



# HUMANITARIAN ASSISTANCE IN EMERGENCIES:

Mainstreaming Gender and Protection



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## LEAVING NO ONE BEHIND

Mozambique has faced drought conditions since 2015 especially in the southern region of the country. Overall, seven provinces were significantly affected. Conditions deteriorated significantly in 2016, leaving more than 1.5 million people in a situation of food insecurity and with severely diminished livelihood capacities. The drought has aggravated the already precarious social and economic condition of rural populations especially those heavily reliant on rain-fed agriculture and for whom gendered roles sharply define opportunities and the capacity to mitigate risk. The depletion of family assets (food stocks, seed stock, livestock and family savings) have forced many households to resort to harmful coping mechanisms to meet their basic needs.

Women and girls are disproportionately affected by this situation as they have the primary responsibility for providing and managing food and water for their families. An increased work burden has also forced many children to drop out of school and others to fall into exploitive relationships as means of survival, particularly in female-headed and elderly-headed households. Early and forced marriages that were already prevalent are now increasing sharply and so is survival-driven transactional sex, trafficking and family abandonment.

It is in view of this deteriorating protection and gender equality context that the UN Country Team has committed to enhancing protection and gender mainstreaming, with close attention to GBV prevention and response. With specific guidance, all humanitarian sectors should be able to efficiently integrate protection and gender concerns identified in their design, planning, implementation and M&E efforts. Timely and consistent application of the below will increase the assistance to the most vulnerable segments of the population, particularly female-headed households, children, elderly, chronically ill, people living with disabilities and the forcibly displaced. The Protection Cluster of the Humanitarian Country Team has prepared this checklist, inspired by the lessons learnt from the drought experience of 2015/2017, specific gender assessments on the latter and the IASC "Guidelines on GBV intervention in Emergency," with the aim of (a) better incorporating gender and protection issues in all humanitarian action and (b) ensuring that the "Do no Harm" principle is at the forefront of our interventions.



## ALL SECTORS

### CRITICAL GAPS

- Women, even when they are the main targeted beneficiaries may still not have effective access to services and resources while men often benefit automatically.
- There is a marked lack of female involvement and leadership in key decision-making mechanisms at the community level and beyond.
- Active measures to address Prevention of Sexual Abuse and Exploitation (PSEA) have not been implemented and field staff and beneficiaries not trained on Ethics and Code of Conduct.
- Assessments with a gender perspective are not regularly conducted and/or not on time & do not prioritize gender equality nor the inclusion of all vulnerable people.

## FOOD SECURITY AND AGRICULTURE

- Although women perform most of the agricultural work they are not the main beneficiaries of agricultural inputs programmes.
- Lack of land access places women at risk of exploitation.
- Despite the minimum requirements and standards already defined and developed (Law on Social Protection), often the most vulnerable do not benefit equitably from food assistance.
- Energy needs (for cooking) and local food preferences not systematically considered. Lack of access to energy further places women and girls at risk of violence.
- Vulnerable and physically challenged (people living with disabilities, elderly, chronic illness) may be left out of distributions if they are unable to travel.

## NUTRITION

- Underfed women and girls may be at heightened risk of exchanging sex for food or forced into marriage.
- Disagreements about how to manage limited household food supplies or assign food rations may contribute to intimate-partner violence and other forms of domestic violence.
- Undesired pregnancies (because of forced marriage, rape or otherwise) may lead to higher level of malnutrition in children
- Sacrificing girls' nutrition in favour of boys' or deliberately underfeeding girls so that households (HH) can be included in nutritional programmes.
- Mothers weakened by poor nutritional status or missing meals to stretch scarce food resources may be less able to protect their children.

## KEY ACTIONS

- M&E frameworks strengthened with gender, vulnerability/resilience lens to ensure targeted beneficiaries are the actual recipients of assistance.
  - Establish safe, simple and accessible complaint and feedback mechanisms in all sectors, to address PSEA, corruption and mismanagement, etc.
  - Inform the population about no-costs services, principles of no discrimination and complaint mechanisms in place ensuring that women and girls are targeted.
  - Ensure all staffs and volunteers are trained on the code of conduct and are clearly identifiable by wearing visibility material and name tags for easy identification by the community.
  - Designate women in leadership roles and as focal points for risk reduction in ALL committees at ALL levels.
  - When doing assessments ensure that the time and place is convenient for men, women and children and representative of the social composition of the community.
  - Recruit and train female staff and promote the employment of women by humanitarian organisations throughout the humanitarian cycle.
  - Support community participation to facilitate dissemination of information and decision-making process.
  - Increase the number of protection and gender assessments and ensure consistent collection, analysis and reporting of disaggregated data.
  - Awareness raising and discussions with the Communities include gender equality messages.
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- Reinforce actions that increase visibility of the vulnerable, children, female or elderly-headed households.
  - Sensitize community leaders on the need to prioritize vulnerable groups.
  - Integrate women in food distribution committees, including leadership roles.
  - Ensure that at least half of beneficiaries of Food for Work programmes are women.
  - Develop community systems to assist women the most vulnerable to access deliveries and assistance.
  - Ensure that cooking fuel, grinding, and milling equipment and tools are available to support food preparation.
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- Provide sufficient time to inform the head of household (HoH) on how best to use additional nutritional assistance they receive; not to sell nor share it with those who are not the intended beneficiaries.
  - Train staff on identification of potential cases of GBV and on referral mechanisms and psychosocial services offered.
  - Inform women and girls on proper food storage and preparation to maximize nutrition.
  - Coordinate nutrition support with water and energy access e.g. coordination between Nutrition and WASH clusters.
  - Target gender-sensitive messaging on nutrient-rich foods/alternatives which are readily available in communities.
  - Improve coordination between Nutrition and Health sectors.

## CRITICAL GAPS

### WASH

- Water distribution points are not located in areas which are safe or easily accessible to women and girls.
- Women do not have leadership roles in the water committees, although they are the primary users and managers.
- Families lack sufficient number of appropriate containers for water storage, forcing women/children to make multiple trips.
- People with disabilities may be unable to access facilities due to inadequate design or distance.
- Lack of private areas for showering forces women to risk exposing themselves.
- Lack of designated areas for laundering may expose women to risk of assault on the way to the river.

### HEALTH

- Survivors of GBV do not have easy access to medical treatment/sexual and reproductive health services and are at risk of being exposed to HIV and STIs.
- Key services such as referral systems for GBV survivors may be undermined or weakened by focus on emergency services.
- Psychosocial services are not well known nor easily accessible for those affected by drought and displacement.
- Level of awareness about HIV transmission is low and culturally acceptable barrier methods not easily accessible.
- Few medical staff trained to address the sexual and reproductive health (SRH) of different groups, including boys and men.

### EARLY RECOVERY

- Victims of GBV may not emerge as priority targets for support due to weak vulnerability analysis frameworks.
- Women who own or inherited land are at heightened risk of expropriation if they are not properly targeted when agricultural production is being re-allocated to new areas.
- Women IDPs may not have the same access to information as men to make informed decisions about returning home or in accessing cash for work programmes and other interventions.
- Systematically targeting women and girls for livelihood/support programs is essential while avoiding putting them at greater risk of violence due to shifting gender roles.

### SHELTER

- Not all vulnerable persons have access to the skills or support services for building sustainable shelter e.g. child-headed or elderly headed households.
- Access to land, inheritance and property rights are not consistently considered in the context of shelter allocation and assistance.
- Prioritization strategies for shelter/land allocation are not sufficiently conflict-sensitive nor promote ways to reach consensus on how to address the needs of marginalized people.

## KEY ACTIONS

- Consult women about the most appropriate sites for WASH facilities.
- Designate gender focal points within water committees to denounce cases of disrespect and abuse.
- Water points should have a pulley or pump system to facilitate access for elderly/ill/disabled/children.
- Washing areas to be built near water points to avoid exposing women and girls to risks.
- Sufficient sanitary material and water containers made available to women and girls and meet their needs and cultural preferences.
- Latrines and showers are gender-segregated and safe.

- Ensure police, medical, psychosocial and legal counselling services and referral mechanisms for GBV survivors with a focus on confidentiality.
- Provide GBV survivors with access to PEP kits/emergency contraception/STI testing and prophylaxis.
- Ensure that GBV protocol for clinical management of rape is implemented, that medico-legal forms are used and staff is trained.
- Consider cultural preferences of sexual practices when providing contraception.
- Consider the needs of specific groups such as people living with HIV/Aids (PLWHA) and other chronically ill for medical services.

- Ensure information is available in local languages and accessible to illiterate people to support an informed and voluntary decision on return by displaced women.
- Develop economic and social empowerment activities with a focus on the needs of women and girls in areas of return and relocation linked to livelihood diversification and/or reconstruction.
- Facilitate property claim mechanisms especially for female-headed households.
- Ensure that land clearing and planting activities consider and target all vulnerable women farmers.
- Prioritize social protection mechanisms and cash transfers approaches that can support transition from emergency response to recovery e.g. cash for work programmes and links with INAS.
- Promote climate-resilient agriculture techniques to ensure access food security rather than focus only on cash crops.

- Establish procedures and protocols that ensure women, PLWHA/ chronically ill, vulnerable people are appropriately consulted on their needs and preferred locations.
- Ensure provision of support for women headed households to build sustainable shelter.
- In the design, child-friendly, safe and easily accessible community spaces prioritized.
- Raise awareness and train police and administrative officials on gender equality, non-discrimination and Mozambican inheritance laws and land registration processes.
- Ensure that separate families never share the same shelter.

## CRITICAL GAPS

### EDUCATION

- Emergency situations can lead to school drop-out and child labour, which particularly impacts adolescent girls.
- Diversion of funds from development programmes to emergencies can impact long-term education attainment and quality of service.
- Children with disabilities, chronic illnesses and/or with HIV may systematically be excluded and under-prioritized for emergency support services.
- The needs of teachers in emergency situations are often not sufficiently addressed and lead to absenteeism or drive unsustainable coping strategies.
- There is often a lack of understanding of the double benefit of education in an emergency; in freeing adults for quick livelihoods recovery and maintaining a sense of normality.

### PROTECTION

- Insufficient data available on the vulnerability and protection context and local coping strategies which in turn hampers the quality and impact of the response.
- Marginalization of certain groups (children born out of wedlock, suspected witches, PLWHA, chronically ill, elderly, disabled, people with albinism) in the response enhances their vulnerability and undermines long-term resilience-building.
- Protection strategies in emergency contexts need to consider boys and men as potential victims of GBV, including human trafficking.
- Elderly-headed households with care burden and/or other vulnerabilities are not adequately reflected in beneficiary targeting strategies.
- There is a lack of training of field staff on Code of Conduct (CoC) and PSEA and systematic monitoring and complaint mechanisms.

### CCCM

- Needs of vulnerable groups are not being consistently taken into account during site-design and registration procedures, which puts them at further risk of violence and abuse.
- Women are not adequately represented in community decision-making committees nor have voice or influence.
- Lack of safe access to lighting and cooking fuel hinders security and safe access to services and resources.
- Women and children lack access to information on access to humanitarian assistance and may not know how to walk away from exploitive and dependent relationships.



## KEY ACTIONS

- Consider co-location between schools and water collection points to reduce time constraints for girls between school and household chores.
  - Link advocacy for education in emergency context to importance of girl-child education and awareness raising on GBV and support services.
  - Extend training to teachers on Code of Conduct for emergency situations and GBV referral mechanisms.
  - Raise awareness on inclusion of children living with a disability/ HIV or chronic illnesses and their right to education.
  - Promote school environments that are safe, accessible and inclusive, including the role of sports activities and school clubs.
  - Target teachers specifically for psycho-social and/or antiretroviral services, according to their needs.
  - Support the integration of age appropriate 'life-skills' in the curriculum, including on Sexual and Reproductive Health.
- To ensure equal access to protection services, continue to promote the civil registration of all new births and marriages.
  - Map community-based child protection mechanisms that can be fortified to mitigate the risks of GBV against children, particularly adolescent girls.
  - Target women and other at-risk groups for job skills training particularly in leadership roles to ensure their presence in decision-making processes.
  - Increase the provision of women-friendly protection and referral services for improved reporting and response.
  - Link training of local community workers to protection needs and referral mechanisms with due attention to confidentiality.
  - Increase the number of protection and gender assessments and monitor the data collection, analysis and reporting of gender-disaggregated data.
- Ensure the continuous availability of services for women and children as long as they remain in displacement situations as they are often the last ones to return.
  - Register women who are part of polygamist unions as independent heads of their own HH (with their own ration cards).
  - Train staff on CCCM/GBV/CP and how to recognize possible cases of trafficking and where to refer them.
  - Ensure conflict-sensitive and SGBV-sensitive approach to design and implementation of camp procedures.
  - Prioritize secure lighting and access to cooking fuel.
  - Ensure IDP children's access to local schools and organize age-appropriate activities.
  - Ensure the presence of trained and gender sensitive female staff on site.
  - Explain and share the policies for separating ration cards or other assistance, in case of change of family composition.



## MOBILIZING HUMANITARIAN ACTION FOR WOMEN

Women and girls are disproportionately affected by crises. They are exposed to increased risk of violence, are more likely to die in natural disasters and have less access to resources than men. Girls in conflict settings, for example, are 2.5 times more likely to be out of school than those in countries at peace. Furthermore, women are often excluded from the decision-making processes that shape humanitarian planning and programming and as a consequence, their specific needs are inadequately addressed.

UNFPA, UNICEF and UN Women are leading the move to close this deficit. Our mandate is to support and enable the humanitarian system to integrate gender equality and women and girl's empowerment throughout all aspects of planning and programming. Our core actions for women and girls in humanitarian situations are to facilitate coordination and provide leadership, build the capacity of planning and implementing agencies, ensure response planning is evidence-based and to implement targeted actions wherever gaps are identified. We are committed to ensuring equality between women, men, girls and boys as partners and beneficiaries of humanitarian action.

