

GBV Risk Reduction in Shelter Programmes

Three case studies



Credits: Tom Newby, CARE International UK

Contents

Benin Floods, 2011	3
Nepal Earthquake, 2015	13
Philippines, Typhoon Hagupit, 2015.....	24

These case studies have been developed by the shelter team at CARE International UK, with the support of Gender and GBV advisors, and have been reviewed, edited and formatted by the shelter team at the International Organization for Migration (IOM), with the support of GBV specialists.

Benin Floods, 2011

Key project information

Keywords:	Emergency shelter, Host family support, Cash assistance, NFI distribution, Gender mainstreaming, GBV prevention and risk mitigation.
Project locations:	Benin, 6 communes: Aguégué, Dangbo, Adjohoun, Bonou, Zagnanando and Ouinhi
Project year:	2011
Disaster:	Benin Floods, September 2010
Total number of houses damaged:	55,000
Total number of people affected:	680,000
People supported by the project:	5,072 HH
Project outputs:	5,072 Emergency shelter kits distributed; 31 Demonstration shelters built.
Outcome indicator (1):	40% of the flood affected population reached by food, shelter, cash distributions during the emergency phase.
Outcome indicator (2):	10% of the flood affected population reached by the shelter kit distributions.
Shelter density (m²/person):	3.5m ² (Average HH size is 5).
Materials cost per household:	62 EUR (Average per HH + USD 30 cash distribution in parallel).



Credits: Christophe Arnold, CARE.

Background

Benin context

Benin is located in West Africa and normally experiences tropical weather conditions, influenced by the exposure to two opposing wind directions which cause the annual West African Monsoon and two wet seasons from March to July and from September to November in the southern regions of the country. Many villages in Benin regularly face the rise of the Niger River in the north and Oueme and Mono rivers in the south, areas prone to floods where lower-income people's homes' structural vulnerability is very high. Homes are traditionally built with mud and wood using designs and materials that have low hazard resistance (e.g. to the hydraulic pressure of water or continuous washing). Therefore, floods in Benin often cause massive damage or the total collapse of housing, leading to recurrent displacement and loss of livelihoods.

Nearly half of the population of Benin is under the age of 15, and one of the major challenges to be addressed is the improvement of the legal and political status of women in the country. Polygamy is a common practice in Benin implicating around 35% of households in the flood-affected area. Gender-based violence (GBV) is a widespread and deeply-rooted problem in Benin, and can be exacerbated during times of crisis. The most common forms of GBV in Benin include intimate partner violence (i.e., physical, economic and psychological violence), forced and early marriage, rape, and sexual harassment. Other types of violence included widow inheritance, trafficking of girls, minors' prostitution and kidnapping, where women and girls are the main targets of these forms of violence.



Situation after the disaster

In September 2010, Benin experienced the worst flooding in its history since 1963. The levels of water in some areas exceeded the 3m mark and the results were devastating. The floods destroyed an estimated 55,000 houses and affected 680,000 people (or 8% of the population). Housing damage was largely caused by standing water rather than the force with which the water arrived. Most of the existing housing materials remained in place and were not carried away by the flood waters. The flooding had significantly different consequences on housing depending on the inhabitants' geographical location, usually impacting more on inhabitants living around the lakes and river banks. Despite being accustomed to annual flooding and using local coping strategies and building practices to counter this problem, during the 2010 floods the water rose to unexpected levels, defying all local risk reduction techniques. As a result many homes were completely destroyed or partially damaged.

Many people were forced to leave their homes to find shelter in collective centres or with host families, either outside of their villages or in non-affected areas. Three small camps (under 200 households each) were formed. During displacement the risks of GBV are higher, as support mechanisms through families or communities are severed and family members are put under significantly higher stress levels. Access to safe shelter which can provide sufficient privacy and security also becomes challenging.



Credits: Joseph Ashmore.



Credits: Christophe Arnold.

GBV and Shelter

As part of planning for the reconstruction phase, an assessment of the initial emergency distributions was carried out to inform the long term programming objectives. The results revealed a relationship between GBV risks and the vulnerable shelter conditions of the Internally Displaced Persons (IDPs). Contextual analysis of the planned camps and self-settled settlements revealed that the crisis had exacerbated vulnerability conditions. Loss of resources and livelihoods (especially women's loss of income-generating activities) and the lack of safe and dignified living conditions, such as in displacement camps or collective centres, heightened the vulnerability of affected populations and GBV risks. Other GBV risks were reported, including the incidences of excessive alcohol consumption, polygamy, cohabitation, lack of safe spaces for girls, and overcrowding. In addition, women in the camps reported an increase in intimate partner violence and marital rape (e.g. by "being beaten by their husbands or partners for refusing to have sex with them frequently on the hard floor when their backs hurt from a long day of gruelling work")¹. Additionally, there was a general lack of knowledge about where survivors of GBV could go if they were abused, especially in more remote communities. Fear, shame, social stigma, and distance to services also prevented survivors from seeking help and reporting cases of violence.

National shelter strategy

A shelter strategy was designed and put in place by the Organisation, structured in two intervention phases to assist the flood affected populations who were forced to leave their villages while seeking temporary accommodation in collective centres, host families, and self-settled or planned camps². The emergency assistance phase covered the first six months of the response by providing households (HHs) with unconditional cash support (through a local Micro Finance Institution) and relief items distribution. The long term recovery phase that followed involved a range of multi sectorial interventions to support returning HHs rebuild their villages: cash for work activities, technical training on Build Back Safer (BBS) techniques, the construction of demonstration houses in each commune as models for replication, information and dissemination of key messages – with a focus on land tenure, sensitisation on water, sanitation and hygiene (WASH) and GBV.



Credits: Joseph Ashmore.

¹ GBV report July 2011 - <http://www.alnap.org/resource/10249>

² Shelter Strategy Report, Available at <http://bit.ly/2hA08Vb>

Project description

Overall goal of the project

The overall goal of the project was to reduce the vulnerability of individuals affected by the flooding and meet their immediate shelter needs by providing them with contextual and culturally adapted emergency shelter repair kits, as well as to support the intermediate and long term shelter needs by strengthening recovery and resilience processes with appropriate BBS trainings.

Project summary

The shelter response involved a first emergency phase with local partners carrying out the distribution of shelter repair kits (building materials and NFIs) for more than 5,000 affected HHs living in the different locations. The kits were adapted to best suit the repair and reconstruction needs of each of the three main housing typologies (houses built on riverbanks, in valley regions, in the highlands). The shelter repair kits responded to two central priorities:

- To help the displaced HHs (from self-settled camps) **return to their original site to repair and rebuild** their damaged or destroyed homes;
- To **help ease the burden of hosting families** by supporting displaced HHs to **construct a temporary shelter** on the land of the host family, which would allow more privacy and independence and materials to be later re-used to reconstruct homes.

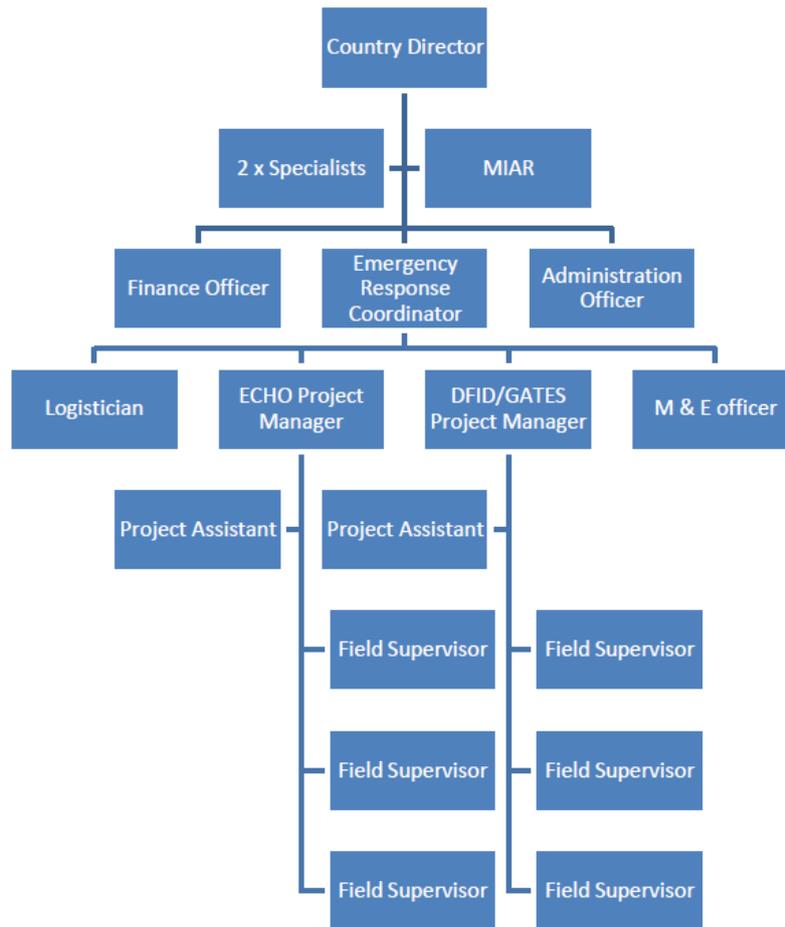
A cash distribution of approximately USD 30 per HH, subdivided in two tranches (the second instalment after one month) had also taken place to support families with their basic needs and to encourage return to their homes. In fact, many families were living in public buildings such as schools, which were only temporary emergency shelter solutions.

During the second phase of the response, an integrated approach to long term recovery was then implemented by providing support to housing and infrastructure rehabilitation, livelihoods reinforcement and regeneration (community based microfinance and food security, cash for work), hygiene promotion, gender awareness and GBV prevention with the support of community mobilisers based in each village.

Project team structure

An Emergency Response Team (ERT) was set up for the length of the emergency response and was coordinated by a team leader, with short term support from technical specialists for WASH and Shelter over the first month of the response. A logistician and a monitoring & evaluation officer were part of the ERT for a period of 6 months, while field teams consisted of two project managers, two project assistants and six field supervisors. Each field supervisor was assigned to a commune and supported by a distribution team managed by the local partner (see organogram below). The country office of the Organisation has an on-going mandate to work on gender and GBV in their projects: interventions consider the impact on gender equality in the community and staff are all trained in Gender Awareness as well as knowledge of GBV. HH assessments were carried out along with the local partner staff in the affected villages where the partner had a presence to identify eligible beneficiaries.

GBV Risk Reduction in Shelter Programmes: three case studies



Beneficiary selection

The areas of intervention were selected because of their high level of vulnerability, existing relationships with the communities and the on-going work of local partners. Following a rapid needs assessment, the lists of eligible beneficiaries were submitted to the village committee (composed of the chief of village, elders and women groups) to revise the names, make the appropriate corrections and validate the list of beneficiaries.

The vulnerability criteria used for beneficiary selection focused assistance to those HHs which had suffered the greatest damage in terms of housing and which had the least access to food. Particular attention was given to the following groups:

- Pregnant and lactating women;
- The elderly;
- Female-headed HHs;
- Children under 5 years old;
- People living with disabilities.

Technical criteria were used to target those people who had lost their houses and had little resources to repair or rebuild their homes. Those families in collective shelters were targeted due to the unsuitability of these buildings to provide safe shelter.

Involvement of affected communities

The second phase of programming used cash for work activities to engage the affected people in the recovery of their communities. The cash for work program temporarily diverted a target amount of the population from their daily income generating and livelihood activities towards a reconstruction initiative. Removing debris and levelling the site is in fact a labour intensive activity. Initially very little was done in terms of these activities, as the affected population was occupied with their other livelihood activities.

Coordination

The coordination with other actors working in the shelter sector was reported to happen sporadically. Better coordination would have helped the overall response in avoiding gaps and overlaps in Shelter and NFI distributions. It was recommended during internal evaluation and reporting of the project to have clearer distribution plans and better documentation on distributions.

Disaster Risk Reduction

The organisation implemented a “building back safer” initiative in six communes of intervention. This included the construction of three standard model homes using improved building practices in each commune, and community members from each village received training on improved building techniques. Selected staff, support staff and selected authorities also received a training on Emergency Preparedness Planning and DRR.

Materials

Shelter kit materials were procured and stocked locally in a warehouse that was strategically located for the beneficiaries to reach. HHs were provided with a voucher to be able to pick up their kits at the warehouse and were responsible for the transport of materials from the warehouse to their homes. The beneficiaries were given a period of five days to pick up the materials from the warehouse. Community mobilisation was particularly effective for those vulnerable beneficiaries such as pregnant women, elderly and people with disabilities who were not able to carry the materials themselves. Other beneficiaries and members of the same communities helped them out transporting the materials on a voluntary basis.

Main challenges faced

The main challenges that were encountered during this project were the following:

Logistical challenges to reach the affected populations at the planned times. For this reason, the distribution of shelter kits was re-planned to be more strategic using an appropriate logic of targeting specific geographical areas during set dates to ease the logistical load, as well as to make reporting more organized and comprehensible.

Limited understanding of housing and property rights and access to land. This complex situation would have been addressed earlier and understood better with a more in depth assessment of the cultural context applied to the shelter project.

GBV incidents related to cash distributions. During the monitoring of the shelter project there were reported incidents of GBV recorded through a complaints mechanism. These incidents and a rise in family tensions were linked to the cash distributions aimed at encouraging people to return home. Beneficiaries practised polygamy and many families comprised one HH. The distributions were reported to not sufficiently provide for the second wife and her children. The GBV incidents related to the family tensions caused by the cash distributions as well as the unsafe conditions for women living for a protracted time in the camps, led to a study 12 months after the initially emergency, to ensure better preparation in any following emergency responses.

For the second, recovery phase it was highlighted that the Shelter support staff should have taken into consideration the concerns of the community around the location of their homes, especially for those that may need to relocate out of the risk areas. Staff should have also been well aware of land tenure issues, and have proper socio-anthropological sensitivity and background to deal with sensitive issues, as well as being aware of property rights and land ownership to appropriately support and counsel villagers.

Wider impacts of the project

As mentioned, an assessment on GBV was conducted by the Organisation a year after the floods to understand the gender-based risks and vulnerabilities faced by women and girls since the flooding and to assess the support services available to survivors of violence (referral pathways including the effectiveness of complaints systems). The main purpose of the study was to draw lessons learned from the emergency response and make plans for addressing GBV in the next longer term rehabilitation phase, including pre-planning to address the vulnerabilities of women and girls in future emergencies.

The assessment was useful to highlight gender/GBV programming gaps in the emergency response such as the need to provide gender/GBV technical support starting from the planning phase of the emergency response, and to carry out a rapid gender analysis highlighting the gender dynamics and vulnerabilities in pre- and post-crisis context. Considering how GBV is widespread and deeply rooted in Benin, an analysis and mapping of services available to GBV survivors in flood-prone areas (e.g., medical, psychosocial, legal, security, shelter) from the pre-planning phase was also recommended by the interim gender evaluation³.



Credits: Christophe Arnold.

³ GBV report July 2011 - <http://www.alnap.org/resource/10249>

Strengths, weaknesses and lessons learned

Project strengths

1. The project **considered the risk to create long term dependency** by providing emergency support to planned and self-settled camps and **oriented its assistance towards self-recovery solutions** such as distribution of emergency shelter repair kits along with demonstration building and training.
The distribution of emergency shelter repair kits to displaced HHs was chosen as an approach to create opportunities for return rather than supporting planned camps, which would have encouraged protracted displacement. The most critical groups were 1,028 HHs living in collective centres where the risks of protection issues were higher for women and girls due to the lack of space, privacy and adequate sanitation facilities. With the cash support and kits received, they left the centres and moved back to the villages.
2. The shelter repair **kits were designed to best suit the local context**, according to the three major traditional housing types to be reinforced or repaired with slightly different toolsets or materials⁴. This strategy allowed having a context specific yet standardised package of materials and tools for rapid response to cover immediate shelter needs.
3. **The assessment on gender-based violence** undertaken at the end of the emergency phase. The main purpose of this study was to see how GBV had been impacted by the flooding and displacement and to subsequently better address GBV risks in the next rehabilitation phase, and to ensure that future shelter emergency responses incorporated such considerations and actions to mitigate risks.
4. **The complaints mechanism in place was used to report cases of GBV** (for domestic disputes related to cash distribution), as proved by the above mentioned assessment.

Project weaknesses

1. The Emergency Response Team included Shelter and WASH specialists but **no gender/GBV technical experts** during the programme planning and implementation. GBV experts were then consulted for a GBV assessment following the flood emergency response and recommendations were integrated to the longer term recovery strategy. **Field teams did not include gender officers** to ensure appropriate planning, implementation and monitoring of gender mainstreaming and GBV prevention as part of the emergency shelter response.
2. **The beneficiary selection process** was structured as a census exercise and **took longer than expected, delaying the operation**: the procurement for emergency response kits could not start until the assessment was completed.
3. **Lack of Housing Land and Property knowledge**. Land tenure issues arose during the implementation of the second phase of the project and field staff did not have the background knowledge, awareness or socio-cultural sensitivity to properly advocate for and give programmatic support to communities and village councils on housing, land and property rights.
4. There was a **lack of background information on cultural norms, gender relations and understanding of gender issues** in the emergency context and how the crisis had affected those dynamics. A Rapid Gender Analysis was conducted for the development context in Benin earlier on but was not updated to integrate the pre- and post-crisis analysis related to the flood emergency. This would have helped to prevent oversights in the assistance provided by means of cash distributions, which exacerbated existing protection issues.
5. **Consultation and participation of village committees** including the traditional and religious leaders and the women's groups **could have been stronger** to open up opportunities for gender responsive interventions, and change attitudes and beliefs about women's rights and GBV.

⁴ Contents of the three repair kits can be found in the shelter strategy, available at <http://bit.ly/2hA08Vb>

Lessons learned

1. Due to the high probability for field staff witnessing cases of GBV while performing regular door to door shelter monitoring, specific **GBV orientation sessions for staff should have been accounted** for as part of this response and delivered by GBV/gender specialists. These could include training modules on how to recognise GBV signs and risks, how to follow the guiding principles of confidentiality, safety, non-discrimination, and respect when engaging with GBV survivors, how to address GBV cases through the appropriate referral pathways in place, and also awareness sessions on sexual exploitation and abuse. This was identified as a gap during the interim evaluation and training to staff and community mobilisers was then integrated in the following stage of the programme.

2. **More collaboration and support to existing community-organized women's groups** would have created opportunities for women's inclusion in the shelter program and better integration of survivor support. A recommendation to increase and expand community based initiatives involving traditional and religious leaders to raise awareness and change attitudes and beliefs about women's rights and GBV was integrated into the recovery strategy, where village committees, village savings and loans associations, and women's groups were then involved in GBV sensitization and training.

3. The need to **develop locally relevant, culturally appropriate housing modalities** which create space for women and girls to live safely and securely is particularly pertinent in this context. The displacement sites contributed to increase the stress and hardship that families experience and did not offer an adequate environment conducive to reduce risk of GBV.

4. Context analysis is vital in all responses – but the information and assessments must go beyond sex and age disaggregated data and **look at existing gender dynamics in a society, consider how these have been affected by the crisis and what implications there are for shelter interventions**. Polygamous HHs in Benin are a common occurrence in the community (35% of the affected HHs), this was not taken into account in relationship to the NFI and cash distribution. In summary, well-designed assessments and analysis have the ability to reduce GBV risks when considering gender and cultural norms.

Key learning:

Consider **integrating gender mainstreaming and GBV prevention at the planning stage** of the response by providing the emergency response team with the following: technical gender / GBV advisory and focal points for strategy development (remote support) and joint activities implementation (field officers); training for all personnel including partners staff and community mobilisers on gender, GBV, sexuality and psychological first aid that would include how to supportively engage with survivors and refer them to relevant services; in coordination with specialists, setting up or mapping (depending on what national system is already in place) a referral system for protection incidents during distributions and to refer survivors for care and support.

Concluding remarks

Unconditional cash grant distributions were conceived to give maximum flexibility and choice to the HHs to cover their priority needs. However, as 35% of the affected HHs practiced polygamy, cash distributions created tensions when cash was given to one wife only. Both wives had children who they cared for independently and there were concerns over favouritism and exclusion. Verbal as well as physical (intimate partner violence) abuse was recorded through the program complaints mechanism.

The beneficiary registration rationale and shelter kit distribution had to take the extended family and gender dynamics into consideration. Both cash and shelter kits then reached all members of the family, including the second wives with their children considering them as independent HHs with equal needs, and included dignity kits and clothes as additional NFIs.

Key recommendation:

When deciding to implement cash transfer programs, **consider who should receive the grant** in the household, investigate **how decisions on expenditures are made** within the household based on the existing gender dynamics, and **identify risks** to create or exacerbate tensions and domestic GBV risks during implementation. Do not assume that men cannot make good decisions regarding the needs of the household, instead work to **engage men and women equally in consultations** and discuss how decisions related to the use of cash will be made within households.



Credits: Christophe Arnold.

Nepal Earthquake, 2015

Key project information

Keywords:	Emergency shelter, Transitional shelter, NFI distribution, Training, Gender mainstreaming, GBV risk mitigation, Disaster Risk Reduction, Community participation.
Project locations:	Nepal: Sindhupalchok, Dhading, Gorkha, Lamjung districts
Project year:	2015
Disaster:	Earthquakes, 25 April 2015 and 12 May 2015.
Total number of houses damaged:	604,930 fully damaged; 288,856 partially damaged (Source: National Disaster Report 2015, Ministry of Home Affairs, Government of Nepal).
Total number of people affected:	886,456 affected families; 649,815 displaced families.
People supported by the project:	100,000 people (20,000 households).
Project outputs:	Shelter, WASH and FSL support to 20,000 HHs
Shelter size (m²):	Min. 20 m ² of covered area by using the two bundle of 9' CGI sheets as roofing
Shelter density (m²/person):	In line with minimum SPHERE standards (Min. 3.5 m ²).
Materials and labour cost per household:	USD 150 (in line with Shelter Cluster recommendations).
Project costs per household:	USD 200 (including organisational overheads, etc.).



Credits: CARE Emergencies.

Background⁵

Context and situation before the disaster

Nepal is a country located in Southern Asia with a population of 28,851,000 and it is highly prone to natural hazards, especially earthquakes and floods. The last big earthquake for instance, had 8.4 magnitude and killed around 8,000 people in 1934. This also means that several preparedness initiatives have been established in Nepal, such as the Nepal Risk Reduction Consortium (NRRRC), launched in 2011. Land ownership is high but official recognition of ownership and land title certification remains a challenge. Most homes are constructed from mud and stone. Following the earthquakes in 2015, according to the Government of Nepal's Post Disaster Needs Assessment (PDNA), about 26% of the damaged houses belonged to female-headed households, 41% to Dalits, who are people belonging to the lowest caste, and indigenous communities, and 23% to senior citizens. These were identified as the most vulnerable groups due to their low socio-economic status and limited capacity to contribute as workforce to the reconstruction process. Also, by being the larger grouping with limited ownership of land and housing, single women, Dalits and indigenous communities were indicated as more likely to face difficulties in accessing and benefiting from housing reconstruction programmes (Source: PDNA).

Situation after the disaster

On April 25 and May 12 2015 Nepal was hit by two devastating 7.8 and 7.3 magnitude earthquakes. The earthquakes and subsequent aftershocks have caused widespread damage to housing, infrastructure and livelihoods across 31 districts including hard-to-reach isolated mountainous areas.

Subsistence-based households (HHs) were badly affected in rural areas as the earthquake hit Nepal only a few weeks prior to the start of the rice paddy fields planting season. The earthquake exacerbated pre-existing vulnerabilities due to the social and cultural context, in particular for persons with disabilities and female-headed and elderly-headed HHs. Women and the elderly are often left alone to look after the children, livestock or crops while the adult men of the family temporarily or permanently migrate to India and the Middle East to work in construction and send remittances home.

The large-scale destruction of housing resulted from the seismic vulnerability of the predominant housing typology, which consisted of unreinforced masonry, either low strength stone or brick masonry with mud mortar, without seismic-resilient features. Other common building types, such as cement-mortared masonry and reinforced concrete frame buildings, were somewhat better off but still suffered significantly due to deficiencies in material, design, detailing and craftsmanship (source: PDNA). The traditional housing typologies were built, upgraded and expanded by the HHs themselves with limited knowledge of seismic safe techniques and standards. Female members were generally doing the majority of the unskilled tasks involving carrying the water, collecting construction materials, mixing the mortar, digging the soil for the foundations or other housing components, while men or qualified builders (masons and carpenters from the village) actually managed the construction process.

⁵ Sources:

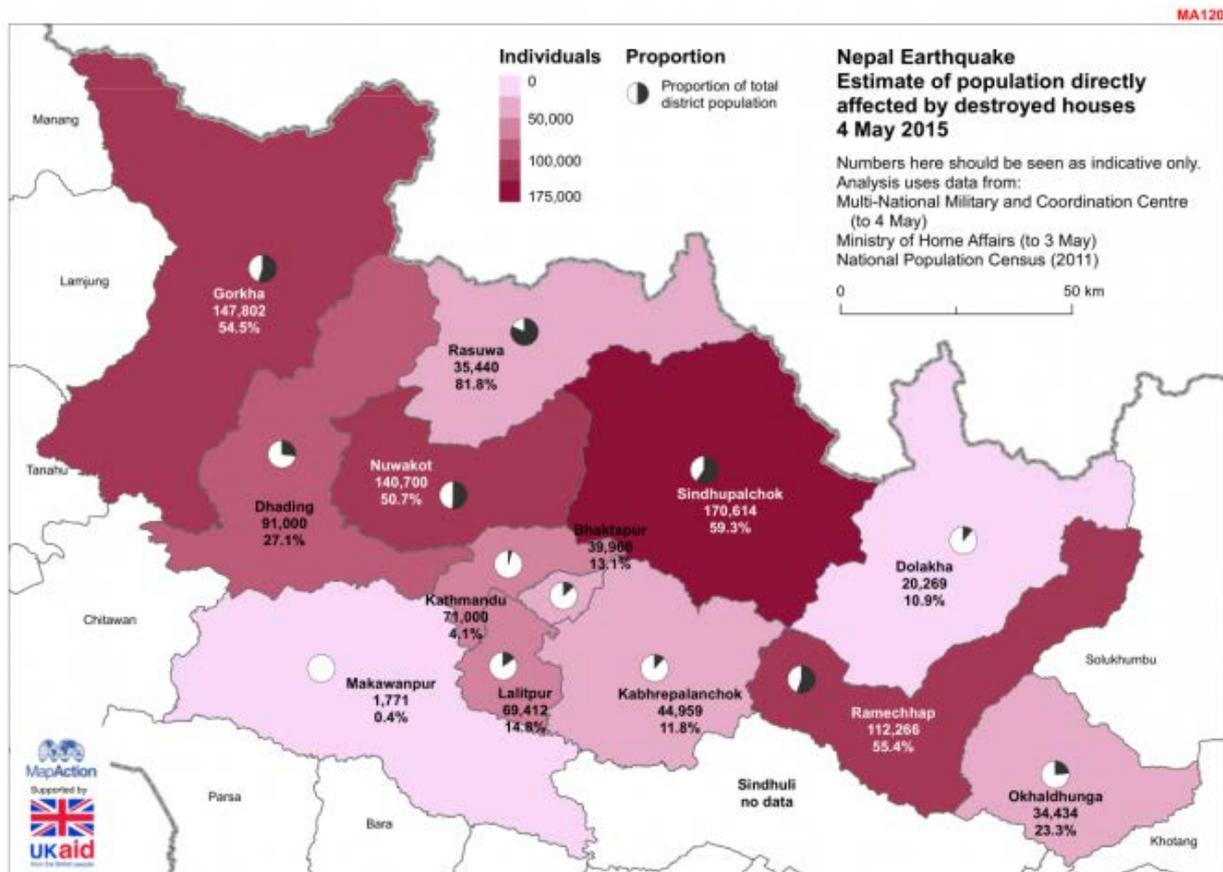
- Shelter Cluster Nepal Factsheet (November 2015). Available at https://www.sheltercluster.org/sites/default/files/docs/factsheet_0.pdf
- OCHA: Nepal. Available at <http://www.unocha.org/asia-and-pacific/country-profiles/nepal>
- Ramalingam, B. and D. Sanderson (2015) ALNAP Nepal Earthquake Response: Lessons for operational agencies. <http://reliefweb.int/sites/reliefweb.int/files/resources/nepal-earthquake-response-lessonsreport.pdf>
- UN Data Nepal. Available at <http://data.un.org/CountryProfile.aspx?crName=Nepal>

National shelter strategy

Out of the 31 affected districts, 14 were prioritised by the Government of Nepal as severely hit with up to 90% of the houses totally destroyed. Approximately 9,000 people lost their lives and more than 22,000 people were injured. In line with the Shelter Cluster strategy, these areas were supported with unconditional cash grants provided by the Government of Nepal, along with supplementary shelter items and NFIs distributed by partner agencies.

The National Emergency Operation Centre of the Ministry of Home Affairs played a central role in national-level disaster management, alongside chief district officers and village development committees and supported by the humanitarian actors.

During the emergency relief phase, the strategic direction set by the Shelter Cluster was the provision of immediate, life-saving shelter assistance (tarpaulins). The Shelter Cluster encouraged the delivery of emergency shelter items to HHs living at high altitude before the rainy season and winter set in. However in some cases this led to a neglect of certain priority districts. As per the final database published in December 2015, Shelter Cluster partners distributed tarpaulins to 736,743 HHs, corrugated galvanized iron sheets to 214,392 HHs, cash grants for shelter to 484,765 HHs and provided a household kit and/or blankets to 402,070 HHs.



Project description

Project's overall goal

The overall goal of the project was to deliver a shelter response that supported appropriate, flexible, progressive solutions to affected, vulnerable populations and contribute to their own self recovery with safer, more resilient and durable shelter. A gender sensitive approach was integrated to address challenges for women and girls, which were entrenched discriminatory practices and inequalities in Nepali society and were exacerbated as a result of the emergency.

Project summary

The project provided emergency shelter supplies to help earthquake affected HHs establish temporary shelters and/or make urgent repairs to their house with high quality and durable materials and before the beginning of the monsoon season. Shelter supplies included tarpaulins, corrugated galvanised iron (CGI) sheets, construction tools and fixings such as ropes, metal wire, roofing nails, waterproof washers.

The coordination of shelter and WASH relief distributions and the integration of a gender sensitive approach to the emergency response enabled a comprehensive and context sensitive delivery of essential household NFIs including sleeping mats, blankets, kitchen sets and dignity kits (including feminine hygiene items, underwear, soap, etc.), reflecting IASC standards.

The main project components included the following:

- **Capacity building** through local partner staff training (shelter, emergency distributions, gender/GBV awareness and referral);
- **Shelter and household NFI distributions** based on a government-led blanket approach for the first distribution but prioritising the most vulnerable groups and then providing them **additional support in the second phase of distributions** (HHs with a completely destroyed house, female-headed and elderly-headed HHs, people living with disabilities, socially and economically poor families);
- **Key messaging and community awareness raising** to promote more resilient shelter, GBV risk mitigation and prevention, and protection (including Housing Land and Property rights).

Target areas and beneficiaries selection

The project targeted four of the most affected districts supporting the government-led blanket approach to cash distributions, with distribution of supplementary shelter tools and building materials to the most vulnerable groups. The Organization signed a General Agreement with the Government of Nepal to be able to respond to emergencies throughout the country and local MOUs were agreed and signed with the District Disaster Response Committee upon agreement of relief distribution target groups and locations. The shelter and local partner staff collaborated with the local authorities through meeting with the appointed disaster coordination officials to obtain the existing beneficiaries lists and prioritise the most affected areas and among those, the most vulnerable groups and individuals. These lists were then verified with the community through the community mobilisers.

Rapid Gender Analysis

A Rapid Gender Analysis was carried out in the aftermath of the earthquake to provide an overview of the gender relations between men and women, boys and girls in Nepal before the event and how the crisis had affected those dynamics⁶. The background information on the gender analysis was gathered from secondary data by gender focal points in country, with the remote assistance of the global gender specialist. This was integrated with primary information gathered by the field assessment team through key informant interviews and separate focus group discussions led by male and female staff which helped to develop initial recommendations for gender-sensitive responses for all sectors. The field data collection was undertaken by a gender balanced assessment team, including the community mobilisers of the national partner staff. The team conducted the assessment with the most affected communities residing in some of the areas where the partner agency was established prior to the earthquake, in order to better compare pre- and post-disaster information on gender roles and cultural norms.

⁶ The Rapid Gender Analysis Overview is available at <http://bit.ly/2gJH6cX>

The feedback received by the different community groups during the gender assessment **led to significant improvements in terms of safety and appropriateness of project designs** as well as including protection and gender mainstreaming for the implementation of distribution activities and post distribution monitoring⁷.

Needs assessment

An inter-agency shelter and settlements vulnerability assessment was conducted to collect primary data across the 14 districts on shelter and NFI coverage and gap analysis, and to develop recommendations for the Shelter Cluster partners for a comprehensive shelter and settlements recovery strategy⁸:

1. About 80% of assessed HHs across all districts had their house completely destroyed but were **staying in the same land or in the same community**, with a strong intention to stay on the same site and **willing to repair their original house as soon as possible**. The assessment recommended supporting a self-recovery approach for rapid construction of temporary shelters with the provision of shelter packages which would be sufficient to support the HHs for the coming 12-18 months depending on their speed and capacity to rebuild or repair.
2. **Households with lower socioeconomic status**, including those with lower incomes and rurally-based livelihoods, were found to be **disproportionately affected by the earthquakes**. In particular, **female-headed HHs** were found to be more vulnerable than male-headed HHs, more likely to report feeling unprepared for the forthcoming monsoon or winter seasons, and less likely to have begun repair or reconstruction of their shelters. It was recommended to prioritise targeted over blanket distributions, especially for female-headed HHs, and those living in hard-to-reach rural areas.
3. **The priority needs** in terms of construction materials were **reported to be CGI roofing sheets**, a durable but expensive commodity (with an adequate minimum thickness of 0.35 mm) scarcely available at good quality in the local markets.



Credits: CARE Emergencies.



Credits: CARE Emergencies.

⁷ For further information on how to conduct a rapid gender analysis and a gender in brief please see:

CARE International Gender & Shelter Guidelines: <http://bit.ly/2hL0bAD>

CARE International's Gender in Emergency wiki: <http://bit.ly/2gPNkLV>

CARE Emergency Toolkit / Cross-cutting issues – Gender: <http://bit.ly/2h5kkxk>

⁸ Needs assessment available at <http://bit.ly/2hSYeOy>

Project implementation

The project was implemented by shelter technical teams and local partner’s technical team and social mobilisers, supported by one logistics officer, one distribution officer and a GBV and protection officer.

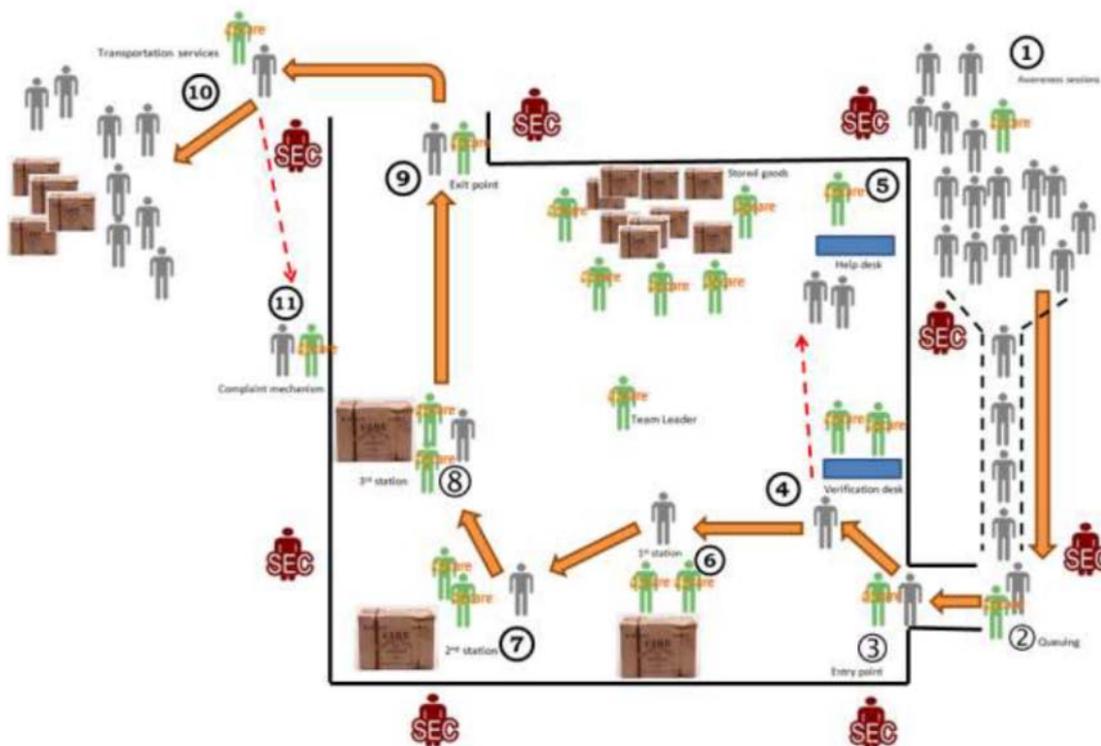
In order to ensure safety and security, accessibility and appropriateness of distribution activities, the field teams coordinated with district authorities, village leaders and community volunteers to establish the following at each distribution point:

- Access for vehicles for transportation of goods (close to large road but not on the road so as not to interfere with traffic or pedestrians);
- Site enclosure with different designated areas so as to facilitate crowd control and to create space for arriving beneficiaries;
- Access to basic facilities (water and sanitation facilities, shaded area/shelter, first aid, etc.);
- Site as close as possible to the village to reduce the travel time for the beneficiaries;
- Avoidance of proximity to unsafe locations for women and girls (e.g. hidden and narrow forest paths).

Female staff members in particular mentioned that female headed HHs would have little time left after their domestic chores and child care to reach the distribution points, and other groups would not be able to wait for a long time in line. **A priority line was therefore set up** for the elderly, pregnant and lactating women and people with disabilities to allow them to spend the shortest time possible at the distribution location and avoid any potential tensions and possible violence while waiting.

People with limited mobility or capacity to carry weights were provided with **extra support to carry the distributed commodities to their homes** from the distribution point. This was done by providing wheel barrows to be shared among groups of HHs or by employing paid porters or through help from village volunteers.

Distribution sites were set-up in such a way to **maximize crowd control**, for example by organising distributions at different time intervals to avoid long waiting times and by controlling the flow of people through different steps of the process as illustrated in the diagram below.



Community engagement

Affected people were engaged throughout the programme, starting from the pre-distribution stage, through to the distribution process and the post distribution assessment. The information gathered from rapid needs assessments and the 'gender in brief' report⁹ enabled the inclusion of the most culturally appropriate items in the relief kits (NFIs and dignity kits in particular). **The community leaders were consulted to verify the beneficiaries lists** received for each village from the government authorities, and any cases of beneficiaries being left out were identified and addressed at this stage (e.g. split HHs, extended HHs, numerous families etc.). This included a number of single women or female-headed HHs, who were not recognised as separate from the former husband's family and therefore being cut out from aid assistance.

Pre-distribution sessions were held to register beneficiaries and provide orientation on the materials to be distributed and appropriate use of those items, to assess security and accessibility issues for the distribution site and the 'last mile' (availability or suitability for establishment of portable water/sanitation facilities on site, proximity to the villages and safety of footpaths, topography of the site due to the high risks of landslides). Due to the large scale landslides occurring as a consequence of the heavy monsoon rains, major transport routes were affected, making it often impossible to reach the affected villages for pre-distribution consultation. In those cases the **beneficiary households were consulted in focus group discussions** directly through the village volunteers working with the local partner organisation and living in the villages. The results were then relayed back to the sub-office.

Complaints mechanisms were put in place including a hotline, complaints boxes, and an assistance desk, during and after distributions, to allow beneficiaries to voice their concerns individually and confidentially. Post distribution monitoring was also carried out in a way to assess the appropriateness and timeliness of the assistance received through door to door surveys and gender-segregated group discussions.



Women during construction in Barpak (Credits: Lucila Carbonell).

Coordination

Shelter cluster coordination at hub level was well attended to share regular updates on shelter/NFI coverage in remote and hard to reach areas, flag potential gaps in assistance and provide feedback on what were the most appropriate assistance methods and shelter kit contents for each location. Coordination was also undertaken with

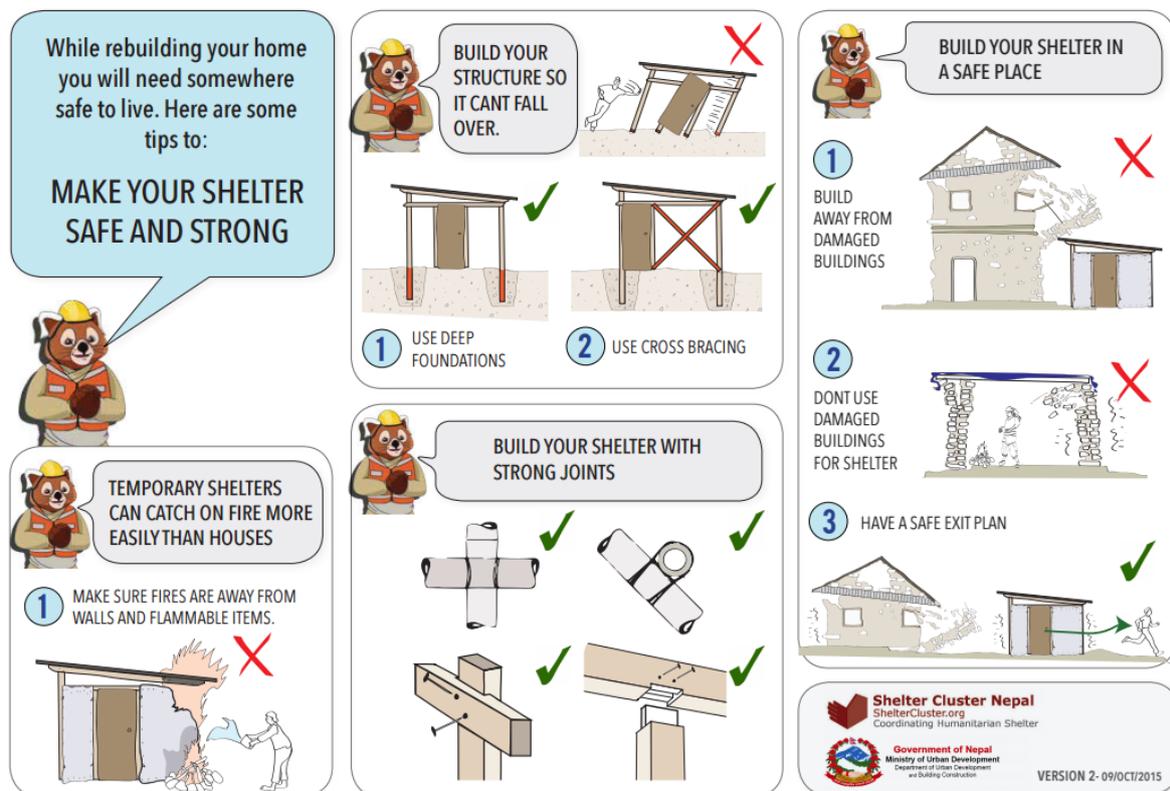
⁹ Available at <http://reliefweb.int/report/nepal/care-nepal-gender-brief-and-gender-and-protection-overview>

GBV Risk Reduction in Shelter Programmes: three case studies

local government authorities and other NGO/civil society actors to ensure there were no gaps or duplications in the targeted areas and to ensure a standardised approach and kits content between different actors.

The benefits of coordination in such a large scale response resulted in **better harmonisation of operating procedures and NFI standards across implementing agencies** in the various priority districts, with a particular focus on ensuring coverage of assistance in the most remote and hard to reach areas. This was aimed at making sure that an equal amount of distributions were taking place in the different districts and to minimise tensions and perceptions of unequal support being provided by the Government and aid agencies.

The Shelter Cluster Information, Education and Communication (IEC) materials included guidance on safe and appropriate use of shelter and NFIs and in particular maintenance and repairs options, to ensure the durability and safety of the temporary shelters. Key messages focused on safe location of shelters, safe demolition of building components, salvaging materials, fire safety measures and tips to reinforce and improve the shelters (e.g. how to secure roofing sheets and tighten joints, etc.).



Example of IEC materials used during the shelter orientation sessions (credits: Shelter Cluster Nepal).

Challenges: remote access and beneficiary coverage

The geography of the affected areas and the imminent rainy season posed the most complex challenges to the project. Agreements nationally and locally on the contents and targeting of shelter emergency distributions also caused interesting dilemmas to be overcome. For example, CGI was easier for beneficiaries to transport if it was a lower quality and therefore could be rolled. This however meant that the CGI would not meet the standards set by the Shelter Cluster at national level.

Due to the remoteness of most of the affected areas and the unpredictability of weather conditions at the time, the key activities of the emergency team were:

- Identifying the most suitable locations for the distributions;
- Assessing transportation needs and accessibility routes;
- Identifying the best time to carry out distributions according to beneficiaries' availability in relation to livelihood practices and especially for women and girls;

GBV Risk Reduction in Shelter Programmes: three case studies

- Identifying whether it was relevant or feasible to set up a forward warehouse (in the higher areas) or storage on site of the affected villages.

The Nepali communities and local authorities were concerned that all distributions should be blanket coverage – meaning everyone got the same level of support. This approach was difficult as is contradictory to that of many INGOs which is to support the most vulnerable. Agencies agreed that first distributions would be blanket in an equitable approach, while secondary distributions would focus on alleviating the risks for the most vulnerable, through a more targeted and equality driven approach. Affected HHs were keen to start reconstruction and favoured cash distributions or CGI sheeting over tarpaulins and tool distributions. With no functioning cash voucher practices in place in Nepal, agencies concentrated on the scaling up of NFIs to include CGI, while cash distributions were carried out separately by the local authorities.

Wider impacts of the project

In an effort to promote gender equality and women’s empowerment, the agency developed a construction training component and awareness raising sessions for both women and men. This was integrated into the longer term recovery strategy so as to enable the largest number of female-headed HHs to be involved in building and construction supervision activities during the owner-driven reconstruction process initiated by the government. Additionally, strong participation in the Shelter Cluster facilitated collaboration between different agencies and therefore successful and timely gap filling by cluster partners, both in terms of reaching the most remote districts and a harmonised approach for shelter and NFI distributions.



Women breaking stones during construction (Credits: Lucila Carbonell).

Strengths, weaknesses and lessons learned

Project strengths

1. The **Rapid Gender Analysis** carried out at the onset of the emergency allowed the identification of the gender relations in the Nepali society and helped understanding traditional practices that make women and girls subjects of discrimination, and which inequalities would therefore be exacerbated as a result of the disaster. This was used to take account of **gender sensitive considerations and include a GBV mitigation strategy** in relief distributions along with IASC standard guidelines.
2. The local NGO partners effectively **mobilised Information Volunteers in each village** for better community mobilisation and **GBV mitigation, prevention and sensitisation**, as well as providing support in implementation and monitoring of relief distributions in remote locations. Gender and GBV trainings were delivered to the organisation's technical staff, the local partner staff and the community volunteers to ensure the potential vulnerabilities of women and girls were understood and addressed as necessary. The standard shelter package provided a choice for HHs to rebuild according to their needs and capacities, and did not impose a single shelter design or option. Most of the HHs combined salvaged and new materials to build larger or multiple shelters.
3. WASH and shelter distributions were coordinated, enabling more efficient monitoring and community mobilisation activities for the local partner. **The linkage between shelter, WASH and gender interventions** enabled the distribution of combined emergency kits - called family kits and comprising both shelter NFIs and hygiene/dignity kits **including items particularly needed by women and girls**.
4. **Distribution points** and procedures were designed to ensure the **most vulnerable groups had a priority** line and a 'safe passage' in distributions, and those with limited mobility or feeling more vulnerable by carrying valuable items were assisted to carry the relief items to the village by the volunteers or porters.
5. The **complaints mechanisms** (suggestion boxes and a complaints mobile number to receive both calls and texts) and the **community based approach** of the project helped address inequalities in the assistance provided, by allowing beneficiaries to individually voice their concerns and provide feedback directly to field teams.

Project weaknesses

1. The switch from tarpaulin distributions in the first phase to CGI distributions in the second phase caused **delays in the logistics pipelines**, due to limited local supplies and increased taxes on importation imposed by the Nepali Government. As a result **some areas were reached too late** to meet the immediate shelter needs. This led to a large number of HHs to build their emergency shelter with salvaged materials and then use the additional shelter materials for secondary purposes (e.g. cattle sheds, food/grain storages).
2. **The construction monitoring process was not as robust** as it could have been due to the remoteness of the assisted areas, contributing to shelter staffing shortage at any given time as staff being so dispersed. Due to the monsoon season and subsequent landslides and road blockages, **technical staff were unable to visit project areas** to assess whether shelter materials were used properly, as often as planned.
3. **The local partners** had a very good knowledge of the communities, the culture and the needs of the population but most of them **had low capacity in terms of shelter programming** and little or no experience of major disaster responses. Therefore shelter training and capacity building at the beginning of the project would have been beneficial.
4. **Coordination with village leaders and district authorities could have been stronger** in terms of beneficiary cross checking to better avoid gaps and duplication in the provision of cash assistance and shelter materials. Despite best efforts, some vulnerable people such as widows and single women were excluded from distributions as they were not recognised as individual HHs by the authorities.

Lessons learned

The Rapid Gender Analysis was carried out in the immediate aftermath of the disaster but **could have been more regularly updated** and supplemented with information from field assessments, focus group discussions, key informant interviews on an on-going basis to better capture the rapidly changing context.

A stronger collaboration with the local authorities on beneficiary cross check and prioritisation of vulnerable groups would have ensured a more efficient registration and distribution process for the most vulnerable cases, in particular to avoid minority groups being side lined. This was taken into account and addressed during the following recovery and reconstruction process.

GBV Risk Reduction in Shelter Programmes: three case studies

Information on the **specific shelter needs and preferences of women and girls** in terms of safety and privacy should have been incorporated into the gender sensitive recommendations of the rapid gender analysis to better inform the emergency shelter distributions and key messaging including tips on safe space arrangements (partitioning, lighting etc.) for acceptable privacy, safety and security of all HH members.

Concluding remarks

A crucial factor that contributed to the overall success of the project was the **mainstreaming of gender and GBV elements into the shelter programming**. This ensured that specific risks of sexual and gender-based violence were not exacerbated by the relief assistance provided. The **Rapid Gender Analysis Tool** was adapted and used in each of the response districts to provide essential information about gender roles and responsibilities, capacities and vulnerabilities before and after the earthquake, together with programming recommendations.

Another key success factor was the **Post Distribution Monitoring** carried out at the completion of each distribution phase. It reported that women and girls were more likely to feel unsafe in their shelter if they were unable to lock their bedroom or because of a lack of privacy when sharing the same space with extended families. This led to **further consultations with all-woman focus groups** to explore shelter improvements (e.g. addition of locks and partitions for separate sleeping and changing areas, use of solar lighting in shared spaces to prevent cases of domestic violence and sexual harassment) and include the monitoring of safety, security and privacy concerns during door to door monitoring. These focus groups proved important for designing shelters in a way that provided sufficient privacy and reduce the chance of women and girls being exposed to GBV.

Key recommendation:

Community consultation during needs assessment are key to receive primary information on the specific needs of the affected households and make sure that groups such as women and girls have the possibility to raise their concerns and preferences over the design of shelters, for maximum privacy and safety from GBV risks.

While the intention of a blanket approach to assistance, in the form of cash grants and NFI distributions, had been to reach all individuals directly affected by the earthquake, evidence has shown that **existing social norms** concerning single women and broader gender, caste, and age based inequalities **still made certain groups invisible or excluded from the recovery and reconstruction activities**. The Organization collected specific evidence of single women (unmarried, separated or widowed) not being recognised by the village committees as eligible to receive the Earthquake Victim Card and therefore being excluded from relief cash grants and items distributions. This created tensions between HHs which were now divided and to some extent exposed women to GBV from male members of the former/extended HH. Beneficiary cross-check visits, focus groups discussions facilitated by the community mobilisers and meetings with village leaders were carried out to verify the government's lists and identify those excluded. The agency then mediated with the district authorities for the integration of the new caseloads. The HHs were then split and needed to receive separate beneficiary cards so as to avoid single women being side-lined from the relief distributions.

Key recommendation:

Work closely with local authorities and village leaders to identify the most vulnerable groups in the affected population and facilitate and advocate for the establishment of a transparent and comprehensive beneficiary verification system (which is then improved by the complaints mechanism in place).

Philippines, Typhoon Hagupit, 2015

Key project information

Project locations:	Dolores and Can-Avid municipalities, Eastern Samar province, Philippines.
Project year:	2015
Disaster:	Typhoon Hagupit (Ruby), 6 th December 2014.
Total number of houses damaged:	41,200 completely destroyed; 231,500 partially damaged (Source: NDRRMC).
Total number of people affected:	1,400,000 people displaced.
People supported by the project:	1,200 HH (6,000 individuals).
Project outputs:	<p>1,200 households from 17 barangays (villages) received shelter repair kits and cash support for building back better their shelters (8 and 9 barangays in Dolores and Can-Avid municipalities respectively);</p> <p>120 community shelter toolkits distributed to the households (each toolkit to be shared among 10 HHs);</p> <p>94 skilled carpenters and 32 community mobilizers (10 women among the mobilisers) trained and certified in carpentry through the National Competency Assessment and Certification Program (NatCAP);</p> <p>120 roving technical teams and 17 shelter committees mobilised to provide technical guidance to beneficiaries in applying Building Back Safer (BBS) techniques;</p> <p>728 beneficiaries attended and completed a 2 days training on Shelter and DRR. 304 (42%) were women and 424 (58%) were men;</p> <p>1,608 beneficiaries received orientations on BBS and good construction principles which they applied in the repair / construction of their house. 50% of participants (800 people) were women.</p>
Project costs per household:	USD 236 (from proposal). Includes materials, labour, cash grant, overhead.



Credits: Gabriel Fernandez del Pino, CARE.

Background

Philippines context

The Philippines is defined in the OECD Development Assistance Committee list of Official Development Assistance countries as a Lower Middle Income Country. It is a country prone to a diversity of disasters including typhoons, earthquakes, flooding and volcanoes. In 2013, Typhoon Haiyan caused widespread devastation in the main island groups (Visayas) and is considered to be the strongest storm ever to have made landfall. Typhoon Hagupit, in Eastern Samar, affected the area just to the north almost exactly a year later. Also in 2013 there was a severe earthquake on the Island of Bohol just to the south. The Philippines is one of the countries that make up the 'Pacific Ring of Fire', countries that are under constant threat from earthquakes and volcanoes. It is a country of considerable disparity between the rich and the poor. The majority of the country is Catholic, with a Muslim majority in the south; in Mindanao there have been concerns about increasing levels of political violence.

Situation after the disaster

Typhoon Hagupit (locally known as Ruby) made landfall in Eastern Samar in the Philippines on 6/7 December 2014, creating significant damage to shelter and livelihoods across Eastern and Northern Samar provinces. The National Disaster Risk Reduction Management Council (NDRRMC) reported that 41,200 houses were totally destroyed and 231,500 partially damaged across 7 affected regions.

The areas affected by Typhoon Hagupit were particularly vulnerable due to previous events (following Typhoon Haiyan, there have been three other significant tropical storms that have exacerbated vulnerabilities). The Filipino people are renowned for their resilience and ability to adapt by relying on strong family bonds and community spirit (known as Bayanihan). Since the typhoon hit, the majority of people affected commenced their own recovery, although their capacity was severely limited by the pre-existing high levels of poverty in some of the most affected areas.



Credits: CARE Emergency Shelter Team.

Context – Learning from the Haiyan response

In response to the devastation of the November 2013 Haiyan/Yolanda typhoon the implementing Organization provided almost 16,000 families with cash, materials and tools coupled with relevant technical assistance and livelihoods support. Using a self-recovery approach, the assistance aimed to support the affected households (HHs) in rebuilding homes to be stronger and better than before. The feedback received from the communities on the Haiyan response was generally very positive: with its strong focus on the self-recovery approach versus the contractor-built 'whole-house' approach of other agencies, the process allowed for flexibility and choice as well as leaving a legacy of learning around the Build Back Safer (BBS) techniques.

However, despite the very positive impact on the wellbeing and recovery of the affected communities, the programme encountered some challenges and complaints about the beneficiary selection process and the involvement of women in the construction process. The lessons learned from the Haiyan response, detailed below, gave the opportunity to improve the design and implementation of the typhoon Hagupit response the following year:

- In any self-recovery programme there is an **inevitable tension between technical quality and the choice offered to the beneficiary**. This becomes more pronounced if there is a cash response. By keeping the number of BBS messages limited and simple, there is an increased chance of a high rate of compliance, an understanding of the principles behind each message and a long-term adoption of the good practice.
- **Hard-to-acquire, or possibly expensive, materials should be provided in-kind** as part of the package. Good quality fixings and cyclone strapping are unlikely to be a top priority for a family whose budget is stretched. To ensure compliance with BBS, these items are best supplied.
- **The programme did not address the needs of boys or girls** through any specific additional interventions. The ability of HHs to choose their own house design and arrangement meant that girls and boys could have appropriate spaces to live in; although some noted they had not been able to complete the partitioning of houses yet due to lack of funds at the end of the process (which can also be explained by the fact that families had other priorities).
- **The programme missed some opportunities to further empower women**; women's voices were easy to hear, but they were not well listened to and some questions were not asked. For instance, many women expressed a desire to receive technical training, but the programme concentrated instead on carpenters and roving team members, which excluded many of the women. Similarly in some barangays (villages) no tools were distributed as it was felt that cash grants would allow people to buy what they needed; but no HHs spent the money on tools, as they had other priorities. **Women-headed HHs were left dependent on men**, who typically own and control tools. Future programmes should have a somewhat more nuanced analysis of how their constituent parts might affect men, women, girls and boys and should certainly be able to take opportunities to empower those who ask for it.
- People able to start the reconstruction with their own means were excluded by the selection process because it was assumed that they had the capacity to recover. If the intention was to support the self-recovery process at the same time as increasing the overall resilience of the community, then **an all-community support would have been more appropriate**. Within a blanket approach framework, a series of modifications can still be made to cater for the different needs and vulnerabilities of the population.
- **For better gender mainstreaming all field teams should be gender-balanced and should avoid the stereotypical division** of the roving teams with men occupying the technical roles and women the roles of social mobilisers. Women and young girls should be encouraged to gain confidence in non-traditional tasks such as construction, and construction training for women should be given consideration. **Gender specialists should advise** on policy and programme design.

Project description

Project summary

The shelter assistance approach in response to Typhoon Hagupit was based on an analysis of needs, capacities and local markets, and coupled with strong community engagement and technical assistance which continued throughout the recovery process, allowing a cost-effective reconstruction of shelter at a significant scale. As mentioned above, this project was built upon the Haiyan response programme: key learning points were considered especially to reinforce the gender mainstreaming component into the emergency program. For example, technical trainings were made more widely available to women and they received government accreditation in carpentry. Women were supported to take leading roles in the community reconstruction – through leading the community roving teams and carrying out repairs with shared toolkits.

The shelter project involved the following main components:

1. **Distribution of Shelter Repair Kits (SRK)**, containing essential construction materials to repair damaged houses to render them habitable and to protect families, in particular women and young children.
2. **Conditional cash grants**, for the purchase of additional shelter materials and labour.
3. **Technical guidance and support** on how to Build Back Safer (BBS).

WASH assistance was provided in integration to shelter and focused on distribution of WASH kits (essential hygiene items with consideration to the needs of women and girls such as sanitary napkin, multi-purpose blanket and bath soap) and dissemination of key messages on good hygiene practices.

Project's overall goal

The goal of the emergency shelter assistance and WASH project was to support the affected population's self-recovery by supporting BBS practices; and increasing knowledge on good hygiene practices to prevent water-borne diseases during the emergency.

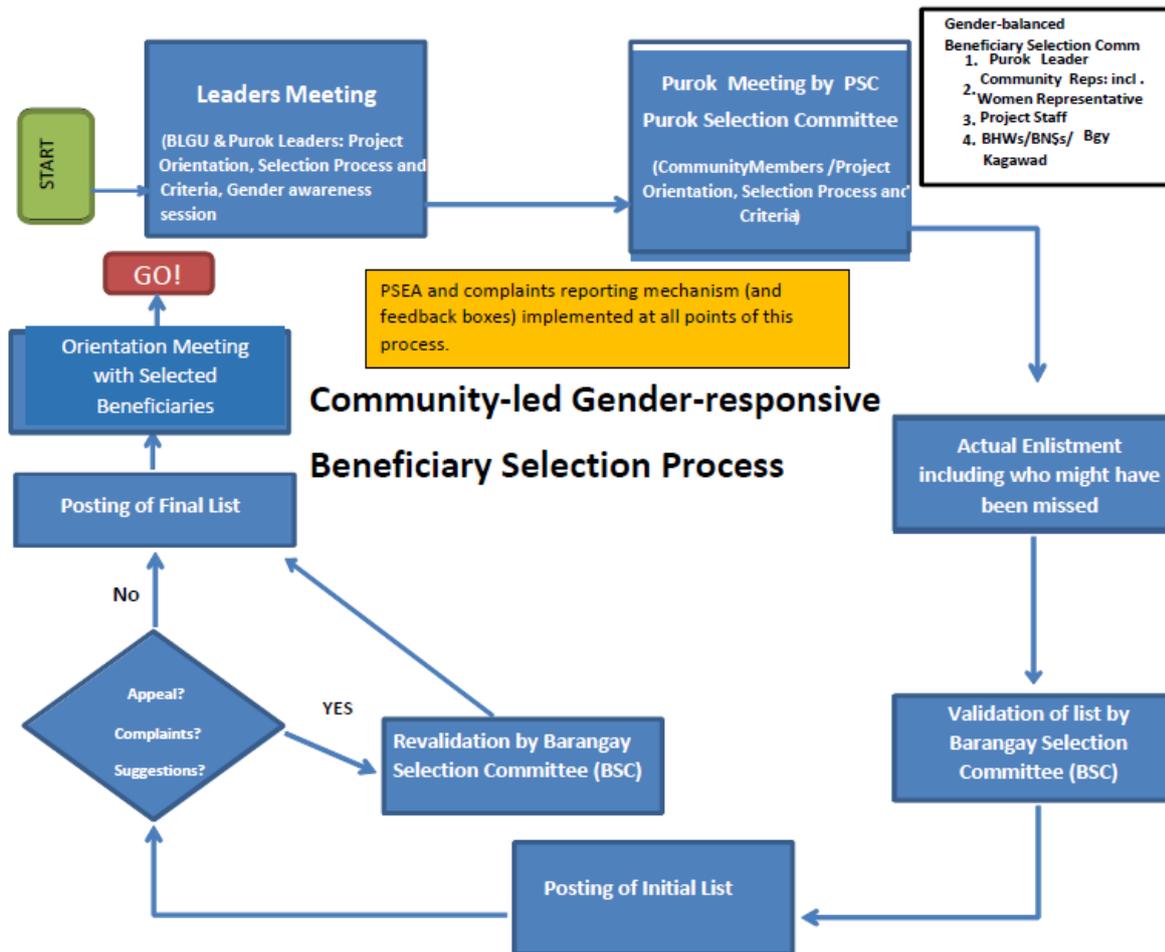


Credits: CARE Emergency Shelter Team.

Beneficiary selection

The project areas were based on where the local partner had existing work and relationships with communities. The identification and registration of the beneficiaries was conducted at barangay level through community stakeholder meetings, involving the partner organisation, the local authorities and the community leaders. The beneficiary lists were compiled and then presented and validated through a general assembly held in the community, where all questions, clarifications, de-listing of non-eligible and enlisting of missed eligible beneficiaries were also discussed and addressed.

The methodology adopted for a community-led gender-responsive beneficiary selection process during Haiyan response was replicated and is illustrated in the diagram.



Project implementation

The project implementation was directly managed by the local partners with the support of a field team composed of a local emergency coordinator, a shelter officer, a WASH officer and a procurement/logistics officer to better manage external coordination and regional procurement.

1,200 HHs received shelter materials and conditional cash assistance to repair or rebuild their damaged house. The shelter repair kits included CGI sheets, roofing nails, timber nails, tie wire, hurricane strapping, a wood saw, a claw hammer and tin-snips. HHs were grouped by 10 HH on average for a total of 120 groups, receiving a community shared toolkit each with additional equipment and tools including protective carpenter gloves, 5m measurement tape, a round shovel, a crowbar, a plumb bob with string, wood chisel and wood planer, to be used by the team of trained carpenters chosen by the group of HHs for the house repairs/construction activities.

Based on the feedback received from beneficiaries and local partner staff, additional cash grants were provided to each of the 120 community groups to manage the purchase of extra materials where shelters were not meeting the

GBV Risk Reduction in Shelter Programmes: three case studies

minimum BBS requirements, such as timber for bracing and walling. The top-up grant was supposed to cover the shelter needs of the families and this could include buying materials for internal partitioning for privacy and improving the safety and security of the house. However, many HHs reported during monitoring visits that they had to respond to more pressing needs of completing the structural components (bracing, roofing) as they could not prioritise their purchase during the first disbursement (due to conflicting priorities such as food and livelihoods).

94 skilled carpenters and 32 un-skilled community mobilisers acquired a national certificate for carpentry through the National Competency Assessment and Certification Program. Roving teams were organized in each barangay, comprising a skilled carpenter and two mobilisers, to support beneficiaries in their shelter repairs. Women were also trained in carpentry and the roving teams involved female community mobilisers. A shelter committee composed of a local government representative, barangay leaders and members of the affected community was set up to monitor the progress of repair activities, raise and provide feedback on possible issues with construction and resolve community disputes or conflicts during implementation. This structure reflected a collaborative and community-based approach where each group of HHs was encouraged to offer mutual support in sharing equipment and skills in order to speed up the reconstruction process.

Engagement of affected people

Balanced decision-making and involvement in the reconstruction process was encouraged for both spouses in the HH, for example in handling tools, materials and administrative tasks. This was to some extent achieved by having beneficiary women more involved in the process. A large number of women (48%) participated to the two-day training on safe construction and DRR, while only 10 women out of 126 participants completed a certified training in carpentry (8%). Construction techniques, including BBS messages, DRR and mitigation measures were disseminated through two-day technical trainings which reached 728 people and one-day community orientation session which reached 1,608 beneficiaries. The messages were originally developed for the Haiyan response and adapted by the Organization based on the lessons learned from the Haiyan projects.

Disaster Risk Reduction components

More than 1,600 beneficiaries including a large number of female attendees (58%) participated in a two-day training on BBS techniques with the following key messages adapted from the Haiyan response being disseminated: proper foundation; use of appropriate timber; importance of roof bracing and having the correct roof gradient; importance of proper roof nailing; importance of good and strong timber connections (joints); and recommendations for safe locations. Environmental components were also integrated into the DRR training such as appropriate hardwood harvesting and reforestation, sanitation and waste management.

Gender and GBV risk mitigation components

- Collection of SADD (Sex and Age Disaggregated Data) in all project activities;
- Integration of referral pathways into the community complaints mechanisms in place as recommended by the Inter Agency Council on Violence Against Women and their Children Committee;
- Involvement of women and girls in decision making (focus group consultation, general assembly, beneficiary selection, etc.);
- Gender balance ensured in the technical teams (partner staff) and roving teams of carpenters and community mobilisers;
- Technical training and orientation sessions delivered to both women and men ensuring equal opportunities for livelihoods and professional development.

Strengths, weaknesses and lessons learned

Project strengths

1. **The community outreach**, through general assemblies, ensured that women, men, girls and boys were all consulted in the beneficiary validation process and informed of the type of assistance and services to be provided. This platform also provided the **opportunity for women to express their needs and suggestions** concerning the project distribution process, the type of items needed, and the community mobilisation strategies. Filipino women traditionally have a very strong and participative role in decision making.
2. **The Trade Certification in Carpentry boosted the confidence and capacity** of the skilled builders and community mobilisers. This was a great incentive for women's empowerment and a motivation to get more involved and to pursue an income generating activity based on their new skills.
3. As a lesson learned from Typhoon Haiyan response, **women and men were more equally involved in the reconstruction process** by both receiving technical training, carpentry certification and being tasked with coordination and monitoring responsibilities.
4. **Mutual support and self-help were encouraged** by gathering 10-15 beneficiary HHs into a single group. This strengthened the community cohesion and mutual support including the most vulnerable HHs such as single-headed HHs, elderly and people with disabilities.
5. There were **aspects of the programme which were empowering to women**. Women were not just involved in decision-making, awareness-raising and certified trainings, but also given a leading role in managing the community's use of tools for construction and supporting the families in planning the reconstruction of their houses. Although this was a relatively small number of women, it did serve as a positive example of women being able to successfully depart from stereotypical roles.

Project weaknesses

1. **Lack of awareness on how to use available tools for reporting GBV**. Referral pathways were identified and recommended by the Inter Agency Council on Violence Against Women and their Children Committee, and were collected for the gender action plan to support the project complaints mechanism and capture gender-related concerns (e.g. Government agency hotlines such as police and welfare agencies responding to domestic violence and child abuse). During monitoring visits despite most of the programme beneficiaries reporting that they were aware of the complaints mechanism to address their concerns about the beneficiary selection process, they did not know that it could also be used as a method to report issues related to GBV and sexual exploitation and abuse.
2. **The programme did not challenge or transform the existing inequitable/stereotypical gender roles** despite its intention to mainstream gender and GBV related issues more effectively than the previous response, by ensuring a wider involvement of women in decision making, supervision and implementation of construction activities. For example, while equitable sharing of responsibilities was promoted for both spouses during the repair or reconstruction of their house, men were generally tasked to unload and distribute heavy shelter materials, while women mainly handled administrative tasks such as filing up of forms and monitoring to ensure that BBS techniques were applied. For instance, minimal manual labour was assigned to women from male counterparts, such as handing tools and other materials.



Credits: CARE Emergency Shelter Team.



Credits: CARE Emergency Shelter Team.

Lessons learned

In terms of GBV and Gender the rural areas of the Philippines have a relatively equal balance – but there are cases of GBV including domestic violence, usually intimate partner violence. The reporting however is not high and it is likely that cases of domestic violence are not reported. When technical staff and social mobilisers came across these situations they felt uncomfortable or unprepared and did not want to get involved. Additionally, if a case is reported it has to be referred to the Department for Social Welfare and Development, involving a visit from the local authority.

In terms of decision-making, Filipino women's involvement is very high, especially in meetings and accountability processes, but it is still very low in construction as they are not confident to take up non-traditional roles and challenge stereotypical gender roles. Based on this lesson learned from Typhoon Haiyan, an intention to more effectively mainstream gender and GBV related issues in the Hagupit response was brought forward. Many aspects of the Hagupit response demonstrated an effort to move from a 'gender sensitive' shelter programming (where the empowering aspects are ensured by giving equitable access within existing inequitable social structures) to a 'gender responsive' programming (where opportunities are given for the community to begin questioning, experimenting and challenging the inequitable gender norms). In a longer term intervention these efforts could have been further developed.

Concluding remarks

A key factor contributing to the success of this project was a high level of engagement and participation of women in the beneficiary communities. The focus group discussions consisted almost entirely of women, while many of the men were either working or generally kept in the background and were less participative. As women are already largely managing the HH economy and are most engaged in the livelihood activities, they were also encouraged to become more involved in building activities by receiving carpentry training and having access to leading roles in construction supervision and quality control. A large number of women emerged as leaders taking responsibility for the coordination of shelter repairs, monitoring and ensuring that BBS techniques were employed in construction. This was likewise considered a crucial feature of project benefits.



Credits: Tom Newby, CARE International UK.



Credits: Lucila Carbonell, CARE International UK

For more information and resources on GBV risk reduction in shelter programmes,
please visit www.sheltercluster.org/gbv