

# GUIDE FOR PLANNING MASS EVACUATIONS IN DISASTERS

Checklist for Considering GBV and  
Other Protection Risk Mitigation in Mass  
Evacuation Planning for Disasters

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# TABLE OF CONTENTS

Scope	1
How to Use This Checklist	1
Why GBV and Other Protection Risks are a Concern in Mass Evacuations	1
People Who May Face Risks in Evacuations	2
Responsibilities and Who to Involve in Planning	2
Key Considerations in Each Evacuation Phase	3
Before developing an evacuation plan	4
Preparedness	4
Warning	6
Evacuation	6
Emergency shelter and assistance	7
Recovery	11
Examples	13



## SCOPE

This checklist provides guidance on considering protection needs in mass evacuation planning in disasters. It focuses on gender-based violence (GBV) risks, that mainly affect women and girls. Other protection risks (e.g., for children) and inclusion considerations (e.g., for persons with disabilities and minority groups) are included, to ensure an intersectional lens is applied. It is designed to help those developing plans for mass evacuation to:

- *Understand what the GBV and other protection risks to different groups may be during evacuation.*
- *Identify what can be done to reduce these risks in each evacuation phase (mitigation measures).*
- *Plan how response to any protection incidents will be done safely and ethically.*

## HOW TO USE THIS CHECKLIST

This checklist is designed to be used alongside the '*Guide for Planning Mass Evacuations in Disasters*'.

- It can be used by **national and local authorities** who are responsible for conducting mass evacuation planning, or by **organizations supporting planning**.
- It can be used as a **reference as evacuation plans are developed**. It can also be used to **review existing evacuation plans**, to strengthen GBV and other protection risk considerations. **Key resources** are highlighted, that may also be useful to consult.

## WHY GBV AND OTHER PROTECTION RISKS ARE A CONCERN IN MASS EVACUATIONS

Different groups of people will have different capacities and vulnerabilities in an emergency. These should be considered during planning, so evacuation plans help ensure all people are well informed, and can take decisions, or be supported, to keep themselves safe and to evacuate if needed.

In addition, while evacuations are conducted to save lives in an emergency, they may expose some groups or individuals to new or increased risks and violence. Emergencies can increase the incidence of violence and GBV – and expose women, girls, and other groups to higher risks. Evacuations, displacement, and damage caused by disasters, can be disorienting, traumatising, and extremely stressful.<sup>1</sup> Highly stressful situations can lead to increases in violence and conflict. Domestic violence, for example, has been reported to significantly increase after disasters.<sup>2</sup> Risks of violence are heightened by family separation, disruption to family and community support systems, change in gender roles due to displacement and morbidity, disruption to livelihoods, and disruption of social services<sup>3</sup> – and by crowded and communal living situations.<sup>4</sup>

As well as accounting for differing capacities, the planning for evacuations should identify potential protection risks, and measures to mitigate them, so evacuations are as safe and dignified as possible for all people.

1 Australian Institute for Disaster Resilience, *Evacuation Planning Handbook*, Second Edition, 2023.

2 Domestic violence was widely reported to have increased after the 2004 Indian Ocean tsunami. One NGO reported a three-fold increase in cases (UNFPA, 2011). Studies from the USA, Canada, New Zealand and Australia also suggest a significant increase in intimate partner violence related to natural disasters (Sety, 2012). (IASC, *Guidelines for Integrating GBV Interventions in Humanitarian Action*, 2015, p.8).

3 IOM and Pacific Humanitarian Protection Cluster, *Guidelines for Addressing GBV and other Protection Risks in Evacuation Centers*, December 2022.

4 IFRC, *Unseen, unheard: Gender-based violence in disasters – Study*, 2015.

The IASC defines Gender-based violence (GBV) as an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.<sup>5</sup>

## PEOPLE WHO MAY FACE RISKS IN EVACUATIONS

People and groups who may face exacerbated risks and/or who may need specific support or consideration before, during, or after an evacuation include:

- Women and girls, including widows, women-headed households, adolescent girls, pregnant and lactating women, and survivors of GBV.
- Children, especially those unaccompanied or separated from their parents or primary caregivers.
- Youth/teenagers, including pregnant and married girls.
- Minorities, including religious, linguistic, national, and ethnic/indigenous groups.
- LGBTI+ people (people with diverse sexual orientation, gender identify, and sexual characteristics).
- Older people, especially those without family support or who are primary caregivers for children.
- People with disabilities (physical, sensory, or intellectual/cognitive/mental), and their caregivers.
- People affected by sickness or living with chronic diseases.
- Men, including single heads of household.

- People affected by trauma and survivors of violence, including GBV.
- Migrants, asylum seekers, and refugees.

These characteristics might intersect, and this may expose a person to greater risk during evacuation – for example, for a child with a disability, or a pregnant woman who speaks a minority language.

## RESPONSIBILITIES AND WHO TO INVOLVE IN PLANNING

The actor responsible for leading mass evacuation planning should ultimately ensure that protection risks are considered during planning. When conducting a planning process, consider to:

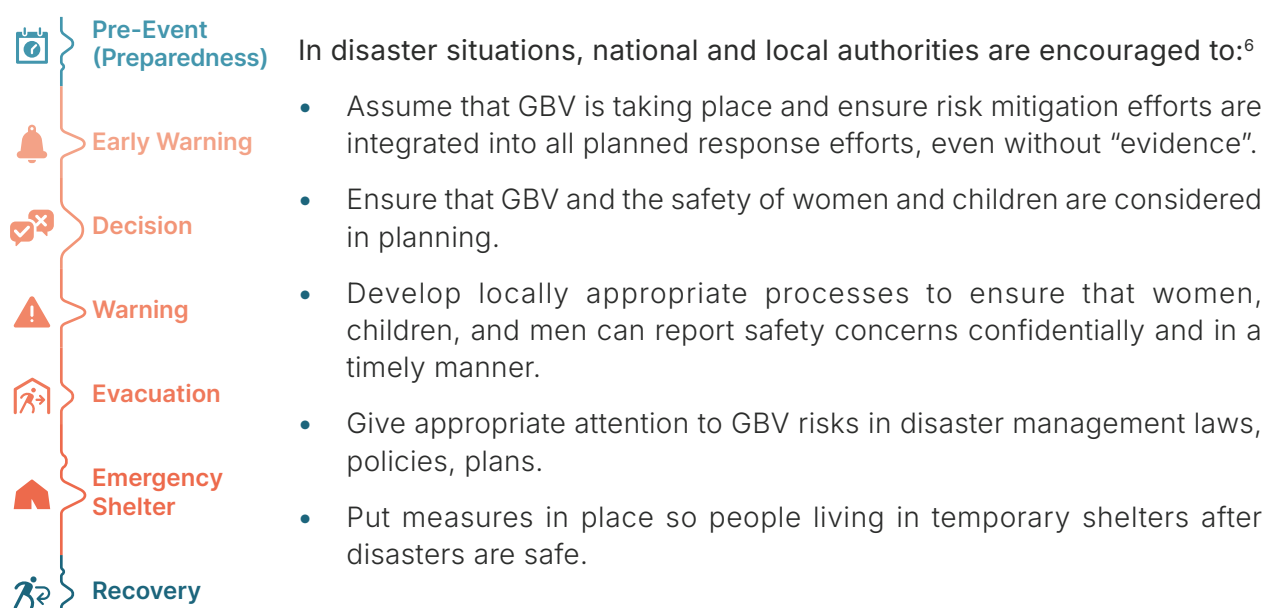
- **Identify responsible government bodies for protection services in an emergency:**
  - Define their key functions and responsibilities in the evacuation plan.
  - Include these responsible bodies in the evacuation planning committee.
  - Identify any relevant national, provincial, or local legislation, policies, or procedures.
- **Identify other actors who may play a role in mitigating risks and responding to incidents, e.g.:**
  - Actors who will provide protection services in an evacuation centre (e.g., for GBV or child protection). Include the actor and their function in any list of 'supporting organizations' in an evacuation plan.
  - Other actors with a role in mitigation and incident referral, e.g., evacuation centre managers.
- **Consider involving technical and specialised actors to support mass evacuation planning, to:**

<sup>5</sup> IASC, *Guidelines for Integrating Gender-Based Violence in Humanitarian Action*, 2015.

- Identify potential GBV and protection risks and inclusion considerations in each evacuation phase.
  - Recommend measures that could be taken before and during evacuations to mitigate risks.
  - Recommend appropriate plans for response to incidents and support to individuals.
  - Technical and specialised actors to be involved such as specialised civil society actors (e.g., GBV service providers) and international organisations with specialised protection capacities (UN agencies, ICRC/IFRC, international NGOs).
- **In community engagement efforts**, include bodies representing different groups in the community. e.g., organizations of persons with disabilities, representatives of women's or minority groups.
  - **In trainings to response actors**, include training on protection principles, risks and mitigation measures, and on how to respond to GBV and protection incidents safely.
  - **In drills and simulation exercises**, include GBV and protection risks and inclusion considerations.
  - **Allocate financial resources** to support accessibility requirements and protection risk mitigation.

## KEY CONSIDERATIONS IN EACH EVACUATION PHASE

The below checklist follows the **evacuation phases** set out in the *Guide for Planning Mass Evacuations in Disasters*. It suggests – as part of evacuation planning – actions to help prevent GBV and other protection incidents, and to plan for safe response when they do occur.



<sup>6</sup> IFRC, *Unseen, unheard: Gender-based violence in disasters – Global study*, 2015, page 9.

## Before developing an evacuation plan

- Understand any legal frameworks or policies relating to protection, child protection, and GBV issues, mandated response actors, and protocols in disasters. This may include to:
  - Consult with national child protection service providers on mandatory reporting laws and mechanisms for GBV survivors and unaccompanied and separated children or other at-risk children.
  - Plan on including any appropriate training for response actors on these mechanisms.
- Conduct community analysis and profiling of potential evacuees, to understand the composition of a community, demographics, and which groups may require additional support or face higher risks.
- During community-based planning or community engagement (throughout evacuation planning), ensure specific inclusion of women and girls to avoid exacerbating risks and ensure women's perspectives are sought on the evacuation process.

## Preparedness

### Prepare the population for an evacuation

- Aim to **reach all population groups with awareness-raising**, information dissemination, and public education efforts (on hazard risks, early warning, and what to do during an evacuation).
  - Identify any specific groups that may be a) hard to reach with preparedness messages; b) hard to reach with warning messages; c) reluctant to evacuate – and who therefore may be at higher risk. e.g., women who are expected to remain home to look after property and livestock or who do not feel safe in evacuation centres; members of minority groups who live in isolated areas.
  - Plan specific outreach to these groups and their communities, to understand barriers and put in place actions that to help encourage evacuation and to save lives. Members of the community themselves can be key for outreach plans, e.g., women sharing messages with other women.
- Encourage people to make **plans for themselves and family members**, in case of evacuation, e.g. to:
  - Make family plans to support family members with restricted mobility or high vulnerability to evacuate, along with their caregivers.
  - Make family plans to ensure children are not separated in an evacuation, and that children know what to do if they become separated (e.g., go to a designated official meeting point).
  - Bring essential documents and medical items, if there is enough time after a warning to do so safely.
- If planning at a **local community level**, consider how to plan with community members or community first responders to help individuals who may need support to evacuate.

7 IFRC, *Unseen, unheard: Gender-based violence in disasters – Global study*, 2015.

8 IOM, *Participation in Practice: Community-Based Planning Manual*, 2022. In multiple languages at: <https://migrantprotection.iom.int/en/resources/manual/participation-practice-community-based-planning-manual-partners>.

9 Community Coordination Toolbox, At: <https://cct.nrc.no>.



**Community-based planning:** In some communities in Nepal and Cox's Bazar, Bangladesh, planning includes very local support. Households with elderly people or people with disabilities who require assistance to evacuate put a flag on their house, indicating to other community members or first responders that their help is needed.



### Key resources

- [Understanding GBV risks in disasters](#) – IFRC.<sup>7</sup>
- [Community-Based Planning Manual](#), IOM.<sup>8</sup>
- [Community Coordination Toolbox](#), NRC<sup>9</sup> – supporting engagement of especially women and girls.

### Identification of suitable shelter for use in evacuations (evacuation centres)

The following considerations may apply to either purpose-built evacuation centres or existing buildings used as emergency accommodation. When selecting or constructing evacuation centres, consider to:

- **When assessing and selecting evacuation centres**, ensure protection and inclusion considerations are included in assessment tools, and the body or team responsible has appropriate technical capacity to ensure minimum physical safety requirements are met. *e.g. dangers and risk of injury to children.*
- In local evacuation planning, where specific evacuation centres are being identified, consider:
  - Consulting with women and girls on potential risks in evacuation centres and how to minimise these.
  - Consulting with representatives from groups who may have specific requirements (e.g. organizations of persons with disabilities), to ensure location, layout, facilities are safe and appropriate for use.
  - Discussing with host community representatives to understand attitudes to evacuees and any support needed for hosting them.
- Prioritise **smaller evacuation centres**, as self-regulation may be more likely in smaller groups.
- Ensure evacuation centres are **safe and culturally appropriate for women and other groups** who may be at risk (e.g. LGBT+ people, minority groups).
  - e.g., separated areas for women and families and for men; accessible and sex-separated or gender-neutral toilets, as appropriate to the context (and bathing facilities, for longer-term stays); provision for menstrual hygiene management; providing lighting in dark or dead-end areas including toilets.
- Ensure, as possible, **evacuation centres are accessible** for people with different types of disabilities (so people can reach, enter, move around in, and use the facility safely and with independence). Refer to and use national building codes and national or international standards for accessibility of built environment.
- Set **appropriate standards to avoid over-crowding and ensure living conditions** and services in the evacuation centre are suitable for emergency or longer-term use, depending on the context.
  - Including: adequate space per person, toilets, privacy for families and women for sleeping and changing clothes. *e.g., a minimum of 3.5m<sup>2</sup> per person is recommended if people will stay in an evacuation centre longer than 72 hours.*

Overcrowding can exacerbate family tension, increase the risk of domestic violence, and increase risk of assault by non-family members.<sup>10</sup>

- If evacuation centres are likely to be used for longer-term stays (e.g., more than 72 hours), plan for:
  - Ways to give adequate privacy for families and different groups (e.g. breastfeeding women).
  - Options for social, recreational, and religious activities, and exercise for adults and children.
- As feasible, plan for any **special shelter arrangements** if basic shelter does not meet the needs of individuals with specific requirements. e.g. older people, pregnant women, children with autism (and caregivers) may be more safely accommodated in hotels; people who usually receive in-home medical care may need specialised shelters; foster arrangements may be needed for unaccompanied children.



### Key resources

- [Disability-inclusive emergency shelter recommendations and tools](#) – IFRC.<sup>11</sup>
- [Accessibility in buildings](#) – International Organization for Standardization.<sup>12</sup>
- [Guidance on safe site environment and disability inclusion monitoring checklist](#) for displacement site management – Minimum Standards for Camp Management.<sup>13</sup>

## Warning

When planning how public warnings will be disseminated, consider to:

- Identify **preferred communication channels of different groups**. Plan to include dissemination methods that will reach marginalized groups e.g., people with disabilities, minorities, people in different locations e.g., women or older people who may be at home, and children.
- Ensure messages are **disseminated in multiple formats** (at least two: written and oral), for accessibility.
- Ensure that messages are **clear and concise**, can be understood by people of all ages and education, including people with special communication requirements, and are in multiple languages if needed.

## Evacuation

Evacuation arrangements should ensure that everyone is able to evacuate, and no-one is left behind. They should also consider increased risks specific groups may face during an evacuation.

People's **perceptions of safety and cultural appropriateness can influence their decision to evacuate**. This should be considered in the 'Preparedness' phase. *e.g., women being reluctant to evacuate because they don't feel safe in evacuation centres, or because it is culturally inappropriate for them to stay in single-room evacuation centres with men who are not family members.*

- Ensure evacuation routes are as **accessible** as possible to people with restricted mobility, *e.g. visual impairment, medical device dependent, using mobility assistive devices*. During the 'Preparedness' phase encourage community – or family-level plans to support individuals with restricted mobility to evacuate.

<sup>10</sup> IASC, *Guidelines for Integrating Gender-Based Violence in Humanitarian Action*, 2015.

<sup>11</sup> IFRC, *All Under One Roof – Disability-inclusive shelter and settlements in emergencies*, 2015.

<sup>12</sup> International Organization for Standardization, *'ISO 21542:2021 – Building construction — Accessibility and usability of the built environment'*, Second edition, 2021.

<sup>13</sup> *Minimum Standards for Camp Management*, 2021. Chapter 3. Site Environment and Annex 1. Checklist.

If transportation is planned, consider to:

- Appropriately **train** actors responsible for managing transport. *e.g. on protection principles, child safeguarding and referral of unaccompanied or separated children, responding to GBV incidents or disclosures in a safe way, Psychological First Aid to help distressed people feel safe and calm.*
- If transportation **support** is given for individuals with mobility restrictions, evacuate caregivers with them.
- Plan measures to **avoid family separation**, particularly for children and people dependent on caregivers.
- Depending on the transportation method and duration, designate an actor or individual responsible for **child protection**, to whom unaccompanied or separated children can be safely referred. Consider designating an actor responsible for **supporting people who may need additional assistance**.

During or immediately after evacuation, and if people will self-evacuate:

- Identify locations (in consultation with the community) where children could go if they get separated from parents or caregivers during evacuation, *e.g., meeting points before evacuation or at transit points.*
- Plan how to support **family reunification** *e.g. designating responsible actors, information points, family tracing forms, and for how adults and children separated from their usual caregivers will be supported.*

## Emergency shelter and assistance

### Management of evacuation centres

- Encourage **evacuation centre management committees** to have diverse age, gender (balance of men and women), and origin/ethnicity. Promote appointment of a trained protection/GBV focal person.

- Put in place **codes of conduct** for evacuation centre managers, volunteers, and service providers, and methods to communicate these expectations of behaviour to evacuees.
- **Train** evacuation centre managers and committees on:
  - Protection principles, safe referrals and referral pathways (see below), child safeguarding, and how to respond to GBV disclosures and child protection disclosures in a safe and ethical way, and inclusion and accessibility for persons with disabilities.
  - Psychological First Aid, used to help people in distress feel safe and calm.
- **Train and equip** evacuation centre managers to be able to:
  - Monitor and address safety risks and assess perceptions of safety among centre residents.<sup>14</sup>
  - Monitor (through assessment, if necessary) the needs of evacuees (by age, sex, and disability), and work with service providers to adjust service provision if needed.
  - Conduct regular consultations with evacuation centre residents to understand their concerns (especially of women, girls, and other people with special requirements).
- If evacuation centres may be open for **longer periods of time**, set appropriate standards to:
  - Maintain hygiene of toilets and bathing facilities (for any length of stay).
  - Ensure living conditions (space per person, privacy for families and especially women for sleeping and changing clothes, facilities including toilets and bathing) and services in the evacuation centre are suitable for longer-term use. *e.g., a minimum of 3.5m<sup>2</sup> per person is recommended if people will*

14 This could be through 'site safety audits' or individual and group discussions with residents.

stay in the evacuation centre longer than 72 hours. Overcrowding can exacerbate family tension, increase the risk of domestic violence, and increase risk of assault by non-family members.<sup>15</sup>

- Offer space and opportunities for social and recreational activities, religious activities, and exercise for both children and adults, to help with stress.
- Shift from emergency to longer-term management structures, e.g. from initial volunteers to a more formal structure. Management structures should be accountable to evacuation centre residents and encourage participation and representation from all groups (e.g. women, older people, minorities).
- Referral pathways are agreed with relevant stakeholders – including to local health facilities.

#### Responding to a disclosure of a GBV incident

While evacuation centre staff should not proactively identify or seek out GBV survivors, they may be approached by a GBV survivor seeking help. Actions during planning can help equip staff to be able to respond appropriately and safely. This may include training all staff and volunteers on:

- How to respond to a disclosure, following a survivor-centred approach.
- Specialised services available in an emergency, and on safe and ethical handling of disclosures.
- How to respond if no specialized services exist.

For guidance for non-specialist actors, see: [the GBV Pocket Guide](#),<sup>16</sup> available online and as a mobile app.

## Assistance and services

When planning for the provision of safe and appropriate assistance and services to people staying in evacuation centres, and evacuees accommodated elsewhere, consider to:

- Plan how **information on available services** will be shared with evacuees (see more below). This should include informing people that assistance is free of charge and does not require favours in return.
- Plan for **assistance, and pre-position items**, that meets emergency (short-term and long-term, if relevant) needs of all evacuees, including those with specific requirements. e.g. appropriate menstrual hygiene management for women and adolescent girls, extra food for pregnant and lactating women.
- Plan how **distributions** of material assistance will be conducted. This should include plans for safe and efficient distribution, avoiding over-crowding, and information-sharing on the distribution and eligibility.
  - If any individuals or groups will be prioritized for any assistance, establish criteria and transparently communicate why this was decided (respecting confidentiality, not sharing personal information).
  - Ensure distribution methods allow everyone to receive assistance and feel safe doing so. e.g.: priority queues for persons with mobility restrictions; separate queues for women and men if culturally appropriate; organizing direct delivery to people with specific vulnerabilities.
  - Also consider seeking feedback from women and girls on the location and timing of distributions so they feel safe; having gender-balanced distribution staff/volunteers.

<sup>15</sup> IASC, *Guidelines for Integrating Gender-Based Violence in Humanitarian Action*, 2015.

<sup>16</sup> GBV Pocket Guide. In multiple languages to download and as a mobile app: <https://gbvguidelines.org/en/pocketguide/>.

- Plan for provision of, or access to existing, **specialised services**, e.g., reproductive health, GBV, child protection, mental health and psychosocial support, specialised assistance for persons with disabilities.
- Put in place **referral pathways** (with support of specialists) so evacuation centre management staff can safely link GBV survivors to supportive and competent services (e.g., medical care, mental health and psychosocial support, police assistance and legal/justice support); child protection issues to services (e.g., unaccompanied and separated children, and child GBV survivors).
- Plan key messages on **principles of assistance and on behaviour expectations**. *e.g., rules of behaviour in evacuation centres, that services are free of charge,*
- Make information available to all evacuees on **mechanisms for reporting abuse**, including GBV referral pathways and sexual exploitation and abuse reporting.

### Data collection and information management

#### Public information after evacuation

All evacuees will need access to information about the disaster situation, assistance and services they can access in an evacuation centre or in the community, and safe return. People under stress may struggle to receive and process information.<sup>17</sup> When planning how public information will be shared, consider how to:

- Provide **clear information** in relevant languages and in multiple ways, that are preferred by evacuees. *e.g., in written form, and that can be heard. Aim to ensure information reaches different groups. e.g. children, women as well as male heads of household.*
- Plan how **monitoring of rumours** and misinformation among evacuees and in any host community (which may increase protection risks and stress) may be done.
- Avoid open discussion on any individual cases of GBV or child abuse to avoid breaching confidentiality and causing risk of further harm.
- Provide information about the evacuation centre to any **host community**, to reduce any tensions.
- If **registration** of evacuees is planned (usually, done at household level):
  - Include in the form design: sex, age, and information on specific requirements (*e.g., people with disabilities, illness or injury, family separation, unaccompanied children, pregnant or lactating women, single women, missing family members*) to be used to plan assistance.
  - Encourage that staff conducting registration are female and male, and include appropriate training for them, *e.g., on confidentiality, and on referrals to service providers if relevant.*
- If **registration will not be done** (e.g., due to very short duration of stay) consider planning for rapid screening of evacuation centre occupants on arrival, to help prioritize urgent needs.
- Ensure that personal data is treated as highly confidential, and that processes are in place to protect it. If safeguards are insufficient, then personal or sensitive data should not be collected.
- Do not keep record of individual protection cases without a dedicated specialist or entity responsible, recording for the purpose of support.

### Safety and security in the evacuation centre

- Plan for **monitoring safety and security** in and outside evacuation centres, with provision for reporting risks and responding to incidents. *Ensure the actor responsible has both female and male staff available.*
- **Monitor entry** of visitors, contractors, and volunteers into the evacuation centre. *Consider simple registration methods to track who enters e.g., use of a logbook.*
- If evacuation centres may be open for **longer periods of time**, identify options (with specialist actors, if needed) for alternative shelter provision in case the evacuation centre is unsafe or unsuitable for some individuals or groups, *e.g. GBV survivors, people with disabilities, or LGBT+ people.*

### Protection considerations in the evacuation centre

Specific protection risks may arise in evacuation centres, and evacuation planning should aim to identify potential risks and include measures to mitigate them.

- **Identify potential specific protection risks that might arise in an evacuation centre.** Such as:<sup>18</sup>
  - Gender-based violence.
  - Abuse, neglect and exploitation of children.
  - Obstacles in accessing personal identification documents.
  - Crime and/or inadequate law enforcement.
  - Conflicts among people staying in evacuation centre and host communities.
  - Restrictions to freedom of movement and choice of accommodation for evacuees.
  - Limited representation and participation of certain groups in centre management.

- Discriminatory access to basic provisions and services (e.g. water, food, shelter, health services) particularly for persons with specific requirements.

- Risks resulting from family separation, for children, older persons, other persons who rely on family support for survival.

- **Host community relations.** If an evacuation centre stays open over the longer-term, establish formal links between representatives of evacuees, local community, relevant responders, and local authorities.

- **Non-discriminatory assistance.** Ensure that assistance is distributed equitably and impartially to all people staying in the evacuation centre, and at the same level between evacuation centres.

- **GBV risk mitigation:** Safe and appropriate structures and mechanisms for reporting and responding to GBV should be in place in each evacuation centre, and properly communicated to all residents and service providers (referral pathways), with appropriate support available for survivors of GBV. *Ensure, as detailed in this checklist, that actions are taken to mitigate risks of GBV at all stages of evacuation centre identification, setup, and management. Provide timely psychosocial support for persons suffering from distress to prevent negative coping mechanisms, including increases in domestic violence.*

- **Prevent family separation and support reunification:** Involuntary separation of family members frequently occurs during disasters.<sup>19</sup> Existing evacuation guidelines call for a standardized, interoperable evacuee tracking and family reunification system that ensures the safety and well-being of children.

Designate responsible actors for unaccompanied and separated children and family reunification (according to relevant legal provisions). If no specialised child protection actors are available at the

<sup>18</sup> IASC, *Operational Guidelines on the Protection of Persons in Situations of Natural Disasters*, 2011.

<sup>19</sup> Adapted from ICRC, *Protection of the Civilian Population in Period of Armed Conflict*, 1995.

evacuation centre, designate a trained focal point in the evacuation centre management committee.

- Ensure referral pathways are in place for unaccompanied and separated children, and that temporary care arrangements can be made (with guidance of specialists) if needed.
- Establish information points in arrival areas / evacuation centres, for family tracing and reunification. Ensure evacuation centre management staff include women and are trained on communicating with children and on

referring at-risk people and have family tracing forms available.

- Accommodate people reliant on caregivers together with their usual caregivers. Make provision for how adults separated from their usual caregivers may be supported.

### Accountability and complaints

People staying in an evacuation centre, or accessing services, should be able to ask for and receive information – and make complaints – about their services, rights, and entitlements. See '[Guide for Planning Mass Evacuations in Disasters](#)' for more information.



### Key resources

- [GBV and protection risks in evacuation centres](#) – IOM and Pacific Humanitarian Protection Cluster, *Guidelines for Addressing GBV and other Protection Risks in Evacuation Centres*, 2022.
- [GBV and managing displacement sites](#) – IASC, *Guidelines for Integrating GBV Interventions in Humanitarian Action – Thematic Area Guide: Camp Coordination Camp Management*, 2015.
- [Planning distributions](#) – Global Shelter Cluster, *Guidance to Reduce the Risk of Gender-Based Violence – Distribution: Shelter Materials, NFIs and Cash*, 2015.
- [GBV 'pocket guide'](#) for non-GBV actors, on GBV disclosures and safe referrals. Tools & mobile app. from the GBV Guidelines and GBV Area of Responsibility, 2024.
- [Site safety audits](#) – example tools and guidance from multiple humanitarian actors.
- [Child protection in displacement sites](#) – Alliance for Child Protection in Humanitarian Action, *Minimum Standards for Child Protection in Humanitarian Action*, 2023.
- [Behaviour and technical knowledge for child protection](#) – Alliance for Child Protection in Humanitarian Action, *Child Protection in Humanitarian Action Competency Framework*, 2023.
- [Minimum standards for shelter and services in displacement](#) – *Sphere Handbook*, 2018.

## Recovery

Increased GBV and other protection risks may continue once people return or move to alternative accommodation, with high stress levels leading to tensions and violence. Disruption to livelihoods, damage to homes and communities, and disruption to and family and community structures heighten risks of violence.

After a disaster, homes and infrastructure may be damaged and services may be disrupted. People who have restricted mobility or physical access requirements, are reliant on medical equipment or medical care, or are separated from caregivers, may find it particularly difficult to return and resume a normal life.

## Managing return

Return should be safe, voluntary, and dignified. All people should be able to make well-informed decisions on whether and when to return.

- Ensure **ongoing communication with evacuees** on conditions in the hazard impact area, what to expect when they return or other options available to them, to help people make informed decisions on what to do.
- Consider how this information is communicated to all groups, *e.g., making sure women receive information and can ask questions (as well as men and male heads of household), or translating into suitable languages.*
- Consider supporting transport arrangements or accommodation for **people with specific requirements** who cannot transport themselves or resume their previous accommodation arrangement.
- Identify any **support services** that may be needed by specific groups, to help them to return.

## Transition to recovery

When responsibilities are transferred from emergency to recovery actors, ensure good coordination and information-sharing, *e.g.,* on population profiles, heightened protection risks that are being monitored, and services

people have been receiving. This may help support safe and dignified return and recovery and enable actors working with communities to continue to offer appropriate services to those exposed to GBV or other protection risks, and to GBV survivors.

## Closing an evacuation centre

- Ensure **open communication** with all people staying in the evacuation centre on closure planning, and on alternative accommodation arrangements available to them. **As above, consider how this information is communicated to all groups.**
- For evacuation centres that stay open longer-term, inform closure plans with consultation with residents.
- Ensure people staying in the evacuation centre can **return or have other accommodation arrangements**. Provide support to people with specific requirements for this as appropriate.
- Plan for **continuity of care** and services for persons with specific requirements, including:
  - Refer people accessing critical services (*e.g.* GBV survivors, persons with disabilities, pregnant women) to services in return areas or in the location they are moving to.
  - Refer any cases of unaccompanied and separated children to the relevant authorities.



### Key resources

- [Displacement site closure and protection monitoring](#) – Global CCCM Cluster, *Camp Closure Guidelines*, 2014. Section 4.1, page 14.
- [Displacement site closure and management transition](#) – Minimum Standards for Camp Management.<sup>20</sup>

<sup>20</sup> *Minimum Standards for Camp Management*, 2021. Chapter 5. Exit and Transition.



## EXAMPLES

### BANGLADESH | Women and evacuation<sup>21</sup>

In Bangladesh, cyclone mortality rates have historically been significantly higher for women than for men. In the 1991 cyclone, during which 140,000 people died, women were reportedly 4.5 times more likely to die than men. Elderly people and children also had higher death rates.

In recent years, the construction of cyclone shelters and cyclone preparedness campaigns have significantly reduced overall death rates in Bangladesh. However, gender-related social norms continued to mean many women either delayed or did not evacuate to cyclone shelters. Generally, women are expected to protect livestock, household goods, and children, and to not be in the presence of men who are not family members. Single-room cyclone shelters, lack of gender-separated toilets, and options for livestock are reported to deter women from choosing to evacuate. When they do evacuate, women have reported experiencing harassment, sexual assault, and social humiliation in evacuation shelters, especially when without their husbands.

Recent government policies and guidance seek to improve the safety of women in a disaster. The Government of Bangladesh's Standing Orders on Disaster (2019) stipulates measures to support women, children, and persons with disabilities to evacuate, and ensure safety in evacuation shelters. The government's Evacuation Shelter Management Guidelines (2024) set out specific measures to help prevent and respond to GBV in evacuation centres.

21 Chowdhury TJ, et. al., 'Lived-Experience of Women's Well-Being in the Cyclone Shelters of Coastal Bangladesh'. *Prehosp Disaster Med.* 2022 Aug; 37(4):437-443 and Mari Miyaji, et. al., 'A study on the use of cyclone shelters in Bangladesh', *Japan Architectural Review*, August 2020, 82(737):1871-1880.



### TIMOR LESTE and VANUATU |

#### Safety of women and girls and GBV risk mitigation in evacuations<sup>22</sup>

Recognising the GBV risks that can be faced by people during emergencies and during and after evacuations, IOM has supported government authorities in Timor Leste and Vanuatu on GBV risk mitigation measures.

In Vanuatu, work was done closely with the National Disaster Management Office (NDMO). This included a new GBV in Emergencies Standard Operating Procedures (SOP) Template for evacuation centres, developed with inputs from multiple government agencies, civil society and UN representatives, and local community representatives. The SOP includes roles and responsibilities for actors managing or working in an evacuation centre for GBV reporting and referral mechanisms, and was designed to complement a revision of the NDMO's National Evacuation Centre Management Guidelines. Rollout of the new SOP included training delivered to local authority, Red Cross, and civil society representatives involved evacuation centre management.

In Timor Leste, heavy rains in February 2022 caused flash flooding and landslides, resulting in multiple families evacuating their homes. A site safety audit was conducted in evacuation centres in the capital, Dili to assess and address potential GBV risks. This included observations, interviews, and focus group discussions, consulting women and girls on their needs, concerns, and safety issues in the centre. Findings were shared with government evacuation centre management to address identified safety and protection concerns in the centre and to inform future planning.

### JAPAN | Disaster impact on persons with disabilities<sup>23</sup>

After the 2011 earthquake and tsunami in Japan, over 15,500 people died and nearly 500,000 were made homeless. The mortality rate of persons with disabilities was twice that of the rest of the population. It has been estimated that 25% of those who died from indirect effects – illness or stress related to the disaster – were persons with disabilities.

Reasons given for these higher death rates have included: People with physical disabilities being unable to escape from their homes or vehicles, or access evacuation centres. Some people with developmental disabilities panicking and being unable to follow evacuation instructions. People with hearing impairments not being able to hear the sirens and announcements alerting the general population to flee (while the national broadcaster provided closed captions in its television alerts, electrical power outages meant many people did not have power, unable to access these alerts).

The government revised its disaster laws in 2013 and in 2021, including a focus on improving evacuation options for elderly people and persons with disabilities (although implementation of this has been gradual). Municipalities now should make lists of people who would need assistance to evacuate and create a plan for each person (if consent is given) on where and how to evacuate, and who would help the person evacuate.

<sup>22</sup> IOM, 'Addressing Gender-Based Violence in Asia-Pacific', Infosheet January-March 2022, IOM Asia-Pacific Regional Office. and 'No room for gender-based violence in evacuation centres', Spotlight Initiative, 5 July 2022.

<sup>23</sup> Cabinet Office, Government of Japan, 'Column 4: Mortality rate of people with disabilities in the Great East Japan Earthquake', Annual Report on Government Measures for Persons with Disabilities, 2012; 'Disabled account for 25% of Japan's 2011 quake-linked deaths: survey', Kyodo News, 02 March 2020; 'Great East Japan Earthquake and Tsunami and the Disabled', Accessible Japan; 'More than decade after 2011 quake, Japan still slow to compile evacuation plans', Japan Times, 01 March 2024.

### FIJI and NEPAL | Evacuation centre accessibility<sup>24</sup>

Fiji and Nepal both face high exposure to natural hazards and disasters, compounded by the effects of climate change. IOM has been working with government authorities, organisations of persons with disabilities (OPDs), and local communities to improve the accessibility of evacuation centres.

In Fiji, work started by reviewing national building codes. Workshops were then held in partnership with the Ministry of Education, to gather information on evacuations and community preparedness. Groups including representatives from OPDs, parents, teachers, and community members visited schools that are used as evacuation centres to assess accessibility and retrofitting options. Accessibility audits of evacuation centres were also conducted by IOM engineers and a private sector construction company. Specifications were provided for improvements, meeting international accessibility guidance and national building code. In Nepal, technical drawings for evacuation centres and multi-purpose centres from the Government of Nepal were reviewed, and accessibility recommendations made for specifications to be revised for future construction work.

Examples of barriers identified included: absence of visual signage to indicate the presence of evacuation centre (and/or which evacuation centres were accessible), paths to the centre being uneven and inaccessible for wheelchair users, ramps at centre entrances being too steep or non-existent, stairways lacking handrails, narrow toilets being inaccessible for wheelchair users. Cost considerations were considered, noting that initial careful site selection is preferable to retrofitting for accessibility, and that accessibility design from the outset reduces costs.

In addition to this physical work, in Fiji, a new 'Training of Trainers' package is planned for evacuation centre managers, incorporating issues for persons with disabilities, GBV considerations, and community engagement. Accessibility standards are also included in Fiji's national Guidelines for Evacuation Centre Construction & Retrofitting.

24 IOM, *Accessibility Report of evacuation centres in Fiji, November 2023*; IOM, *Case Study: Designing accessible evacuation centres in Fiji, 2023*; IOM, *Physical Accessibility Report of evacuation/multipurpose centers in Nepal, October 2023*; IOM, *Case Study: Designing accessible evacuation centres in Nepal, 2023* [all internal].

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