

## Gender-Based Violence in Crises

### Aperçu

Gender-based violence (GBV) is one of the most widespread human rights abuses in the world, affecting individuals and impacting entire communities. It is a distinct protection risk which is exacerbated during crises and threatens crisis-affected persons everywhere that IOM operates.

According to the Inter-Agency Standing Committee (IASC) GBV is defined as, "any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females." It can include incidents of forced marriage; psychological/emotional abuse; physical assault; denial of resources, opportunities or services; sexual assault and rape. The term GBV is used to underscore the systematic inequality that exists between males and females that exists in every society.

In 2018, IOM launched its Institutional Framework for Addressing GBV in Crises (GBViC Framework). Building on its broader protection approach, knowledge and good practices, the GBViC Framework aims to ensure that **the safety, dignity, well-being, and equitable access to services for all crisis-affected persons, especially women and girls, is prioritized, integrated, and coordinated across all IOM crisis operations.** It articulates why and how IOM tackles GBV in crises and defines IOM's vision and scope through three institutional approaches:

1. *Mitigating risks:* by taking action to address the risks of GBV in all crisis operations and doing no harm;
2. *Supporting survivors:* by facilitating access to survivor-centred, multisectoral services; and
3. *Addressing the root causes:* by contributing towards progressively transforming the conditions that perpetuate GBV such as unequal power dynamics, gender inequality and a lack of respect for human rights.

These three approaches are set out in the Operation Model below.

GENDER-BASED VIOLENCE IN CRISES OPERATIONAL MODEL

VISION	Crisis-affected persons live free from GBV													
OBJECTIVE	The safety, dignity and well-being of all crisis-affected persons, especially women and girls, and their equitable access to services are prioritized, integrated and coordinated across all IOM crisis responses.													
APPROACH	<b>MITIGATE RISKS</b> Address GBV contributing factors, reduce GBV risks and do no harm.				<b>SUPPORT SURVIVORS</b> Facilitate survivors' access to specialized services.				<b>ADDRESS THE ROOT CAUSES</b> Transform conditions that perpetuate GBV.					
OUTCOMES	1. All groups at risk, especially women and girls, face reduced risks of GBV.				2. All survivors of GBV access survivor-centred, multisectoral services, including in response to SEA.				3. Conditions that perpetuate GBV are progressively transformed to enable gender equality.					
STRATEGIC INTERVENTIONS	A. All programming is safe, dignified and accessible to all.		B. All programming promotes resilience.		A. All IOM staff and partners safely and ethically facilitate access to GBV services.		B. Communities are informed about and support survivors to access available services.		A. Community prevention efforts, including social-norm approaches, are progressively implemented.		B. Accountability structures are reinforced.			
	1.A.1 Train IOM staff, national authorities and partners on protection, GBV core concepts, principles, risk identification and mitigation measures, PSEA, AAP and Code of Conduct.		1.B.1 Ensure women's and girls' participation and voice are promoted in all aspects of crisis response (e.g. women's participation in camp governance), including through selection and capacity enhancement of female staff.		2.A.1 Deploy protection/GBV specialists to lead and support GBV programming.									
	1.A.2 Identify context-specific risks and vulnerable groups through participatory assessments and data collection, including regular safety audits.		1.B.2 Ensure women's and girls' active participation in all assessment and planning processes.		2.A.2 Equip and support IOM staff and partners to safely and ethically link survivors to available specialized services/referral pathways in the case of a disclosure.		2.B.1 Engage with communities to develop outreach approaches and context-appropriate messages.		3.A.1 Design and implement interventions to promote women's and girls' economic, social and political empowerment.		3.B.1 Enhance the capacity of national authorities to enact and enforce laws, policies and protocols that promote gender equality and address GBV.			
	1.A.3 Systematically collect and review sex and age disaggregated data on differential needs and access to assistance.		1.B.3 Increase all groups' access to general information about resources and opportunities (e.g. location, distribution channels, opening hours and access for persons with disabilities).		2.A.3 Support mapping of GBV services in all IOM operations.		2.A.6 Enhance the capacity of national authorities to deliver survivor-centred health, PSS, safety and justice services.		2.B.2 Inform communities about available specialized services in a safe and context-appropriate manner.		3.A.2 Engage men and boys to design and advance programmes that promote positive norms and behaviours to encourage respectful, equal, stable and non-violent communities.		3.B.2 Create and/or increase access to forms of reparation and compensation support.	
	1.A.4 Involve women and girls in assessing their access to and the safety around provision of services.		1.B.4 Identify and preposition supplies that specifically address women's and girls' needs (e.g. dignity kits, solar lanterns and locks).		2.A.4 Include links to non-GBV-specific programmes in referral pathways.		2.A.7 Train health service providers in clinical care for survivors and preposition medicines and supplies.		3.A.3 Design and implement interventions aimed at shifting harmful social gender norms and practices.		3.B.3 Support/establish PSEA networks.			
	1.A.5 Identify and implement context-specific measures with the affected population to enhance their safety (e.g. patrols, female contingents and lighting).		1.B.5 Develop and implement dedicated activities specifically addressing the needs and capacities of those at highest risk of GBV (e.g. economic, land or livelihoods interventions; reintegration interventions; supporting women's and girls' groups and networks with technical and material inputs).		2.A.5 Support the development and updating of referral pathways in geographic areas of operation.		2.A.8 Establish and/or support PSS services, addressing the different needs of all GBV survivors.				3.B.4 Support/establish community-based complaints mechanisms or other mechanisms to promote mitigation of and response to GBV/SEA cases.			
	1.A.6 Establish AAP systems, including feedback and complaint mechanisms, to ensure equitable and safe access to information, services and assistance.		1.B.6 Support women's and girls' friendly spaces.				2.A.9 Identify and/or establish and operate women's and girls' friendly spaces, and other entry points for different groups of survivors.							
	1.A.7 Inform communities of IOM's Code of Conduct and AAP principles.						2.A.10 Enhance justice and safety services (e.g. GBV justice measures and supporting/providing emergency shelter options).						★ Essential actions	
	1.A.8 Uphold PSEA protocols and reporting mechanisms throughout the humanitarian system.						2.A.11 Build the capacity of service providers to address the special needs of survivors of trafficking and SEA.							
	Non-specialized Interventions						Specialized Interventions							

## Points clés

- GBV is widespread in all contexts and is exacerbated in crises settings.
- Launched in 2018, the Institutional Framework for Addressing GBV in Crises (GBViC Framework) articulates why and how IOM tackles GBV in crises. It defines IOM's vision and scope through three institutional approaches: mitigating risks; supporting survivors; and addressing root causes.
- Mitigating risks is about promoting safety, reducing risks and is simply, about good programming. As such, for IOM, all staff should be aware of and engaged in GBV risk mitigation whether they have GBV specialized programming in their respective mission or not.
- Mitigating, responding to and preventing GBV must be a collective endeavor across IOM sectors and units, and with external partners.
- We do not screen for or seek out to identify GBV survivors or collect information on individual GBV incidents, particularly in crisis situations.

## Considérations clés

### Guiding Principles

IOM's work on GBV is guided by a set of core and globally recognized principles – GBV Guiding Principles – that place the survivor of GBV at the center and prioritize the survivor's rights, needs and wishes at all times. The Organization's approach strives to 'do no harm', leave no one behind and ensure that all survivors have access to the care and services they need. As such, any intervention addressing GBV in crises must be guided by the following:

- **GBV happens at all stages and in all types of crises**
- **Living free of GBV is contingent upon addressing gender equality**
- **Anyone can be a survivor or a perpetrator of GBV, but women and girls are primarily affected by it**
- **Mitigating GBV risks is about good quality programming and it is everyone's job**
- **Localizing response and developing partnerships are the key to success of interventions**
- **Ensuring safety, confidentiality, respect and non-discrimination is essential to protecting the rights and dignity of survivors and promoting resilience**

### Other Important Considerations

**Survivor-centered approach:** The survivor's rights, dignity, needs and wishes must be prioritized at all times. Underpinned by the principles of confidentiality, safety and security, respect, and non-discrimination.

**Do no harm:** Conduct activities in a way that seeks to avoid any unintended negative effects that may occur as a result of being present and providing assistance.

**Informed consent:** Informed consent is voluntarily and freely given based upon a clear appreciation and understanding of the facts, implications and future consequences of an action. Acquiring informed consent requires that we: Provide all possible information and options to a survivor in a way they can understand; The survivor can understand this information and/or their decisions, and its consequences; Ensuring that the survivor's decisions are voluntary, they know they have the right to refuse and are not coerced by others (e.g. family members, caregivers or service providers).

**For non-GBV/Protection staff some examples** of when they need informed consent of a survivor is:

- In case of disclosure of a GBV incident, informed consent is required to contact a primary focal point on the GBV referral pathway.
- For any research purposes.
- Sharing information about the survivor or the incident to facilitate access to services.

*Special considerations must be taken for children:* As children depending on their age, level of understanding and development may not be able to provide informed consent because they do not have the ability and/or experience to anticipate the implications of an action, and they may not understand or be empowered to exercise their right to refuse. In which case, if possible, to seek consent from a caregiver. However, where children are able to understand usually ages 14 and above, ensure to also get their assent.

**Intersectionality:** IOM's approach to gender is progressively evolving to recognize that other dimensions of identity – for example age, race, religion, ethnicity, sexual orientation, physical ability and socioeconomic status – intersect to produce unique and specific experiences, privileges and vulnerabilities at the individual level. GBV interventions should employ this lens of 'intersectionality', taking into consideration how vulnerabilities to, and experiences of, GBV differ depending on other aspects of identity.

**Data Collection:** Inquiries into GBV incidents are extremely sensitive. Collecting and sharing information on GBV can be dangerous, even life-threatening to survivors, communities, and those involved in collecting the information. A range of ethical and safety considerations must be considered at all times, as such:

- IOM does not screen for/seek out to identify survivors of GBV or collect information on individual GBV incidents, particularly in crisis situations.
- Do not collect GBV data if you're not conducting GBV response services.
- When implementing GBV specialized interventions and there is a necessity to collect incident data, it is important to note, that no information sharing is possible without a data sharing agreement and informed consent of the survivor.

To improve programming and advocate for the needs of survivors, staff can instead use already existing data, if available. Alternatively, they can also collect information through key informant interviews (KIIs) with service providers and front-line staff, and through assessments on access to and safety of services.

## Pertinence pour les opérations d'urgence de l'IOM

GBV – even in times of stability – is under-reported. Humanitarian crises and situations of fragility more broadly, can exacerbate exposure to different forms of GBV. This can include, sexual violence; harmful traditional practices, such as, forced early marriage, genital mutilation and intimate partner violence, to name a few.

The GBViC Framework helps IOM to safeguard the safety, dignity and well-being of all crisis-affected persons, especially women and girls. Specific measures and interventions to mitigate, respond to and prevent GBV must be undertaken from the onset of a crisis and continue through transition and recovery efforts in all IOM sectors and programmes. The GBViC Operational Model builds on all 15 sectors of assistance in line with the Migration Crisis Operational Framework (MCOF). The Model defines a set of essential, non-specialized interventions (those that can be undertaken without GBV-specialized expertise in the country) that, at a minimum, must be implemented in all crisis operations.

### GBV Non-Specialized Interventions and GBV Specialized Interventions:

- *Non-Specialized Interventions or GBV Mainstreaming.* The process of ensuring that all crisis programming interventions: (1) do not cause or increase the likelihood of GBV; (2) proactively seek to identify and take action to mitigate GBV risks in the environment and in programme design and implementation (risk mitigation); and (3) proactively facilitate and monitor vulnerable groups' safe access to services. GBV mainstreaming is distinct from – but complementary to – GBV specialized programming.
- *GBV Specialized Interventions/Programming.* These programmes focus on comprehensive, technical GBV prevention interventions and response services for survivors. Specialized programmes may target one specific form of GBV, such as conflict-related sexual violence (CRSV), or they may address multiple forms of GBV occurring amongst the population. Prevention interventions in specialized GBV programmes typically go beyond the risk mitigation interventions undertaken by all humanitarian sectors and may include community-based approaches for influencing changes in sociocultural norms around gender, gender equality, and the use and/or abuse of power.

Examples of specialized and non-specialized interventions from the GBViC Operational Model:

Specialized Interventions	Non-Specialized Interventions
Equip and support IOM staff and partners to safely and ethically link survivors to available specialized services/referral pathways in the case of a disclosure.	Ensure women's and girls' participation and voice are promoted in all aspects of crisis response (e.g. women's participation in camp governance), including through selection and capacity enhancement of female staff.
Train health service providers in clinical care for survivors and preposition medicines and supplies.	Identify context-specific risks and vulnerable groups through participatory assessments and data collection, including regular safety audits.
Design and implement interventions aimed at shifting harmful social gender norms and practices.	Support GBV coordination mechanism and consult GBV partners on system-wide priority interventions.

**The GBViC Operational Model does not intend for an operation to undertake all strategic interventions but rather to rapidly select appropriate and attainable interventions in an integrated manner.** However, based on institutional policies and global commitments, all IOM operations must implement the essential, non-specialized interventions marked with a star.

Crisis operations that do not take into account the risk of GBV cannot adequately adhere to common standards that promote protection principles, gender equality and conflict-sensitivity. As such, these operations can in fact exacerbate the risk of GBV and represent a failure on the part of IOM to fully promote, respect and protect the rights of affected populations, especially women and girls.

Finally, IOM recognizes that only collective and sustained efforts lead to effective protection from GBV in and beyond crisis settings. The GBViC Framework provides the foundation for IOM staff to strengthen their engagement and contribution towards the collective efforts of the UN system, civil society and partners to address GBV worldwide.

## Coordination

IOM actively supports and participates in a range of inter-agency networks and groups at global, regional and country levels that prioritize addressing GBV in crises and accountability to crisis-affected populations.

- IOM is a partner to the [Call to Action on Protection from GBV in Emergencies](#) (Call to Action), a global multi-stakeholder platform that aims to fundamentally transform the way that humanitarian actors address GBV. The Call to Action brings together States, international organizations, non-governmental organizations and civil society organizations to collectively address GBV. IOM has made Organization-wide, specific, measurable commitments under the Call to Action Road Map.
- IOM supports the [GBV Accountability Framework](#), which provides a guide for humanitarian actors, from service providers to GBV coordinators and humanitarian leaders and donors, on the steps they can take to combat GBV within their mandates.
- IOM is a core member of the Global Protection Cluster's [GBV Area of Responsibility](#) (GBV AoR), the global level forum for coordination and collaboration on GBV prevention and response in humanitarian settings led by UNFPA. IOM actively contributes to the GBV AoR's work plan and supports the AoR's priorities. At field level, IOM actively supports and participates in GBV Sub-Working Groups or GBV Sub-Clusters where these are active.
- IOM is also an active member of the IASC's [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#) (GBV Guidelines) Reference Group and actively supports the work of the GBV Guidelines' Implementation Support Team global, regional and country levels.
- IOM is a member of the cross-UN Initiative [UN Action against Sexual Violence in Conflict](#) (UN Action). UN Action works to facilitate access to justice, fight impunity and promote accountability for sexual violence. IOM is committed to ending sexual violence in conflict, improving coordination, accountability and supporting national

efforts to prevent sexual violence and respond to the needs of survivors.

## Operations

IOM designs its operational responses in line with the Migration Crisis Operational Framework (MCOF).

The GBViC operational model builds on all 15 MCOF sectors of assistance. It centers on a common vision and shared objective, to which each IOM operation can make a contribution based on an understanding of the different outcomes and strategic interventions that are sought and undertaken.

The GBViC model and the interventions within it are relevant, to varying degrees, to all of IOM's sectors of assistance. The model outlines the three institutional approaches with corresponding outcomes and strategic interventions.

The strategic interventions listed in the GBViC model are meant to guide IOM operations in defining IOM's specific contributions to addressing GBV in that context. The type of intervention(s) an operation implements will depend on the identified needs and priorities of the GBV response in that particular geographic area, and on IOM's capacities and comparative advantages. **The model does not intend for an operation to undertake all strategic interventions** but rather to rapidly select appropriate and attainable interventions in an integrated manner, bearing in mind the intended outcomes that these interventions seek to achieve.

At a minimum all IOM operations must implement the essential, non-specialized interventions marked with a star in the model. IOM interventions can be divided into those that can be undertaken by all IOM sectors, regardless of whether there are GBV-specialized staff in the operation (non-specialized interventions on the left side of the model pictured above, Mitigate Risks) and interventions that require GBV specialist capacity to be implemented (specialized interventions on the right side of the model, Support Survivors and Address Root Causes).

## Leçons apprises / Meilleures pratiques

**GBV risk mitigation through Shelter interventions, site planning and site improvements in Nigeria:** In Nigeria, IOM is one of the major Shelter actors involved in the rapid response; care, maintenance or upgrading of existing shelters in the IDP camps or camp-like settings.

Shelter staff have taken significant measures in ensuring increased awareness of GBV mitigation measures in site planning, including through on-site trainings open to partners lacking knowledge of GBV. Shelter practitioners have been trained in recognizing camp elements that can increase GBV risks, for example highly congested sites, location of latrines and ensuring privacy in bathing facilities, and identifying and implementing interventions to mitigate these risks. In addition to raising awareness on GBV and risk mitigation among staff and partners, the Shelter team also has a dedicated site planner, which has facilitated the adaptation of the design of facilities according to the needs and context.

Specifically, GBV risk mitigation interventions undertaken by Shelter and site planning team include:

- S/ADD is collected and analyzed during beneficiary selection
- Family size and type is considered during shelter allocation
- Keep a minimum 2.5 m space between shelters to avoid unsafe narrow pathways (also as fire mitigation measure)
- Use of cluster layout to control shelter extensions
- Eliminated construction of transitional shelter
- Redesigned sanitation block to ensure gender segregation and culturally appropriate infrastructure Installation of privacy screens in WASH facilities
- Installation of locks

## Integrated Emergency Water, Sanitation and Hygiene (WASH) Response and Prevention of Gender-Based Violence in South Sudan:

In a context where access to water is limited and accessing sanitary facilities pose major risks of exposure to GBV, one of the objectives of IOM's WASH interventions in South Sudan is to increase access to water, sanitation and hygiene promotion services

and address GBV. To this end, a range of measures are undertaken by the WASH team to mitigate risks through trainings, assessments, tool development and participation activities.

Specifically, GBV has been integrated in WASH interventions through the following:

- Safety audits conducted for establishment and rehabilitation of water points.
- Training for male and female pump mechanics (target 30% women).
- Establishment of Water Management Committees (WMC) with 50% women (50% women target) and integration of gender/GBV into training and follow-up with the Committees.
- Safety audits carried out for latrine rehabilitation and construction in schools and health facilities.
- Dignity kits distributed, mainly to school girls to keep girls in school as often they would drop out because of the challenges associated with menstruation management.
- Training for community hygiene promoters on GBV core concepts to enable them to provide GBV prevention-related messages.
- Conducted women's leadership training for WMCs and CHPs.
- Training for IOM WASH staff and implementing partners on GBV mainstreaming approaches.

### DTM Identifying GBV Concerns in the Humanitarian Responses in Iraq:

In Iraq, IOM is at the forefront of the humanitarian response. DTM is a critical component of the broader humanitarian efforts and cluster programming in the country.

In 2015, IOM Iraq piloted a gender assessment leading to the publication "Gendered Perspective: Safety Dignity and Privacy for Internally Displaced Persons (IDPs) Living in Camp and Camp-like Settings in Iraq", which identified risks and vulnerabilities of women and girls, men and boys in displacement and informal sites in Iraq. Building on these two efforts, IOM Iraq enhanced the protection component of the DTM methodology to support a more effective and accountable integration of GBV prevention and response and gender equality into its tools and products.

The DTM team now has the capacity to collect site-level data that can assess GBV risks related to camp or site layouts and shelter as well as by service provision, such as WASH or core relief items. It also offers information for other sectors to mainstream GBV risk mitigation in their daily activities. The DTM team in Iraq also works closely with GBV and Protection partners to improve its data collection and sharing through joint standard operating procedures (SOPs) with the Protection Cluster, GBV Sub-Cluster, and Child Protection Sub-Cluster. The SOPs clearly indicate the type of data collected, sharing frequency, levels of data sensitivity, data protection policies, and facilitate continuous collaboration to ensure capacity for protection-enhanced data collection. DTM data is cited by the GBV and Child Protection clusters in the Humanitarian Response Plan 2017 and often used for cluster programming, and is further critical for the Humanitarian Needs Overview (HNO) process.

In February–March 2017, DTM collected site-level data and conducted safety audits and CCCM assessments in informal settlements. Tools to integrate GBV risks are shared with specialized and non-specialized GBV responders to reduce and mitigate GBV risks where possible. In continuing to increase access to information, DTM also has a protected page on its portal to disseminate GBV risk related findings and share sensitive data with its SOP members.

## Liens

- [GBViC Community of Practice \(INTERNAL\)](#)
- [GBV Area of Responsibility](#)
- [GBV Guidelines](#)
- [Directives du Comité permanent interorganisations sur la violence basée sur le genre \(VBG\)](#)
- [Las Directrices sobre la VG](#)
- [إرشادات دمج تدخلات مواجهة العنف المبني على النوع الاجتماعي في العمل الإنساني](#)
- [Call to Action on Protection from Gender-Based Violence in Emergencies](#)
- [GBV Minimum Standards](#)



- [Real-Time Accountability Partnership Action Framework: Tackling gender-based violence in emergencies](#)
- [UN ACTION](#)
- [Women in Displacement](#)
- [GBV in Shelter Programming](#)
- [DDG Message on 16 Days of Activism Against GBV](#)

## Media



[IOM's Commitment to Addressing Gender-Based Violence in Crises](#)



[Launch of IOM's Institutional Framework for Gender Based Violence in Crises \(GBViC\)](#)



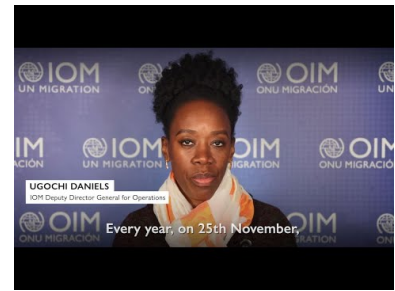
[Responding to Disclosure of a GBV Incident](#)



[Site Planning in Emergencies](#)



[Distribution of Non-Food Items \(NFIs\) for Shelter](#)



[DDG Message on 16 Days of Activism Against GBV](#)

## Références et outils

- [Institutional Framework for Addressing Gender-Based Violence in Crises](#)
- [Cadre institutionnel de lutte contre la violence basée sur le genre en situation de crise](#)
- [Marco Institucional para Mitigar, Prevenir y Responder a la Violencia de Género en Situaciones de Crisis](#)
- [GBViC Framework Operational Model](#)
- [Modèle opérationnel pour VBG en situation de crise](#)
- [Modelo operacional para VG en crisis](#)
- [IASC GBV Guidelines](#)
- [Directives pour l'intégration d'interventions ciblant la violence basée sur le genre dans l'action humanitaire](#)
- [Directrices para la integración de las intervenciones contra la violencia de género en la acción humanitaria](#)
- [إرشادات دمج تدخلات مواجهة العنف المبني على النوع الاجتماعي في العمل الإنساني](#)
- [Call to Action Road Map 2021-2025](#)
- [Appel à L'action Feuille de Route 2021-2025](#)
- [Llamada a La Acción Hoja de Ruta 2021-2025](#)
- [دعوة إلى العملخريطة الطريق 2021-2025](#)
- [WHO Ethical and Safety recommendations for researching, documenting and monitoring sexual violence in emergencies](#)
- [توصيات منظمة الصحة العالمية بشأن الأخلاقيات والسلامة في بحث وتوثيق ورصد العنف الجنسي في حالات الطوارئ](#)

- [The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming](#)
- [Normes Minimales Interorganisations pour la programmation d'actions de lutte contre la violence basée sur le genre dans les situations d'urgence](#)
- [Estándares Mínimos Interagenciales para la Programación sobre Violencia de Género en Emergencias](#)
- [المعايير الدنيا للعنف القائم على النوع الاجتماعي في البرامج المتعلقة بحالات الطوارئ](#)
- [GBV Accountability Framework](#)
- [GBV Constant Companion](#)
- [Guide de poche sur les Violences Basées sur le Genre](#)
- [Site Planning - Guidance to Reduce the Risk of Gender-Based Violence](#)
- [Good Shelter Programming - Tools to Reduce the Risk of GBV in Shelter Programmes](#)
- [IOM Policy and Procedures for PSEA](#)

## Autres entrées dans ce sujet

- [Accountability to Affected Populations \(AAP\)](#)
- [Protection Mainstreaming](#)
- [Counter-Trafficking in Emergency Contexts](#)
- [Disability Inclusion](#)
- [Gender Mainstreaming](#)
- [MICIC Guidelines](#)
- [Camp Coordination and Camp Management \(CCCM\)](#)
- [Water, Sanitation and Hygiene \(WASH\)](#)
- [Mental Health and Psychosocial Support](#)
- [Health Support](#)
- [Protection from Sexual Exploitation and Abuse and Sexual Harassment \(PSEAH\)](#)

## Contacts

For more information, please contact IOM's GBV Support Team at: [gbvsupport@iom.int](mailto:gbvsupport@iom.int).

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