1. Purpose

The purpose of this document is to provide Public Health Emergency (PHE) responders with a framework of considerations in order to integrate Gender-Based Violence (GBV) prevention, mitigation and response into UNICEF’s PHE response. The document is structured by each of UNICEF’s Core Commitments for Children (CCCs) in public health emergencies. This document does not provide the ‘how to’ for implementing the Key Considerations — practical guidance will be articulated in the training package and toolkit on Implementing the Key Considerations for Mitigating, Preventing and Responding to GBV in PHE.

The impact of PHEs such as infectious disease outbreaks, epidemics, and pandemics is not gender neutral. Instead, PHEs and GBV mutually reinforce each other. Women and girls, especially in humanitarian settings, are disproportionately impacted as crises exacerbate gender inequality, violence, and community transmission. Women and girls play critical roles in controlling and preventing infectious diseases at home, in the community, and as frontline workers. However, in PHEs women and girls face additional GBV risks or barriers to accessing essential information or services.

These Key Considerations focus on PHEs because:

- PHE coordination and response mechanisms are different from those used in other emergencies.\(^3\)
- While public health and social measures\(^4\) implemented to slow transmission (e.g. physical distancing, movement restrictions, etc.) during PHEs pose unique challenges for all sectors, GBV services, including reproductive health services, particularly tend to be deprioritized.
- There is little guidance on how to mitigate GBV risks across all relevant PHE pillars\(^5\) or how to provide uninterrupted GBV services in PHEs beyond COVID-19.

2. Public Health Emergencies (PHEs)\(^6\)

A PHE is the occurrence or imminent threat of a disease or health condition whose scale, timing, or unpredictability threatens to overwhelm routine capacities to respond and poses a substantial risk of a considerable number of deaths and/or disabilities. This Key Considerations document focuses on infectious disease outbreaks, which are the most common type of PHE.\(^7\) However, PHEs also include chemical, biological, radiological, and nuclear events. Not all PHEs are humanitarian emergencies, nor do they always happen in humanitarian contexts.

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3. The World Health Organization (WHO) and governments are responsible for coordination in public health emergencies. UNICEF provides support.
4. Public health and social measures (PHSMs) are measures or actions by individuals, institutions, communities, local and national governments and international bodies to slow or stop the spread of an infectious disease.
5. PHE pillars include a coordination pillar and outbreak control pillar. These include surveillance, active case finding, contact tracking and investigation of cases; case management; infection prevention and control in communities, schools and health facilities; Risk Communication and Community Engagement (RCCE); psychosocial care; vaccination (where applicable and indicated); laboratory and diagnosis; and research.
7. The CCCs focus on infectious disease outbreaks.
3. GBV risk mitigation

GBV risks are factors that increase the likelihood of GBV. GBV risks contribute to — but are not the same as — incidents of GBV or forms of GBV (such as sexual violence or intimate partner violence).

GBV risk mitigation interventions are actions taken to reduce identified risks. For example:

<table>
<thead>
<tr>
<th>GBV RISK:</th>
<th>The toilets in treatment centres are not gender-segregated, and pathways to the toilets are not well-lit.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPLICATIONS:</td>
<td>Women and girls don’t feel comfortable or safe accessing and using toilets, or might face GBV at, or on the way to, the toilets.</td>
</tr>
<tr>
<td>GBV RISK MITIGATION INTERVENTION:</td>
<td>Toilets can be separated and clearly marked for females and males. Lights can be installed along the pathway.</td>
</tr>
</tbody>
</table>

4. UNICEF’s commitments

In order to be effective in the PHE response and to uphold core humanitarian principles including Do No Harm, PHE responders must put the health, safety, and well-being of affected populations — and particularly of women and girls — at the centre.

As part of its PHE response, UNICEF commits itself to the provision of services for GBV, child protection, and mental health and psychosocial support (PSS). UNICEF also upholds the highest standards of Protection from Sexual Exploitation and Abuse (PSEA) in PHEs. Sexual exploitation and abuse (SEA) is a form of GBV that constitutes an abuse of power by aid workers against the affected population. As such, mitigating GBV risks in programmes is a key component of UNICEF’s organisational commitments on PSEA.

These issues are intrinsic to delivering a principled, timely, quality, and child-centred humanitarian response to PHEs. GBV risk mitigation measures included in this document reinforce and support UNICEF’s commitments to Accountability to Affected Populations (AAP), gender and disability mainstreaming, and localization (see Annex 1).

5. Target Audiences

The target audiences for these Key Considerations are all UNICEF personnel, UNICEF partners, and stakeholders (i.e., governments; the UN system; civil society organisations (CSOs) including international and national non-governmental organisations (NGOs) and community-based organisations; the private sector; donors; etc.).

This document does not include the responsible party for implementing each action as it may differ depending on the PHE. However, all those engaged in PHE response are expected to use these Key Considerations to inform their work.

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8. UNICEF’s Core Commitments for Children (CCC) have specific commitments to PHE that include GBV risk mitigation. UNICEF’s CCCs include specific commitments to PSEA and Gender which include GBV risk mitigation across all UNICEF sectors. In addition to the CCCs, UNICEF’s GBViE Operational Guide and Gender Action Plan (2018-2021, 2022-2025) stipulate UNICEF’s commitments for GBV in emergencies.

6. Key Considerations

Below are the PHE commitments and accompanying benchmarks as listed in the CCCs. For each, listed in this document are Key Considerations related to mitigating, preventing, and responding to GBV specifically in PHE preparedness and response. These Key Considerations focus specifically on areas where guidance does not exist or requires adaptation. Please refer to the UNICEF GBViE Operational Guide, UNICEF GBViE Programme Resource Pack, and the Inter-Agency Standing Committee (IASC) Guidelines for Integrating Gender-Based Violence in Humanitarian Action for general guidance on integrating GBV risk mitigation into programmes or coordination, i.e., clusters and GBV response and prevention interventions in emergencies.

### Commitment 1. Coordination and Leadership

**Benchmarks 1.1, 1.2 and 1.3 UNICEF’s leadership in coordination**

**Key Considerations**

**[GBV risk mitigation]** Promote the use of the Inter-Agency Standing Committee (IASC) Guidelines for Integrating Gender-Based Violence in Humanitarian Actions (IASC GBV guidelines) across all PHE pillars and programmes that UNICEF leads or supports.

**[PSEA]** Contribute to the strengthening and functioning (or establishment) of an interagency PSEA network from the onset of the PHE response.

**[Coordination]** Include the Key Considerations and the IASC GBV guidelines in the Strategic Response Plan and in particular where UNICEF plays a leading role. Advocate with the incident manager for inclusion, operationalization, and resourcing of the Key Considerations.

**Benchmark 1.4. Surges deployments and emergency procedures are activated on a no-regrets basis**

**Key Considerations**

**Preparedness/response**

**[Capacity building]** Train/build capacity of first responders and existing and potential implementing partners on psychological first aid, safe and ethical GBV referrals, GBV risk mitigation basics, and PSEA.

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10. These Key Considerations focus on PHE coordination, which is normally led by governments and WHO. For cluster coordination and GBV risk mitigation in UNICEF-led clusters, refer to GBV risk mitigation toolkits (CP, Education, Nutrition, and WASH).

11. The GBV guidelines and the thematic area guide for each sector are available on https://gbvguidelines.org/en/.

12. The Strategic Response Plan, coordinated by WHO, articulates the key activities for the health sector response strategy and action plan. For more information refer to the Strategic Response Plan, and in particular where UNICEF plays a leading role. Advocate with the incident manager for inclusion, operationalization, and resourcing of the Key Considerations.

13. The incident manager (typically a WHO staff member) coordinates the PHE response across partners.

14. See the GBV pocket guide and app for resources. Please contact the global PHE team and regional and global GBViE teams for support.
Key Considerations: Mitigating, Preventing, and Responding to Gender-Based Violence in Public Health Emergencies

Benchmark 1.5 In case of the activation of the IASC Protocol for the Control of Infectious Disease Events, response modalities and capacities are adapted and scaled up accordingly.

Key Considerations

[Data collection] [Collaboration with GBV actors] Integrate specific questions into PHE assessments to identify differential impacts, barriers and risks faced by women, girls, and other groups at risk of GBV, in collaboration with a GBV sub-cluster or other GBV coordination mechanism.

[GBV risk mitigation] Prioritise inclusion of GBV risk mitigation, prevention and response interventions as per UNICEF GBViE minimum response package into the UNICEF Humanitarian Action for Children (HAC) and other proposals for PHEs.


Common Key Considerations for Core Commitment 2 (RCCE), 3 (public health response), and 4 (continuity of essential services)

Key Considerations

[Monitoring] Regularly monitor the safety implications of public health and social measures, including for any GBV risks posed to women, girls, and others, and take necessary steps to mitigate GBV risks.

[Data collection] Disaggregate and analyse data by sex and age (and, if possible, by disability) in order to properly understand the gender dynamics of a public health event to guide response.

[Data collection] Collect at very minimum sex- and age-disaggregated data in all pillars of the PHE (e.g., surveillance). Conduct a gender analysis to better understand the susceptibility, exposure, vulnerability, and individual and community responses to a PHE.

Preparedness/Response

[Women and girls’ participation] Map existing local women’s and girls’ organisations and develop contingency Small Scale Funding Agreements (SSFAs) or Programme Documents (PDs) as needed to allow them to play critical roles in RCCE and other pillars of public health throughout the response. Activate the contingency PDs to make use of their networks in RCCE for a PHE response.

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16. A Multi-Cluster Initial Rapid Assessment (MIRA) or alternative rapid assessment are expected to happen within 14 days of activation. See page 8 of the IASC Protocol for the Control of Infectious Disease Events. Beside these assessments, there will be specific assessments related to PHE.
17. This includes actions to establish a PSEA Action Plan, designate a PSEA Specialist and focal points, undertake risk assessment analysis, implement internal and external reporting systems and procedures for reporting SEA violations, and ensure the availability of referral pathways and immediate survivor assistance.
19. UNICEF needs to work with all local organisations that represent key population groups, such as youth, persons with disabilities, and LGBTI communities. These key considerations emphasise the importance of working with local women’s and girls’ organisations as they are often excluded, and as women and girls are disproportionately affected by GBV.
20. Include technical support and capacity building as part of preparedness. Refer to UNICEF and Voice “We must do better.”
[Monitoring] Conduct safety audits\(^{21}\) of all facilities and service delivery points supported by UNICEF and partners to identify and address observable GBV risks and assess specific vulnerabilities of women, girls, boys, and men to the identified risks.

[Capacity building] Strengthen the commitment to female leadership of PHE responses. Ensure the meaningful and safe participation of women and girls in all decision-making processes through PHE preparedness and response, which includes building capacity within UNICEF and with partners.

**Commitment 2. Risk Communication and Community Engagement (RCCE)**

**Benchmark 2.1.** Communities are reached with gender- and age-sensitive, socially, culturally, linguistically appropriate and accessible messages on disease prevention, and on promotion of continued and appropriate use of health services

**Key Considerations**

[Women and girls’ participation] Through consultations with women, girls, and other groups at risk of GBV, identify the communication channels and methods (existing, updated or new) that they prefer and that are safe from GBV risks. Consider if/how to use community-based structures and how GBV and CP programming such as Women and Girls’ and Child Friendly Spaces can be used to conduct RCCE activities.

[Women and girls’ participation] Work with women, girls, and other groups at risk of GBV to identify communication needs and co-develop appropriate messages. Ensure the messages are available in local languages and reviewed by local staff and/or local women's organisations for accuracy/sensitivity of terminology.

**Benchmark 2.2.** Local actors are supported and empowered to raise awareness and promote healthy practices

**Key Considerations**

*Preparedness/Response*

[Capacity building] Train those who are or will be engaged in RCCE, such as community-based groups, local women’s groups, community mobilisers, and volunteers, on GBV and PSEA core concepts and guiding principles, safe and ethical consultation, and GBV referral pathways.

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\(^{21}\) See [How to conduct safety audits](#) for more information. For a training, use the global nutrition cluster’ e-learning course on [safety audits and safe consultation](#).
**Benchmark 2.3. Systems are in place to allow communities to guide the response and provide feedback for corrective action**

**Key Considerations**

[**Women and girls’ participation**] Employ systematic consultations with women, girls, and other groups at risk of GBV to regularly monitor barriers they face in accessing communication and feedback mechanisms.

[**Collaboration with GBV actors**] Work with GBV and PSEA actors to ensure that SEA- and GBV-related complaints received through community feedback mechanisms are connected to a relevant system, e.g., PSEA and GBV services.

**Commitment 3. Strengthen public health response: prevention, care, and treatment for at-risk and affected populations**

**Benchmark 3.2. Specific needs and vulnerabilities of children and women are considered in prevention and treatment protocols, including in the design of patient-centred treatment programmes**

**Key Considerations**

[**GBV Risk Mitigation**] Make sure that treatment and health centres (including temporary ones) are gender-sensitive and safe for women, girls, and other groups at risk of GBV. Regularly monitor and identify GBV risks through safety audits.

[**GBV Risk Mitigation**] Advocate to ensure support systems (e.g., psychosocial support, regular debriefing, and regular paid time off) are in place for all frontline workers. Consider the special needs of female frontline workers as their workloads at home are likely increased.

**Benchmark 3.4. Psychosocial support services contributing to reducing transmission and PHE-related morbidity are accessible to individuals and their families directly or indirectly affected by the PHE**

**Key Considerations**

[**GBV services**] Prioritise the continuity/scale up of, and access to, GBV case management services, which are often a primary entry point for women and girls and link to other essential services.

[**GBV services**] Integrate a GBV case management/psychosocial support specialist into any mobile services for the response or other essential service points if standalone GBV services are not available.

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Key Considerations: Mitigating, Preventing, and Responding to Gender-Based Violence in Public Health Emergencies

[GBV services] Ensure availability of specific psychosocial support targeting adolescent girls, who are particularly at risk of various forms of violence and increased exposure to transmission/infection due to their roles in their households and communities.

Benchmark 3.5. Children directly affected by the PHE receive an integrated package of medical, nutritional, and psychosocial care

Key Considerations

[Collaboration with GBV actors] Establish/strengthen child-centred referrals between health and GBV and CP services using updated GBV and CP referral pathways. Work with CP and GBV coordination forums such as a GBV/CP sub-cluster/working group to regularly update referral pathways and to ensure frontline health and social workers are informed of changes.

Benchmark 3.6. Frontline workers at facility and community level are trained in IPC and provided with Personal Protective Equipment (PPE) as appropriate for each situation and role

Key Considerations

[Supply] Ensure that PPE is suitable, accessible, and culturally acceptable for all frontline workers regardless of gender, ethnicity, etc. This includes GBV frontline workers, government and civil society organisations’ social workers, and case workers. Monitor who has received PPE to ensure both female and male frontline workers can access PPE equally.

Commitment 4. Continuity of essential services and humanitarian assistance

Benchmark 4.1. Needs assessments are conducted early and regularly to ascertain the impact of the outbreak on the population, humanitarian needs, and underlying needs not yet addressed.

Key Considerations

[Data collection] Apply a gender and GBV lens to needs assessments in all sectors and conduct a gender and GBV risk analysis based on contextual information and data from current and previous PHE responses to understand gender roles and power dynamics at home and in the community, gender-based barriers and risks to accessing essential services including treatments, and the safety implications of public health and social measures, including GBV risks for women, girls, and other groups.

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23. See GBV risk analysis guidance and indicators. The Availability, Accessibility, Acceptability and Quality (AAAQ) framework is a useful tool to do a barrier analysis.
Key Considerations:
Mitigating, Preventing, and Responding to Gender-Based Violence in Public Health Emergencies

Benchmarks

4.2. Essential services and humanitarian assistance in Health, WASH, Nutrition, HIV, are maintained and scaled-up as necessary, and communities can access them in a safe and equitable manner.

4.4. Continued and safe access to education is maintained.

Key Considerations

[Capacity building] [GBV services] Continuously strengthen health workers’ capacity to provide clinical management of rape and medical care to survivors of intimate partner violence, including referrals for GBV survivors to other essential health and social services, in collaboration with UNFPA and other relevant actors.

[GBV Risk Mitigation] Mitigate GBV risks across all sectors and identify entry points within all services that UNICEF provides/supports to connect GBV survivors to services from the onset of a PHE according to the IASC GBV guidelines and UNICEF GBViE resource package.

Preparedness/Response

[Supply] [Women and girls’ participation]

- Pre-position and continue to ensure that commodities for clinical management of rape (including emergency contraception and post-exposure prophylaxis for HIV) are present and readily available and accessible for all women and girls.

- Pre-position and distribute items for the safety and dignity of women and girls such as dignity kits and menstrual health and hygiene kits (MHM kits). Consult with women and girls of reproductive age to design context-specific dignity kits and MHM kits including GBV messages.

[Supply] [Staff care] Ensure commodities for post-rape care are available for all staff involved in the response and readily available on a no-questions-asked basis.

Benchmark 4.3. Protection services, including case management and psychosocial support services are accessible to individuals and their families in a safe and equitable manner.

Key Considerations

[Capacity building] [GBV Services] In collaboration with GBV partners, make necessary adaptations to GBV services based on the Infection, Prevention and Control (IPC) and public health measures required. Continuously strengthen the capacity of GBV partners (existing and standby) to use the appropriate IPC measures during a particular PHE so they can continue and expand GBV prevention, risk mitigation, and response services.

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24. Refer to WHO (2020), Clinical management of rape and intimate partner violence survivors for more information.
25. See Identify & Mitigating GBV risks within the COVID-19 Response for more information.
26. IASC guidelines for integrating GBV interventions in Humanitarian Action
27. UNICEF GBViE Resource Package Kit 3.6. Integrating GBV Risk Mitigation across UNICEF sectors and clusters
28. Refer to Kit 3.2 in the UNICEF GBViE Resource Pack for more on Dignity Kits and the UNICEF Guide to Menstrual Health and Hygiene Materials
[GBV Services] Develop and implement a strategy to provide GBV services in hard-to-reach areas by using, for example, mobile and rapid response mechanisms in collaboration with other actors.

[GBV services] For situations where services must be deemed ‘essential’ in order to continue operating, advocate for GBV response services to be included on the list of essential services. Be clear in communication that UNICEF considers them essential as outlined in the CCCs.

[GBV services] Ensure at least the UNICEF GBViE minimum response package is implemented as part of PHE response.

Benchmark 4.5. Existing social protection mechanisms are maintained and expanded as necessary, including through or scaling up humanitarian cash transfers

Key Considerations

[GBV Risk Mitigation] Use UNICEF Key Considerations for GBV Risk Mitigation in Humanitarian Cash Transfer to design, implement, and monitor humanitarian cash transfers.

[Collaboration with GBV actors] Work with GBV actors to create criteria for Social Protection or humanitarian cash transfer to ensure that vulnerable women and girls at risk of GBV and survivors of GBV can benefit from it.

Annex 1: Complementarity of the Key Considerations package with Accountability to Affected Populations (AAP), gender, localization, and PSEA

GBV risk mitigation, AAP, Gender, and PSEA are closely interrelated and contribute to improving the quality of UNICEF’s programme.

- **Gender**: Gender equality is a non-negotiable principle and central to UNICEF’s mandate and policy in all areas. GBV risk mitigation is part of UNICEF’s commitment in gender equality and empowerment of girls and women in CCCs. GBV risk mitigation contributes to increased gender equality. GBV risk mitigation requires a good gender analysis but with a strong lens of GBV risk – what are risk factors for women, girls, and other at-risk groups in your sector.

- **AAP**: AAP is a central part of GBV risk mitigation and vice versa. Successful GBV risk mitigation can only be achieved if the affected population, and especially women, girls, and other groups at risk of GBV, play the central role in all aspects of public health preparedness, readiness, and response.

- **Localization**: UNICEF commits to increasing partnership with local women’s organisations as part of its general commitment to localisation. GBV risk mitigation puts women’s participation at the heart of all activities. Local women’s organisations must be central players because they bring women’s voices into PHE response and help UNICEF reach women and girls — including those who are marginalized and/or hard to reach.

- **PSEA**: Sexual Exploitation and Abuse (SEA) is a form of GBV that constitutes an abuse of power by aid workers against the affected population. It is based in gender inequality, power imbalance, and disrespect of human rights. Mitigating GBV risks in programmes is a key component of UNICEF’s organisational commitments on PSEA. Survivors of GBV have a right to access quality, multisectoral response services, regardless of who their perpetrators are. Ensuring availability of GBV and Child Protection services during PHEs also helps UNICEF fulfil its mandate as provider of last resort for child survivors of SEA.