

GBV AoR HELPDESK

Gender-Based Violence in Emergencies

Learning Brief: Key Considerations for Women- and Girl-Friendly Integrated Services in the Whole of Syria Response

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Introduction

This learning brief aims to give a concise, user-friendly summary of key considerations for ensuring that integrated service points – such as community centers and One-Stop Centers (OSCs) – are safe and supportive for women and girls at risk of or exposed to gender-based violence (GBV). The brief begins with a review of what an integrated service delivery model entails. It then considers some of the foundational principles and approaches to providing integrated services and support and concludes with a summary list of key considerations for working with women and girls through integrated modalities.

This document is the result of a query from colleagues working in the Whole of Syria response, where a reduction in humanitarian funds is leading some organizations to invest in integrated service delivery modalities instead of standalone Women and Girls' Safe Spaces (WGSS), which until now have been key entry points for women and girls. While the information provided below is meant to support partners wishing to consider integrated services, it is important to note that integrated services should not replace WGSS. WGSS provide a critical and specific form of support to GBV survivors that is not typically available in integrated service delivery points.

Whatever the service method, it is critical that women and girls at risk of or exposed to GBV can access principled, safe, and effective multi-sectoral response capacity. The considerations outlined below have been developed with reference to the Whole of Syria response but may be relevant to other settings where providers are considering implementing or scaling up integrated models. Additional resources to support further learning are identified in the summary checklist as well as in references listed at the end of this learning brief.

Women and Girls' Safe Spaces

A WGSS is “a structured place where women and girls’ physical and emotional safety is respected and where women and girls are supported through processes of empowerment to seek, share, and obtain information, access GBV services if they are survivors, express themselves, enhance psychosocial

wellbeing, and more fully realize their rights”¹.

WGSS provide a critical place where women and girls can be free from harm and harassment, access opportunities to understand and exercise their rights, and enhance their own safety and decision-making. These spaces offer a confidential and trusted entry point for GBV services. Safe spaces may also be a venue for livelihood activities, sexual and reproductive health information, and access to justice services.

Even in the context of limited funding availability, WGSS remain critical access points for women and girls to essential, lifesaving GBV services, as well as to other support and empowerment activities, by:

- Facilitating access to knowledge, skills and services.
- Supporting psychosocial well-being.
- Enabling women and adolescent girls to organize and access information and resources to reduce risk of violence.
- Serving as a key entry point to specialized services for GBV survivors.
- Providing a safe place where women and adolescent girls are encouraged to use their voice and collectively raise attention to their rights and needs.

WGSS are also unique settings for fostering solidarity and creating and strengthening social support networks (a form of psychosocial support) for women and girls. They can bring together women and girls from different backgrounds to engage in group activities with the potential to support and strengthen social cohesion and peacebuilding efforts, going far beyond the provision of services for GBV survivors.

Women and girls in the Whole of Syria response and across the region consistently say that WGSS are often the only places where they feel safe and can access support without stigma.² In the Whole of Syria, as in other humanitarian settings globally, WGSS are an essential service that should be funded and supported—not just during the emergency, but into recovery and development.

For more information about WGSS, see [*Women and Girls Safe Spaces: A toolkit for advancing women’s and girls’ empowerment in humanitarian settings \(IRC, IMC\)*](#) and [*Women & Girls Safe Spaces: A guidance note based on lessons learned from the Syrian crisis \(UNFPA\)*](#).

Integrated Service Delivery

Integrated service delivery describes the provision of various services specially directed at women and girls within a location that also provides other services and activities not exclusively targeted to women and girls. Some integrated service points may provide general support for women and girls in information, empowerment, and psychosocial well-being, while others provide direct support to GBV survivors. Examples are summarized below. Notably, any integrated service points offering direct services for GBV survivors should be managed and staffed by GBV specialist organizations.

¹ International Medical Corps and International Rescue Committee (2019) Women and Girls Safe Spaces: A toolkit for advancing women’s and girls’ empowerment in humanitarian settings – p.26. <https://reliefweb.int/sites/reliefweb.int/files/resources/IRC-WGSS-Toolkit-It-Eng.pdf>

² UNFPA (2022). Safe and Empowered: The Life-Saving Function of Women & Girls’ Safe Spaces in Humanitarian Settings in the Arab Region. https://arabstates.unfpa.org/sites/default/files/pub-pdf/safe_and_empowered_-_en_-_fa1.pdf

Non-GBV-Specialized Integrated Service Delivery – Community Centers:

Community centers are common integrated service points in the Whole of Syria response. They are often managed by protection actors and provide a variety of protection services such as psychosocial support, child protection services, and vocational and recreational activities. These centers may be standalone facilities or located within health facilities supported by local or international NGOs.

GBV-Specialized Integrated Service Delivery - One-Stop Centers:

In One-Stop Centers, multi-sectoral, GBV-specialized providers offer urgent services in one location or through a network of service providers clustered in a locality, including healthcare, police/protection, psychosocial support, and child protection services, among others.³

Foundational Principles and Approaches for Women- and Girl-Friendly Integrated Service Delivery

Key foundational principles and approaches must be upheld in all services supporting women and girls through integrated service points. Summarized below, these principles and approaches are primarily derived from key GBV programming guidance for humanitarian settings, including the [*Inter-Agency Standing Committee Minimum Standards for GBV in Emergencies Programming: Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*](#); [*Women and Girls Safe Spaces: A toolkit for advancing women's and girls' empowerment in humanitarian settings*](#); [*Handbook for Coordinating Gender-Based Violence Interventions in Emergencies*](#); and [*Caring for Child Survivors of Sexual Abuse Guidelines*](#).⁴

- **Do No Harm:** The concept of 'do no harm' means that all service providers must assess the potential for harm at all times (even when it is unintentional) and strive to minimize harm when providing assistance.
- **Accountability:** Accountability to affected populations is an active commitment to use power responsibly by taking account, giving account, and being held to account by the people humanitarian organisations seek to assist.⁵ The Inter-Agency Standing Committee (IASC) identifies three core strategies for accountability:

Taking account means giving communities influence over decision making in ways that account for their diversity and allow the views of the most at-risk to be equally considered.

Giving account is transparently and effectively sharing information with communities.

Being held to account means giving communities the opportunity to assess and – if appropriate – sanction service providers' actions. Women's and girls' participation through regular feedback or accountability mechanisms supports monitoring and mitigation of any unintended harmful consequences of humanitarian programming.

- **Inclusion & Intersectionality:** Intersectionality is a framework for understanding that people experience overlapping forms of oppression, discrimination and marginalization based on their co-

³ Bell, E. (2022). *One Stop Centers – Models, Standard Operating Procedures And Guidance*. GBV AoR Helpdesk. <https://sddirect.org.uk/sites/default/files/2023-02/GBV%20AoR%20HD%202022%20-%20One%20Stop%20Centers%20Updated.pdf>

⁴ Full citations for these resources are included in the list of resources at the end of this document.

⁵ IASC (2023), *IASC Collective AAP Framework*. <https://interagencystandingcommittee.org/iasc-task-force-2-accountability-affected-people/iasc-collective-aap-framework>

existing identities (e.g., inequality based on gender *as well as* ethnicity). Effective and accountable GBV programming must pay attention to diverse and intersecting forms of structural oppression, discrimination and inequality that women and girls experience. Examples of women and girls who face intersecting inequalities include women and girls with disabilities, adolescent girls, older women, women and girls with diverse sexual orientations and gender identities, women and girls living with HIV and AIDS, and women and girls from ethnic and religious minorities. Other forms of discrimination that lead to increased risk of GBV include socioeconomic status, birth country, and legal status (including asylum status).

- **Participation & Empowerment:** Women and girls are key actors in their own protection, and it is critical that they are recognized and engaged as active agents of change. Meaningful participation empowers them to share their views and concerns. Women's and girls' participation promotes community resilience by building on their capacities and resources. Information gathered by consulting with women and girls from the affected population should inform programmes and support access to services. It is important to note that this does not mean directly seeking out survivors in communities – which can create safety risks – but rather ensuring that women and girls in general have safe pathways to participation.
- **Human Rights-Based Approach:** The human rights-based approach seeks to analyze and address the root causes of discrimination and inequality to ensure that everyone, regardless of their gender, age, disability, ethnicity or religion (among other factors), has the right to live with freedom and dignity, safe from violence, exploitation and abuse, in accordance with principles of human rights law. A human-rights based approach is not only important ethically, but it is also key to promoting long-term solutions to humanitarian crises.
- **Contextualization:** GBV-related interventions should be context-specific to enhance outcomes and 'do no harm.' This requires understanding specific norms, behaviors and practices in each setting where services are provided, particularly those relevant to women's and girls' rights, needs and risks.
- **Collaboration, Partnership, and Solidarity:** Quality GBV services require collaboration and partnership among a variety of providers. Each of these service providers should be familiar with and utilize empowerment approaches. The value of GBV services can go far beyond the direct service itself to fostering relationships that expand women's and girls' ability to participate in, negotiate with, influence, control and hold accountable individuals and institutions that affect their lives. It is important that GBV services, wherever possible, provide a space for diverse networks of women and girls to come together, support and inspire each other through sharing, mentoring and cooperation.
- **Survivor-Centered Approach:** All aspects of services for GBV survivors must be survivor-centered to preserve and promote core principles of *confidentiality, safety, non-discrimination and respect for the choices, rights and dignity of GBV survivors*. This approach helps to promote a survivor's recovery and strengthen her ability to identify and express her needs and wishes; it also reinforces her capacity to make decisions in her own best interests. It recognizes the unique strengths, resources, and coping mechanisms of each individual survivor – and her family and community – building from these to identify actions and needed support. A survivor-centered approach also means that all actions are taken based on the informed consent of survivors (and informed assent with child survivors, depending on age and capacity). GBV survivors, including children, are the experts on their own lives, and have the right to participate in decisions that affect them.

Confidentiality refers to a person's right to choose with whom she will or will not share her story. Confidentiality means that anyone who has access to information about a survivor must not share any of that information without the explicit permission and informed consent of the survivor. Breaching confidentiality can put the survivor and others at risk of further harm.

Safety refers to both physical safety of the survivor and to her psychological and emotional safety. It also refers to the safety of her children (and other family members, if relevant), and those assisting her. Safety must be a core priority for all actors.

Non-discrimination: GBV-specialized programming should be tailored to the needs of all women and girls and be careful not to exclude specific individuals or groups of survivors based on their age, disability, race, skin colour, religion, nationality, ethnicity, sexual orientation, gender identity, HIV status, social class, political affiliation or any other characteristic.

Respect for the choices, rights and dignity of women, girls and GBV survivors requires that survivors are the primary actors and decision-makers in all aspects of service delivery. All aspects of survivor care and support should be guided by respect for the choices, wishes, rights and dignity of the survivor.

- **Best Interests of the Child:** In working with child survivors of GBV, all service providers must uphold the best interests of the child, meaning that the child's well-being is paramount throughout their care and treatment. All actions should ensure that the child's rights to safety and ongoing development are never compromised. Child survivors should be engaged meaningfully in decision-making about their care, in line with their age, development, and capacity.

Checklist of Key Considerations for Integrated Services

The table below provides a summary of key considerations for designing and delivering services to women and girls through integrated modalities, wherein "services" includes all activities and support for women and girls, not only care and support for GBV survivors. Any information below related to GBV-specific services is intended for GBV-specialized service providers, as only trained GBV providers should be working with women and girl survivors. Relevant resources are provided to access additional information in each topic area.

Assessment & Design of Integrated Service Points	
Integrated service delivery should be based on a thorough risk assessment, designed in line with international best practice standards, and based on the key guiding principles and approaches outlined above.	
Service delivery should be culturally appropriate and take into consideration the varying needs and experiences of women and girls of different ages and intersecting identity characteristics.	
Key Actions	Resources
<ul style="list-style-type: none"> • Conduct a risk assessment to inform the design and placement of integrated service delivery mechanisms (e.g. safety mapping, safety audit). • Make sure that the service point is in an area safe for women and girls 	UNFPA: Inter-Agency Minimum Standards for GBV in Emergencies Programming

<p>to access (consider also the areas through which they must pass to access services).</p> <ul style="list-style-type: none"> • Consult women and girls to gather information about service needs, preferences, constraints, and barriers to accessing services. Use this data to inform opening hours and services. • Identify strategies to ensure that women and girls are able and allowed to access the service point. Options might include: <ul style="list-style-type: none"> - Establishing times of the day, or days of the week, when the facility is reserved for the use of women and girls. - Designating one section of the service point as women- and girls-only (for both staff and clients). Ensure that women and girls are not required to pass through parts of the facility to get to female-only locations that men also access. (It is important to note that this strategy is not effective in many more patriarchal contexts, as once a location is perceived as accessible to both men and women, women will no longer be allowed or feel comfortable to access it). • Together with women and girls, explore any barriers and find supportive and non-stigmatizing ways to address them – this includes barriers related to cultural and social acceptability of services and access by women and girls. • Ensure women and girls – both female staff and community members – are engaged in planning, implementation, monitoring and evaluation of services and activities provided within the integrated service point. • Ensure that times and availability of services align with the needs, safety, and availability of women and girls. • Ensure services are accessible to all, such as persons with disabilities, non-native speakers, and other frequently marginalized groups. 	<p>UNICEF Gender-Based Violence in Emergencies (GBViE) Programme Resource Pack Kit 2: Assessment Tools.</p> <p>IRC & WRC: Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings A Toolkit for GBV Practitioners.</p>
<p>Infrastructure</p> <p>The location of integrated service points must be safe, confidential and accessible. There must be consultation and physical examination areas that provide privacy and ensure confidentiality, and service points must be careful not to make it possible to single out any individual as a GBV survivor by the part of the center that she visits. The service point should have safe and adequate water and sanitation facilities.</p>	
<p>Key Actions</p>	<p>Resources</p>
<p><i>For all integrated services:</i></p> <ul style="list-style-type: none"> • Ensure that there are adequate water and sanitation facilities, including sex-separated latrines/toilets with lockable doors and lighting for safety, and requirements for safe and dignified menstrual hygiene management. • If one section of the facility is designated as women- and girl-only, ensure that the infrastructure and access points of the facility support this. For example, make sure that there are separate entrances so women and girls do not have to pass through mixed spaces, that women- and girl-only spaces have appropriate and equal lighting, ventilation, heating and other amenities as the rest of the facility. • Create a welcoming, inclusive space that is culturally sensitive. • Provide a space for childcare, to facilitate access by mothers. • Provide transportation wherever possible to support safe access to the facility for women and girls. 	<p>UNFPA: Inter-Agency Minimum Standards for GBV in Emergencies Programming (Standards 1 & 2)</p> <p>IMC & IRC: Women and Girls Safe Spaces: A toolkit for advancing women's and girls' empowerment in humanitarian settings (3.6. Physical Layout and Confidential Design Standards and Guidelines)</p> <p>UNFPA: One Step Closer: The essential role of transportation</p>

<p><i>For GBV-specialized service providers:</i></p> <ul style="list-style-type: none"> • Ensure that any GBV-specialized services are provided in safe and confidential parts of the facility. However, it is important that no one area or room is designated or becomes known as the location for GBV survivors, as this could compromise their confidentiality and safety if they are seen exiting or entering. • Place adequate signage to make sure that survivors know where to access help, while at the same time ensuring they will not be identified or stigmatized as survivors. 	<p>when accessing GBV and SRH services in humanitarian settings</p>
<p>Coordination</p> <p>Good coordination promotes a common understanding of GBV issues among key humanitarian actors, upholds the GBV Minimum Standards, monitors adherence to the GBV Guiding Principles, facilitates information-sharing and best practice, and promotes timely action to prevent and respond to GBV.</p>	
Key Actions	Resources
<ul style="list-style-type: none"> • Develop, maintain, and/or engage in existing multi-sectoral strategic GBV coordination systems. • Establish systems of coordination with other service providers within the integrated service point to ensure streamlined service provision. • Coordinate with government actors and humanitarian service providers to ensure streamlined service provision. • Assess potential partnerships and collaborations to complement GBV services with other support such as livelihoods or education programs. 	<p>GBV AoR: Handbook for Coordinating Gender-Based Violence Interventions in Humanitarian Settings.</p> <p>GBVIMS: Inter-Agency Gender-Based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings (5.2. Lead Case Coordination)</p> <p>IRC & UNICEF: Caring for Child Survivors of Sexual Abuse Guidelines: Second Edition (7: Coordinating Care)</p>
<p>Protocols & Procedures</p> <p>Specific protocols should be in place for how to support women and girls through integrated service points. This should include a clear referral pathway that describes the different GBV services available to survivors.</p>	
Key Actions	Resources
<p><i>For all integrated services:</i></p> <ul style="list-style-type: none"> • Engage with GBV coordination mechanisms to ensure integrated service points are connected to broader referral pathways to facilitate access to GBV-specialized services, where needed. • Establish codes of conduct, including on protection from sexual exploitation and abuse (PSEA) and child safeguarding, and ensure they 	<p>GBV AoR & UNHCR: Standard Operating Procedures for Gender-Based Violence Interventions in Humanitarian Settings GBV SOPs Resource Package</p>

<p>are signed by all staff members.</p> <ul style="list-style-type: none"> • Ensure all staff are trained to respond appropriately to any disclosure of GBV—including familiarity with Psychological First Aid approaches— and can refer GBV survivors safely, ethically and appropriately. • Ensure that all staff within the integrated service point understand their roles, responsibilities and delineation of duties related to GBV cases (for both adult and child survivors). <p><i>For GBV-specialized integrated services:</i></p> <ul style="list-style-type: none"> • Be familiar with and follow existing guidelines for targeted service delivery, including international standards for GBV case management, and clinical management of rape (CMR) and intimate partner violence (IPV), as well as any national policies and protocols. • Ensure clear Standard Operating Procedures (SOPs) are in place for the provision of multi-sectoral GBV services within the integrated service point, including for children and adolescents. SOPs should describe how services will uphold survivor-centered approaches and principles as well as other key approaches and principles, such as those related to informed consent and assent and how to manage mandatory reporting requirements. SOPs for the integrated service point should be in line with established inter-agency SOPs, if they exist. 	<p>WHO: Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings.</p> <p>IRC & UNICEF: Caring for Child Survivors of Sexual Abuse Guidelines: Second Edition (Chapter 5: Key Issues)</p> <p>GBVIMS: Inter-Agency Gender-Based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings (3.3. Organizational Policies and Protocols for GBV Case Management)</p> <p>UNFPA: Inter-Agency Minimum Standards for GBV in Emergencies Programming (Standard 7: Referral Systems)</p>
<p>Staffing & Capacity</p> <p>Integrated service points must have adequate numbers of staff with training on how to appropriately support women and girls, including survivors. Staff must have ongoing support and capacity strengthening to ensure ethical and effective service provision.</p>	
<p>Key Actions</p>	<p>Resources</p>
<p><i>For all integrated services:</i></p> <ul style="list-style-type: none"> • Hire staff based on their ethical attitudes as well as technical capacities and ensure the presence of female staff at all levels of the service point, including in management/supervisory positions. • Hire staff of diverse ages and identity characteristics (e.g., staff with disabilities, minorities, older women, younger women, etc.) to promote inclusion of all GBV survivors. • Ensure staff availability for support tasks including childcare, to facilitate better access to services by mothers. • Establish structures for supervision and staff support and well-being (e.g., regular check-ins, mental health support). • Ensure staff in the integrated service point is trained on at least the following: <ul style="list-style-type: none"> - GBV core concepts, guiding principles and the survivor-centered approach. - Psychological First Aid, available GBV response services and the referral system to support access to multisectoral services. 	<p>GBV AoR & Martin, S: Core Competencies for GBV Specialists</p> <p>IRC & UNICEF: Caring for Child Survivors of Sexual Abuse Guidelines: Second Edition (3: Attitudes & Biases; 4: Communication Skills)</p> <p>IMC & IRC: Women and Girls Safe Spaces: A toolkit for advancing women's and girls' empowerment in humanitarian settings (4: Staffing)</p>

<ul style="list-style-type: none"> - PSEA, child safeguarding, and codes of conduct. <p><i>For GBV-specialized integrated services:</i></p> <ul style="list-style-type: none"> • Ensure consistent, predictable presence of trained staff to provide specialized GBV services, including GBV case managers and healthcare professionals to provide CMR and care IPV (and other specialized services, where available). • Ensure additional training on: <ul style="list-style-type: none"> - Processes for informed consent/assent and mandatory reporting requirements for children and adolescents. - Key national guidelines/protocols related to GBV. - GBV case management, including caring for child survivors, and related knowledge, attitudes and approaches. 	<p>GBVIMS: Inter-Agency Gender-Based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings (Part V)</p> <p>GBV AoR Helpdesk: Tip Sheet: Inclusive Recruitment Practices for GBViE Program Staff and Volunteers.</p>
<p>Community Engagement</p> <p>Whether in general community outreach activities linked to the service point, or targeted outreach regarding GBV-specific issues, ensure outreach efforts engage women, girls, and communities. This will support safe, rapid, and non-stigmatizing access to both general integrated services as well as GBV-specific services, and promote community participation in decision-making about, and support for, these services.</p>	
<p>Key Actions</p>	<p>Resources</p>
<p><i>For all integrated services:</i></p> <ul style="list-style-type: none"> • Engage regularly with women, girls, men and boys from the affected community to explain services, facilitate community acceptance, and address barriers to access. • Develop and disseminate messages that address the social norms and identified barriers related to access for women and girls, for example in relation to women and girls accessing spaces that are also used by men and boys. • Ensure messages are clear, easy-to-understand, action-oriented, and positive – do not use images of violence. • Ensure women and girls are involved at each stage of the project cycle, and that their opinions inform decision-making about services. • Establish advisory groups to support accountability, and women’s and girls’ leadership. • Work with supportive local leaders to promote access to integrated services for women and girls. • Where GBV-specialized services are available in the local area, integrate messages related to GBV risk mitigation and access to services into awareness-raising about the integrated service point. It is important to note that no GBV awareness-raising should be conducted if there is no access to specialized GBV services. <p><i>For GBV-specialized integrated services:</i></p> <ul style="list-style-type: none"> • Conduct GBV awareness-raising to ensure access to services, and/or integrate GBV awareness-raising into existing outreach. Focus 	<p>UNFPA: Inter-Agency Minimum Standards for GBV in Emergencies Programming (Standard 7: Referral Systems)</p> <p>CDAC Network: Collective Communication and Community Engagement How-To Guide</p>

<p>awareness-raising on access to GBV services and mitigating immediate risks of GBV (unless longer-term GBV primary prevention programming is feasible).</p> <ul style="list-style-type: none"> • If the necessary resources and timeframe are available, a structured GBV primary prevention approach can target GBV-related social norms and attitudes within communities. 	
<p>Information Management</p> <p>Information related to GBV must be collected, managed, protected, and shared in line with principles of safety and confidentiality. Any identifying survivor data must be collected only in the context of providing a direct service and only directly from the survivor or their caregiver (in the presence of the survivor, if appropriate to the survivor's age and capacity).</p>	
<p>Key Actions</p>	<p>Resources</p>
<p><u>For all integrated services:</u></p> <ul style="list-style-type: none"> • Establish and document clear procedures for the collection, storage, management, and sharing of client data as part of SOPs. • Properly secure case files, documentation of services, and client data. • Train relevant staff on safe and ethical data collection, storage, analysis and sharing, including coding systems and safe filing. <p><u>For GBV-specialized integrated services:</u></p> <ul style="list-style-type: none"> • Identify a safe and ethical information management system in line with globally recognized standards on survivor data management and dedicate financial and human resources to ensure safe and ethical data collection, analysis, and use. • Develop internal protocols to determine how individual-level identifiable data (for referrals) and aggregate-level non-identifiable data (for reporting) will be shared internally and externally. 	<p>UNFPA: Inter-Agency Minimum Standards for GBV in Emergencies Programming (Standard 14: Collection and Use of Survivor Data)</p>
<p>Monitoring & Evaluation</p> <p>Services should be monitored on an ongoing basis to ensure they are of quality and meet the needs of GBV survivors. The safety and accessibility of the integrated service delivery point should also be monitored regularly.</p>	
<p>Key Actions</p>	<p>Resources</p>
<p><u>For all integrated services:</u></p> <ul style="list-style-type: none"> • Use participatory methods for monitoring and evaluation that engage women and girls and invite views of community members. • Disaggregate data based on gender, age, and other relevant factors to ensure inclusivity and better service provision. <p><u>For GBV-specialized integrated services:</u></p> <ul style="list-style-type: none"> • Establish mechanisms for survivors to provide feedback on services. • Regularly review and improve services based on survivor feedback and best practices, including monitoring barriers to accessing internal or 	<p>UNFPA: Inter-Agency Minimum Standards for GBV in Emergencies Programming (16: Assessment, Monitoring and Evaluation)</p> <p>GBVIMS: Inter-Agency Gender-Based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-Based Violence</p>

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The GBV AoR Help Desk

The GBV AoR Helpdesk is a unique research and technical advice service which aims to inspire and support humanitarian actors to help prevent, mitigate and respond to violence against women and girls in emergencies. Managed by Social Development Direct, the GBV AoR Helpdesk is staffed by a global roster of senior Gender and GBV Experts who are on standby to help guide frontline humanitarian actors on GBV prevention, risk mitigation and response measures in line with international standards, guidelines and best practice. Views or opinions expressed in GBV AoR Helpdesk Products do not necessarily reflect those of all members of the GBV AoR, nor of all the experts of SDDirect's Helpdesk roster.

The GBV AoR Helpdesk

You can contact the GBV AoR Helpdesk by emailing us at: enquiries@gbviehelpdesk.org.uk

The Helpdesk is available 09.00 to 17.30 GMT Monday to Friday.

Our services are free and confidential.