



GENDER AND CHILD CELL

**PROVINCIAL DISASTER MANAGEMENT AUTHORITY
KHYBER PAKHTUNKHWA**

FUNCTIONAL COORDINATION MECHANISM TO ADDRESS GBV/GBVIE AND OTHER PROTECTION CONCERNS IN HUMANITARIAN SETTINGS



DISTRICT DISASTER MANAGEMENT UNIT CHITRAL (UPPER)



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Functional Coordination Mechanism to Prevent & Respond To GBViE's And Other Protection Concerns in Humanitarian Settings.



District Upper Chitral, Khyber Pakhtunkhwa

Abbreviation:

PSEA	Protection against Sexual exploitation and Abuse
GBViE	Gender Based Violence in Emergencies
AoR	Area of Responsibility
CpiE	Child Protection in Emergency
ACC	Assessment Claim Committee
MHPSS	Mental Health & Psychosocial Support
CBOs	Community Based Organizations
FIR	First Information Report
SDMA	State Disaster Management Authority
GDMA	Gilgit Baltistan Disaster Management Authority
MCP	Monsoon Contingency Plan
CPWG	Child Protection Working Group
CRC	Convention on the Right of Children
DDMU	District Disaster Management Unit
FATA	Federally Administered Tribal Area
FIR	First Information Report
GBV	Gender Based Violence
GCC	Gender and Child Cell
IASC	Inter-Agency Standing Committee
IDPs	Internally Displaced Peoples
MISP	Minimum Initial Service Package
MSCPHA	Minimum Standard for Child Protection in Humanitarian Action
NDMA	National Disaster Management Authority
NGO	Non-Governmental Organization
NMDs	Newly Merged Districts
Op	Older Peoples

PDMA	Provincial Disaster Management Authority
PEOC	Provincial Emergency Operation Centre
PTSD	Post-Traumatic Stress Disorder
PWD	Person with Disability
UNCRC	United Nation Convention on the Right of Children

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1. INTRODUCTION & BACKGROUND

Pakistan is highly susceptible to a wide range of natural and human induced disasters. Natural Disasters include earthquakes, floods, landslides, droughts, glacial lake outburst floods (GLOFS), avalanches, floods, landslides, cyclones, storms, river erosion, tsunamis, and pest attacks. Human induced risks encompass transport accidents, industrial mishaps, nuclear- and radiological incidents, oil spills, urban and forest fires, civil conflicts, and internal displacements caused by various factors. These hazards have historically caused widespread devastation and significant losses. Prior to 2005, the West Pakistan National Calamity Act of 1958 was the sole legal framework addressing calamity affected areas. However, this framework primarily adopted a reactive approach, focusing on emergency response without proactive disaster management strategies.

Recognizing the need for a shift from reactive to proactive disaster management due to Pakistan's unique topography and the increasing impact of global climate change, the government of Pakistan initiated the National Disaster Management Act in 2010. This act, passed by the National Assembly on December 11, 2010, established a robust National Disaster management System. The Provincial Assembly of Khyber Pakhtunkhwa followed suite, adopting the system to better manage unforeseen disasters.

The Provincial Disaster Management Authority (PDMA) serves as the lead provincial institution responsible for disaster management operations. PDMA collaborates with government departments, NGOs, INGOs, and UN agencies to implement a coordinated "one window" operation during disasters. The authority oversees the entire disaster management cycle, including preparedness, mitigation, risk reduction, relief, and rehabilitation. Various disaster -specific plans, such as Monsoon Plans, Winter plans, and heat wave plans, are developed to ensure timely and effective response for affected communities.

Khyber Pakhtunkhwa has faced numerous disasters, including complex emergencies in both settled and newly merged districts. The 2022 flood was a stark reminder of the consequences of climate change, as 17 districts in Khyber Pakhtunkhwa were declared flood emergencies. Between June 15 and September 12, 2022, initial reports indicated the loss of 306 lives (147 men, 44 women, and 115 children) and 369 injuries (156 men, 79 women, and 134 children). Infrastructure, communication systems, schools, crops, livelihoods, and livestock were impacted. Approximately 37523 houses were completely destroyed, and 53935 were partially damaged.

In light of these challenges, there is a pressing need to improve access to affected populations through efficient coordination mechanisms. Effective communications channels and resource mobilization are essential to ensure that the voices of the most vulnerable reach decision makers. A structured grievance mechanism should also be established to address issues such as Gender Based Violence in Emergencies (GBViE), Protection from Sexual Exploitation and Abuse (PSEA), sexual and reproductive Health (SRH), and other protection concerns, ensuring corrective actions are taken by relevant departments and stakeholders.

2. ESTABLISHMENT OF FUNCTIONAL COORDINATION FOR GBViE'S, CPIE'S AND OTHER PROTECTION CONCERNS

The Gender and child Cell (GCC) established in 2013, works with various stakeholders to strengthen coordinated responses. It has developed policies, Standard Operating Procedures (SOPs), and capacity building manuals to address protection needs effectively. A district level mechanism was initially established in Charsadda and Swat. This mechanism is being replicated in other districts, with a special focus on Chitral Upper.

In 2016, a protection cluster assessment in KP revealed that internally displaced women faced severe risks, including abuse and various forms of GBV. Displaced women and girls often lose their livelihoods, social networks, and independence, leaving them vulnerable to exploitation. Negative coping mechanisms, such as psychosocial distress, were observed, necessitating structured psychosocial support and life skills development programs. In the Newly merged districts, displacement and conflict have exacerbated women's protection concerns. Many root causes of GBV stem from entrenched harmful traditional practices, lack of legal protections, and weak justice systems.

Types of GBV reported included physical and emotional violence, child marriages, human trafficking, domestic violence, denial of education and healthcare, honor-based crimes, rape and dowry related issues. GBV occurs universally during humanitarian crises, with natural disasters and armed conflict significantly increasing vulnerabilities. Women and girls are at heightened risk due to the breakdown of protection system, culturally impunity, and societal silence caused by shame and fear of reprisal. The World Health Organization reported in 2013 that one in three women globally experiences GBV, with rates rising in humanitarian settings due to disrupted family structures, loss of livelihoods, and limited access to services.

Consequences of GBV in Emergencies

Survivors of GBV face severe physical and psychological consequences, including

- ✓ Higher mortality rates, including suicide
- ✓ Increased risk of depression
- ✓ 16% higher likelihood of delivering low birth weight babies
- ✓ Greater risk of HIV infection
- ✓ Increased susceptibility to sexually transmitted infections

As per Research study on "GBV in Emergencies in 2022" conducted by Gender and Child Cell, PDMA Khyber Pakhtunkhwa and global data confirms that these challenges are equally relevant in Khyber Pakhtunkhwa, including Upper Chitral.

Strengthening Institutional Coordination and Response

Repeated large scale disasters in Pakistan led to establishment of critical institutions like the National Disaster Management Authority (NDMA), PDMAs, and District Disaster Management Units (DDMUs). These bodies have played a crucial role in coordinating humanitarian assistance and disaster response, particularly during significant displacements from erstwhile FATA to settled districts. PDMAKP has been central to managing the return and rehabilitation of displaced populations while addressing the needs of the most vulnerable groups, including GBV survivors, persons with disabilities, elderly individuals, women, and children.

In the past, the absence of efficient coordination mechanism at the district level hindered efforts to address the specific needs of these groups. To bridge this gap, the District Disaster Management Unit (DDMU) in Chitral Upper has developed a functional coordination mechanism aim at preventing and responding to GBViE's, PSEA, CPiE's, and other protection concerns issues. This mechanism focuses on addressing the needs of vulnerable groups, such as women, adolescent girls, elderly individual and persons with disabilities, particularly during emergencies.

Functional coordination Mechanism in Upper Chitral

With the support of Gender and Child Cell, PDMA Khyber Pakhtunkhwa, the DDMU in Upper Chitral conducted extensive consultations with stakeholders to design a functional coordination mechanism. This mechanism aims to strengthen the capacity of relevant stakeholders to address GBViE, PSEA, SRH, CPiE's, and other protection concerns during humanitarian crises. It ensures the protection and wellbeing of vulnerable groups, particularly women, children, pregnant and lactating mothers, and adolescent girls.

By enhancing coordination, this mechanism will play a critical role in reducing vulnerabilities and ensuring that affected populations receive timely, efficient, and sustainable protection and support during disasters.

District Upper Chitral:

Upper Chitral District is a district in the province of Khyber Pakhtunkhwa, Pakistan. Chitral River flows across the length of the district. Upper Chitral District along with Lower Chitral District were part of the erstwhile Chitral District which was the largest district in the Khyber-Pakhtunkhwa province, covering an area of 14,850 km². Previously, it served as the Chitral princely state that encompassed the region until its incorporation into the Khyber Pakhtunkhwa province of Pakistan in 14 August 1947 the erstwhile Chitral District was bifurcated into Upper Chitral District and Lower Chitral District in November, 2018.

The town of Buni is the headquarters of the Chitral Upper District. It shares a border with Gilgit-Baltistan to the east, with Badakhshan province of Afghanistan to the north and with the Upper Dir District to the southwest and with Swat District to the southeast. A narrow strip of Wakhan Corridor separates Chitral from Tajikistan in the north.

Demographics

As of the 2023 census, Upper Chitral district has 26,365 households and a population of 195,528. The district has a sex ratio of 105.75 males to 100 females and a literacy rate of 73.83%: 84.87% for males and 62.11% for females. 44,351 (22.73% of the surveyed population) are under 10 years of age. The entire population lives in rural areas.

In the 2023 census, 782 (0.40% of the surveyed population) people were from religious minorities, half Christians and half 'Other' religions.

Damages, Losses

The floods in upper Chitral have caused extensive damage and loss across various sectors, severely impacting the lives and livelihoods of the local population. Widespread destruction of housing and human settlements has been reported, with a significant number of houses fully or partially damaged, especially in rural areas where katcha houses are more susceptible. The health sector is facing challenges due to damages to roads and bridges, hindering access to essential healthcare services, while the disruption of potable water supply has led to waterborne diseases. The education sector has been severely affected, with damages to school buildings and closures disrupting students' learning. The floods have also resulted in the loss of cultural and heritage assets, impacting the identity and heritage of the local communities. Transport and communication infrastructure have suffered extensive damage, cutting off communities and hindering relief efforts. The energy sector has been impacted, with damages to hydro power systems leading to an acute energy shortage. Agriculture and livestock sectors have faced significant losses, with standing crops, fruit trees, and livestock being severely affected. Fisheries have also suffered, causing a decline in fish populations. The floods have damaged irrigation channels, posing a threat to agricultural livelihoods. The tourism industry has been hit hard, with damages to infrastructure and landscapes affecting tourist attractions. Additionally, damages to shops, vehicles, and protection walls have further compounded the challenges faced by the affected communities. Urgent interventions and support are crucial to address the extensive damages and restore the well-being and prosperity of the people of Chitral.

Gender Wise Segregated Data from 01-01-2018 to 22-11-2024																		
DISTRICT	HUMAN LOSSES/INJURIES								CATTLE PERISHED	INFRASTRUCTURE DAMAGES								
	DEATH				INJURED					HOUSES			SCHOOLS			OTHERS		
	Male	Female	Child	Total	Male	Female	Child	Total	Total	Fully	Partially	Total	Fully	Partially	Total	Fully	Partially	Total
Upper Chitral	9	1	6	16	4	0	2	6	286	405	726	1131	0	28	28	38	71	109
Total(s)	9	1	6	16	4	0	2	6	286	404	726	1131	0	28	28	38	71	109

Relief Compensation:

Flood 2010 Compensated Cases as per record available			
Nowshera	D I Khan	Chitral	Swat
5199	1411	37	170

3. LEGAL FRAMEWORK PROVIDES FOUNDATION FOR THE ESTABLISHMENT OF FUNCTIONAL COORDINATION MECHANISM

The Aim of the establishment of coordination mechanism is to enhance and coordinate the capacity of the country to prepare for and respond to disasters by defining the measures to be considered necessary for disaster management and risk reduction in line with provision of the National Disaster Management Act, 2010 and National Disaster Management Plan 2012. The Act (2010) and Plan (2012) govern the whole spectrum of Disaster Risk Management through legal bodies and the establishment of an institutional system in all provinces and regions of Pakistan. I.e. NDMA, PDMA's, GBDMA and SDMA.

The Khyber Pakhtunkhwa Provincial Assembly incorporated certain amendment in the year 2012, 2014 and 2019 in NDMA Act 2010 for human induced disaster like militancy and terrorism incidents and made some other relevant changes in the context of Khyber Pakhtunkhwa.

Currently, the National Disaster Management (Khyber Pakhtunkhwa) (Amendment) Act, 2019 governs the institutional arrangements for Disaster Risk Management in the province by the Government of Khyber Pakhtunkhwa.

Other relevant legal frameworks which support DRM in Khyber Pakhtunkhwa are:

- ✓ Civil Defense Act, 1952
- ✓ Pakistan Environmental Protection Act, 1997
- ✓ Pakistan Climate Change Act, 2017.
- ✓ Khyber Pakhtunkhwa Act, 2020.

Khyber Pakhtunkhwa climate change Policy & Action Plan 2022.

PDMA coordinates efforts of all stakeholders for effective disaster risk management. Its coordination mechanism is simple but effective for the dissemination of early warning, undertaking search and rescue activities and conducting relief operations to meet the needs of the vulnerable groups. For this purpose, PDMA entails coordination mechanism at two levels:

Horizontal coordination mechanism:

PDMA entails horizontal coordination with the relevant provincial line departments and humanitarian organizations at provincial level for joint efforts in preparedness, rescue, relief response and early recovery.

Vertical Coordination Mechanism:

Vertical coordination occurs with district administration directly for effective early warning, preparedness, rescue, relief efforts at district level.

GENDER Based Violence in Emergencies (GBViE's)

The Inter Agency Standing Committee (IASC) defines "Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females." It could be physical, mental, or sexual abuse – including acts, attempted or threatened, committed with force, manipulation, or coercion and without the informed consent of the survivor – directed against a person because of his or her gender in a society or culture.

The IASC Policy and GBV Area of Responsibility (GBV AoR), 2018 primary focus is on women and girls as those most disproportionately affected by violence stemming from gender inequality and the resulting differences in power, privilege, and opportunity that are often exacerbated in emergencies. GBV is known to be prevalent in all settings and is likely to increase in emergencies when social structures and protection mechanisms break down. It is a protection concern that requires specialized interventions to provide accessible, prompt, confidential and appropriate services to affected and vulnerable population groups, particularly women, girls and boys.

UNFPA Minimum Initial Standard Packages (MISP) says that in displacements (emergency situation) at least;

- ✓ 4% of the total population will be pregnant at a given time
- ✓ 15% of women are expected to have life threatening complications
- ✓ 5% of all pregnancies will require C- section
- ✓ At least 2% women have experienced some kind of Gender Based Violence in Humanitarian conditions

In this regard, the multi-sectorial response services and the implementation of mechanisms to prevent and respond to GBV can be facilitated through coordination and guiding principles and approaches (elaborated in annex). Coordinate and ensure multi sectorial services for prevention and response to women/girls and vulnerable groups such as direct or (tele) psychological well-being services and counseling, referral mechanism, provision of services for incident case management, health and reproductive health services, legal aid, and possible linkages to livelihoods programs in collaboration with UN agencies. As per IASC guidelines, GBV support should continue during stabilized phase while it needs to be mainstreamed in all other sectors as well such as legal assistance, socio-economic growth, water and sanitation, food security and livelihoods etc.

Protection from sexual exploitation IN EMERGENCIES

Protection from sexual exploitation in emergencies refers to the efforts made to prevent and mitigate instances of sexual exploitation and abuse during humanitarian crises or emergencies. These efforts are crucial as vulnerable populations, such as women, children, and marginalized groups, are particularly susceptible to exploitation in chaotic and unstable environments.

Here are some key strategies and approaches for protection from sexual exploitation in emergencies:

- 1. Establishing Safe Spaces:** Creating safe spaces within emergency shelters or refugee camps where survivors of sexual exploitation can seek refuge, receive support, and access essential services without fear of judgment or retaliation.
- 2. Gender-Sensitive Programming:** Ensuring that humanitarian aid and response efforts are gender-sensitive and address the specific needs and vulnerabilities of women, girls, and other marginalized groups who are at higher risk of sexual exploitation.

- 3. Community Engagement and Participation:** Engaging with affected communities to understand their needs, concerns, and cultural dynamics related to sexual exploitation. Involving community leaders and representatives in designing and implementing prevention strategies can help build trust and increase the effectiveness of interventions.
- 4. Training and Capacity Building:** Providing training and capacity building for humanitarian workers, local authorities, and volunteers on recognizing, preventing, and responding to incidents of sexual exploitation. This includes training on survivor-centered approaches, confidentiality, and ethical reporting procedures.
- 5. Strengthening Legal and Accountability Mechanisms:** Advocating for and supporting the implementation of laws and policies that protect survivors of sexual exploitation and hold perpetrators accountable. This may involve collaborating with local authorities, legal institutions, and international bodies to ensure justice and restitution for survivors.
- 6. Psychosocial Support and Counseling:** Offering psychosocial support services and counseling to survivors of sexual exploitation to address trauma, promote healing, and empower them to rebuild their lives. This includes access to medical care, mental health services, and legal assistance.
- 7. Monitoring and Reporting Mechanisms:** Establishing robust monitoring and reporting mechanisms to identify and respond to incidents of sexual exploitation promptly. This includes setting up hotlines, anonymous reporting channels, and complaint mechanisms accessible to affected individuals.
- 8. Coordination and Collaboration:** Fostering coordination and collaboration among humanitarian agencies, local organizations, government authorities, and other stakeholders involved in the emergency response. This ensures a comprehensive and cohesive approach to protecting individuals from sexual exploitation.
- 9. Awareness Raising and Education:** Conducting awareness-raising campaigns and educational initiatives within affected communities to promote understanding of sexual exploitation, consent, and rights. Empowering individuals with knowledge and information can help prevent exploitation and encourage reporting of incidents.
- 10. Long-Term Prevention and Sustainable Solutions:** Addressing underlying factors contributing to vulnerability to sexual exploitation, such as poverty, inequality, and gender-based discrimination, through long-term development and empowerment programs. Building resilience and promoting sustainable solutions can reduce the risk of exploitation in emergencies and beyond.

CHILD PROTECTION IN EMERGENCIES (CPiE's) UNDER THE NATIONAL AND INTERNATIONAL FRAMEWORK

Child Protection in Emergencies is the prevention of and response to abuse, neglect, exploitation of and violence against children in emergencies. Also includes addressing psychosocial wellbeing of children and caregivers.

The definition of Child Protection, as agreed by Child Protection Working Group, is “the prevention of and response to abuse, neglect, exploitation and violence against children”. Thus, child protection is not the protection of all children’s rights but refers instead to a subset of these rights.

(Ref: “Minimum Standards for Child Protection in Humanitarian Action” by CPWG)

Child Protection in Emergency is guided by UNCRC, Child Protection Welfare Act 2010 Khyber Pakhtunkhwa, National disaster Act 2010, UNICEF Core Commitments and Minimum Standards of Child Protection in Humanitarian Action.

Pakistan signed the UNCRC on 20th November 1989 and ratified in 12 December 1990. Supporting articles of United Nations Convention on Rights of Children (UNCRC) include:

- **Art 2** – all rights guaranteed by the UNCRC available to all children without discrimination.
- **Art 3** –the best interests of the child must be a primary consideration in all actions.
- **Art 6** – every child has the right to life, survival and development.
- **Art 12** – children’sview must be considered and taken into account.

Protection rights – ensure children are safeguarded against all forms of abuse, neglect and exploitation, including special care for refugee children; children in the criminal justice system; children in employment; and children who have suffered exploitation or abuse of any kind.

- **Art 22** – Refugee children.
- **Art. 38** – Protection of Children Affected by Armed Conflict.
- **Art. 39** – Rehabilitation of Children Affected by Armed Conflict.

Child Protection in Emergencies is Focused During Prevention and Response:

- ✓ Hazards and injury prevention
- ✓ Physical violence and harmful practices
- ✓ Sexual Violence
- ✓ Psychosocial distress and mental disorder
- ✓ Children associated with armed forces or armed groups
- ✓ Child labour (boys/girls)
- ✓ Separated and unaccompanied children
- ✓ Justice for children(girls/boys)

Minimum Standards for Child Protection in Humanitarian Action- Standard 1 –Coordination:

It is stating that relevant and responsible authorities, humanitarian agencies, civil society organizations and representatives of affected populations coordinate their child protection efforts in order to ensure full, efficient and timely response

Tailored and timely coordination helps relevant bodies facilitate child protection and target the issues related to it. It brings all the relevant actors on one platform for achieving better results.

5. OBJECTIVES OF THE ESTABLISHMENT OF COORDINATION MECHANISM

To present Gender and protection as an important segment in disaster management specially to provide protection support to GBV's survivor, women, Adolescent girls children, elderly, disabled, Refugees and other vulnerable groups.

To set up a standard procedure and elucidate coordination mechanism for addressing the issues of gender-based violence, special needs of women/adolescent girls, Person with Disabilities, Minorities, Refugees, Psychosocial wellbeing, child protection and other protection concerns during disasters to identify the relevant actors and delegate responsibilities or Tors.

The establishment of coordination mechanisms in any context, especially in humanitarian and emergency response efforts, serves several crucial objectives:

- 1. Efficiency and Effectiveness:** Coordination mechanisms ensure that efforts are not duplicated and resources are utilized efficiently. By bringing together different actors, such as government agencies, non-governmental organizations (NGOs), international organizations, and local communities, coordination mechanisms help streamline activities and optimize the use of available resources.
- 2. Information Sharing:** Coordination mechanisms facilitate the sharing of critical information among stakeholders. This includes sharing data on needs assessments, available resources, best practices, and emerging challenges. Timely and accurate information sharing enables better decision-making and enhances the overall response effort.
- 3. Resource Mobilization:** Coordinated efforts can attract more resources, both financial and material, to address the needs of affected populations. By presenting a unified front, coordination mechanisms can better advocate for funding and support from donors, governments, and other stakeholders.
- 4. Avoiding Gaps and Redundancies:** Coordination mechanisms help identify gaps in services or coverage areas and work to address them promptly. By mapping out the activities of various actors, coordination mechanisms can ensure that all essential needs are met and that no population is left underserved or overlooked.
- 5. Harmonization of Standards and Approaches:** Different organizations and agencies may have their own standards, guidelines, and approaches to humanitarian assistance. Coordination mechanisms provide a

platform for harmonizing these diverse approaches, ensuring consistency and coherence in the response effort. This helps maintain the quality and effectiveness of interventions.

6. Accountability and Transparency: Establishing coordination mechanisms enhances accountability among participating organizations and agencies. By clarifying roles, responsibilities, and reporting mechanisms, coordination mechanisms promote transparency and accountability in the use of resources and the delivery of services.

7. Stakeholder Engagement and Participation: Coordination mechanisms foster collaboration and engagement among diverse stakeholders, including government authorities, humanitarian agencies, civil society organizations, and affected communities. By involving stakeholders in decision-making processes, coordination mechanisms ensure that interventions are responsive to the needs and priorities of affected populations.

8. Adaptability and Flexibility: In dynamic and rapidly evolving situations, coordination mechanisms provide a platform for adapting and adjusting response strategies as needed. By facilitating regular coordination meetings, information exchange, and feedback mechanisms, coordination mechanisms enable stakeholders to respond effectively to changing circumstances and emerging challenges.

MAJOR ROLE OF COORDINATION

The major role of Gender-Based Violence (GBV) coordination in humanitarian and emergency response efforts includes:

1. GBV coordination mechanisms provide leadership and oversight for the integration of GBV prevention and response activities into broader humanitarian responses. They ensure that GBV is recognized as a priority issue and that comprehensive strategies are developed and implemented to address it effectively.
2. GBV coordination mechanisms facilitate the development of strategic plans, guidelines, and standard operating procedures (SOPs) for GBV prevention and response. They provide guidance on best practices, evidence-based interventions, and relevant international standards to ensure a coordinated and comprehensive approach.
3. GBV coordination mechanisms support capacity building and training initiatives for humanitarian actors, including staff from government agencies, NGOs, and UN agencies. They provide training on GBV prevention, survivor-centered response, and the integration of GBV considerations into various sectors, such as health, protection, and shelter.

4. GBV coordination mechanisms offer technical support and expertise to ensure the quality and effectiveness of GBV prevention and response interventions. They provide guidance on the design, implementation, and monitoring of GBV programs, as well as support for data collection, analysis, and reporting on GBV incidents.
5. GBV coordination mechanisms facilitate the collection, analysis, and sharing of data on GBV incidents and trends. They support the development and maintenance of information management systems for GBV, including databases, mapping tools, and reporting mechanisms, to inform decision-making and advocacy efforts.
6. GBV coordination mechanisms oversee the monitoring and evaluation of GBV prevention and response activities to assess their impact and effectiveness. They support the development of monitoring frameworks, indicators, and tools to track progress, identify challenges, and inform programmatic adjustments.

GBV coordination mechanisms promote coordination and collaboration with other sectors, such as health, protection, education, and livelihoods, to ensure a multi-sectoral approach to addressing GBV. They facilitate the integration of GBV considerations into sectoral assessments, planning, and programming to address the underlying causes and consequences of GBV.

Overall, GBV coordination plays a critical role in ensuring a comprehensive, coordinated, and effective response to GBV in humanitarian settings, with the ultimate goal of preventing and mitigating the impact of GeBV on affected populations.

3. Multi-level model

Program experiences from the field reveal that no single sector or agency can adequately address GBV prevention, mitigation and response alone. The multi-sector model calls for holistic, interagency response and coordinate across sectors, including (not limited to) Health, mental health and psychosocial, legal/justice and security.

Survivors are linked to these different sectors of service through case management. This model builds on an understanding that survivors have political and socio-economic rights, which span a range of needs and services.

Another critical component of the multi-sector model is inter & intra-sector coordination including creation and monitoring of referral pathways, information sharing and participation in regular meetings with representatives from the various sectors, GBV Sub-working group and other coordination mechanisms in place must work towards ensuring presence and quality of programming in each of these sectors of response in emergencies settings.

(UNFPA's 2015 PUBLICATION *MINIMUM STANDARDS FOR PREVENTION AND RESPONSE TO GBViE's*)

7. DISABILITIES INCLUSION IN GENDER BASED VIOLENCE, PSEA AND OTHER PROTECTION PROGRAMING IN HUMANITARIAN RESPONSE

According to national guidelines on vulnerable groups in disasters issued by NDMA, “Persons with Disabilities are defined as those who have physical, sensory or emotional or learning difficulties that impede their access and use of standard disaster support services”

The following key inclusive standards have been developed by “Humanitarian inclusion standards for older people and people with disabilities”

- a. **Identification:** Older people and people with disabilities are identified to ensure they access humanitarian assistance and protection that is participation, appropriate and relevant to their needs.
- b. **Safe and Equitable Access:** Ops and PWDs have safe equitable access to humanitarian assistance.
- c. **Resilience:** Ops and PWDs are not negatively affected, are more prepared and resilient, and are less at risk as a result of humanitarian action.
- d. **Knowledge and Participation:** PWDs & Ops know their rights and entitlements and participate in decisions that affected their lives.
- e. **Feedback and complaints:** Ops and PWDs have access to safe and responsive feedback and complaints mechanisms.
- f. **Coordination:** PWDs and Ops access and participate in humanitarian assistance that is coordinated and complementary.
- g. **Learning:** Organizations collect and apply learning to deliver more inclusive assistance.
- h. **Human Resource:** Staff and volunteers have the appropriate skills and attitudes to implement inclusive humanitarian action, and Ops and PWDs have equal opportunities for employment and volunteering in humanitarian organization.

Logical Fine Points of Gender Based Violence, Protection from Sexual Exploitation Abuse, Protection Coordination Mechanism and Facilitation Bodies.

Pre-Disaster

- Ensure that well defined Gender & child protection coordination mechanism is in place;
- Activate the dissemination of important information in regard to Gender/GBV, children, People with Disabilities and Older Peoples effected during previous disasters and related issues;
- Promote awareness about protection concerns of vulnerable groups and welfare focused legislations, both national and international.
- Modify Child Protection Rapid Assessment in local context.
- Evaluate the existing Gender/GBV, child and Persons with Disabilities (PWDs) protection mechanisms and response procedures among different stakeholders.
- Develop/update service directory based on 5Ws tools in partnership with stakeholders.
- Ensure that expected human resource as actors in the coordination mechanism are gender sensitive, trained and prepared.

Response

- Bring the related actors on board and define roles and responsibilities according to the developed mechanism.
- Ensure the information management related to issues of Gender/GBV, child protection during disaster for prioritizing the response.
- Based on 5Ws and organizational capacities agree on line of action;
- Ensure protection of children and women, PWDs and Ops etc. by bringing in all the related actors in the coordination mechanism.
- Respond to GBV and violations of child rights.
- Maintained gender and age segregated database management.

8. ROLE & RESPONSIBILITIES OF STAKEHOLDERS (TERMS OF REFERENCE)

As Coordination is a shared responsibility, it is empirical formapping of potential stakeholders to implement coordination mechanism. The development of ToRs will make the actors responsible for their role and will help them commit to the tasks that they are assigned. The determination of roles and responsibility clarifies and ensures timely response. The roles and responsibilities of main and related actors are documented below:

1. District Disaster Management Unit-Upper Chitral

District Disaster Management Unit (DDMU) is working and functional at district level in Khyber Pakhtunkhwa. DDMU act as third tier of Disaster Management framework and perform as first responder before and after disaster within district. At District level, Additional Deputy Commissioner (Relief & Human Rights) or Assistant Commissioner (Head Quarter) is declared as District Disaster Management Officer (DDMO) in the district.

- DDMU is the focal point at district level for all humanitarian agencies, CBOs, communities and line departments.
- Mapping of service providers working in district Upper Chitral
- Chair district coordination meetings with stakeholders for fulfilling the gaps in relief operation.
- DDMO being the Head of Claim Assessment Committee (CAC) at district level, DDMU will ensure timely disbursement of compensation cheques to the affected population as per policy/rules
- Data management regarding affected population, Relief services, Distribution of items, GBVIE/PSEA, CPiE's cases and other protection concerns.
- Notification of district working groups on different thematic areas (GBViE's/PSEA, CPiE's, and Health/Nutrition) for addressing special needs of vulnerable groups.
- Maintain effective communication mechanism regarding early warning systems.
- Facilitating humanitarian organizations in resolving their challenges for smooth implementation of projects
- Forward urgent information related to GBV, women and child protection to all relevant agencies for immediate response.
- Assist the stakeholders in establishing temporary relief (crises centers), protective Spaces for women and child protection related cases.
- Establish women and child protection response mechanisms and services.
- Assist in rapid assessment, case identification and verification.

- Enhancing safety and wellbeing of women and children during emergencies.
- Information sharing and making referrals.
- Monitoring exercises

2. Social Welfare Department

The Department of Zakat, Usher, Social Welfare, Special Education & Women Empowerment Khyber Pakhtunkhwa is mandated to look after various marginalized segments of population such as poor, destitute women, persons with disabilities orphan, victims of violence and drugs addicted through established Institutions and Autonomous Bodies across the Province. District level stakeholders identified the following Role and Responsibilities as per mandate:

- To take care of general protection of vulnerable population in emergencies with a special focus on GBV/PSEA, women, children, PWDs and Transgender etc.
- To keep data all vulnerable groups effected in emergencies and their needs.
- To share the vulnerability data with line departments and NGOs for any special assistance.
- Make necessary arrangement for re-integration rehabilitation of survivors
- Ensure accessibility of PWDs and Ops to available relief services.
- Assist DDMU in conducting district coordination meeting in time of emergencies.
- Establish crises centers for women and child protection and refer cases to shelter homes
- Provide recreational facilities at women and child friendly centers.
- Creating awareness in public on Bolo Help line.
- Formulate services mapping at district level and referral pathway for referral mechanism to link vulnerable people with services
- Establish panahgahs with joint support of Baitul Mal for displaced people for shelter and food.

3. Tourism department

Tourism is the mainstay of local economy for the Khyber Pakhtunkhwa. Tourism department has taken the proactive approach and identified the potential evacuation centers for the tourist destinations in wake of any utmost situation. The following responsibilities are hereby chalked out for tourism department for any emergency's situation.

- Coordination with DDMU/PDMA/PEOC and Pakistan Metrological Department for early warning about hazards and risks prevalent in tourist areas
- Enhance awareness of tour operators, hotel management, hotels and motel association, transporters and other stakeholders about risk areas, GBV, PSEA and the needs for Disaster preparedness strategies in tourism industry.
- Public awareness materials on GBV, PSEA. Protection guidelines, seasonal hazard and risks in tourist destinations.
- Displays of evacuation rout Map in the tourist areas in case of any disaster situation.

4. Education Department

- To maintain information on all the available education resources needed in time of emergencies.
- To make necessary educational arrangement for affected children including girls in time of emergencies
- Maintain school enrollment record during emergencies setting.
- Formation of parent teacher council for urgent matters.
- Create awareness about Disaster Risk Reduction.
- Training for teachers on Disaster Risk Reduction.
- To maintain strong coordination and information sharing with DDMU, line departments and NGOs to better response to address educational issues especially related to girls.
- School feeding programs should be initiated with WFP for stay children in 23 schools.

5. Police Department

- To launch FIR in case of missing and separated child, Gender based Violence and exploitation.
- Help in family tracing of unaccompanied child or separated women.
- To collect all information related to women and children that can help in family tracing.
- To provide protection support to women and children at risk or survivors of GBV
- Link to other related department for support of women and children in their custody, specially arrangement to be made for girl's children.
- Liaise with women shelter homes in case of violence against women.

6. Health Department

- Create duty plans for doctors/lady doctors and paramedic staff in emergencies.
- Psycho-social support services to survivors of violence/affected by disaster.
- Ensure availability of pediatrician during emergency health services.
- Ensure availability of lady doctor and required medications for women/girls during emergency situations.
- Ensure availability of pediatric medicine during emergency health services.
- Facilitated vaccination process for children.
- Coordination with DDMU, line departments and NGOs for information sharing.
- Establish a referral mechanism to linked people with other related services.

7. Legal support services

- Establish referral mechanism with legal support services at the district level to provide women and children with the legal assistance specially to survivors of S/GBV.

- Ensure provision of free of cost legal support to the S/GBV survivors.

8. Rescue 11 22 Services

- To establish stations in identified Disaster prone areas as per District administration/ DDMU/PDMA instructions.
- Mock exercise with local communities on FIRST AID, boating and swimming tactics etc.
- Ensure services to be linked with local communities as special focus on services for pregnant women, Ops and PWDs.
- To develop safer communities through establishment of an effective system for emergency preparedness, response and prevention.
- Special arrangements should be made to air various radio programs to educate local people to better utilize Rescue 1122 Services in case of emergencies.

9. Civil Defense DISTRICT CHITRAL

Civil Defense is the attached department of Relief, Rehabilitation & Settlement Department which is regulated under the Civil Defense Act 1952. The Civil Defense has a RazaKar frontline force in large scale at district level for civil emergencies such as floods, earthquake, Invasion and Civil disorder. The Razakar is numbering more than 42,000 across the province. The core responsibilities of Civil Defense are the following:

- Establishment of Emergency Control room and to be linked with DDMU and provincial Emergency Operation Center (PEOC).

10. Local FM Radio

- Creating awareness on GBV, PSEA, CPiE's, special needs of PWDs and other protection concerns.
- Collection and dissemination of information to and from communities including women/girls.
- Assisting in identification of women and child protection issues and its solution through collaborative approach while taking care of confidentiality of all cases.
- Development of harmonization on information gathered for protective environment.

ILLUSTRATIVE FUNCTIONAL COORDINATION MECHANISM TO PREVENT AND RESPOND TO GBVie's/PSEA AND OTHER PROTECTION CONCERNS



9. STRATEGY FOR THE IMPLEMENTATION OF COORDINATION MECHANISM

With the consultations of line departments, DDMU, CBOs and humanitarian Agencies, implementation strategy has also been framed to better address the concerns of GBVIE, PSEA, CPIE, women, adolescent girls, PWDs and other protection concerns. They were agreed that there should be a District level committee for implementation of CM and oversight the progress and challenges in identification, Assessment, Referral, case management and follow up before and after disaster situation. The structure and functions of District Level Committee is given below.

Structure of District level Committee

1. (DC/DDMO/ADC Relief/Human RightsChairman)
2. District Education Officer (MaleMember)
3. District Education Officer (FemaleMember)
4. District Social Welfare Officer(Member)
5. Child Protection Unit(Member)
6. District Health Officer(Member)
7. Chairman Safety Committee(Member)
8. In Charge Dar-ul- Aman(Member)
9. District Police Officer(Member)
10. Local Government(Member)
11. Representative from Transgender's Community(Member)

CORE FUNCTIONS OF THE COMMITTEE

- a. Committee may call Quarterly Meeting; however, it may also be called on need based.
- b. Review of existing situation in regarding GBVIE, PSEA, CPIE's and other protection Concerns
- c. Conduct an analysis on case management, highlighting challenges and give directions for corrective actions/measures to fill up the gaps.
- d. Maintaining Database at DDMU level.
- e. Develop progress tracking and complaint response mechanism.
- f. To in place Follow up mechanism.

SERVICE MAPPING& REFERRAL DIRECTORY OF DISTRICT UPPER CHITRAL FOR GBV, PSEA, WOMEN EMPOWERMENT, CPIES, LEGAL AID, MHPSS, HEALTH ETC.

S#	Name of Institution	Contact Information & Service Timings	Nature of Service Provided
1	Deputy Commissioner Upper Chitral	Mr. Muhammad Irfan uddin Contact: # 0943470452 Booni Upper Chitral Hours of Operation: Monday-Friday 09:00am -5:00pm	This office is responsible for overall administration and control at district level
2	Assistant Commissioner Upper Chitral	Shah Adnan Assistant Contact: 09469240008 Upper chitral Hours of Operation: Monday-Friday 09:00am -5:00pm	This office is responsible to assist the commissioner and overall administration and control at tehsil level

Government Bodies in District Upper Chitral			
S#	Name of Institution	Contact Information & Service Timings	Nature of Service Provided
1	District Social Welfare Department Upper Chitral	Contact:0301-5956153 - 0944-880585 Hours of Operation: Monday-Friday 09:00am -5:00pm	Helps with Child Protection & Welfare, Women Welfare & Empowerment, Welfare & Rehabilitation of Persons with Disabilities (PWDs), Senior Citizens, professional guidance & Financial assistance
2	Bolo Helpline - Social Welfare Directorate	0800-22227 Hours of Operation: 24/7	Assist GBV Victims and persons with disabilities across Khyber Pakhtunkhwa for immediate psychological support, referral services, awareness on basic rights and legal aid in consultation with lawyers' panels
	Irrigation Department	Wakeel Khan Contact No: 0943412441 Mob:04379790791	
	C&W Upper Chitral	Contact Person:Riaz Wali Shah Contact: 0943413400 Mobile: 0300934-8572	
	PHE department Upper Chitral	Contact Person: Jamshid Iqbal Contact: 0943-470359 Mobil: 03339113764	
	Education Department Upper Chitral	DEO: Muftah Uddin Contact: 0943470363 Mobil: 03025573302 DEO Female: Ms. Ghazala Anjum Contact:0943470363 Mobil:03480156776	

**TMA Chitral
Upper Chitral**

TMO: Mr. Rehmat Haneef
Contact: 0943413500
03359020777

TMA Upper Chitral	TMO: KaleemUllah Contact:0943480447 Mob: 03449119229	
Livestock Department Upper Chitral	DD Livestock Dr. saeedullah Contact 0943:470616 Mob: 03339497206	
Food Department Upper Chitral	DFC: Rehmat wail Contact 0943-412567 Mob:03469088327	
Forst Department Upper Chitral	DFO Asi Ali shah Contact:0943413381 Mob: 03449539151	
NHA BooniUpper Chitral	DD: Mr: Naveed Ahmad Contact 0943-413556 Mob:0339007799	
NHA LotkohUpper Chitral	DD: Ameer zeeb Contact: 0943413556 Mob: 3441943436	
Districtpopulation welfare Officer, Upper Chitral	Contact Person: Khursheed Ali Contact No: 0943 470329 Mobil: 03361968728	

Police and Law Enforcement in District Chitral

S#	Name of Institution	Contact Information & Service Timings	Nature of Service Provided
1	Police station Upper Chitral	DPO Waqar Ahmad Contact "No 0943-47042 Hours of Operation: 24/7	

2	Police Station Arando	Contact 0943382009 Hours of Operation: 24/7	Responsible for the registration of FIR for cases of violence, theft, murder, kidnapping, rape and other similar offences. One Each IN EVERY Police Station
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3	Police Station Darosh	Contact: 0943480207 Hours of Operation: 24/7	
4	Police Station Lotkoh	Contact: 0943-488017 Hours of Operation: 24/7	
5	Police Station Ayun	0943-49007 Hours of Operation: 24/7	
6	Police Station Bunni	Contact: 0943-470027 Hours of Operation: 24/7	
7	Police Station Mastooj	Contact: 0943-486026 Hours of Operation: 24/7	
8	Police Station Mulkoh	Contact: 0943-474060 Hours of Operation: 24/7	
9	Police Station Torkhow	Contact :0943476199 Hours of Operation: 24/7	
10	RESCU 1122	Mr. Zafar Emergency officer Contact: 0943414089 Mob: 03445188581 Hours of Operation: 24/7	
11	District Central Jail	Superintendent Usman Javed Contact: 0943412526 Hours of Operation: 24/7	
12	District Public Prosecutor	DPP Ayaz Zarin 3005975233	
			1. Legal aid 2. Help in awareness campaigns 3. Share detail of cases involving child at risk

13	District Bar Chitral	Syed Mukhtar Ali Shah General Secretary Contact: 03452947376	Providing legal aids
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Shelter Homes in District Upper Chitral			
S#	Name of Institution	Contact Information & Service Timings	Nature of Service Provided
1	Dar-ul-Aman	Project Manager Asia BIBI Contact:0943412055 Hours of Operation: 24/7	Boarding and Lodging facility 1. Counselling, 2. Healthcare provision 3. Food, 4. Clothing, 5. Women specific essentials, 6. Communication, 7. Referral assistance

Economic Empowerment/Skills Development Support Providers in District Chitral			
S#	Name of Institution	Contact Information & Service Timings	Nature of Service Provided

1	Social welfare, Special Education and Women Empowerment Department	Contact Person: Nusrat Jabeen (DO) Contact No: 03402309235 Mob: 0943412881 Hours of Operation: 8:00am - 2:00pm	1.R eport Cases 2. Issues disability certificate 3.Special Education
2	District Social Welfare Office Upper Chitral	Mr. Zia Ullah Contact: 0943 470271 Hours of Operation: 9:00am - 4:30pm	Vocational training in stitching, embroidery, knitting
3	Al-khidmat Orphanage (Aghosh)	Administrator Imran Khan Contact:0943414099 Hours of Operation: 24/7	1. Financial aid 2. Educational help 3. Alternative care
4	Helping Hand	District Coordinator M. Shuja ul Haq Contact:0943481970114 Hours of Operation: 9:00am - 5:00pm (Monday-Friday)	2. Education Support 3. Child Development
5	Sarhad Rural Support Program SRSP	DPM Tariq Contact: 03449055525 Hours of Operation: 9:00am - 5:00pm (Monday-Friday)	1. Awareness 2. Training children to cope with disasters 3. Cleaning activities 4. Organize events

6	BISP	DD Javed Ahmad Contact 03461290787	financial support
7	Administrator Afghan Refugees Chitral	Contact No0943412568	Support Afghan Refugees
8	Aga Khan Education Service	Contact No: 0943412799 Hours of Operation: 9:00am - 5:00pm	Education
9	Aga Khan Health Service	Contact: 0943412663 Hours of Operation: 9AM- 5PM (Monday-Friday	Health Services

10	District Zakat Office	A/Officer M. Mujtaba Contact:0943412577 Mob:03458901636 Hours of Operation: 9:00am - 2:00pm	Give money to needy Person
11	District Officer Community Development Chitral	Contact: 0943412481 Hours of Operation: 9:00am -5:00pm	Official responsible for coordinating community development programs and initiatives in Chitral
	Govt Degree College for Girls	Contact: 0943413587 Hours of Operation: 9:00am -5:00pm	providing higher education to female students in Chitral.
	Information office Chitral	Contact: 0943413680 Hours of Operation: 9:00am -5:00pm	Official responsible for disseminating information and maintaining public relations
12	NADRA	Contact:(0943) 413320 Hours of Operation: 9am to 1 pm	Issuing NIC Form B

13	Nashonoma Program	District Nutrition Coordinator Sangeen Ali Khan Contact:0342499902706 Hours of Operation: 9am to 5 days	
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14	District Khateeb	Mr. Fazal Mulla Contact:03469891889 Hours of Operation: 9am to 1 pm/ 6 days	Religious leader provide awareness in community on different issues
15	Local Govt and Rural Development De partment	Mr. Misbah Uddin Assistant Director Contact No: 03481195042 Office: 0943470557 Hours of Operation: 9:00am - 5:00pm	

Legal Aid Support Providers to Women in District Chital			
S#	Name of Institution	Contact Information & Service Timings	Nature of Service Provided

1	District Child Protection Unit	Contact: 0943-413871 0943-414725 0943-414726 Hours of Operation: 9:00am - 4:00pm	Legal aid to GBV survivor through referrals
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Psychosocial Support Providers in District Chitral

S#	Name of Institution	Contact Information & Service Timings	Nature of Service Provided
1	Child Protection Unit	Mr. Gohar Khan, District Child Protection Officer, 0946-729991 Hours of Operation: 9:00am - 4:30pm	Individual counseling, group counseling, family counseling, Family reintegration
2	District Headquarter Hospital Chitral Upper	Mr. Aftab Saleem Chitral Upper, 0307-5743551. 27.	Individual counseling, group counseling, family counseling, Family reintegration

Health Services and Medico-Legal Services to Women in District Chitral

S#	Name of Institution	Contact Information & Service Timings	Nature of Service Provided
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1	DHQ Hospital Upper Chitral	MS Dr. ShezadaHyder ul mulk Contact: 0943- 412142-412634 Mobil 03025514323 Hours of Operation: 8:00am - 2:00pm For emergencies, the hospital services are available 24/7	Medical support to GBV survivors, Medico-legal support
2	DHO Upper Chitral	DHO Dr Irshad Contact: 0943412754 Mobil: Mob: 0345 1541023 Hours of Operation: 8:00am - 2:00pm For emergencies, the hospital services are available 24/7	
3	DHQ Hospital	Dr. Malik Saeed Ullah khan, 09240139, DMS, DHQ Hours of Operation: 24/7	Medical facilities

Social Protection Services for Women – Pakistan Bait-ul- Mal			
S#	Name of Institution	Contact Information & Service Timings	Nature of Service Provided
1	Pakistan Bait-UI-Mal	Mr. Kaleemullah 0943-413492, 0300-9799139 Hours of Operation: Monday-Friday 09:00am -4:00pm	Women empowerment center 2154 registered and School for rehabilitation of Child labor 845. At WEC 50 rupee per day for six months is provided and at SRCL 600 Rs per month is provided

Social Protection Services for Women – Sehat SahulatProgramme			
S#	Name of Institution	Contact Information & Service Timings	Nature of Service Provided
1	Sehat Sahulat Card	Chitral, RULAR HEALTH CENTRE SHAGRAME. 25, Khyber Pakhtunkhwa, Chitral, Hours of Operation: Monday-Friday 09:00am -5:00pm	This office provides information related to Sehat SahulatProgramme

ANNEX 1

GBV Guiding Principles¹

GBV guiding principles and approaches the following guiding approaches and principles¹⁵ underpin all standards, and are referred to throughout the Minimum Standards as the 'GBV guiding principles':

Survivor-centered approach: A survivor-centered approach creates a supportive environment in which the survivor's rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect. A survivor-centered approach is based on the following guiding principles.

- **Safety:** The safety and security of the survivor and her/his children is the primary consideration.
- **Confidentiality:** Survivors have the right to choose to whom they will or will not tell their story, and information should only be shared with the informed consent of the survivor.
- **Respect:** All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor. The role of helpers is to facilitate recovery and provide resources to aid the survivor.
- **Non-discrimination:** Survivors should receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity, sexual orientation or any other characteristic.

Rights-based approach: A rights-based approach seeks to analyze and address the root causes of discrimination and inequality to ensure that everyone has the right to live with freedom and dignity, safe from violence, exploitation and abuse, in accordance with principles of human rights law.

Community-based approach: A community-based approach ensures that affected populations are engaged actively as partners in developing strategies related to their protection and the provision of humanitarian assistance. This approach involves direct involvement of women, girls and other at-risk groups at all stages in the humanitarian response, to identify protection risks and solutions, and build on existing community-based protection mechanisms.

¹<https://www.unfpa.org/minimum-standards>

Humanitarian principles: The humanitarian principles of humanity, impartiality, independence and neutrality should underpin the implementation of the Minimum Standards and are essential to maintaining access to affected populations and ensuring an effective humanitarian response.

“Do no harm” approach: A “do no harm” approach involves taking all measures necessary to avoid exposing people to further harm as a result of the actions of humanitarian actors.

Principles of Partnership: The Principles of Partnership comprise a framework for all actors in the humanitarian space to follow principles of equality, transparency, a results-oriented approach, responsibility and complementarity. The principles strive to highlight the role of local and national humanitarian response capacity, and enhance the effectiveness of humanitarian action based on accountability to affected populations.

Best interests of the child: Child and adolescent girl and boy survivors of sexual abuse have the right to have their best interests assessed and determined and taken as a primary consideration in all decisions that affect them.

The above guiding principles and approaches are linked to the overarching humanitarian responsibility to provide protection and assistance to those affected by crisis. They serve as the foundation for all humanitarian actors when planning and implementing GBV-related programming. It is important to underscore that:

GBV encompasses a wide range of human rights violations. Preventing and mitigating GBV involves promoting gender equality, and beliefs and norms that are respectful and non-violent.

Safety, respect, confidentiality and non-discrimination in relation to survivors and those at risk are vital considerations at all times.

GBV-related interventions should be context-specific in order to enhance outcomes and “do no harm”.

Participation and partnership are cornerstones of effective GBV response and prevention.

ANNEX 2

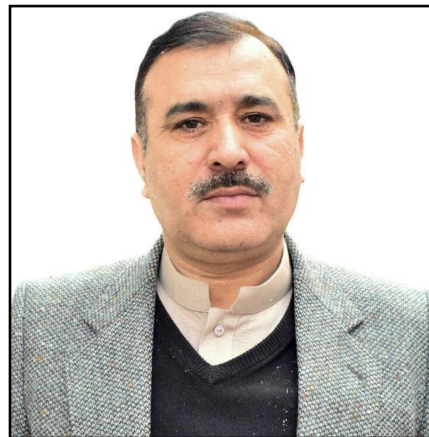
The table presents various types of GBV in humanitarian settings, with an example of its impact. These impacts are magnified in humanitarian settings.

GBV IN HUMANITARIAN CONTEXTS	EXAMPLES OF IMPACT
GBV (child marriage) and mortality	Seven out of the 20 countries with the highest rates of child marriage are affected by large-scale humanitarian crises, including Chad, Ethiopia, Mali, Nigeria, Somalia and South Sudan. Yemen and Syria are also severely affected by child marriage. Child brides are more likely to experience frequent and early pregnancies, which may cause a range of long-term health complications and, in some cases, death. Complications in pregnancy and childbirth are the leading cause of death in girls aged 15 to 19 globally (for more information see the inter-agency initiative Girls Not Brides).
GBV (forced abortion) and women's reproductive health	Many women in Colombia have been subject to forced abortions and births, especially within guerrilla groups. Moreover, many abortion procedures were inadequate and took place very late in the pregnancy, resulting in high risks of health complications.
GBV (conflict-related sexual violence), fistula and post-traumatic stress disorder (PTSD)	A 2016 study conducted in Goma in the Democratic Republic of Congo (DRC) found that women who had survived conflict-related sexual violence (CRSV) were significantly more likely to have fistula and chronic pelvic pain compared with survivors of other types of sexual violence. Survivors of CRSV also experienced more severe forms of depression and PTSD, compared with those who also had fistula, and scored highest among the respondents on PTSD and other mental health severity scales. ³

**GBV (domestic
violence and
sexual
harassment)
and mental
health**

In Indonesia (following Pidie Jaya earthquake and Bima floods in 2016), 13 per cent of respondents reported that women and girls felt distressed by the rise in domestic violence after the disasters. Adolescent boys and girls reported that unsafe temporary housing arrangements during the disasters triggered an increase in sexual harassment

ABOUT THE AUTHOR



Muhammad Saddiq is a PhD Scholar in Sociology with strong academic and professional credentials in the fields of Disaster Management, Social Protection, and Gender Integration. He holds an M.Phil. degree in Sociology from Bacha Khan University, Charsadda, a Master's degree in Political Science from the University of Peshawar, and a Postgraduate Diploma in Climate Change from IMSciences University, Peshawar.

With extensive professional experience, he has worked across Disaster Management, Education in Emergencies (EiE), Camp Management, Child Protection in Emergencies (CPiE), Prevention of Sexual Exploitation and Abuse (PSEA), and Gender-Based Violence in Emergencies (GBViE). His expertise includes gender mainstreaming in DRM and DRR, policy advocacy, and ensuring the voices of vulnerable groups are integrated into policies, SOPs, and contingency planning including monsoon, winter, and heatwave response plans.

As a skilled facilitator, Mr. Saddiq has designed and led numerous capacity-building trainings and workshops on protection-related themes such as CPiE, GiE, DRR, case management, referral pathways, mine risk education, and child-centered DRR. His work strongly emphasizes inclusive disaster management approaches that address the needs of women, children, persons with disabilities, and other marginalized groups.

He is also the author of this booklet, *“Functional Coordination Mechanism to Address GBViE and Other Protection Concerns in Humanitarian Settings at District Disaster Management Unit.”* This work presents a practical coordination structure aimed at helping stakeholders effectively address GBViE and related protection concerns.

Blending academic insight with field based expertise, Muhammad Saddiq brings a holistic, rights-based, and inclusive perspective to disaster management and humanitarian response.



GENDER AND CHILD CELL
PROVINCIAL DISASTER MANAGEMENT AUTHORITY
KHYBER PAKHTUNKHWA

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