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Accountability to Affected People –

Humanitarian Response
Against Gender-Based
Violence

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Glossary

Accountability to Affected People

AAP refers to the “commitments and mechanisms that humanitarian agencies have put in place to ensure that communities are meaningfully and continuously involved in decisions that directly impact their lives”.¹

Accountability to Beneficiaries

A2B refers to the relationship between duty bearers (states) and rights holders (people under the state’s jurisdiction) and encompasses three key elements: (a) **Responsibility** requires that duties and performance standards of public officials are clear and their actions can be assessed transparently and objectively;² (b) **Answerability** requires public officials and institutions to provide reasoned justifications to those affected by their decisions, to oversight bodies, and to the electorate and the public at large;³ and (c) **Enforceability** requires setting up monitoring mechanisms to examine whether public officials and institutions comply with established standards, and when this is not the case, ensure that appropriate corrective and remedial action is taken.⁴

Confidentiality

An ethical principle associated with the medical and social service professions. Maintaining confidentiality requires that service providers protect information gathered about clients and agree only to share information about a client’s case with their explicit permission. Maintaining confidentiality about abuse means service providers never discuss case details with family or friends, or with colleagues whose knowledge of the abuse is deemed unnecessary. There are limits to confidentiality while working with children or clients who express intent to harm themselves or someone else.⁵

Consent/informed consent

Refers to approval or assent, particularly and especially after thoughtful consideration. Free and informed consent is given based upon a clear appreciation and understanding of the facts, implications and future consequences of an action. In order to give informed consent, the individual concerned must have all adequate relevant facts at the time consent is given and be able to evaluate and understand the consequences of an action. They also must be aware of and have the power to exercise their right to refuse to engage in an action and/or to not be coerced (i.e., being persuaded based on force or threats). Children are generally considered unable to provide

1 UNFPA, *Accountability to Affected Population: Operational Guideline*, 2021, p.3.

2 Ibid., p.4.

3 Ibid.

4 CESR and OHCHR, *Who Will Be Accountable? Human Rights and the Post-2015 Development Agenda*, 2013, p.4.

5 IASC, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*, 2015, P.324.

in-formed consent because they do not have the ability and/or experience to anticipate the implications of an action, and they may not understand or be empowered to exercise their right to refuse. There are also instances where consent might not be possible due to cognitive impairments and/or physical, sensory or intellectual disabilities.⁶

Gender-Based Violence (GBV)

Is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed differences between males and females (i.e. gender). It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty.⁷

Protection from sexual exploitation and abuse (PSEA)

As highlighted in the Secretary-General's *Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse* (ST/SGB/2003/13), PSEA relates particularly to the responsibilities of international humanitarian, development and peacekeeping actors to prevent incidents of sexual exploitation and abuse committed by United Nations, NGO, and intergovernmental organization (IGO) personnel against the affected population, to set up confidential reporting mechanisms, and to take safe and ethical action as quickly as possible when incidents do occur.⁸

Sexual Exploitation and Abuse (SEA)

Particular forms of GBV that have been reported in humanitarian contexts, specifically alleged against humanitarian workers.

Sexual Exploitation: Any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.⁹

Sexual Abuse: The actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Survivor/Victim

A survivor/victim is a person who has experienced gender-based violence. The terms "victim" and "survivor" can be used interchangeably. "Victim" is a term often used in the legal and medical sectors. "Survivor" is the term generally preferred in the psychological and social support sectors because it implies resiliency.¹⁰

6 Ibid.

7 Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action – Reducing Risk, Promoting Resilience and Aiding Recovery*, 2015.

8 IASC, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*, 2015, P.326.

9 The definitions for both Sexual Exploitation and Sexual Abuse are contained in the United Nations Secretary-General's Bulletin, "Special measures for protection from sexual exploitation and sexual abuse" ST/SGB/2003/13 (9 October 2003).

10 IASC, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*, 2015, P.326.

Survivor-Centred Approach

A survivor-centred approach aims to create a supportive environment in which a survivor's rights are respected and in which s/he is treated with dignity and respect.

Vulnerable Groups of Women

The Declaration on the Elimination of Violence against Women proclaimed by General Assembly Resolution 48/104 of 20 December 1993 lists some groups of women, such as women belonging to minority groups, indigenous women, refugee women, migrant women, women living in rural or remote communities, destitute women, women in institutions or in detention, female children, women with disabilities, elderly women and women in situations of armed conflict, are especially vulnerable to violence.¹¹

11 Declaration on the Elimination of Violence against Women proclaimed by General Assembly resolution 48/104 of 20 December 1993. <https://www.ohchr.org/en/professionalinterest/pages/violenceagainstwomen.aspx>.

Acknowledgment

The document represents an in-house conceptual framework on Accountability to Beneficiaries (GBV survivors) developed by an international consultant at the request of the UNFPA Country Office in Ukraine. The document was primarily developed through a desk-based review of global and country-specific literature.

The research is the part of the project EMBRACE (Enhancing National and Regional Mechanisms to Build a Responsive, Accountable and Cost-Effective System of Gender-Based Violence Prevention and Response) implemented by the UNFPA country office in Ukraine with the financial support of the Government of the United Kingdom.

Introduction:

Aim of the Document

An accountable GBV humanitarian response system is about the way decisions are made and implemented. It places survivors, their families and those at high GBV risk at the centre of all operations. Being accountable while designing, implementing and monitoring GBV interventions means being inclusive, open and transparent, and oriented to engagement and empowerment of survivors and vulnerable communities in articulating their needs, enabling them to claim their entitlements and make decisions related to their well-being. Importantly, accountability to affected population requires GBV professionals to target the highest possible quality of services that are delivered in accordance with the choices, needs and feedback received from survivors and affected communities.

In this paper we prioritize the analysis of the activities of humanitarian organisations, UN agencies, local non-governmental organisations and, briefly, government and state based specialized services for GBV survivors, as regards the designing, delivering, monitoring and evaluating dedicated GBV humanitarian responsive interventions, and also survivors, and those at risk of GBV. We try to demonstrate that accountability of responsible actors towards rights holders contributes to the effectiveness and efficiency of system operation.

The document is dedicated to the concept of Accountability to Affected People (AAP) applied to the GBV response in contingency planning and emergency operations. In particular:

- it examines how the responsible authorities can plan and implement the accountable GBV prevention and response system for affected people (including survivors, their family members, and vulnerable communities);
- it looks how life-saving information should be provided and communicated to survivors and those at high risk of GBV during and in the aftermath of emergencies. It examines how GBV in emergencies (GBViE) programming can be designed with the participation of survivors, to meet their needs, respect their choices and take into account the outcomes of the community feedback and complaint redress mechanisms. This includes envisioning the necessary safeguards for protecting affected people from sexual exploitation and abuse.

The overall goal of the document is to demonstrate that “strong accountability matters – and when it works, it benefits everyone”. An accountable GBV prevention and response system enables survivors, those at high GBV risk and the public at large “to know how the Government and humanitarian actors are doing, and how to gain redress when things go wrong”.¹² It ensures that public institutions, services and organisations are acting in the interests of the people that they serve.

¹² Ibid.



PART 1 Accountability to Affected People – Humanitarian Response Against Gender-Based Violence

This section describes standards of the AAP concept in the GBV response in emergencies. It gives a summary of:

- Concept of AAP endorsed by the Inter-Agency Standing Committee¹³ and the Core Humanitarian Standards on Quality and Accountability that jointly with CAAP creates the normative basis for the accountable and quality operations of aid provider organizations;
- Key elements of AAP in the sphere of information and communication, coordination and partnership, evidence-based programming, feedback and response mechanisms and practical advices for their incorporation into organisations' activities;
- Recommendations to the stakeholders on designing and implementing their activities in the way so they are accountable to affected population.

Affected Population vs. Affected People

While the IASC refers to “accountability to affected populations”, some aid organizations use the term “accountability to affected people”, highlighting the diverse needs and capacities of individuals rather than of populations. This distinction between the terms “*people*” and “*population*” has been part of the AAP debate for many years, with an emerging preference for the term “people”.¹⁴ The distinction is particularly important for organizations operating in the area of human rights protection. Accordingly, when elaborating on the “AAP” GBV response, we will mainly refer to *people* instead of *population*.

1.1. Why It Is Important to Be Accountable to Affected People

The Agenda for AAP, backed by global commitments and standards, was introduced by the humanitarian community to ensure that organizations providing assistance to crisis-affected people use power (resources, decision-making) responsibly, behave ethically and are held accountable to people they serve, enabling the latter to influence decisions that impact their lives. In crises and post-crisis situations affected people are particularly vulnerable and face a power imbalance with those providing assistance. AAP, therefore, aims to make aid provider organizations responsible for placing communities and their interests at the very centre of the humanitarian operations and to provide assistance that is timely, appropriate and useful, reflecting the real needs of affected people. The strong need to increase accountability to beneficiaries when planning and delivering

13 The IASC was created in 1991 by the United Nations General Assembly Resolution 46/182 to coordinate strategy development and policy decisions with system-wide implications in humanitarian contexts. It brings together executive heads of 18 UN and non-UN organizations and is supported “by subsidiary bodies; groups of decision-makers and experts who inform and carry out the priorities set by the IASC”. The IASC is the highest-level humanitarian coordination forum in the UN system. For detailed information see: <https://interagencystandingcommittee.org/the-inter-agency-standing-committee>.

14 UNICEF, Summary Guidelines to Integrating Accountability to Affected People (AAP) into Country Office Planning Cycles, 2020, p.1.

aid in Ukraine is proved by the recent researches within which the affected population's feedback and needs were reflected. Among them, for example, the Ground Truth Solution's research¹⁵ which states, among others, the strong need to better adapt the response to needs of beneficiaries, make aid more inclusive for vulnerable groups, ensure proactive information flow and diversify communication channels, be more transparent about decisions, make sure feedback mechanisms work, but prioritise getting aid right the first time, etc. These all goes from the current area for development in terms of better engagement of AAP principles into the work of humanitarian organisations.

1.2. AAP Commitments, Standards, Principles – Basis for Accountable GBViE Programming

1.2.1. Commitments on Accountability to Affected Populations (CAAP)

CAAP were endorsed by the Inter-Agency Standing Committee (IASC) in December 2011 and revised in 2017 by adding Core Humanitarian Standards, community-based complaints mechanism and PSEA. The IASC members agreed to incorporate CAAP into their policies and operational guidelines and promote their application amongst their partners.^{16,17}

CAAP mandates an obligation to:

- Continuously share timely and relevant information with communities to enable them to make informed decisions.
- Support the participation of affected people in decision-making without regard to their differences to ensure local ownership of processes and end-goals.
- Establish community feedback mechanisms to enable people to give their views on humanitarian action efforts, including on sensitive matters such as SEA, fraud, corruption, racism and discrimination.¹⁸
- Report to people on what organisations are doing in their communities, what are the results of interventions and, therefore, how money is being spent.

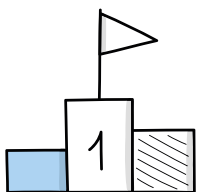
The IASC guidance note (2018), developed to assist heads of agencies and organisations and senior managers to operationalize CAAP on organizational and collective levels, further clarifies steps/actions that aid organizations are expected to deliver to make their operations accountable to affected people. In this context:

15 <https://www.groundtruthsolutions.org/library/9sczlvi1x68q7cgzkacp8kgfnv7hys>

16 IASC Task Force on AAP, <https://interagencystandingcommittee.org/iasc-task-force-on-accountability-to-affected-people-closed>.

17 IASC Revised Commitments on Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse: IASC Task Team on AAP/PSEA, 2017.

18 OHCA, Delivering Better Accountability to Affected People, Global Humanitarian Overview 2021, <https://gho.unocha.org/delivering-better/accountability-affected-people>.



COMMITMENT 1:

Leadership¹⁹ requires (organizational level) commitment through institutionalizing, implementing and enforcing AAP and PSEA in the programme cycle and strategic planning processes. It calls for:

- Establishing an adequate management system to seek and act upon the voices and priorities of affected people.
- Allocating funds to ensure effective participation and promote a culture among staff of acceptance of failure and of negative feedback from affected people.
- Designating staff (ToRs updated accordingly) to collect feedback from affected women, girls, boys and men, to respond to and report how feedback was responded to; incorporate responsiveness to feedback into staff recruitment and performance management systems; enhance the capacity of staff.
- Working with local and national partners to create capacity (sensitive to gender, age, disability, and ethnicity) and develop a plan of action to support effective participation, including two-way communication.



COMMITMENT 2:

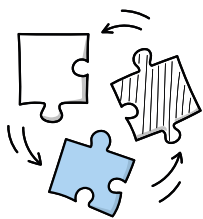
Participation and Partnership²⁰ requests adoption of mechanisms enabling potential service users (affected women, men, girls and boys including the most at-risk) to participate and play an active role in decisions impacting their lives, well-being, dignity and protection. On an institutional level the commitment requires:

- Working with relevant local and national actors (including women's NGOs and advocacy groups in support of vulnerable communities) to design, implement and monitor responses and identify ways for their meaningful participation in mentioned processes.
- Drafting vulnerability and capacity analyses with the involvement of all parts of communities.
- Collective action to fulfil Commitment 2 to identify, improve and use the existing local and national mechanisms for coordinated approaches to participation.

In Ukraine there is a legislative-established mechanism of establishment of public councils on the basis of state authorities, responsible for formation and implementation of the state policy in the sphere of GBV. International NGOs, local NGOs and women-led organisations who work directly with the survivors or provide the humanitarian help in the field may join as the members of such councils. Despite the fact of existing mechanism, at present time only narrow number of organisations know about it and join the councils.

¹⁹ IASC Revised Commitments on AAP Guidance Note for Principals and Senior Managers, 2018.

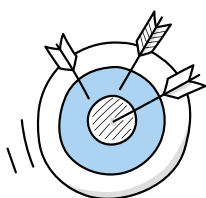
²⁰ Ibid.



COMMITMENT 3:

Information, Feedback and Action²¹ requires organizations to adopt mechanisms to ensure receipt and response to feedback from affected populations and corrective action against wrongdoing. The commitment envisions establishment of complaint mechanisms including on SEA, planning, designing and managing assistance programmes responsive to diversity (e.g. gender, disability, ethnic composition, age structure, etc.) and based on the expressed views of affected communities. At the organizational level it requires:

- Providing information to women, girls, boys and men in affected communities about the relevant organizations (prohibition of SEA, code of conduct for staff, programmes and intended outcomes).
- Communicating and collecting feedback in languages, settings and media that are easily understood, respectful and culturally appropriate for different members of communities.
- Consulting with women, girls, boys and men in affected communities on the design, implementation and monitoring of complaints-handling processes.
- Improving programme operation by analysing feedback (disaggregated by age and sex at minimum) from coordinated participation mechanisms and consolidated assessment data across organizations.
- Accepting complaints, ensuring that affected communities are aware of how to access complaint mechanisms and capacitate nominated staff to receive feedback and complaints from female and male SEA survivors and to be able to make referrals to appropriate support services.
- Managing complaints in a timely, fair and appropriate manner that prioritizes the safety of complainants and those affected at all stages and referring complaints that do not fall within the scope of the organization to a relevant party.
- Establish standards of reporting on programme implementation including description of the steps leading to increased participation by affected people.
- Standardizing and sharing data and feedback collected across aid organizations.



COMMITMENT 4:

Results²² calls to for measuring AAP and PSEA related results based on the guidance available to the international humanitarian community.²³

²¹ Ibid.

²² Ibid.

²³ Standards for measuring AAP and PSEA results include the Core Humanitarian Standard and the Minimum Operating Standards on PSEA, the Best Practice Guide to establish Inter-Agency Community-Based Complaint Mechanisms (CBCM) and its accompanying Standard Operating Procedures.

1.2.2. Minimum Standards for Gender-Based Violence in Emergency Programming

The minimum standards for GBViE have been identified with the leadership of UNFPA (under the GBV AoR umbrella) to guide specialized humanitarian GBV programmes for achieving effective response and delivery of multi-sectoral services in the field. As noted by UNFPA, standards “aim to enhance accountability among GBViE actors, improve quality of programming, and guard against practices that may cause harm (e.g., put survivors or others at risk). ...The standards emphasize that women and girls are key actors in their own protection and must be active partners in identifying protection risks and solutions throughout the programme cycle”.²⁴ This is particularly important taking into account the systemic and structural gender inequality and multiple forms of discrimination faced by women experiencing “lack of safe and equitable access to humanitarian assistance”.²⁵

MINIMUM STANDARDS FOR GBViE ²⁶	
1. GBV guiding principles	All aspects of GBV programming are survivor-centred to preserve and promote the confidentiality, safety, non-discrimination and respect for the choices, rights and dignity of women and girls, including GBV survivors.
2. Women's & girls' participation & empowerment	Women and girls are engaged as active partners and leaders in influencing the humanitarian sector to prevent GBV and support survivors' access to quality services.
3. Staff care & support	GBV staff are recruited and trained to meet core competencies, and their safety and well-being are promoted.
4. Health care for GBV survivors	GBV survivors access quality, survivor-centred health care, including health services for sexual and intimate partner violence and other forms of GBV, and referrals to prevent and/or reduce the effects of violence.
5. Psychosocial support	Women and girls safely access quality, survivor-centred psychosocial support focused on healing, empowerment and recovery.
6. GBV case management	GBV survivors access appropriate, quality case management services including coordinated care and support to navigate available services.

24 GBV AoR, The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming, 2019, p.vii.

25 Ibid.

26 GBV AoR, The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming, 2019, p.xvii.

7. Referral systems	Referral systems are in place to connect GBV survivors to appropriate, quality, multi-sectoral services in a timely, safe and confidential manner.
8. Women's & girls' safe spaces	Women and girls only safe spaces are available, accessible and provide quality services, information and activities that promote healing, well-being and empowerment.
9. Safety & risk mitigation GBV	Actors advocate for and support the integration of GBV risk mitigation and survivor support across humanitarian sectors.
10. Justice & legal aid	Legal and justice actors support GBV survivors to access safe and survivor-centred legal services that protect their rights and promote their access to justice.
11. Dignity kits, cash & voucher assistance	Women and girls receive dignity kits, and/or cash and vouchers to reduce GBV risk and promote safety and dignity.
12. Economic empowerment & livelihoods	Women and adolescent girls access economic support as part of a multisectoral GBV response.
13. Transforming systems & social norms	GBV programming addresses harmful social norms and systemic gender inequality in a manner that is accountable to women and girls.
14. Data	Survivor data are managed with survivors' full informed consent for the purpose of improving service delivery, and are collected, stored, analysed and shared safely and ethically.
15. GBV coordination	Coordination results in timely, concrete action to mitigate risks, and prevent and respond to GBV.
16. Assessment, monitoring & evaluation	Information collected ethically and safely is used to improve the quality of GBV programmes and accountability to women and girls.

16 minimum standards are grouped into three major categories including:

- **Foundational standards** (GBV guiding principles; women's and girls' participation and empowerment; and staff care and support) that are fundamental for the implementation of all minimum standards.

- **Programme standards** reflect core GBV programming elements of mitigation, prevention and response to GBV including case management, health care, psychosocial support, legal aid, etc.
- **Process standards** guide on critical processes for implementing elements of GBV programming such as collection and use of GBV data; GBV coordination; assessment, monitoring and evaluation.

Minimum standards in general but especially the foundational and procedural standards, are closely linked with AAP and are applicable to both humanitarian and developmental GBV interventions.

In addition, it is important to mention, that organisations should based their programming on key principles for GBViE:

A Survivor-Centred Approach that guides GBViE programming prioritizes survivor's rights, needs and wishes, highlighting the need to establish an enabling environment that allows survivors to make the best possible decision about who to approach for help and which services to choose. This means that GBViE programmes should effectively communicate and provide comprehensive information to survivors and at-risk communities on their rights/entitlements (including gender equality and non-discrimination), available/accessible GBV services, and SEA reporting channels (safe and confidential) to enable informed decisions by survivors.

A Human Rights-Based Approach constituting the normative basis for GBV prevention and response requires capacitation of survivors and at-risk people to enable them to claim their rights and actively engage in decision-making affecting their lives. Participation of women, girls, boys and men in local decision-making and their engagement as active partners in ending GBV and promoting survivors' access to services²⁷ can strengthen GBViE programming by national and international humanitarian actors.

A Community-Based Approach insists on the empowerment of affected people to make them "leaders and key partners in developing strategies related to their assistance and protection".²⁸ In this regard it is important to ensure that the voices of affected people are heard and that they are able to express themselves freely. This can be achieved through: (a) systematic collection, analysis and application of feedback from affected people; (b) operation of confidential and safe complaint redress mechanisms including for SEA allegations; and (c) evidence-based decision-making at all levels.

To meet the needs of affected people, GBViE programming should ensure inter-agency coordination and strengthen local ownership of humanitarian assistance. This will ensure the quality of GBV assistance being sustainable in the long run.

27 UNFPA, Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies, 2015, p. xii.

28 IASC, Guidelines on Integrating Gender-Based Violence Interventions in Humanitarian Action, 2015, pg. 47 (adapted from UNHCR, 2008).

1.3. AAP Elements



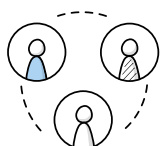
Information & Communication

Affected people communicated life-saving information



Community Feedback & Response Mechanisms

Feedback and redress mechanisms strengthen accountability to affected people



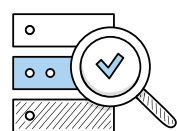
Participation

Affected people engaged as active partners to end GBV and promote access to services



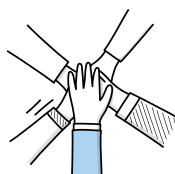
PSEA

Affected people protected from sexual exploitation and abuse by aid workers



Evidence-Based Programming

GBViE Programming is developed to meet needs and choices of survivors



Coordination, Partnership & Strengthened Local Capacity

Inter-agency coordination and strengthened local capacity enables access to sustainable and quality services

These six key elements of accountable GBViE programming, the rationale behind each and recommendations for improved implementation are described below.

1.3.1. Information and Communication

In crises and post-crisis situations, being informed and properly communicated with on available aid can be life-saving for affected people, particularly GBV survivors and those at high GBV risk. “Information is a form of assistance in itself: access to accurate information allows persons of concern to make informed decisions for their safety and protection, to shape and adapt to their environment, and to hold humanitarian actors accountable”.²⁹ CAAP requires systematic communication of timely, accurate, safe, relevant, accessible information in languages/formats appropriate to gender, age, diversity and to the preferred communication culture of affected people. Information should always be adjusted to meet diverse needs and take account of levels of access to information amongst persons of concern, including survivors and communicated through culturally appropriate and trusted communication channels.

Effective communication in humanitarian settings, be it in the form³⁰ of dialogue with diverse groups or awareness-raising activities, targets a longer-term impact on prevention (resulting in changed behaviour by persons of concern and their communities) and on the scale of GBV risks. “GBV-related behavior change communication (BCC) campaigns during emergencies support the

29 UNHCR, Operational Guidance on Accountability to Affected People (AAP), 2020, p.18.

30 Ibid., p.19.

creation of an environment in which positive gender and social norms can flourish and have a positive impact on GBV prevention and response. BCC interventions may reduce stigma and encourage use of services, for example”.³¹

Humanitarian workers communicating with and providing information to affected people should be trained in provision of first aid and aware of an agreed GBV referral pathway for prompt referrals if approached by survivors. This is particularly important during and after crises, as specialized GBV care may not always be easily available. “Even without specific training in GBV case management, non-GBV specialists can go a long way in assisting survivors by responding to their disclosures in a supportive, non-stigmatizing, survivor-centered manner”.³² According to the IASC guidelines, some humanitarian sectors (e.g. healthcare and education) are also requested to deploy GBV specialists to the field to reinforce communications on care systems for survivors.

In practice this means: States should develop standards and guidelines on GBV and incorporate the following requirements into the strategies and contingency plans at national and local levels. Accordingly, institutions providing assistance in crises and post crisis situations should:

- Institutionalize procedures for deploying GBV specialists or collaboration with GBV specialists on designing and delivering information and communication activities for affected people.
- Deploy financial, material and human resources for information and communication activities when providing humanitarian assistance to affected people.
- Capacitate staff (train on gender equality/women’s human rights, GBV, social exclusion, psychological first aid (PFA)) to be aware of how to provide sensitive information and engage supportively with survivors in an ethical, safe and confidential manner.
- Incorporate basic GBV messages into general community outreach and awareness-raising activities.

Example of a Checklist of Principles of Psychological First Aid³³

Psychological First Aid (PFA) is based on three basic principles (look, listen and link) that guide aid workers to view and safely enter a crisis situation, approach affected people, identify their needs, and link them with practical support and information.

Look	Check for safety. Check for people with obvious urgent basic needs. Check for people with serious distress reactions.
Listen	Approach people who may need support. Ask about people’s needs and concerns. Listen to people and help them to feel calm.

31 UNFPA, Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies, 2015, p.14.

32 IASC, Guidelines on Integrating Gender-Based Violence Interventions in Humanitarian Action, 2015, p.40.

33 Ibid.

Link

Help people address basic needs and access services.
Help people cope with problems.
Give information.
Connect people with loved ones and social support.

Some dos and don'ts that reinforce survivor-centred approaches are listed below as a guide to avoid further harm when applying PFA. In situation where a humanitarian actor feels unsure about how to respond to a survivor in a safe, ethical and confidential manner, she or he should contact a GBV specialist for guidance.³⁴



DOS

- Be honest and trustworthy.
- Respect people's right to make their own decisions.
- Be aware of and set aside your own biases and prejudices.
- Make it clear to affected people that even if they refuse help now, they can still access help in the future.
- Respect privacy and keep the person's story confidential, if this is appropriate.
- Behave appropriately by considering the person's culture, age and gender.



DON'TS

- Don't exploit your relationship as a helper.
- Don't ask the person for any money or favour for helping them.
- Don't make false promises or give false information.
- Don't exaggerate your skills.
- Don't force help on people, don't be intrusive or pushy.
- Don't pressure people to tell you their stories.
- Don't share the person's story with others.
- Don't judge people for their actions or feelings.

1.3.2. Participation

In crisis and post-crisis situations consultations with and engagement of affected people, particularly women and girls, with respect to decisions affecting them is important for the quality of the GBV response. The GBViE programming Minimum Standard N:1 (Communities, including women and girls, are engaged as active partners to end GBV and to promote survivors' access to services), also stresses the importance of engaging "men and boys as agents of change to prevent and mitigate gender-based violence and to ensure that GBV services are appropriate to the needs of male survivors".³⁵

Lack of institutional commitment to a participatory approach, lack of funds or access to affected people by aid organizations can prevent their participation. Women and girls will experience

34 Adapted from: WHO, War Trauma Foundation and World Vision International (2011), Psychological First Aid: Guide for Field Workers, pp. 53–55, and WHO (2012), 'Mental Health and Psychosocial Support for Conflict-Related Sexual Violence: 10 myths'. For More Information on PFA see WHO (2014), Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence. A Clinical Handbook (Field-testing version), WHO/RHR/14.26.

35 UNFPA, Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies, 2015, p.2.

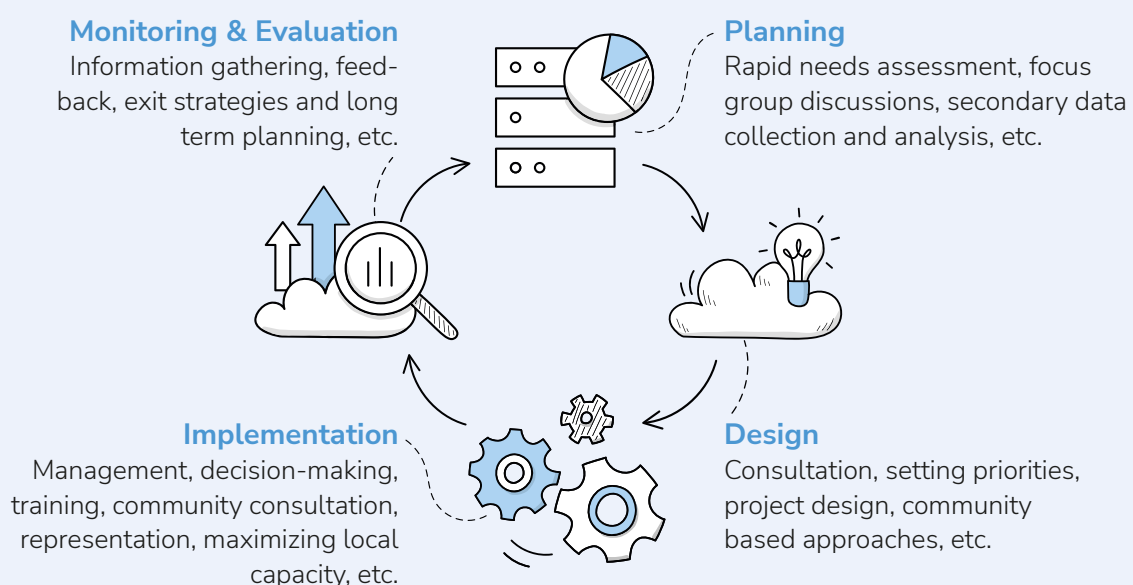
additional constraints hindering their engagement in decision-making. Aid organizations should pay particular attention to the identification and removal of those obstacles (e.g., safety of a place and time of a meeting, transportation required, establishing safe spaces for the participation of women and girls³⁶. Similarly, engagement of men and boys will require identification of male agents (e.g. community or religious leaders) for modelling positive gender attitudes and behaviours and challenging discriminatory social norms. “It is important to create environments within which men and boys feel comfortable and supported to step outside of traditional gender norms and practices”.³⁷

Participation can strengthen local capacity, increase a sense of ownership among affected people, build resilience of affected/at-risk individuals and communities and improve sustainability of aid.³⁸ Meaningful participation of affected people is crucial at all stages of the operations management cycle (assessment, preparedness, design, implementation, monitoring, reporting and evaluation).

In practice this means: humanitarian agencies should incorporate a participatory approach to the GBV response into the protocols regulating emergency preparedness and response and the corresponding strategies and contingency plans. Contingency plans envisioning consultations and engagement with affected people should be in place both at national and local-self-governance levels. Furthermore, there should be:

- Incorporation of participatory decision-making requirements into the entire programme cycle (planning, development, implementation, monitoring and evaluation) for emergency response operations.

Example of How Affected People Participate in the Humanitarian Programme cycle³⁹



36 Ibid., p.19.

37 Ibid., p.5.

38 Ibid., p.2.

39 Ibid., p.4.

- Develop guidelines on participatory decision-making for emergency GBV programmes to navigate responsible staff, implementing partners, or local NGOs who you cooperate with, as well as public institutions at state, regional and local-self-governance levels.

Example of UNICEF Guidance for Consultations with Women and Girls on GBViE Programming⁴⁰

- Consult with women and girls on their concerns, specific needs, daily movements and daily responsibilities. Work with community leaders to ensure women's participation.
 - Be aware of barriers to participation including: gender roles; absence from decision-making roles; perceptions that women are vulnerable rather than capable; limited participation and interaction in the public sphere due to domestic/unpaid labour; women and girls not recognized as frontline responders.
 - Be aware of how women and girls are consulted. Consult women and girls separately, including separate spaces for adult women, younger women, adolescent girls and so on. Be mindful of power relationships and do not assume male community leaders or members know what women, girls, boys or other groups want. Use existing services, such as mother to mother groups in nutrition centres or women and girls' safe spaces to engage safely.
 - Create a safe space for consultations by (a) ensuring that facilitators and teams are gender-balanced, diverse and trained; (b) explaining to women and girls how information will be used and asking for their informed consent; (c) ensuring that the consultation venue is safe, private and accessible; (d) ensuring confidentiality of information shared.
-
- Establish mechanisms and/or processes ensuring affected people's participation in decisions related to them during and after the crisis situations. Capitalize on mechanisms and/or processes developed for peacetime operations at national and local levels.
 - Build preparedness for prompt establishment of safe spaces (including trained staff, safe physical infrastructure, etc.) to ensure women and girls' participation.
 - Develop and implement strategies enabling participation of men and boys in GBV responses.
 - Establish partnerships with local women's NGOs and GBV service providers to use their resources to consult and engage women, girls, men and boys in crises and post-crisis situations.

40 UNICEF, Reference Guide: Integrating GBV into UNICEF Emergency Preparedness and Response, p.12.

Examples of Stakeholder Consultations During the COVID-19 Pandemic

• in Sweden⁴¹

In the early stages of the COVID-19 pandemic Sweden's Minister of Gender Equality established regular consultations with the national organizations representing more than 400 shelters countrywide. During the consultation meetings the organizations were asked to provide information on the ways in which COVID-19 made women and children more vulnerable to domestic violence and exacerbated the associated risks. Prompt and effective conduct of such meetings was partly possible because of the pre-existing cooperation with stakeholders. Outcomes of the consultations have been used to meet the needs of GBV survivors during the COVID-19 pandemic.

• Chile, France and Spain⁴²

As a result of consultations and engagement with healthcare professional during the COVID-19 pandemic, the governments of Chile, France and Spain worked with pharmacies to set up a "confidential reporting system for domestic violence survivors/victims, which allowed them to use the code word 'Facemask 19' to inform pharmacists that they were confined with abusive partners and required support and protection services".

- Ensure appropriate human, material and financial allocations enabling operationalization of participatory decision-making during and in the aftermath of crises.

1.3.3. Evidence-Based Programming

The UNFPA Minimum Standard for GBViE N:4 elaborates on the importance of applying "quality, disaggregated, gender-sensitive data on the nature and scope of GBV and on the availability and accessibility of services"⁴³ for designing programmes, implementing policy, mobilizing resources and informing advocacy actions in GBV prevention and response operations. Evidence-based programming contributes to increased accountability to affected people while ensuring development of organizations' policies and actions based on needs and solutions identified by affected people, including survivors.

Collection and application of GBV data can be challenging, particularly in humanitarian contexts. Therefore, responsible organizations should: (a) be clear on limitations (i.e. that GBV is under-reported in all situations, particularly during emergencies, that lack of GBV data does not indicate low levels of GBV prevalence, etc.) and challenges in data collecting and use and therefore not prioritize data collection (GBV specialists recommend assuming that GBV is happening everywhere and in all contexts); (b) ensure access to GBV services before the establishment of data collecting, storing, analysing and sharing mechanisms (timely access to services will save lives and increase reporting of incidents); and (c) observe safety and ethical considerations when dealing with GBV data.

41 OECD, Working Party on Gender Mainstreaming and Governance: Strengthening Governance and Survivor/Victim-Centred Approaches to Eliminating Gender-Based Violence, Public Governance Directorate, Public Governance Committee, 2021, p.26.

42 Ibid., p.27.

43 UNFPA, Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies, 2015, p.16.

Examples of Challenges in GBViE Data Collection⁴⁴

GBV data collection in a humanitarian setting can involve a number of challenges:

- Stigma faced by survivors in reporting GBV incidents.
- Insecurity, including the risk of retaliation by perpetrators and/or the community.
- Impunity of perpetrators.
- Lack of harmonized GBV-related data collection tools and data collection methods.
- Lack of data protection mechanisms to safeguard personal data.
- Lack of service infrastructure.
- Absence of effective and quality case management services for GBV survivors.
- Limitations on the mobility of women and girls, persons with disabilities, older persons and others.
- Restricted humanitarian access to affected populations, especially women/girls.
- Limited time to establish trust/rapport and confidence with affected populations.
- Difficulty establishing adequate interview settings that ensure basic privacy.

In addition, in Ukrainian context there is a lack of unified data gathering and publishing of GBV and domestic violence cases. Moreover, the main statistic is gathered and usually published by National Police or courts which of course does not reflect the cases which are not reported to the police. Another specific shortcoming regarding the national statistic is the fact that state services are more focused on domestic violence then on GBV cases, which are much more broader then domestic violence.

Special safety measures are needed to protect the personal data of survivors, perpetrators, other related persons and/or service provision. Furthermore, “survivor data should be collected in the framework of service provision and only when reported directly by the survivor or their caregiver in the presence of the survivor if appropriate”.⁴⁵ This means that survivors “should not be sought out or targeted as a specific group” while collecting data.⁴⁶ Failure to observe ethical and safety considerations “can result in harm to the physical, psychological and social well-being of those who participate and can even put lives at risk”.⁴⁷ Data should be only dealt with by GBV specialists or staff trained in GBV data application.⁴⁸

44 Ibid., pp.16-17.

45 GBV AoR, The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programing, 2019, p.106.

46 Ibid., p.126.

47 WHO, Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies. 2007. p.2.

48 IASC, Guidelines on Integrating Gender-Based Violence Interventions in Humanitarian Action, 2015, Pg.44.

Ethical and Safety Recommendations for Gathering Data on Sexual Violence⁴⁹

1. The benefits for respondents or communities of documenting sexual violence must be greater than the risks to respondents and communities.
2. Information gathering and documentation should be done in a manner that presents the least risk to respondents, is methodologically sound, and built on current experience and good practice.
3. Basic care and support for survivors should be available before commencing any activity that may involve individuals disclosing information about their experiences of sexual violence.
4. The safety and security of those involved in gathering information on sexual violence is of paramount concern and in emergency settings in particular should be continuously monitored.
5. The confidentiality of individuals who provide information about sexual violence must be protected at all times.
6. Anyone providing information about sexual violence must give informed consent before participating in the data gathering activity.
7. All members of the data collection team must be carefully selected and receive relevant and sufficient specialized training and ongoing support.
8. Additional safeguards must be put into place if children (those under 18 years of age) are to be the subject of information gathering.

For evidence-based programming UNFPA recommends combining quantitative (surveys, questionnaires, statistical reviews extracting data from health and other sectoral databases) and qualitative (interviews, focus groups discussions and observations) data collection methods. As “a routine practice, all GBV incident data should be disaggregated by sex and age, disability status, ethnicity, sexual orientation and other pertinent variables as relevant and safe to collect in the context”.⁵⁰ Information collection tools (including surveys, focus group discussions, targeted interviews, etc) targeting effective programming should focus on exploration of attitudes among affected people, capacities and practices of established GBV prevention and response, and associated obstacles.

Despite challenges, the application of participatory methods to the entire GBV programme management cycle (during preparedness, needs assessment, strategic planning, resource mobilization, implementation and monitoring)⁵¹ should be ensured from the very beginning of acute emergencies.⁵²

49 WHO, Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies. 2007. p. 9.

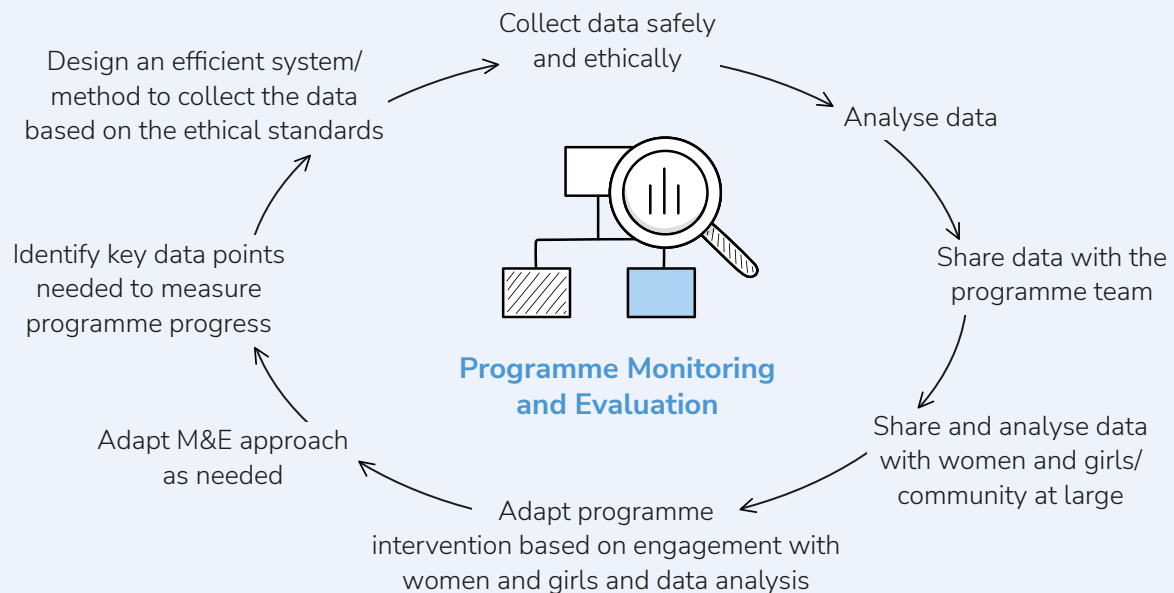
50 UNFPA, Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies, 2015, p.17.

51 GBV Accountability Framework: All Humanitarian Actors Have a Role to Play, Real Time Accountability Partnership, 2021.

52 RHRC Consortium, GBV Tools Manual for Assessment & Program Design, Monitoring & Evaluation in Conflict-affected Settings, 2018, p.17.

Practical tool. For example, you can use the list of questions developed by IASC AAP/PSEA Task Team and REACH for conduct of multi-sector needs assessment⁵³, by IFRC⁵⁴, UNICEF humanitarian needs assessment check list⁵⁵ or UNFPA APRO SRH assessment tools⁵⁶.

Example of GBViE Programme Monitoring & Evaluation⁵⁷



In practice this means: humanitarian organizations should incorporate participatory approaches for gathering data and information into all stages of the GBV programme management cycle through adjustments in organizational policies, guidelines for staff and tools. This should be done following the Minimum Standards in GBViE.⁵⁸ Organizations should:

- Facilitate local ownership through active inclusion of local groups in design, data collection and analysis.
- Cooperate with local researchers in data collection and analysis.
- Meaningfully engage communities, particularly women and girls, in data collection and analysis to improve accountability to affected people, ensure transparency and increase trust.
- Establish safe and ethical data collection/management standards, guidelines and tools for emergencies following WHO recommendations, global Gender-Based Violence Information Management System (GBVIMS) principles and national legislation on personal data protection.

53 Menu of AAP related questions for Multi-Sector Needs Assessments, IASC AAP/PSEA Task Team and REACH, 2018, URL: <https://aap-inclusion-psea.alnap.org/help-library/menu-of-aap-related-questions-for-multi-sector-needs-assessments>

54 <https://oldmedia.ifrc.org/ifrc/document/tool-2-cea-questions-assessment-and-monitoring-evaluation/>

55 <https://www.unicef.org/esa/media/7101/file/UNICEF-ESA-Intergrating-AAP-2020.pdf.pdf>

56 https://drive.google.com/drive/u/1/folders/1rUyUNPb_c_1Y9jzu1llzrMNdhkWenOQT

57 GBV AoR, The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming, 2019, p.125.

58 Ibid., p.127.

- Adhere to standardized GBV data disaggregation standards/practices.
- Establish inter-agency data sharing protocols following global guidance on GBVIMS.

1.3.4. Community Feedback and Response Mechanisms (CFRMs)

Similar to the concept of accountability to beneficiaries, AAP aims to encourage affected people to give feedback and responses on their experiences (good or bad) and thoughts on humanitarian assistance. "...Programme evaluations that include community feedback data give a measurement of impact that includes not only predetermined programming indicators of success; but also a measurement of the value add of a programme, as determined by those receiving assistance".⁵⁹ Likewise, affected people (including GBV survivors and persons at high risk of GBV) should be able to complain if mistreated or dissatisfied with services and assistance. They should be able to do so without discrimination (i.e. everyone should have access without regard to their differences and needs) in a secure way, using trusted and confidential channels of communication established based on the outcomes of consultations with affected people (including local women's organizations) which are adjusted to the local context.

Community feedback and response mechanisms (CFRMs) can be formal or informal, community based or run by an agency or collectively (inter-agency) managed by several organizations. CFRMs can facilitate receiving such important information as:⁶⁰

- Assessment of beneficiary satisfaction (quality, access, relevance) level with services, programmes, other assistance or organizational performance.
- Responsiveness and behaviour of staff, including misconduct (manifested through the violation of the code of conduct of an organization/implementing partner organizations).
- Allegations of sexual exploitation and abuse (SEA) committed by aid workers against beneficiaries.

CFRMs for GBViE programmes should prioritize confidentiality of data and safety of complainants, especially when dealing with SEA allegations. When faced with GBV survivors, CFRMs are required to ensure prompt referrals of complainants to the support services. CFRMs staff should be trained in welcoming and being responsive to the views expressed by beneficiaries and consider feedback and complaints as an opportunity to enhance advocacy, the transparency and effectiveness of humanitarian aid.

In practice this means: the organisation should ensure supportive standards and guidelines to operationalize CFRMs during and after emergencies. Organizations providing humanitarian assistance to affected people should:⁶¹

- Analyse and map existing methods of communicating feedback and receiving responses in partnership with other organizations and local authorities.

59 UNHCR, Operational Guidance on Accountability to Affected People (AAP), 2020, p.24.

60 UNICEF, Accountability to Affected Populations: A handbook for UNICEF and partners, 2020, p.73.

61 UNHCR, Operational Guidance on Accountability to Affected People (AAP), 2020, p.27.

- Consult affected people (including the most vulnerable/at high GBV risk) on preferred and accessible methods of giving feedback and receiving information.
- In partnership with other organizations and local authorities adjust already existing, or in their absence design, CFRMs accessible to all affected people (including women, girls, boys and men, persons with disabilities and others at high GBV risk).
- In accordance with the national guidelines establish CFRM standard operation procedures (SOPs) and tools for feedback collection, storage, analysis, response and reporting on data, distribution of roles and responsibilities, referrals to GBV services and procedures for handling sensitive complaints (e.g. SEA allegations) during and in the aftermath of emergencies.

Example of Standard Operating Procedures for CFRM⁶²

SOPs formalize the flow of the feedback and response system (i.e., definitions, roles and responsibilities, response timelines, procedures for dealing with different types of complaints, referral procedures, etc). SOPs guide decisions on planning, staffing and resource allocation.

SOPs should include:

- Definitions and categories of feedback/complaints (operational, sensitive/non-sensitive).
- Types of accepted (i.e., non-political) issues for complaint and feedback.
- Available types of feedback mechanisms/operational protocols.
- Internal and external referrals protocols.
- Timelines for response to feedback/complaints.
- Roles and responsibilities for each step of the process (collection, storage, processing, recording/ documentation, analysis, reporting, referring, responding and using findings for programme adaptation).
- How feedback data will be used in programme processes.

- Capacitate dedicated staff to value and use information received from CFRMs.
- Raise awareness on CFRMs internally amongst the staff and externally amongst affected people including those at high GBV risk.
- Systematize monitoring of the appropriateness and effectiveness of CFRMs, and report on data and findings to ensure they inform programme design.

Practical tool. For the establishment of community-based feedback and complaints mechanisms in your organisations you can be guided by IFRC feedback starter kit⁶³, Practitioner Guidance in Effective feedback in humanitarian contexts by ALNAP⁶⁴.

62 UNHCR, Operational Guidance on Accountability to Affected People (AAP), 2020, p.33.

63 <https://communityengagementhub.org/resource/feedback-starter-kit-2/>

64 <https://www.alnap.org/system/files/content/resource/files/main/closing-the-loop-alnap-cda-guidance.pdf>

1.3.5. Protection from Sexual Exploitation and Abuse (PSEA)

Sexual exploitation and abuse is a serious human rights violation and when conducted by an aid worker is considered as a gross misconduct expected to result in an administrative action (including termination of employment) and criminal investigation. People affected by crises are particularly vulnerable to sexual exploitation and abuse due to asymmetric power relationships between the beneficiaries and those providing assistance.

Evolution of PSEA: In 2002, acknowledging the need to address sexual misconduct by international fieldworkers, the IASC endorsed the six core principles against SEA, that in 2003 were incorporated into the UN Secretary-General's Bulletin on SEA. The latter declared zero tolerance towards SEA, which became binding for the UN (and agencies and individuals with cooperative agreements with the UN and obliged all UN personnel to report incidents of abuse. Today, many humanitarian organizations have codes of conduct, internal regulations (including disciplinary procedures against perpetrators) and complaint and redress mechanisms for handling SEA allegations.⁶⁵

Six Core Principles Against Sexual Exploitation and Abuse⁶⁶

1. Sexual exploitation and abuse by humanitarian workers constitute acts of gross misconduct and are, therefore, grounds for termination of employment.
2. Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or the age of consent locally. Mistaken belief regarding the age of a child is not a defence.
3. Exchange of money, employment, goods, or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour is prohibited. This includes exchange of assistance that is due to beneficiaries.
4. Sexual relationships between humanitarian workers and beneficiaries are strongly discouraged since they are based on inherently unequal power dynamics. Such relationships undermine the credibility and integrity of humanitarian aid work.
5. Where a humanitarian worker develops concerns or suspicions regarding sexual abuse or exploitation by a fellow worker, whether in the same agency or not, he or she must report such concerns via established agency reporting mechanisms.
6. Humanitarian workers are obliged to create and maintain an environment which prevents sexual exploitation and abuse and promotes the implementation of their code of conduct.

⁶⁵ IASC, PSEA Inter-Agency Cooperation in Community-based Complaint Mechanisms - Global SOPs, 2016.

⁶⁶ The Six Core Principles were outlined by the IASC Task Force on Protection from Sexual Abuse and Exploitation in 2002, and adopted by the IASC member agencies for inclusion into their institutional Codes of Conduct.

PSEA Minimum Operating Standards:⁶⁷ In 2012 the IASC developed the Minimum Operating Standards (MOS-PSEA) to guide aid provider organizations to establish effective PSEA mechanisms in the field while operating in humanitarian settings. The MOS-PSEA establishes four key:⁶⁸

- Management and coordination: effective policy development and implementation; cooperative arrangements; dedicated department / focal points committed to PSEA.
- Engagement with and support of local community populations: effective and comprehensive communication from HQ to the field on: (a) how to raise beneficiary awareness on PSEA; and (b) how to establish effective community-based complaints mechanisms.
- Prevention: effective and comprehensive mechanisms to ensure awareness-raising on SEA amongst personnel; effective recruitment and performance management.
- Response: internal complaints and investigation procedures.

As with GBV incidents, aid organizations are also responsible for prompt referrals of SEA survivors to GBV services for timely and adequate specialized care. There is no need to establish a separate referral pathway for SEA survivors. Instead responsible staff should use the already functional GBV referral pathway to ensure that survivors promptly access services of their choice.

Linkage between AAP and PSEA: AAP views PSEA as an integral component for all humanitarian operations. “SEA contributes to the broader agenda on AAP by ensuring that organizations and their staff use their power ethically and responsibly. Likewise, AAP enhances PSEA by ensuring that affected populations know what to expect from aid actors and can access trusted, reliable channels to express their grievances”⁶⁹.

Collaboration between AAP and PSEA requires provision of maximum information to affected people on safeguards against sexual abuse, including: (a) that humanitarian assistance is free of charge (i.e. never conditional on sexual favours); (b) agencies have zero-tolerance policies on SEA that include contractual obligations that aid workers adhere to ethical principles (e.g. codes of conduct prohibiting SEA are read and signed by employees); (c) internal regulations envision disciplinary sanctions against perpetrators and reporting SEA incidents to national law enforcement agencies; (d) that it is safe to complain on SEA; and (e) organizational policies against retaliation for reporting SEA are in place.

The importance of informing, raising awareness and consulting with affected people is reflected in CAAP Commitment N: 3 - related to Feedback and Complaints and MOS-PSEA. This at a minimum requires consultation with vulnerable communities and local authorities on establishment of diversified reporting channels⁷⁰ for PSEA, assisting humanitarian organizations to develop safe, confidential, accessible, child and gender-sensitive and trusted reporting mechanisms on SEA appropriate to the local context.⁷¹

67 IASC, Minimum Operating Standards Protection from Sexual Exploitation and Abuse by own Personnel, 2012.

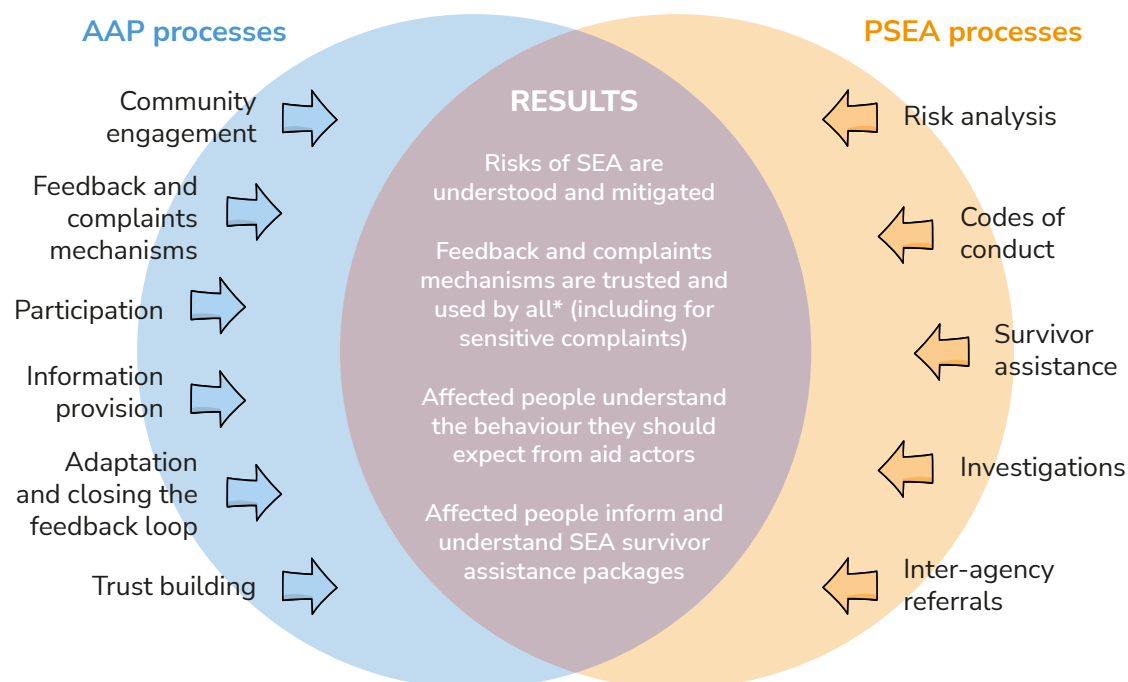
68 Ibid.

69 UNICEF, Accountability to Affected Populations: A Handbook for UNICEF and Partners, 2020, p.81.

70 IASC, PSEA Inter-agency Cooperation in Community-based Complaint Mechanisms - Global SOPs, 2016, p.9.

71 IASC, Plan for Accelerating Protection from SEA in Humanitarian Response at Country Level, 2018a, p.5.

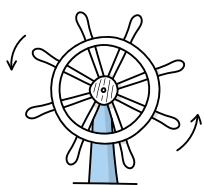
Collaboration and Linkages Between AAP and PSEA



*The term 'all' intends to capture all groups in the community; women, men, girls, boys, youth, and older persons, as well as persons with disabilities and specific minority groups without any such distinction.

Source: IASC, 2018⁷²

In practice this means: organizations need to follow MOS-PSEA minimum requirements:

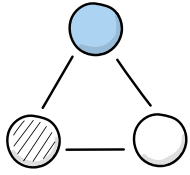


PILAR 1

on effective management and coordination of PSEA requires organizations to:

- Establish standards and policies on staff conduct and the implementation work plan.
- Through initial and continuous training and information materials ensure staff awareness of prohibition of SEA, of the need to report allegations, of redress procedures and associated disciplinary sanctions.
- Incorporate prohibition of sexual misconduct and related sanctions into the general contract conditions for staff and obtain written agreement that they are aware of and will abide by the PSEA policy standards.
- Designate department/individual(s) as PSEA focal points to coordinate, follow-up and regularly report to senior management on development and implementation of PSEA policies and activities. In addition, formalize responsibilities on PSEA (reflected in ToRs) and deploy appropriate human resources trained in PSEA application.

72 IASC, Visual: AAP and PSEA Linkages/Collaboration, 2018b.



PILAR 2

on engagement with local communities obliges organizations to:

- Internally communicate (top-down) expectations on raising awareness among beneficiaries (including information on the organization's standards of conduct and reporting mechanism) and develop related tools and materials to be used for beneficiary awareness-raising activities.
- Ensure that staff at field offices participate in community-based complaint mechanisms jointly developed and implemented by aid organizations; provide staff with guidance on how to adapt complaint mechanisms to the cultural context with focus on community participation.
- Establish monitoring and review mechanisms for complaint systems.
- Develop written guidance on the provision of victim assistance.



PILAR 3

on PSEA, establishing effective and comprehensive mechanisms for awareness-raising amongst personnel and adequate recruitment and performance management. Organizations should:

- Oblige all candidates to sign the code of conduct (CoC) before being offered a contract.
- Improve organizational systems of reference checking and vetting for former misconduct.
- Include participation in CoC/PSEA training as part of supervision and performance appraisals (for senior management the performance appraisals should also include responsibility to create and maintain an-SEA free environment).
- Provide staff with induction and refresher training on SEA prohibition, procedures for complaining and reporting sexual misconduct, non-retaliation policies and implications for breaching these standards.



PILAR 4

on **response** to SEA, requires organizations to set internal complaint and investigation mechanisms and procedures. They should:

- Establish procedures for handling written complaints/reports from staff and beneficiaries and regularly inform staff on filing a complaint/reporting and handling procedures.
- Issue SOPs to guide internal investigations and mandate investigations by experienced and qualified professionals who are also trained on how to deal with sensitivities related to SEA allegations.
- Start all investigations on SEA within three months, ensure disciplinary or contractual sanctions and share information on outcomes with complainants.
- Ensure referral pathways are in place for prompt transfers of SEA survivors to specialized services. In the absence of a pathway establish referral agreements with specialized services in advance to assist survivors if needed.

1.3.6. Coordination, Partnership and Strengthened Local Capacity

Effective multi-sectoral GBViE prevention and response requires coordination and collaboration at all stages of interventions. Coordination and partnership promotes “a common understanding of GBV issues amongst key humanitarian actors, uphold GBV minimum standards, monitor adherence to GBV guiding principles, facilitate information sharing and best practice, and promote collective inter-agency actions to prevent and respond to GBV”.⁷³ Coordination strengthens accountability to affected people, by preventing “a ‘siloed’ effect, and ensuring that agency-specific and intra-sectoral GBV action plans are in line with those of other sectors, reinforcing a cross-sectoral approach”.⁷⁴ Effective coordination and partnership ensures quality intervention and life-saving assistance to affected people.

Collaboration with national and local actors (when possible) improves the quality and sustainability of the GBV response. National and local actors are usually first to respond to crisis situations and provide assistance to GBV survivors, have access to affected people and are more likely to be known and trusted by local community representatives. Local actors (e.g. local administrations, NGOs, women’s and youth organizations, faith groups, other community networks of support, etc.) should be capacitated (through GBV trainings) and incorporated into the GBV coordination mechanism (GBV sub-cluster or working groups) with clearly defined roles and responsibilities and reserved (if possible) funding for their implementation in partnerships with national and international organizations.⁷⁵

List of Minimum Actions Required for Effective Coordination Under the Cluster System (Guidance on GBViE Minimum Standards Programming)⁷⁶

- Establishment and/or strengthening of multi-sectoral GBV response mechanism in partnership with the national government, UN/other International Organizations, local and international NGOs.
- Establishment of a system for safe and ethical management of reported GBV incident data.
- Development of SOPs to agree on roles and responsibilities for GBV prevention and response.
- Agreement on a referral pathway to promote survivors’ access to services.
- Provision of technical expertise and training targeting promotion of understanding and capacity development on the GBV guiding principles.
- Promotion of awareness of, access to and use of relevant tools and guidelines across clusters to support effective GBV prevention and response.
- Facilitation of the immediate deployment of competent and skilled GBV staff with dedicated responsibilities for the coordination of GBV in emergencies.

73 GBV AoR, The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming, 2019, p. 114.

74 IASC, Guidelines on Integrating Gender-Based Violence Interventions in Humanitarian Action, 2015, p42 .

75 UNICEF, Accountability to Affected Populations: A handbook for UNICEF and partners, 2020, p. 94.

76 Ibid., p.69.

1.4. Summing Up

Accountability to affected people applied to the GBViE programming should demonstrate active commitment by duty bearers to use power responsibly during and after emergency situations. To continue being accountable when providing humanitarian assistance to survivors and vulnerable communities affected by crises, states, at a minimum, should take into account some key elements related to the quality of operations and open, transparent and inclusive decision-making processes.

In line with the accountable GBV prevention and response system, the GBViE programming ensures adequate communication of timely, accurate, safe, relevant, accessible information in languages/formats appropriate to gender, age, diversity and a preferred communication culture of affected people. Most importantly, it ensures that survivors have access to life-saving information on risks and available support, as well as that humanitarian staff communicating with survivors are trained in first aid and aware of the GBV referral pathway agreed for emergency and post-emergency situations.

Accountable GBViE programming requires engagement and participation of affected people, including women and girls, as active partners to end violence and promote survivors' access to services. For this it highlights the importance of paying attention to removal of obstacles for participation of women and girls in decision-making. It also stresses the importance of engaging men and boys in prevention and mitigation of GBV in emergencies.

To ensure effectiveness of the humanitarian response, meaningful participation of survivors as well as evidence-based programming should be ensured at all stages of the intervention management cycle. However, GBViE programming pays particular attention to challenges and limitations in GBV data collection and application and envisions access to GBV services before the establishment of data collection, storage, analysis and sharing mechanisms. When operationalized, data management follows safety and ethical considerations.

Accountable GBViE programming targets collection of survivors' feedback on their experiences and thoughts on humanitarian assistance and use of information to improve the quality of GBV services and other response interventions. Furthermore, it allows survivors and vulnerable communities to report complaints on their dissatisfaction with services. This also includes the possibility for confidential and safe reporting on sexual exploitation and abuse committed by humanitarian personnel and prompt assistance including referrals to GBV services of survivors and accountability of perpetrators for committed crimes.

Finally, it is important for states to acknowledge that accountable GBViE programming requires inter-agency coordination and collaboration to promote common understanding of GBV issues amongst key humanitarian actors, implement GBV minimum standards and adhere to the key principles, share information and best practice, and promote collective inter-agency actions to prevent and respond to GBV. Collaboration with local actors (when possible) is specifically highlighted to ensure sustainability and improved quality of GBViE programmes.

In sum, the accountable GBV prevention and response system envisions preparedness for emergency operations and quality humanitarian assistance to survivors. "AAP is not just 'the right thing to do': over time, systemic engagement of the people ... contributes to reducing vulnerability, increasing resilience and strengthening social cohesion. That in turn will improve the quality and effectiveness of humanitarian and development programmes".⁷⁷

⁷⁷ UNICEF, *Accountability to Affected Populations: A Handbook for UNICEF and Partners*, 2020, p.3.

PART 2

Conclusion and the Way Forward



Accountability in GBV prevention and response works as a system, uniting different actors, organizations, information flows, patterns of influence, penalties and incentives. In this document we attempt to demonstrate how different principles, tools and processes are applied across the sectors at all levels (state, regional, local) to ensure accountability in designing, implementing and adapting GBV operations in accordance with the needs and wishes of survivors.

The key elements of an accountable to beneficiaries humanitarian response in GBV were described for during and in the aftermath of emergency situations as well as for peacetime operation of GBV interventions. The analyses showed that the accountability of a system is important in all situations, and that it is the responsibility of the all actors – states, international organisations, UN agencies, local stakeholders – to ensure openness, transparency, inclusiveness in decision-making and operations, and high quality operations in all circumstances, including crises and post-crisis settings.

The concept of accountability to beneficiaries highlight the importance of ensuring provision of information and awareness on rights, entitlements, availability of quality services, as well as transparency in state actions for preventing and responding to violence. It stresses the role of meaningful participation of survivors, their family members and other vulnerable communities in decision-making processes on GBV. There is also agreement that taking into consideration the voices and opinions of beneficiaries and affected people at all stages of GBV programming, including needs assessments and monitoring and evaluation processes, helps to improve the quality of operations and meet requirements of survivors. This is partially achieved through community complaint and feedback submissions, including confidential reporting on incidents of SEA and other wrongdoings. Importantly, SEA redress mechanisms are prioritized in humanitarian operations as the vulnerability of affected people increases during and in the aftermath of emergencies. Likewise, coordination of inter-agency GBV responses is crucial in all circumstances and is life-saving, particularly in humanitarian settings. The quality of GBV services remains a priority at all times, requiring strengthened attention to appropriate human, material and financial resource allocations for the functioning of effective and efficient, accountable GBV prevention and response systems.

To conclude, an accountable GBV prevention and response system unites principles, tools and processes manifested through the application of AAP (applicable to emergency and post emergency situations) and accountable case management.

It is important to ensure that all operations of the overall GBV prevention and response system are accountable in all situations.

2.1. The Way Forward

“The accountability picture is fundamentally shaped by local politics, power and incentives in both formal and informal spheres.”⁷⁸ Copying best practices does not give results without substantial adaptation, taking into account local specificities and the readiness of key actors to implement

⁷⁸ OECD, Accountability and Democratic Governance: Orientations and Principles for Development, DAC Guidelines and Reference Series, 2014, https://www.oecd-ilibrary.org/development/accountability-and-democratic-governance_9789264183636-en, p.14.

the accountability principles. Adjustment of standards and best practices “also means building on institutions and processes that are already up and running effectively.”⁷⁹

The following steps are suggested as a way forward:

1. Incorporate accountability principles into your whole circle of operations on GBV prevention and response in humanitarian context.

Accountability elements of transparency, openness, participatory decision-making and responsibility for quality performance should be integral to the overall GBV prevention and response system. This at a minimum will require that: (a) your organisation’s standards and procedures are in line with the related regional and international standards to incorporate accountability requirements into all identified aspects of GBV interventions; (b) a strategic framework and action plans are developed within organisation or your local implementing partners to ensure that the GBV prevention and response programmes/interventions incorporates accountability principles in accordance with the national legislation of the country where you operate. It identifies overall accountability goals, specifies the roles and responsibilities of the staff, engaged in GBV operations, articulates plans for incorporating accountability elements into the internal policies, mechanisms and interventions, and sets the timeline for approaches implementation and review; (c) tools, protocols and guidelines for implementing accountable GBV prevention and response interventions are developed in accordance with the national laws and best international practices and available for the responsible departments/staff for application; (d) contingency plans for addressing GBV prevention and response “during crises such as pandemics, natural disasters, and/or economic recessions”⁸⁰ incorporate accountability issues and are part of the overall strategic policy framework on GBV.

By doing so organisations will ensure preparedness for continuous application of accountability principles in projects implementation, service provision and other activities in all situations inclusively during and in the aftermath of emergencies.

2. Strengthen coordination and cooperation within and across the key sectors and institutions to improve the design and functioning of the overall accountable GBV prevention and response system.

Improved coordination within the state and state-based services for GBV survivors and different stakeholders can bring positive results in development and implementation of the project including the accountability aspects of the overall GBV prevention and response system. It is important that coordination and partnership result in a strengthened multi-sectoral response, particularly in service provision implemented at local and community levels.

To achieve this, organisations, as well as with the cooperation with states at a minimum should: (a) strengthen and institutionalize coordination mechanisms within and between sectors (i.e. between “a range of stakeholders at multiple, political, policymaking, managerial and administrative levels”⁸¹) and encourage partnership between public institutions and collaboration with other “...

⁷⁹ Ibid.

⁸⁰ OECD, Working Party on Gender Mainstreaming and Governance: Strengthening Governance and Survivor/victim-Centered Approaches to Eliminating Gender-Based Violence, Public Governance Directorate, Public Governance Committee, 2021, p.11.

⁸¹ Bob Hudson, David Hunter, Stephen Peckham, “Policy failure and the policy-implementation gap: can policy support programs help?”, *Policy Design and Practice*, Volume 2, 2019 –Issue 1, <https://www.tandfonline.com/doi/full/10.1080/25741292.2018.1540378>.

stakeholders, such as academic/research organizations, advocacy groups, NGOs, faith-based institutions and the private sector”.⁸² Importantly, collaboration should ensure “engagement of local ‘downstream’ implementation actors such as end users, frontline staff and a range of local service agencies”;⁸³ (b) support multi-sectoral interventions for enhanced effectiveness in addressing root causes and consequences of GBV. Taking into account the intersectionality of GBV prevention and response systems, it is important to ensure that GBV programmes and interventions are not implemented in a fragmented fashion,⁸⁴ but are interlinked and integrated where possible and applicable; (c) Strengthen coordination capacity particularly at local levels to “track the links between different local public services, and to examine how these relationships influence the respective performance of services”.⁸⁵ Decisions in one area/sector/service can affect performance in other sectors/areas/services. If those interlinkages and the resulting consequences of uncoordinated actions are not examined (often there is no one assigned for such analyses) and understood, this can be detrimental to the overall performance of the GBV prevention and response system. It is therefore important to strengthen the ability of local coordination mechanisms “to pre-empt failure by enabling earlier discussions about how services place pressure on each other. It also would promote learning about how service leaders can work together better to mitigate these challenges, and deliver better services to the public”.⁸⁶

3. Ensure adherence to the survivor-centred approach within the GBV prevention and response system.

Evidence shows that the GBV prevention and response systems will not deliver needed results and will not be accountable to survivors if not being survivor-centred. It is, therefore, crucial that the system (uniting mechanisms, processes, procedures and staff) operates based on the respect for survivors’ needs and preferences and makes decisions with the informed consent of survivors, giving priority attention to their safety, privacy and confidentiality. As highlighted in the analysis of AAP, empowered survivors themselves are the best decision-makers about their needs and the risks they face. This should be acknowledged by all staff and incorporated in the system’s operation at all levels and all steps/stages.

This will require: (a) institutionalization of feedback and complaint collection mechanisms and practices enabling meaningful (e.g. survivors empowered through information and communication, legal literacy, culturally appropriate services, etc.)⁸⁷ participation of survivors and vulnerable groups at all stages of GBV programming (e.g. planning, implementing, monitoring, evaluating and adaptation). This will also mean development of tools for basing decision-making on the trauma-and-violence-informed analysis (e.g. impact of violence on lives of survivors, environments considered safe by survivors, capacity-building, fostering survivors’ resilience, etc.) to contribute to better realization of survivors’ needs;⁸⁸ (b) incorporation of the intersectional lens into GBV frame-

82 USAID, A Guide to Programming Gender-Based Violence Prevention and Response Activities, 2009, p.5.

83 Bob Hudson, David Hunter, Stephen Peckham, “Policy failure and the policy-implementation gap: can policy support programs help?”, *Policy Design and Practice*, Volume 2, 2019 –Issue 1, <https://www.tandfonline.com/doi/full/10.1080/25741292.2018.1540378>.

84 USAID, A Guide to Programming Gender-Based Violence Prevention and Response Activities, 2009, pp.4-5.

85 Institute for Government, UK, “Summary – Accountability in modern government: recommendations for change”, <https://www.instituteforgovernment.org.uk/summary-accountability-modern-government-recommendations>.

86 Ibid.

87 OECD, Working Party on Gender Mainstreaming and Governance: Strengthening Governance and Survivor/victim-Centred Approaches to Eliminating Gender-Based Violence, Public Governance Directorate, Public Governance Committee, 2021, p.29.

88 Ibid.

works, policies and programmes to ensure critical gaps are addressed to adequately meet diverse needs faced by all survivors. This will help to avoid following a one-size-fits-all approach⁸⁹; and (c) capacitate staff at all levels to acknowledge that survivors' rights must be accommodated throughout the entire process and, therefore, that policies and interventions should be designed and implemented to serve the interests of survivors (e.g. ensuring that survivors "do not have to bear the cost of forensic examination, post-exposure treatment for communicable diseases or transport associated with these services," etc.).⁹⁰

4. Cultivate an accountability culture in institutions/organisations, involved in planning and implementation of the GBV prevention and response activities.

Specialists indicate that accountable employees work more efficiently, as they promptly "acknowledge their mistakes and failures and focus on correcting the situation and learning from the experience."⁹¹ An accountable working culture unites employees in search of the best possible ways forward in consultation with beneficiaries, instead of blaming each other for failures. While valuing their commitments, accountable employees "push through and find a way to get the job done despite the various obstacles and setbacks".⁹² Accountable employees operating within the GBV prevention and response system are survivor-centred and always take into account the needs, wishes and estimations of risks made by survivors themselves.

To establish a culture of accountability at the workplace requires systemic and continuous attempt manifested through numerous efforts: (a) committed and consistent leadership that demonstrates and rewards accountable behaviour; (b) merit-based hiring procedures for selecting employees with a history of accountable behaviour; (c) clarity with organizational and individual (roles of employees) goals and responsibilities that preferably are developed with the participation of employees, are smart (specific, measurable, achievable, relevant and time and resource constrained) and known to the employees (preferably available in a written form) and to the public at large; (d) delegation of authority to accountable employees with the established performance evaluation system in place; (e) a performance evaluation system envisioning sanctions against wrongdoings and rewards for good work; and (f) continuous education opportunities for employees (on job coaching and/or training) to enable adherence to the survivor-centred approach, adaptation and improvements in performance of their functions.

5. Ensure that the GBV prevention and response system can track progress and enforce implementation.

Continuously tracking progress in implementing a GBV agenda, correcting fallacies and enforcing policies is important for ensuring quality implementation of GBV prevention and response interventions. In organisations should be scrutinized by both internal and external quality control mechanisms such as monitoring and evaluation by responsible staff, internal/external audits, as well as tracking progress in implementing overall the GBV agenda by dedicated inter-agency coordination mechanisms.

89 Ibid., p.30.

90 USAID, A Guide to Programming Gender-Based Violence Prevention and Response Activities, 2009, p.4. https://pdf.usaid.gov/pdf_docs/Pnado561.pdf.

91 Doug and Polly White, "Build a Culture of Accountability in 5 Steps", 8 August 2017, <https://www.entrepreneur.com/article/298342>.

92 Ibid.

This requires: (a) strengthening transparent and participatory performance delivery tracking systems within and across organisations to monitor performance against key policy priorities in GBV prevention and response, undertaking quality checks to identify delivery obstacles and problem-solving and supply top management of institutions with routine progress reports.⁹³ Such systems will require popularization of results based management (RBM), demonstrating “move away from activity planning (what are we going to do?) to planning for the overall results (what do we want to achieve?)”;⁹⁴ (b) agreeing on the national monitoring and evaluation GBV prevention and response indicators, quantitative measurement methodologies, procedures for measurement and scrutiny of performance by internal and external actors (e.g. external audits, national and local coordination mechanisms, monitoring procedures); (c) using modern technology in support of M&E systems to effectively collect, store, evaluate and share **data** within and between institutions and sectors, as well as establishing data sharing protocols to ensure data protection; and (d) investing in skills and competencies of the staff. “Training, peer learning, information, guidance, project management skills and other such interventions could all have a part to play”.⁹⁵

2.2. Recommended Sequence of Some Key Steps

Developing a policy framework for mainstreaming accountability

- Discuss the accountability concept with the national government (selected actors responsible for GBV prevention and response) to ensure local ownership and a national lead in mainstreaming accountability requirements into the GBV prevention and response system.
- Assist the government in establishing a participatory process (e.g. a high level working group and or expert sub-working groups) to identify accountability gaps in GBV prevention and response and develop policy recommendations on mainstreaming national legislation, standards, protocols, tools and guidelines. It is important to ensure that a wide range of actors (specialized NGOs, service provider organizations from key sectors, area specialists, survivors) are invited to contribute to the process. If applicable, use the already existing national GBV prevention and response coordination mechanism/structure to lead the process. Establish several sub-working groups for developing recommendations for mainstreaming accountability in GBV prevention, primary and specialized response interventions
- Help the coordination mechanism or the working group established by the government to agree on the accountability check list (targets, indicators, actions and responsible actors) to better guide the adaptation process. Then proceed with the review and

93 Bob Hudson, David Hunter, Stephen Peckham, “Policy failure and the policy-implementation gap: can policy support programs help?”, *Policy Design and Practice*, Volume 2, 2019 –Issue 1, <https://www.tandfonline.com/doi/full/10.1080/25741292.2018.1540378>.

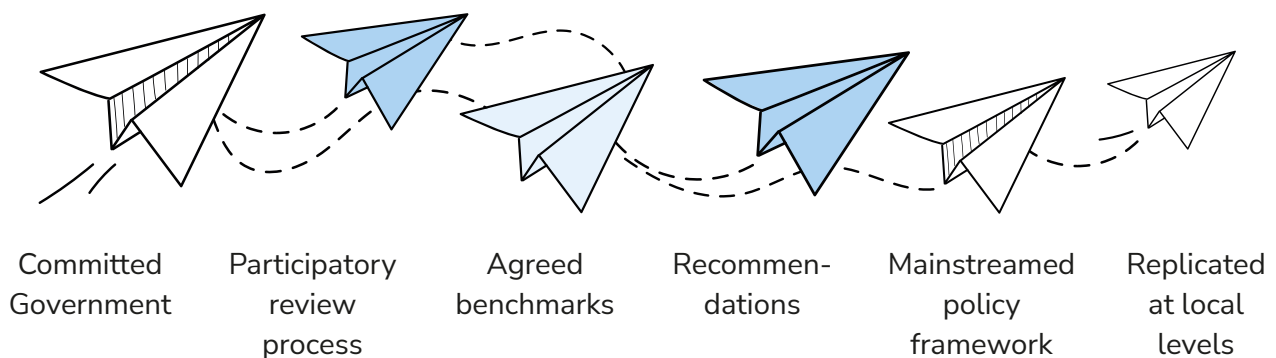
94 Southern African Development Community, Regional Strategy and Framework of Action for Addressing Gender Based Violence 2018 – 2030, Approved by SADC Ministers of Gender and Women’s Affairs, July 2018.

95 Bob Hudson, David Hunter, Stephen Peckham, “Policy failure and the policy-implementation gap: can policy support programs help?”, *Policy Design and Practice*, Volume 2, 2019 –Issue 1, <https://www.tandfonline.com/doi/full/10.1080/25741292.2018.1540378>.

development of draft amendments to the selected national laws, standards, protocols, tools and guidelines for the operationalization of the accountable GBV prevention and response system.

- Help to reflect accountability requirements into the national GBV prevention and response strategies and action plans, including contingency plans for emergency operations.
- Assist replication of mainstreaming accountability requirements into local policy frameworks by securing the commitment of local leadership and agreement on the management of the process by local coordination mechanisms.

Key Steps for Mainstreaming Accountability

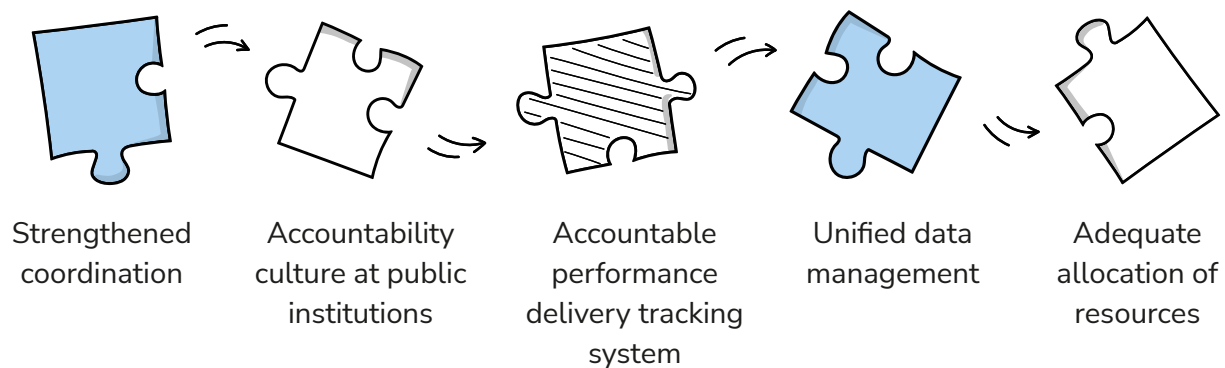


Implementing accountability requirements

- Organize a participatory process to review the effectiveness (membership, mandate, results) of the existing GBV prevention and response coordination mechanisms at the level of your organisation and agree on adjustment needs. The recommendations should include a requirement to assign responsibility for mainstreaming accountability requirements alongside monitoring and evaluating policy implementations. Examine the readiness and the capacity to strengthen multi-sectoral GBV response interventions, particularly at basic levels, and develop recommendations accordingly.
- Review and develop recommendations for incorporating accountability requirements into programming process to ensure that accountable organisation and services involved in GBV prevention and response. Pay particular attention to clarity with roles and responsibilities, with accountability requirements incorporated into the terms of reference of related institutions/staff, work related procedures and protocols, staff performance evaluation linked with rewards and sanctions (in cases of misconduct); and planning and implementation for the continuous capacity development of staff.
- Examine whether organisations/partners involved in the operation of the GBV prevention and response system apply results-based management and develop recommendations for strengthening the accountability of the performance delivery tracking system within and across these partners. Pay attention to the incorporation of accountability requirements into the entire programme cycle.

- Assist the participatory process for assessing needs in data collection, sharing, storing and analysing practices within and across the key GBV sectors. Develop recommendations for establishing unified standards, procedures and practices. Probe the readiness/capacity of key staff/partner organisations to develop and manage a unified data base for coordinated operation of the accountable GBV prevention and response system.
- Advocate with donors/governments at all levels (national and local) for the adequate allocation of budgetary, material and human resources for the effective implementation of the accountable GBV prevention and response system.

Key Elements for Building Accountable GBV Prevention and Response



Mastering accountable policy making of the GBV prevention and response programmes is a continuous process requiring innovation and change management to better accommodate needs of survivors and strengthen the resilience of vulnerable communities against violence. While examining the ways of integrating accountability principles into GBV operations, organisations should pay attention to the way processes are managed including handling risks, check if the established regulations work, ensure that budget does not prevent innovations and processes enable change for the better.⁹⁶ Once institutionalized, the accountability of organisations will contribute to the effectiveness and efficiency of the overall operation of the GBV prevention and response system.

96 OECD, Draft Sound Framework on Sound Public Governance, 2018, <https://www.oecd.org/gov/draft-policy-framework-on-sound-public-governance.pdf>. p.12.



**United Nations Population Fund
Ukraine**

01024, Kyiv
42-44 Shovkovychna St.
tel.: +38 044 281 32 31
ukraine.office@unfpa.org

 [UNFPA Ukraine](#)
 [UNFPA.Ukraine](#)
 [_unfpa_ukraine_](#)
 [UNFPAUkraine](#)
 ukraine.unfpa.org