and respect instead of being exposed to victim blaming attitudes.
 - b) Choose the course of action in dealing with the violence instead of feeling powerless.
 - c) Privacy and confidentiality instead of exposure.
 - d) Non-discrimination irrespective of gender, age, race, ethnicity, ability, sexual orientation and other characteristics.
 - e) Receive comprehensive information to help her make her own decision instead of being told what to do.
- Conduct community awareness; communities should have an active voice even in the recovery phase. Most incidents would not be reported due to current social and cultural norms and also the stigma attached to such incidents.
 Awareness among the community should be increased and the need to highlight these issues should be emphasized.
 This could minimize the SGBV in these communities.

Bibliography

- Action Aid (2009) Women's rights in emergencies Integrating Women's Rights into emergency response; a guide for trainers.
- 2. Addressing inequalities: The Heart of the post-2015 Development Agenda and the Future We Want for All. Global Thematic Consultation. Henk-Jan Brinkman, Larry Attree, Sasa Hezir, February 2013.
- 3. Amnesty International (2011) Haiti: aftershocks: women speak out against sexual violence in Haiti's camps. London: Amnesty international.
- 4. Asgary R., Emery, E., & Wong, M. (2013). Systematic review of prevention and management strategies for the consequences of gender-based violence in refugee settings. International health, 5(2): 85-91; CARE International.
- 5. Center for Disaster Disparity. Women and girls in disasters. Available at https://disasterphilanthropy.org/issue-insight/women-and-girls-in-disasters/. Accessed 5 April 2021.
- 6. Chapell D. and Di Martino V. (1998). Violence at Work. Geneva, International Labour Organization.
- 7. Coburn, A. W., Spence, R.J.S. and Pomonis, A. (1994). Disaster Mitigation Disaster Management Training Programme. Cambridge, United Kingdom.
- 8. Council of Europe. What is gender mainstreaming? https://www.coe.int/en/web/genderequality/what-is-gender-mainstreaming. Accessed 6 April 2021; International labour organization. Gender equality tools. Available at https://www.ilo.org/public/english/bureau/gender/newsite2002/about/defin.htm. Accessed 6 April 2021.
- 9. Department of Census and Statistic. Demographic and Health Survey 2016. Available at http://www.statistics.gov.lk/Health/StaticalInformation/DemographicAndHealthSurvey-2016FullReport. Accessed on 1 Feb 2021.
- Department of Census and Statistics, Sri Lanka Women's Wellbeing Survey. (2019)._ https://srilanka.unfpa.org/en/ publications/womens-wellbeing-survey-2019

- 11. Department of Census and Statistics. Women's wellbeing survey. (2019). Available at http://www.statistics.gov.lk/
 Resource/refference/WWS_2019_Final_Report. Accessed on 30 Jan 2021.
- 12. Disaster Management Act. Disaster Management Centre. Available at http://www.dmc.gov.lk/index.php?option=com_content&view=article&id=28<emid=188&lang=en. Accessed on 12 Jan 2021.
- 13. Disaster Management Centre, Ministry of Defence, (2022). National Disaster Management Policy. http://www.dmc.gov.lk/index.php?option=com_content&view=article&id=30<emid=190&lang=en
- 14. Disaster Management Centre. National Disaster Management Plan. Available at http://www.dmc.gov.lk/index.php?option=com_content&view=article&id=72&Itemid=234&Iang=en. Accessed 10 Jan 2021
- 15. Eric Neumayer & Thomas Plümper (2007) The Gendered Nature of Natural Disasters: The Impact of Catastrophic Events on the Gender Gap in Life Expectancy, 1981–2002, Annals of the Association of American Geographers, 97:3, 551-566, DOI: 10.1111/j.1467-8306.2007.00563.x).
- European Institute for Gender Equality. What is gender mainstreaming. Available at https://eige.europa.eu/gendermainstreaming/what-is-gender-mainstreaming. Accessed April 5 2021.
- 17. Family Health Bureau. Gender and Women's Health Unit. Available at https://fhb.health.gov.lk/index.php/en/technicalunits/gender-women-s-health-unit. Accessed on 26 Jan 2021.
- Gender-based Violence AoR-Global Protection Cluster. (2019). Handbook for Coordinating Gender-based Violence Interventions in Emergencies. https://www.un.org/ sexualviolenceinconflict/wp-content/uploads/2019/06/ report/handbook-for-coordinating-gender-based-violenceinterventions-in-emergencies/Handbook_for_Coordinating_ GBV_in_Emergencies_fin.01.pdf
- 19. Heise. L.L. (1998). Violence against women: An integrated, ecological framework. Center for Health and Gender Equity.
- 20. Heise, L., Ellsberg, M. and Gottemoeller, M. (1999). Ending violence against women. Population reports, Baltimore.

- 21. Inter-Agency Standing Committee. (2005). Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies.
- 22. Inter-Agency Standing Committee. (2005). Guidelines for Gender-based Violence Interventions in Humanitarian Settings. http://scholar.google.com/scholar?hl=en&q=Guidelin es+for+Gender-based+Violence+Interventions+in+Humanitaria n+Settings&btnG=Search&as_sdt=0,21&as_ylo=&as_vis=0#0
- 23. Inter-Agency Standing Committee. (2006). Women, girls, boys and men: different needs-equal opportunities.
- 24. Inter-Agency Standing Committee. (2015). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery. http://gbvguidelines.org/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines lo-res.pdf
- 25. Inter-Agency Standing Committee. (2015). Multi-sector initial rapid assessment (MIRA) guidance, Inter-Agency Standing Committee.
- 26. Inter-Agency Standing Committee. (2017). Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action.
- 27. Inter-Agency Standing Committee. (2018). Guideline: The Gender Handbook for Humanitarian Action. https://interagencystandingcommittee.org/system/files/2018-iasc_gender_handbook_for_humanitarian_action_eng_0.pdf
- 28. Inter-Agency Standing Committee. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery. Available at https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf Accessed on 2 Feb 2021.
- 29. Inter-Agency Standing Committee. IASC Policy and Accountability Framework. On Gender Equality and the Empowerment of Women and Girls in Humanitarian Actions. Available at https://interagencystandingcommittee.org/iasc-reference-group-gender-and-humanitarian-action/iasc-policy-and-accountability-framework-gender-equality-and-empowerment-women-and-girls. Accessed 4 April 2021.

- 30. Inter-Agency Standing Committee. The Gender Handbook for Humanitarian Actions 2018. https://interagencystandingcommittee.org/system/files/2020-09/The%20Gender%20Handbook%20for%20Humanitarian%20Action.pdf Accessed 22 Feb 2021.
- 31. Inter-agency Working Group on Reproductive Health in Crises. (2010). Inter-agency Field Manual on Reproductive Health in Humanitarian Settings.
- 32. International emergencies and conflict team. (2009). Women 's rights in emergencies: Integrating Women 's Rights into emergency response; a guide for trainers.
- 33. International Federation of Red Cross and Red Crescent Societies- IFRC (2016) Unseen, Unheard. Gender-Based Violence in Disasters. Asia-Pacific case studies. International Federation.
- 34. International Federation of Red Cross and Red Crescent. (2012). Predictable, preventable: Best practices for addressing interpersonal and self-directed violence during and after disasters. Available at https://www.rcrc-resilience-southeastasia.org/document/predictable-preventable-best-practices-for-addressing-interpersonal-and-self-directed-violence-during-and-after-disasters/ Accessed on 26 Jan 2021.
- 35. International Federation of Red Cross and Red Crescent. Preventing and Responding to Gender-based Violence (GBV) in Disasters. Available at https://www.ifrc.org/en/what-we-do/principles-and-values/gender1/preventing-and-responding-to-gender-based-violence-gbv-in-disasters/. Accessed on 25 Jan 2021.
- International Federation of Red Cross and Red Crescent.
 Unseen, Unheard: Gender-based Violence in Disasters, Global Study 2015.
- 37. International Rescue Committee. (2011). GBV emergency response & preparedness: Participant handbook. https:// resourcecentre.savethechildren.net/document/gbv-emergency-response-preparedness-participant-handbook/
- 38. Irish Red Cross Society. Gender-based violence in disasters Information sheet. World Vision. Available at https://reliefweb.int/sites/reliefweb.int/files/resources/IDL-Information-Sheet-No.3-GBV-March-2018.pdf. Accessed 4 April 2021.

- 39. Katherine Brown, (2019). Guidance note- Gender mainstreaming principles, dimensions and priorities for PVE- UN WOMEN: New York.
- 40. Lisam S. Minimum initial service package (MISP) for sexual and reproductive health in disasters. J Evid Based Med. 2014 Dec;7(4):245-8. doi: 10.1111/jebm.12130. PMID: 25586453.
- 41. Ministry of Defence. Five Year Plan 2020 -2024, National Policy Framework "Vistas of Prosperity and Splendor".
- 42. Ministry of Disaster Management, 2014. Sri Lanka Comprehensive Disaster Management Programme- 2014-2018.
- 43. Minnesota Advocates for Human Rights. Causes and effect of gender-based violence. Available at http://hrlibrary.umn.edu/svaw/advocacy/modelsessions/causes_effects.PDF. Accessed on 4 April 2021.
- 44. National Child Protection Authority. http://www.childprotection.gov.lk/?page_id=207. Accessed 30 Jan 2021.
- 45. National Guideline for First Contact Point Health Care Providers, Sri Lanka. Family Health Bureau. 2019
- 46. Opondo, M. Abdi, U. and Nangiro P. (2016). Assessing Gender in Resilience Programming: Uganda. BRACED: Resilience Intel. https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/10215.pdf
- 47. Population Reports/CHANGE, Volume XXVII, No. 4, December 1999.
- 48. Relief Web. The Call to Action on Protection from Gender-based Violence in Emergencies Roadmap 2015 Available at https://reliefweb.int/report/world/call-action-protection-gender-based-violence-emergencies-0. Accessed 4 April 2021.
- 49. Reproductive Health Sub-working Group of the ISDR/WHO Thematic Platform for Disaster Risk Management for Health. Integrating sexual and reproductive health into health emergency and disaster risk management. Available at https://www.who.int/hac/techguidance/preparedness/SRH_HERM_Policy_brief_A4.pdf. Accessed 6 April 2021.
- 50. Saito F. (2012). Women and the 2011 East Japan Disaster, Gender & Development. 20(2): 265-279.

- 51. Sphere Association. (2018). The Sphere Handbook:
 Humanitarian Charter and Minimum Standards in
 Humanitarian Response (fourth edi). www.spherestandards.
 org/handbook
- 52. Sri Lanka Post-Disaster Needs Assessment. Ministry of National Policies and Economic Affairs and Ministry of Disaster Management. 2016. Available at https://reliefweb.int/sites/reliefweb.int/files/resources/pda-2016-srilanka.pdf. Accessed on 28 Jan 2021.
- 53. Standard Operating Procedures for First Contact Point Health Care Providers, Sri Lanka. Family Health Bureau, 2019.
- 54. State Ministry of Women and Child Development, Pre-schools and Primary Education, School Infrastructure and Education Services. policy framework and national action plan to address sexual and gender-based violence SGBV (2016-2020). Available at http://www.childwomenmin.gov.lk/institutes/national-committee-women/programs. Accessed on 2 Jan 2021.
- 55. The future we want: Outcome document adopted at Rio+20. New York, Department of Public Information, United Nations, 2012 (http://www.un.org/en/sustainablefuture/
- 56. The Parliament Secretariat. The Constitution of the Democratic Socialist Republic of Sri Lanka. Available at http://www.parliament.lk/files/pdf/constitution.pdf. Accessed 5 April 2021.
- 57. UNFPA. Gender based violence. Available at https://www.unfpa.org/gender-based-violence Accessed on 25 Jan 2021.
- 58. UNFPA. Minimum Standard for Prevention and Response to Gender Based Violence in Emergencies. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/gbvie.standards.faq_.final_.pdf
- 59. UNFPA Regional Office for Eastern Europe and Central Asia (UNFPA EECARO). (2015) Multi-sectoral response to GBV An effective and coordinated way to protect and empower GBV victims/survivors https://eeca.unfpa.org/sites/default/files/pubpdf/Multisectoral%20response%20to%20GBV.pdf
- 60. UNFPA. (2005). State of world population: The Promise of Equality Gender Equity, Reproductive Health and the Millennium Development Goals.

- 61. UNFPA. (2012). Managing Gender-based Violence
 Programmes in Emergencies. http://www.unfpa.org/public/home/publications/pid/10495
- 62. UNFPA. (2015). Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies. https://www.unfpa.org/sites/default/files/pub-pdf/GBVIE.Minimum. Standards.Publication.FINAL_ENG_.pdf
- 63. UNFPA. (2020). Minimum initial service package (MISP) for sexual and reproductive health in crisis situations. https://www.unfpa.org/resources/minimum-initial-service-packagemisp-srh-crisis-situations.
- 64. UNHRC. New York Declaration on Refugees and Migrants. Available at https://www.unhcr.org/new-york-declaration-for-refugees-and-migrants.html. Accessed 4 April 2021.
- 65. UNICEF. The material risks of Gender-Based Violence in emergency settings: Is GBV impacting your investment. Available at https://www.unicef.org/media/67346/file/Thematerial-risks-of-gender-based-violence-in-emergency-settings-2020.pdf Accessed on 26 Jan 2021.
- 66. United Nations office for disaster risk reduction. Sendai Disaster Risk Reduction Framework. 2015. Available at https://www.undrr.org/publication/sendai-framework-disaster-risk-reduction-2015-2030. Accessed 4 April 2021.
- 67. United Nations. Sustainable Development Goals. Available at https://sdgs.un.org/goals. Accessed 4 April 2021.
- 68. United Nations Women. Annual Report 2011-2012.
 Available at https://www.unwomen.org/en/digital-library/publications/2012/8/annual-report-2011-2012. Accessed on 31 Jan 2021.
- 69. Virginie Le Masson, Sheri Lim, Mirianna Budimir, Jasna Selih Podboj. Disasters and violence against women and girls. Working paper. 2016. Available at https://www.odi.org/sites/odi.org.uk/files/resource-documents/11113.pdf. Accessed on 18 Jan 2021.
- 70. Why does violence against women and girls increase during disasters. Available at http://hrlibrary.umn.edu/svaw/advocacy/modelsessions/causes effects.PDF. Accessed 4 April 2021.

- 71. Women's experience of violence in the aftermath of the Black Saturday bushfires. A thesis submitted in Fulfilment of the Requirements for the Degree of Doctor of Philosophy. Clayton: School of Social Sciences, Faculty of Arts, Monash University.
- 72. Women's Protection Technical Working Group. Women's Protection Assessment: Post Cyclone Nargis, Mynmar. 2010. Available at https://reliefweb.int/sites/reliefweb.int/files/resources/F6CAA5ECD57BC6054925776100202353-Full_Report.pdf Accessed on 27 Jan 2021.
- 73. World Bank. Gender Based Violence (Violence against women and girls). Available at https://www.worldbank.org/en/topic/socialsustainability/brief/violence-against-women-and-girls. Accessed on 1 Feb 2021.
- 74. World Health Organization. (2002). World report on violence and health. World Health Organization. Geneva.
- 75. World Health Organization and LSHTM. (2010). Preventing intimate partner and sexual violence against women: taking action and generating evidence. World Health Organization. Geneva.
- 76. World Health Organization. (2013). 'Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence'. Geneva: WHO, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine and South African Medical Research Council.
- 77. World Health Organization. (2017). Available at https://www.who.int/news-room/fact-sheets/detail/violence-against-women. Accessed on 29 Jan 2021.
- 78. World Health Organization. Gender and Health. Available at https://www.who.int/health-topics/gender#tab=tab_1. Accessed 4 April 2021.
- World humanitarian summit. Final report 2016. Available at https://reliefweb.int/report/world/world-humanitariansummit-global-consultation-geneva-14-16-october-2015final-report. Accessed 4 April 2021.
- 80. UNFPA, Managing Gender-based Violence Programmes in Emergencies E-learning and Companion; Guidehttps://www.unfpa.org/sites/default/files/pub-pdf/GBV%20E-Learning%20Companion%20Guide_ENGLISH.pdf

Annexes

ANNEX I: Important Policies and Guidelines

- Disaster Management Centre, Ministry of Defence. (2022). National Disaster Management Policy. ttp://www.dmc.gov.lk/index.php?option=com_ content&view=article&id=30<emid=190&lang=en
- Disaster Management Centre, Ministry of Defence. Corporate Strategic Plan 2021-2025.
- Disaster Management Centre, Ministry of Disaster Management. (2014). Sri Lanka National Disaster Management Plan-2013-2017.
- Ministry of Defence. Five Year Plan 2020 -2024, National Policy Framework - "Vistas of Prosperity and Splendor".
- Ministry of Disaster Management. (2014). Sri Lanka Comprehensive Disaster Management Programme- 2014-2018.
- Ministry of Health Nutrition and Indigenous. (2019). Sri Lanka Essential Health Services Package.
- Parliament of the Democratic Socialist Republic of Sri Lanka.
 (2005). Sri Lanka Disaster Management Act, 2005.
- Report of Sri Lankan Parliament Select Committee on Natural Disasters. (2005). https://www.parliament.lk/uploads/ comreports/1476092317082517.pdf
- SLPA. (2019). National Policy Framework Vistas of Prosperity and Splendour: Summary.

Annex II - Tools

1

2

Suggested list of tools to intervene that are mentioned in the content of this handbook are listed here with a brief introduction

1. Self-assessment of attitudes towards gender and SGBV during disasters

This is a tool that can be used by response staff to assess the gender attitudes in relation to disasters among community groups and their community. The tool can be modified accordingly. The community awareness on different aspects of gender and disaster will be improved by using this tool to assess their community situation. They will be better informed about the situation in their respective communities.

Self-assessment of attitudes towards gender and SGBV during disasters

Information for the participant: Considering your village situation please rate the following indicators based on your agreement on the given scale.

3

5

disagree	Disagree	agree nor disagree	Agre	ee			ree	-
Attitudes to	wards gender	and SGBV		1	2	3	4	5
Women and men and boy		qually respect	ed as					
Women and	Women and girls are humiliated							
	nd women und es during disa	9						
Disasters may not increase the vulnerability for SGBV during disasters								
Existing violence within a family, mainly against the woman could decrease during a disaster								
There are no of SGBV	services to tre	at or support	victims					

Survivors of SGBV are responsible for their victimization for SGBV	
Perpetrators are powerful and survivors should not disclose their victimization to outsiders to further prevent from violence	
Harmful gender norms can increase the vulnerability of women and girls to SGBV during disasters.	
SGBV cannot be prevented in any community	

2. Risk score

Risk score' can be calculated during community trainings to get an idea of the "protectiveness" of the community or village for women and girls as perceived by the community members. The validity of the value that is decided by the community increases when this is done at least quarterly during trainings and group meetings with community members. A risk score (protectiveness) can be calculated during the disaster situations too. Overall figure of the risk score is determined by working out the average of all members participated in the activity.

Following format can be used to measure the risk score.

How protective my community for women and girls

Please give your genuine opinion regarding the level of protectiveness of your own community to women and girls by putting a tick (v).

Protectiveness of my community for women and girls	Your response	Score
Well protected		5
Somewhat protected		4
Neither protected nor unprotected		3
Somewhat unprotected		2
Unprotected		1

The trainer/response staff can give marks for each response and then calculate the average of the group. This is an arbitrary but sensitive value about the situation of the community. A conversation can be initiated based on this value to identify the determinants for this situation and how to improve.

(Score column only for the use of trainer/response staff)

3. Minimum Standards for Prevention & Response to Gender-Based Violence in Emergencies

Minimum Standards

Minimum Standards for Prevention and Response to GBV in Emergencies

Foundational Standards	Prevention & Response	Coordination & Operational
Participation	Healthcare	Preparedness & Assessment
National Systems	Mental Health & Psychosocial Support	Coordination
Positive Social & Gender Norms	Safety & Security	Advocacy & Communications
Data Collection & Use	Justice & Legal Aid	Monitoring & Evaluation
	Dignity Kits	Human Resources
	Socio-economic Empowerment	Resource Mobilization
	Referral Systems	
	Mainstreaming	

4. Multi-Sector Initial Rapid Assessment (MIRA)54

In sudden onset of disasters Multi-Sector Initial Rapid
Assessment (MIRA) can be conducted initially as a joint needs
assessment process.

Coordinated assessment approach and phases



⁵⁴ Inter-Agency Standing Committee. (2015). Multi-sector initial rapid assessment (MIRA) guidance, Inter-Agency Standing Committee.

5. Sendai framework for disaster risk reduction)55

Chart of the Sendai Framework for Disaster Risk Reduction

2015-2030

Scope and purpose

The present framework will apply to the risk of small-scale and large-scale, frequent and infrequent, sudden and slow-onset disasters, caused by natural or manmade hazards as well as related environmental, technological and biological hazards and risks. It aims to guide the multi-hazard management of disaster risk in development at all levels as well as within and across all sectors

Expected outcome

The substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries

Goal

Prevent new and reduce existing disaster risk through the implementation of integrated and inclusive economic, structural, legal, social, health, cultural, educational, environmental, technological, political and institutional measures that prevent and reduce hazard exposure and vulnerability to disaster, increase preparedness for response and recovery, and thus strengthen resilience

Targets

Substantially reduce global disaster mortality by 2030, aiming to lower average per 100,000 global mortality between 2020-2030 compared to 2005-

Substantially reduce the number of affected people globally by 2030, aiming to lower the average global figure per 100,000 between 2020-2030 compared to 2005-2015

Reduce direct disaster economic loss in relation to global gross domestic product (GDP) by 2030

Substantially reduce disaster damage to critical infrastructure and disruption of basic services, among them health and educational facilities, including through developing their resilience by 2030

Substantially increase | Substantially the number of countries with national and local disaster risk reduction strategies by 2020

enhance international cooperation to developing countries through adequate and sustainable support to complement their national actions for implementation of this framework by 2030

the availability of and access to multihazard early warning systems and disaster risk information and assessments to people by 2030

Priorities for Action

There is a need for focused action within and across sectors by States at local, national, regional and global levels in the following four priority areas.

Priority 1

Disaster risk management needs to be based on an understanding of disaster risk in all its dimensions of vulnerability, capacity, exposure of persons and assets, hazard characteristics and the

Priority 2 Strengthening disaster risk governance to manage disaster risk

Disaster risk governance at the national, regional and global levels is vital to the management of disaster risk reduction in all sectors and ensuring the coherence of utilities and local improved for the local defining roles and responsibilities, guide, encourage and incentivize the upblic and private sectors to take action and address disaster risk.

Priority 3

Investing in disaster risk reduction for resilience

Public and private investment in disaster risk prevention and reduction through structural and non-structural measures are assentiat to enhance the economic, proposed to the prevention of the proposed structural and proposed structural structural structural to the proposed structural structural to save less, and policy and proposed structural to save lives, effective and structural to save lives, effective and structural to save lives, effective and structural to save lives, effective recovery and rehabilitation

Priority 4Enhancing disaster preparedness for effective response, and to «Build Back Better» in recovery, rehabilitation and reconstruction

reconstruction
Experience includes that disaster
preparedness needs to be strengthened
for more effective response and
ensure capacities are in place for
ensure capacities, are in place for
ensure capacities are in place for
ensure capacities are in place for
ensure capacities are in place
are capacities during the response
and recommunicip places

Guiding Principles

Primary responsibility of States to prevent and reduce disaster risk, including through

Shared responsibility between central Government and national authorities, sectors and stakeholders as appropriate to national circumstances

Protection of persons and their assets while promoting and protecting all human rights including the right to developmen

Full engagement of all State institutions of an executive and legislative nature at national and local levels

Empowerment of local authorities and communities through resources, incentives and decision-making responsibilities as appropriate

Decision-making to be inclusive and risk-informed while using a multi-hazard approach

risk reduction and sustainable development policies, plans, practices and mechanisms, across different sectors

Accounting of local and specific characteristics of disaster risks when determining measures to reduce risk

«Build Back Better» for preventing the creation The quality of global partnership and preventing the creation of, and reducing existing, disaster risk

international cooperation to be effective, meaningful and strong

Support from developed countries and partners t developing countries to be tailored according to needs and priorities as identified by them



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United Nations office for disaster risk reduction. Sendai Disaster Risk Reduction Framework. 2015. Available at https://www.undrr.org/publication/sendai-framework-disaster-riskreduction-2015-2030. Accessed 4 April 2021.



