



Guidelines for Addressing Gender-Based Violence and other Protection Risks in Evacuation Centers

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Introduction

These guidelines were developed by the International Organization for Migration and were adapted to the Pacific context in collaboration with the Pacific Humanitarian Protection Cluster and partner organizations in Fiji. These guidelines represent a concerted effort amongst emergency response and protection actors in the Pacific to respond to concerns around gender-based violence (GBV) and other protection risks in evacuation centres in the sub-region and to systematize GBV and Protection mainstreaming into evacuation management moving forward. These guidelines were first developed in 2021 and will continue to be adapted as they are piloted across the Pacific.

Scope of this guidance

For the purposes of this guidance, the term 'evacuation centre' (EC) refers to a larger building that has been assessed as capable of providing safe, short-term shelter for multiple households for the period prior, during and immediately after the onset of a predicted weather-related emergency event. Evacuation centres may be purpose-built (i.e., designed specifically for use as an evacuation centre) or may be buildings which have other functions - such as schools, community centres or religious buildings - during non-emergency periods, but which can be adapted as evacuation centres if necessary.

The scope of the guidance in this booklet does not include the use of multi-household shelters, which are used after an unpredictable event, such as a sudden earthquake or displacement due to armed conflict or are used as an intermediary point for the long-distance resettlement of households into new locations.

The scope of this guidance focuses specifically on responding to protection needs in evacuation centres, especially related to GBV risks that primarily affect women and girls. The guidance will refer to other selected protection concerns (for example, child protection considerations or protection of at-risk categories, such as persons with disabilities and minority ethnic groups), and aspects of the management of evacuation centres when they have a demonstrable connection with GBV risks. This guidance is not a comprehensive guidance for all aspects of protection in evacuation centres nor for all aspects of evacuation centre management, but rather a summary of key GBV and protection considerations that should be in place before, during and after the establishment of evacuation centres.

Overview of GBV and other Protection risks in Evacuation Centres

Definitions

Protection includes “all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law” (IASC). Protection mainstreaming principles have also been integrated throughout the guidelines, with particular attention given to groups and individuals at risk of violence and discrimination. These principles include prioritize safety & dignity and avoid causing harm; meaningful access; accountability; and participation and empowerment.

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 (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty.

During emergencies, there are increased risks of exposure for women, girls, and vulnerable populations to GBV. These are heightened by breakdown in family and social support systems, family separation, change in gender roles due to displacement and morbidity, breakdown in livelihood systems and mechanisms, increased vulnerability of persons to GBV risk, change in environment and disruption of government and social services.

Child Protection refers to prevention and response to violence, exploitation and abuse of children in all contexts. This includes reaching children who are especially vulnerable to these threats, such as those living without family care, on the streets or in situations of conflict or natural disasters.

Guiding Principles and other protection specific considerations for partners providing assistance at Evacuation Centers

Survivor-Centered Approach: Ensure that all interventions are developed in a manner that ensures respect for survivor's wishes, safety, and well-being. This means respecting the survivor's rights to dignity and respect and providing opportunities for survivors to reclaim the power that was taken away from them in the context of their abuse remains a priority in all matters and procedures.

Safety & Well-Being: The safety of all survivors shall be always ensured. This includes coordinating physical protection, when necessary, with the informed consent of the survivor, and pre-emptively addressing potential risks.

Confidentiality: Always, the confidentiality of the survivor (s) and their families will be respected. All survivor-related information will be kept confidential, identities will be protected, and the personal information on survivors shall be collected and shared only with the informed consent of the person concerned.

Respect: The actions & responses of all actors will be guided by respect for the wishes, the rights, the dignity of the survivor. This means conducting interviews in private settings; conducting interviews and examinations by staff of the same sex as the survivor; being a good listener; maintaining a non-judgmental manner concerning the survivor and her or his behavior; being patient; asking only relevant questions; not discussing the survivor's previous sexual history; avoiding asking the survivor to repeat her or his story in multiple interviews.

Non-discrimination: All survivors of violence should receive equal and fair treatment regardless of their age, race, religion, nationality, ethnicity, sexual orientation, or any other characteristics. Vulnerability analysis and profiling: All interventions at the reception center as well as at exit should be guided by analysis that takes into consideration the needs of vulnerable groups such as women, children, elderly, the sick, among others to mitigate risks of exploitation.

Protection concerns: Ensure there are mechanisms in place to report any problems, suspicions and concerns to the Centre Manager or other officials immediately both during working and non-working hours. The EC Manager shall have the responsibility of ensuring that prompt action is taken on all cases reported.

Code of Conduct for all EC workers: All humanitarian workers and development partners commit to a Zero-Tolerance approach to any form of sexually exploitive and abusive behaviour. Given that staff have a direct interaction with beneficiaries including children, women, adolescents, mothers in the centre, all personnel shall understand and sign their entity's Code of Conduct, or similar document, setting out the standards of acceptable and unacceptable behaviour. Copies of the Code of Conduct document should be posted in all relevant languages in visible locations within the EC.

Profiles of at-risk evacuation centre occupants and intersectionality of vulnerabilities

Any person - regardless of their age, disability, nationality, race, ethnicity, health status, political affiliation, sexual orientation or gender identity - may seek a safe shelter during a natural hazard. An evacuation centre should be a safe place for everyone. It is the responsibility of the managing authorities of evacuation centres and all stakeholders involved at different stages of the process to ensure a safe and dignified reception and stay, as well as appropriate conditions for return, during a given, short-term emergency event.

Those that may need special attention from management authorities, due to discrimination and inequality/discrepancies in power relations, include:

- Women and girls, including widows, women-headed households, adolescent girls, pregnant women and lactating mothers and survivors of GBV

- Children in general, in particular unaccompanied or separated ones, children with disabilities, children-headed households, children with chronic illness
- Youth/teenagers, whose specific needs often remain largely overlooked in emergency responses, including pregnant and/or married girls
- Minorities, including religious, linguistic, national and ethnic ones/indigenous groups
- Persons with diverse sexual orientation, gender identity and sexual characteristics (SOGIESC)
- Elders, especially those without family support or with responsibility of children
- Persons with disabilities (physical, sensorial or intellectual/cognitive/mental disability), as well as their families and caregivers
- Persons affected by sickness or living with chronic diseases
- Men, including single heads of households
- Persons affected by trauma and survivors of violence, including GBV
- Migrants, asylum seekers and refugees

While sex and age disaggregated post-disaster data remains scarce, there is a growing amount of evidence that women and girls are the most affected by GBV and may be exposed to multiple forms of violence in the aftermath of natural hazard, in particular intimate partner violence, child marriage, sexual assault, sexual exploitation and trafficking in persons. Monitoring of protection trends and frequent risks assessments are recommended to ensure an accurate analysis of at-risk groups.

Specific risks in evacuation centres

Existing forms **of abuse or violence may be even further exacerbated by unsafe evacuation centres and evacuation centres' management practices** (due to lack of planning or a lack of consideration for protection and GBV concerns in evacuation centre management practices).

All forms of GBV may occur in an EC, including domestic violence, sexual exploitation and abuse, trafficking in persons, deprivation of resources, limitation of freedom of movement and more. Examples of GBV and other protection risk factors that can be directly related to evacuation centres management set-up and practices, can include:

- Overcrowding, lack of partitions for privacy and poor lighting
- Family separation, particularly for children, older persons, persons with disabilities and other individuals who rely on family support for protection and survival
- Discrimination in provision of basic services, including access to the ECs itself, but also possibly including water, food, basic health services
- Some persons in the EC may present a risk to others (especially if under the influence of drugs, alcohol or other substances), or show aggressive behaviors
- Lack of security/enforcement and female staff
- Absence of rules within the EC
- Lack of code of conduct for frontline responders, or lack of knowledge of code of conduct
- Loss of livelihoods and/or overall scarcity of resources and services
- Poor identification of at-risk categories, or identification done in an unsafe manner, and lack of protection/gender analysis
- Absence/reduced care and support for persons with specific needs who may become more vulnerable to neglect, harm, exploitation and abuse than others in ECs
- Lack of training for frontline responders on key GBV and protection principles, including PSEA and responding to a disclosure of a GBV incident in a safe and ethical manner
- Lack of representation and participation of women and girls, as well as other at-risk categories, in the planning and management of ECs

- Lack of systems to monitor needs and safety concerns of EC occupants
- Insufficient coordination amongst service providers directly providing assistance to persons in the emergency center
- Disruption of community-based protection mechanisms
- Lack of information sharing about the purpose and duration of the EC to host communities and/or EC occupants
- Lack of activities in the EC during extended occupancy including child and youth friendly activities
- Early closure of ECs without an exit strategy or material/financial support for reintegration of occupants
- Collection of data about EC occupants that include identifying information that could potentially put them at risk
- Lack of complaints and feedback mechanisms, including for reporting protection concerns, such as GBV and PSEA.

The role of evacuation centre management teams in Protection and GBV

Risk mitigation measures are the responsibility of all stakeholders in a crisis response. Risk mitigation refers to reducing the Likelihood of exposure to GBV and other protection threats, in a proactive way.

Who do we call protection and GBV specialized actors? Protection and GBV specialized actors are professional workers trained on core protection issues (for instance, child protection/welfare officers, psychologists, counter-trafficking specialists, disability inclusion advisors, health workers trained on GBV and clinical management of rape, etc.) and able to act directly or oversee activities that prevent, mitigate the risks of and/or respond to incidents in their areas of expertise.

EC management teams may count among them protection, Child and GBV specialized actors, but most of the time will be made of other technical specialists (site management, shelter, coordination specialists, government disaster management teams, DRR specialists, WASH specialists, etc.). For this guidance, EC management teams are considered as non-specialized workers on protection and GBV.

Key considerations and actions for GBV and Protection risk mitigation in evacuation centre management

PHASE 1: Recommendations on preparedness for evacuations

1.1: Revise existing evacuation centre plans to ensure GBV and protection risk mitigation and identify first responders, including GBV and protection focal points

- Define clear roles and responsibilities on protection and GBV prevention, risk mitigation and response between specialized and non-specialized actors regarding: consultations with populations and stakeholders, joint field visits, trainings, coordination mechanisms and sharing of information.
- Connect with specialized GBV and Protection counterparts at an early stage of the preparedness phase to:
 - revise/revisit existing disaster management plans to ensure GBV and protection risk mitigation, including in evacuation centres;
 - advise on needs and requirements related to specific legislation, standards and best practices;
 - identify relevant protection and GBV services and other services for referrals;
 - build the capacity of EC management teams and partners on key Protection/GBV concepts and must-do actions, including safely and ethically responding to GBV disclosures, GBV minimum standards emphasis on standards of women and girls' participation, Mental health and psychosocial support, Referral systems and Guidelines for integrating GBV special focus on Shelter, Protection and Water and Sanitation
 - advise on strategies to prevent and mitigate risks that may affect specific groups and individuals.
- Consult with national child protection service providers on mandatory reporting laws and mechanisms for GBV survivors and unaccompanied and separated children or other at-risk children; capacitate staff on existing laws and processes and on how to proceed in case of mandatory reporting.
- When feasible, embed specialized protection and GBV workers directly within the EC management team. If not possible, appoint at a minimum one focal person who is trained on protection and GBV to:
 - Mainstream key protection, gender and GBV risk mitigation principles and considerations in EC management preparedness plan;
 - Establish early contact with at-risk groups' representatives (e.g., organizations of persons with disabilities, women-led organizations);
 - Liaise with specialized GBV and Protection actors in case of support and for referrals;
 - Be aware of various referral mechanisms for protection cases – including CP and GBV referral pathways and responding to disclosure of GBV incidents in a safe and ethical manner.
- Support the establishment of community committees, or a similar mechanism, that have the representation of all members of the community to foster community empowerment and support sustainability of preparedness and response mechanisms.
- Conduct community awareness sessions in disaster-prone areas to prevent protection-related risks in the event of a natural disaster (e.g., family separation, loss of documentation).
- Ensure preposition of non-food items for women and girls of reproductive age as well as families to promote hygiene and dignity of displaced persons. Items will include WASH kits by UNICEF, Dignity Kits by UNFPA. Specific agencies may need to ensure continued availability of kits as part of preparedness.

1.2: Strengthen the capacity of evacuation centre management staff, volunteers and other first responders to meet the needs of women, girls and other at-risk groups

- Ensure EC management teams, volunteers and other first responders have diverse gender, age, origin/ethnicity (including balance of men and women).
- Collaborate with GBV and Protection specialists to build the capacity of EC management staff, volunteers and other first responders (community leaders, volunteers, law enforcement agencies, military etc.) in:
 - GBV risk mitigation
 - Responding to a disclosure of a GBV incident in a safe and ethical manner
 - Psychological First Aid (PFA)
 - Child Protection and child safeguarding measures
 - Inclusion and accessibility for persons with disabilities
- Ensure all EC management teams, volunteers and other first responders in direct contact with affected populations, have signed codes of conduct with declarations on protection from sexual exploitation and abuse, coupled with mandatory training to re-enforce compliance. Ensure reporting mechanisms are in place for disclosures of SEA incidents
- When possible, promote the involvement of female staff in the EC management team, including at management level, and facilitate their meaningful participation in decision-making.
- Mainstream key protection and GBV concerns into existing EC management training materials.

DATA COLLECTION AND RESPONDING TO A DISCLOSURE OF A GBV INCIDENT

No EC staff should collect data on GBV incidents or proactively identify or seek out GBV survivors. In some instances, EC frontline staff may be approached by a survivor seeking help. In such circumstances, EC staff should have been previously trained on how to respond to a disclosure of a GBV incident following a survivor-centered approach and how to provide safe and ethical referrals, if needed

1.3: Plan for a safe, secure and appropriate environment in evacuation centres and their surroundings

- Support Gender/ GBV specialists to conduct a gender analysis to identify different needs and priorities of men and women and other at-risk groups to understand gender inequalities and dynamics and subsequently design mechanisms to address key concerns identified at the evacuation center.
- Make sure the ECs are safe and culturally appropriate for the intended population, reflecting, when possible, communities' usual gathering places.
- Prioritize smaller ECs, as self-regulation for protection may be more likely within smaller groups.
- Consult with community representatives and at-risk groups for the site layout – including sleeping arrangements and communal areas incorporating mobility enhancements for persons with physical and sensory disability
- Only use schools as ECs as last resort. Consult with the Ministry of Education and relevant authorities to establish a clear plan regarding their use, including any needed upgrades, and plan for repair after occupancy.
- Regarding use of religious buildings as ECs, involve/build ties with religious authorities at the preparedness stage and ensure necessary minimum standards are in place to support adequate
- Organize facilities walkthroughs to determine if the location is safe and appropriate for all groups - women, children, older persons, minorities and other potentially vulnerable or at-risk individuals – and easily accessible, including for persons with disabilities – and make any necessary adjustments.

- For some individuals or groups, sharing accommodation with the general population may be dangerous or uncomfortable: consult with specialized actors on how best to accommodate the needs identified.
- Involve community members and community organizations that represent at-risk groups (e.g., persons with disabilities, women-led organization, children’s representatives, etc.).
- To determine EC capacity:
 - beyond 72 hours, aim for 3.5m²/per person at a minimum. Less space per person is not recommended beyond immediate lifesaving action;
 - refer to national laws and standards;
 - balance immediate life-saving shelter needs with conditions that may increase risks of violence, including GBV, such as overcrowded areas;
- Establish separate areas to ensure adequate privacy in coordination with representatives of different groups, pregnant and lactating women, persons with health conditions, persons with disabilities, elders and more (these spaces can be created with temporary screens/movable partitions).
- Plan for large, open spaces to avoid congestion, including spaces for socializing, faith-based activities, recreational activities, etc.
- Plan for dedicated spaces for different groups – e.g., women-friendly places, child-friendly spaces, spaces for men – that are also accessible for persons with disabilities.
- When planning for areas for socializing, in particular for men, avoid having gathering spaces close to kitchens, bathing areas and bathrooms, as women may feel uncomfortable accessing them.
- Ensure that any dark or dead-end areas have appropriate lighting, especially toilets and bathing areas.
 - Stock a good-quality and suitable sized emergency generator to provide for electricity or pursue a solar lighting system.
- Prepare sex-segregated or gender-neutral facilities, including toilets and bathing areas, as relevant to the context.
- Prior to developing information, education and communication (IEC) materials, consult with communities that are expected to use the ECs to ensure that the IEC materials are culturally appropriate and clear.
- Based on discussions with communities, prepare information, education and communication (IEC) materials, in multiple formats (printed material, oral messaging, videos, etc.) and language(s), including for those with disabilities and persons of all ages. These should be on:
 - Ground rules, codes of conduct, protection from sexual exploitation and abuse, mechanisms for reporting abuse, clarifying that humanitarian services are free of charge, etc.
- Ensure that IEC material is also developed for host communities, informing them about the ECs and other preparedness plans, to increase acceptance and reduce risks and tensions with EC occupants if the evacuation takes place.
- Raise awareness in communities about the risks of leaving vulnerable persons (especially children) alone.

WHY CONDUCT A GENDER ANALYSIS?

Conducting a gender analysis will help identify different needs and priorities of men and women over short or long-term periods and understanding gender inequalities and dynamics. Ask questions around access (do men and women have equal access to resources, networks, services, participation?); knowledge and perceptions (on gender stereotypes, self-confidence), time and space (recognizing gender differences in the availability and allocation of time as well as the space), legal rights, status, power and decision-making. Use the findings to shape your planning, trainings and interventions, identify points of entry to empower vulnerable groups, take other proactive actions to ensure men, women, boys and girls equally benefit from it.

1.4: Ensure pre-positioning, services and resources mapping that meet the needs of individuals of all ages and genders

- With the support of GBV and protection specialists, map services and partners able to deliver services near the evacuation centre, including for specialized assistance for women and girls, such as reproductive health services, mental health and psychosocial support, child protection services, security, justice, specialized assistance for persons with disabilities, etc.
- With the support of GBV specialists, update/develop referral pathways so EC staff can safely link survivors of GBV to supportive and competent services, such as medical care, mental health and psychosocial support, police assistance and legal/justice support.
- With the support of Child Protection (CP) specialists, update/develop referral pathways for CP, including for unaccompanied and separated children (UASC) and child survivors.
- Train EC management staff on any referral pathways and procedures so they can use them in an appropriate and safe manner to ensure safe referrals and a survivor-centered approach.
- Train any staff involved in ECs on responding to a GBV disclosure in a safe and ethical manner, including providing psychological first aid (see GBV pocket Guide/Constant Companion)
- Pre-position dignity kits to respond to specific needs of women and girls
 - Consult with women and groups with specific needs to determine the contents of the kits
 - Replenish contents of dignity kits as needed, in consultation with women and girls
- Pre-position mobility aids (e.g., wheelchairs, crutches, etc.) to preserve the dignity of persons with physical impairments who may arrive at the EC without their own devices or needing mobility aid due to recent disability.
- Develop an itemized budget, in consultation with women and girls, to ensure sufficient financial resources are allocated for EC preparedness measures, including for adjustments needed (e.g., pre-positioning, trainings, infrastructure) to preserve the dignity and safety of all occupants, in particular women and girls.

TOOLS & RESOURCES

- [IASC Learning Package](#) on Protection from Sexual Misconduct for UN partner organizations
- [Code of Conduct](#) (CoC) from Fiji
- The GSC GBV [constant companion](#)
- The [GBV pocket guide](#) on how to respond to disclosures of GBV and support safe referrals
- [GBV Referral Pathway Guidance](#):
- Accessibility audits: [All Under One Roof Disability-inclusive shelter and settlements in emergencies](#) (See section B1.3, “Accessibility of collective centres,” p. 78):
- Anglican Church guidance on [Safe Church policies](#)
- Sample Vanuatu [IEC materials](#)
- Asia Pacific Coalition for School Safety Guidance: [Limiting and planning for schools as temporary evacuation centres in emergencies](#) – Policy brief and practice guidance for Pacific nations, 2017:
- Fiji [Service Delivery Protocol](#)
- Samoa [Interagency Essential Services Guidelines](#)
- Kiribati SAFENET [Standard Operating Procedures \(SOPs\) for GBV Response](#)
- Solomon Islands SAFENET [Guidebook for referral and coordination of sexual and gender-based violence](#)

PHASE 2: Recommendations for the arrival of evacuation center occupants

2.1: Provide for safety and security of evacuation centre occupants from the onset

- Do not limit entry to the EC based on age, gender, ability, origin or any other personal characteristics.
- Monitor entry into the EC, including visitors, contractors, volunteers, and register them in a logbook.
- Consider organizing a patrol with both female and male staff at the EC entrance(s) at night if deemed necessary for security purposes.
- Identify and assess alternative shelter(s) in case the EC turns out to be unsafe for some individuals or groups: consult with protection and GBV specialists to identify the most appropriate solutions.
- For contractors and service providers, include measures for accountability and protection from sexual exploitation and abuse as part of the contractual agreements for service delivery. Train these providers on key components of these provisions.
- Monitor safety and security risks in and outside the ECs and comply with existing reporting mechanisms for identified security risks.

2.2: Identify vulnerabilities upon arrival and protect personal data

- Consult with protection and GBV specialists on vulnerability criteria and or methodologies for identifying vulnerabilities and to contextualize related tools and approaches.
- Register each person seeking shelter at a centre to know who the occupants are and their specific needs. (Note: Registration forms are usually at household level and can include special needs, such as health (e.g., illness or injury; mobility concerns or need for support), family separation, unaccompanied children, single women, pregnant women, lactating women, missing persons, persons with disabilities, etc.)
- If conditions are not met for registration (e.g., following a benefit/risk assessment) or if length of stay does not allow for it, alternative ways of collecting key information on population's immediate needs can be implemented, such as rapid screening/triage of EC occupants upon arrival to help prioritize urgent needs.
- Treat the data collected during registration as highly confidential and keep personal data and registration sheets in a safe, protected place at all times.
- Ensure staff doing registration of occupants are female and male.
- Do not collect personal or sensitive data if safeguards are not sufficient. If you cannot reliably protect collect data, reconsider the need to proceed with any registration or data collection exercise.

2.3: Prevent family separation and support reunification

- Do not make public announcements with the full name or any confidential details about children who have become separated from the families, as this may raise the risk of exploitation, abuse or abduction.
- Establish an information desk and meeting point in the arrival area for family tracing and reunification.
- Ensure there are female staff at the information desk and that all staff have been trained on communicating with children and other at-risk groups.
- In the absence of specialized child protection workers in the centre, designate a child protection focal point within the EC management team who is trained on child protection and knows how to refer at-risk children.
- Unaccompanied and separated children should be referred to services and support according to existing mechanisms and national legal frameworks. Train focal persons on referral pathways and make sure they have at hand adequate documentation, including family tracing forms.
- Temporary foster care arrangements within the emergency center should be identified to support protection of separated children in worst case scenarios, with guidance of child protection specialist. As it is a temporary care arrangement, identification of and assessment of foster care givers must be done in the best way possible.

- ❑ Family unity should be fostered, by creating family sleeping areas when culturally appropriate.
- ❑ Ensure that persons with disabilities remain with their usual caregivers.
- ❑ Monitor separations during the occupancy phase and raise awareness in communities about associated risks of leaving vulnerable persons (especially children) alone.

2.4: Support people’s wellbeing and equal access to assistance

- ❑ Upon their arrival, provide EC occupants with basic information on the support they may receive and on the centres’ rules and functioning. “Resident info sheets” can be delivered at entry/registration/info desks.
- ❑ Be transparent about how you are prioritizing vulnerable groups/individuals and whenever possible explain why such a decision had to be taken. Remain sensitive to confidentiality principles and do not share personal information without the consent of the persons themselves.
- ❑ Consider the appropriateness of both the location and timing for distributions and seek feedback about these decisions from women and girls and other vulnerable groups.
- ❑ Ensure EC management teams and volunteers have been trained on key PFA principles (look, listen, link) and utilize the LIVES framework (Listen, Inquire, Validate, Enhance Safety and Support) to ensure persons of concern are able to be comforted while in distress. are able to comfort persons in distress and help them feel safe and calm.
- ❑ If culturally appropriate, ensure separate lines for women and men for distributions of relief items.
- ❑ Set-up priority lines for vulnerable groups for distributions of relief items; organize direct delivery in case of extreme vulnerability.
- ❑ Ensure groups with specific requirements receive assistance that meets their needs (e.g., dignity kits for women and adolescent girls, extra food rations for pregnant and lactating women, etc.)
- ❑ Make sure that distributions are done by a gender-balanced team
- ❑ Inform the community that humanitarian assistance is free of charge and does not require favours in return.
- ❑ Put into place a monitoring system for cases of SEA.
- ❑ Limit the responsibilities that volunteers can have in order to mitigate corruption, abuse or exploitation (e.g., do not have them compile beneficiary registration lists, be solely responsible for distributing items, or lead post distribution monitoring activities).

TOOLS & RESOURCES

- ❑ For more information and guidance on good distribution practices, refer to the [Global Shelter Cluster and IOM Guidance to reduce the risk of GBV in distribution of shelter materials, NFI and Cash](#)
- ❑ Sample registration form for [Individual Registration](#)

PHASE 3: Recommendations for evacuation centre management during occupancy

3.1: Foster safe and meaningful participation of all groups, including at-risk groups, in governance mechanisms

- ❑ Conduct a risk analysis before encouraging the participation of at-risk groups in governance structures to ensure there won’t be backlash from the community. If unsafe or when participation of certain groups is limited in formal spaces, explore possibilities to involve these groups informally, e.g., through focus-group discussions, interviews, etc.

- Encourage community owned initiatives and facilitate organization of EC management committees around critical themes in the ECs. Facilitate self-help, community, and social support, including traditional coping mechanisms (rituals, sports, informal groups) the community uses to cope with difficult situations.
- Committees and decision-making mechanisms should be representative of and accountable to the population in the centres – in terms of age, gender, origin, abilities. Foster the meaningful participation of all, in a way that will not endanger under-represented groups.
- Provide spaces and/or resources for community support to the most vulnerable and culturally sensitive discussion forums on age, gender and disabilities.
- Monitor participation within the EC to understand existing power dynamics and encourage equal access to participation and decision-making within the EC.
- Depending on the length of stay, consider access to context-specific relevant skills for EC occupants, e.g., leadership skills for women and vulnerable groups, livelihood recovery programs, etc., which can provide economic benefits, as well as help build networks and increase self-esteem *Note: to mitigate risks of GBV, including domestic violence, do not involve women to the detriment of men, but in a complementary and culturally appropriate way.*

3.2: Share information with communities on evacuation centres and readjust response in evacuation centres based on communities' feedback

- Ask EC occupants their preferred ways of communication and which sources they trust to address disparate literacy rates and access to communication devices. Always provide information in relevant languages, in a variety of ways and through multiple channels (e.g., written and oral) to ensure greater access.
- Ensure IEC materials and important messages are accessible to everyone in the EC at all times of day and night, in case of emergency or time-sensitive communications (e.g., notice boards, loudspeakers).
- Provide information on health services, referral mechanisms, focal persons, service providers available in the centres or outside, hotlines, and any other critical services occupants may need to address protection concerns, as well as on-going humanitarian response, return areas, and short- or medium-term plans.
- Set up a Complaint and Feedback Mechanism (CFM) so that any issues for EC occupants are quickly identified and addressed. The CFM should be safe to use, ensure confidentiality for complainants and be accessible to all - including women, children and persons with disabilities, persons with low literacy level. Use multiple channels (in writing, hotline, SMS, etc.). Ensure follow-up and report back to complainant(s).
- Explain to beneficiaries that humanitarian assistance is free of charge and does not require any favor in return.
- Information on how to make a complaint should be clear and simple, offered in the local language(s) and shared through different channels. (e.g., "*A complaints system has been set up at [insert name of cluster/organization/location]. Contact [insert contact details] for further support and advice about this. All complaints are kept confidential.*")
- Conduct frequent focus group discussions and individual interviews with different groups to understand concerns. Consider separate groups for women, girls, and other persons with special requirements.
- Share information on key principles for EC management, such as zero tolerance against any forms of discrimination (e.g., based on ethnicity, disability status, gender etc.).

CASE STUDY: AWARENESS RAISING ON GBV IN FIJI POST TROPICAL CYCLONE YASA

In 2020, in the two-week period following the landfall of Category 5 Tropical Cyclone Yasa over Fiji, coordinated information on available GBV services was delivered to almost all the 133 ECs from the Northern Division and accompanying village police posts. 76 GBV awareness sessions were held, and IEC materials in English, iTaukei and Hindi were circulated via posters on EC walls, business cards to evacuated people and community leaders, and through radio and TV advertisements.

These efforts were coordinated by the Ministry of Women, Children and Poverty Alleviation and GBV social service providers, including women-led organizations, knowing that the acute period within days and weeks of cyclone landfall pose unique risks of violence and exploitation for women, girls and boys. As a result, awareness raising efforts led to an increased number of women and girls knowing where to reach out for care.

3.3: Monitor evacuation centre occupants' needs, perceptions, and well-being as stay in centres gets extended, and implement proactive actions to mitigate risks

- ❑ Consult with those staying in the EC, to designate appropriate spaces that can be used for a range of social, recreational and spiritual activities. Create a calendar so that different groups within the EC can book certain times to use those spaces, in a manner that is equitable for all.
- ❑ Conduct regular needs assessments to evaluate the evolving needs of EC occupants (e.g., items in NFI kits, new recreational areas, educational needs), disaggregated by age, sex and disability.
- ❑ Liaise with existing specialists and service providers to ensure continuity of specialized services, including reproductive health services and other specialized health services, psychosocial support, physiotherapy and other relevant services.
- ❑ Regularly monitor safety risks and the perceptions of safety in and around the centres using observation and safety audits, key informant interviews, focus-group discussions, individual interviews, community/location specific mapping etc.
- ❑ Set up a monitoring system to track rumours and misinformation, which may increase protection risks.
- ❑ Create a supervised recreational area /Child friendly space for children that is safe and separated from sleeping areas.
- ❑ Offer physical exercise and other activities, especially for those who may be stressed, worried or frustrated.
- ❑ Maintain hygiene of toilets and bathing facilities.
- ❑ When multiple ECs exist in an area and when resources are scarce, consider using mobile multisectoral Protection teams for a greater outreach.
- ❑ Monitor the unintended consequences of implemented safeguarding measures with information collected through CFMs and through observation, focus group discussions, key informant interviews and/or interviews with persons at risk. Take appropriate corrective actions if concerns are identified, in coordination with specialized actors and communities themselves.

TOOLS & RESOURCES

- ❑ Sample [safety audit](#)
- ❑ Safety Audits: [A How-To Guide](#)
- ❑ IEC material, good practices and their use in shelter programming, refer to the [GSC and IOM Shelter Compendium](#), 2021
- ❑ For more information on the role and participation of women in displacement setting, consult the platform of the [Women Participation Project and Toolkit](#)

PHASE 4: Recommendations for evacuation centre closure & return

Recommended action 4.1: Prepare for and ensure a safe and dignified process for closure

- Ensure that any data collected by the EC management team or committees remains secure and confidential.
- Survey EC occupants on their return intentions before the EC closure phase. Collect information on plans, critical needs, timeline, etc. to provide critical information for decision-making. Ensure all returns are made on a voluntary basis.
- Ensure occupants (including the most vulnerable) have identified satisfying return arrangements (return to place of origin, transitional solution, resettlement/reinstallation to another area, land and property ownership/access). If not, advocate for solutions in coordination with relevant partners – local authorities, clusters, NGOs.
- Support with information sharing on return areas or alternative arrangements. Facilitate go and see visits during the occupancy phase.
- Carry out protection monitoring as part of the closure process, both in evacuation centres and in areas of return.

Recommended action 4.2: Plan for continuity of care and services for persons with specific needs

- Ensure that any residual EC occupants continue to receive basic services as long as they are still in the EC.
- Share updated referral pathways for critical services with persons who will need continuity of care upon their return (especially GBV survivors, persons with disabilities, pregnant women, persons in distress etc.). Coordinate in advance with relevant actors so that information is up-to-date and refer to quality services in areas of return or reinstallation.
- For unaccompanied and separated children who have not been reunified with family, refer their case to relevant authorities who will be able to take decisions in terms of legal guardianship, best interest determination and other relevant steps.
- In coordination with partners, provide key resources, such as assistive devices lent during occupancy, for persons who may have lost their owns in the disaster.

TOOLS & RESOURCES

- For more on camp closure and protection monitoring: Camp Closure Guidelines (Section 4.1, p 14): https://ccmcluster.org/sites/default/files/2018-10/Camp_Closure_Guidelines.pdf

Who to involve

- Concerned clusters to insert specific actors as relevant to the sub-region
- At national level, coordinate with **specialized protection and GBV agencies**, including national authorities mandated for the protection of children and women, relevant ministries, social welfare services, to align with established policies, laws and referral procedures.
- At the local level, work closely with **local NGOs and civil society organizations, women's led groups** and local women's committees, child protection services, **organizations of persons with disabilities, representatives from persons with diverse SOGIESC** and other relevant local actors.
- Align activities with **international organizations with specialized protection capacities** (UN agencies, ICRC/IFRC, international NGOs) and **inter-agency coordination groups** established at national, regional or local level, such as dedicated clusters, sub-clusters and working groups.
- Invite protection specialized agencies to provide information on existing services and referral pathways, organize risk assessments, develop and contextualize training material, and deliver key training modules on selected topics, in particular GBV, responding to a disclosure of an incident and safe referrals.
- Involve protection specialized services, including **mental health and psychosocial support teams**, in registration or rapid screening and providing immediate support during the arrival of EC occupants.
- Contact **GBV specialized services, organizations and/or inter-agency GBV sub-working groups** when activated in country for guidance on risk mitigation activities and linkages through referral pathways.
- Consult with **EC occupants** (including with diverse groups, such as adolescent girls, adult women, persons with disabilities etc.) to ensure that the centres meet the needs of all groups and to identify preferred communications channels. Involve EC occupants in monitoring of safety and security risks, such as through facilities walkthroughs with women, persons with disabilities, and minority representatives to advise on their specific needs and concerns.
- Involve **host communities** in the EC selection process and in information, communication and capacity-building efforts from the preparedness phase. Seek their input on ongoing management of the ECs, as well as in the EC closure process.
- Partner with **local chamber of commerce or business associations** and specific businesses, such as security or construction companies, local restaurants, etc. who may work or volunteer during the occupancy of the ECs to provide specific services.
- **For family reunification, ICRC representatives** in country can guide you in accessing the Restoring Family Links (RFL) program.
- Involve **women** as part of distribution teams and as volunteers in the ECs – they will be the best positioned to answer to the needs of other women and will have better access to women and girls in the centres.
- Consult with local **Organisations of Persons with Disabilities** about establishing accessible and inclusive distribution locations and communications channels. Consult with persons with disabilities on opportunities for actively involving them in distribution tasks.
- Local artists, or performers, who can create contextually and culturally relevant visual, audio or performance materials to be used in communications.