

Keys to success in GBV risk mitigation

UNICEF has been recognized as a global leader in GBV risk mitigation across multiple sectors of humanitarian response. Some of the keys to success thus far have included:

Integration into key strategic documents and processes – Since the release of the revised IASC GBV Guidelines, UNICEF has systematically integrated the Guidelines recommendations within its institutional strategic and policy documents. For example, the Gender Action Plan 2018-2021 features Gender-based Violence in Emergencies (GBViE) as one of the corporate priorities for combatting gender inequality. The Strategic Plan also includes a focus on GBViE, both as a specific programmatic area and as an integration component across other sectors.

Capitalizing on UNICEF's leadership role across multiple humanitarian sectors – As the lead agency for WASH, Nutrition, Child Protection and Education, UNICEF is working to ensure all of its sectors incorporate GBV risk mitigation measures. Some examples include ensuring GBV response services meet the needs of child survivors, supporting safe WASH facilities in schools, integrating GBV referrals into nutrition facilities, and increasing participation of women and adolescents in programme planning, design and monitoring across all sectors.

Dedicated human resources support to GBV integration – in addition to funding and providing strategic advice to the inter-agency GBV Guidelines Coordinator, UNICEF hosts three positions on the global inter-agency Implementation Support Team for the GBV Guidelines rollout and has hired dedicated mainstreaming consultants in two countries (South Sudan and Lebanon), which helps to ensure consistent and sustainable support to GBV integration efforts.

Documentation and knowledge generation – The experiences and feedback generated through UNICEF's field-based GBV integration activities are continuously compiled and analyzed in order to inform implementation of the Guidelines in other contexts and strengthen the repository of resources available at global level.

Generating evidence on what works to mitigate GBV risks

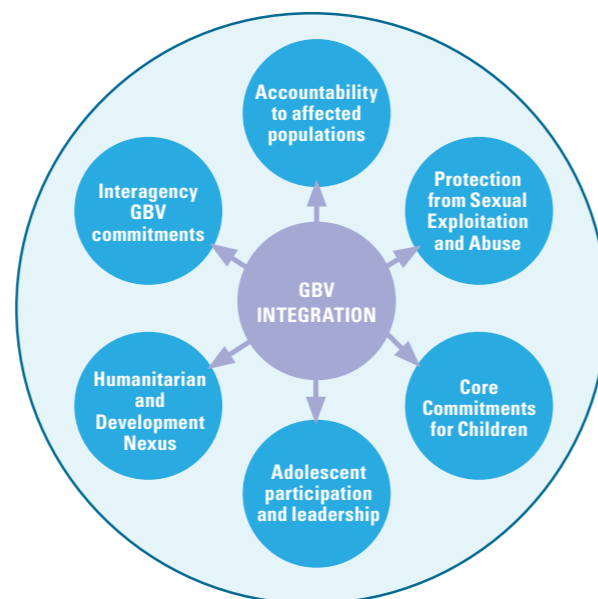
In partnership with Harvard Humanitarian Initiative, UNICEF recently launched a two-year research project to more systematically measure the effectiveness of GBV risk mitigation actions in other humanitarian sectors.

GBV risk mitigation: Strengthening humanitarian response

GBV risk mitigation focuses on delivering services that are safe, accessible and proactively promote the participation of the affected community, especially women and girls.

Applying a GBV risk mitigation approach strengthens humanitarian response by:

- increasing participation of women and children, including youth
- providing a practical, tangible roadmap to deliver results and
- ensuring programmes are accountable to all



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In line with the *IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action* (GBV Guidelines), UNICEF implements concrete measures to reduce GBV risk across all of its programmatic sectors and clusters. This brief highlights a few examples of this pillar of work from various humanitarian contexts.

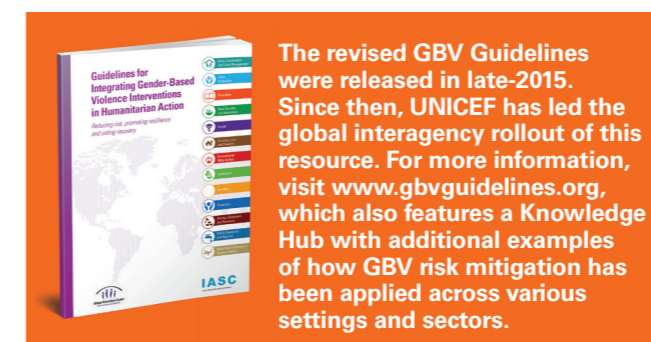
Improving access to Nutrition programming and to linking survivors with GBV response services

In many humanitarian settings, Nutrition interventions tend to be accessed almost exclusively by pregnant women and girls and those who are mothers of young children. Due to the frequent interaction between Nutrition staff and the women and girls participating in the interventions, as well as the personal nature of the topics discussed (such as breastfeeding) there is already a high level of trust in these services. This combination of a nearly exclusively female space coupled with established trust in service providers makes Nutrition programming a natural place to focus on GBV risk mitigation.



In **South Sudan**, UNICEF and partners have developed a monitoring tool to better understand GBV-related risks in and around Nutrition facilities that act as a barrier to women and girls' access to these services. Based on the *safety audit* methodology that is traditionally utilized to identify safety risks in and around displacement camp settings, this tool has been adapted to fit the specific characteristics of nutrition facilities.¹ Though it is still too early to document the concrete results of these efforts, the South Sudan Nutrition Cluster has recognised the added value of this approach by explicitly including the tool in its 2019 Humanitarian Response Plan.

UNICEF's work in **Ethiopia** highlights how Nutrition programming can serve as an important entry point for increasing access to GBV response services. In many locations across the country social workers are deployed at the therapeutic feeding centres to raise awareness on GBV and available services among mothers taking part in nutrition programming. In addition, Nutrition staff have been trained on the GBV referral pathway and how to facilitate



¹ The nutrition safety audit exercise in South Sudan, which was led by CARE and ACF, is just one example of the practicum projects that resulted from the 2018 interagency GBV risk mitigation capacity building workshops, facilitated by the GBV Guidelines Implementation Support Team with funding from UNICEF. Additional examples are available at www.gbvguidelines.org.

safe and ethical referral of survivors of GBV to specialised response services. Joint forums are regularly convened within the nutrition centres to bring together mother-to-mother support groups and child protection committees to raise awareness on available GBV services and how to connect survivors with appropriate care.

South Sudan: reaching the “invisible” girls associated with armed forces and armed groups

In many conflict-affected settings, programmes to identify and release children associated with armed forces and armed groups have tended to focus on children in combat roles. As a result, girls who are present in these groups often get overlooked, as they are perceived as wives, daughters or domestic workers. In **South Sudan** – where UNICEF and partners facilitate release and reintegration of children – between 2015 and 2017, nearly 1,700 children were officially released from armed forces and armed groups; girls made up less than 1% of the total. In 2018, UNICEF South Sudan adapted its assessment procedures for identifying children associated with armed forces and armed groups, making them better equipped to detect the presence of both boys and girls. As a result, the proportion of girls among the overall cohort of children officially released rose to 28 per cent. Upon release, UNICEF facilitated referrals to connect both boys and girls with specialized case management services to meet their specific health, psychosocial and development needs, and additional support was provided to girls who had given



birth during their time with armed groups. Based on the experience of this project, the South Sudan Child Protection team recently produced a contextualized guide for supporting reintegration and community acceptance of girls released from armed groups.

Somalia: Addressing GBV risks in and around displacement sites

For many women and girls in **Somalia**, the risk of (GBV) is a day-to-day reality. These risks are exacerbated by conflict and the displacement conditions such as

overcrowding, lack of access to safe water, latrine and bathing facilities; and shelters constructed of non-durable materials. In response, UNICEF Somalia mobilized a multi-agency, multi-sector group of partners to develop a customised safety audit tool for the Somalia context which was used to assess multiple displacement sites in 2017 and 2018. Sector-specific improvements from the initial round of data collection to the second round include an increase in: the proportion of assessed sites with water points located inside the displacement site (53 to 75 per cent); the proportion of assessed sites where shelters have secure doors/locks (from 21 to 40 per cent); and the proportion of assessed sites with a protective physical structure (fencing) around the site (from 8 to 21 per cent). The results had a much wider-reaching impact than originally anticipated, including directly informing the Humanitarian Country Team’s Centrality of Protection Strategy and many clusters’ humanitarian response plans for 2019. The value other sectors place on this work has been demonstrated by a doubling in the number of (non-GBV) sectors involved – from three in the first round of safety audits to six in the second round. The safety audit initiative is being complemented by trainings on basic GBV concepts and risk mitigation for other sectors, based on a UNICEF-developed training package. This combination holds exciting promise for strengthening the way aid and services are delivered across the entire humanitarian response, particularly from the perspective of improving safety for women and girls.



Bangladesh: enhancing safety, privacy and dignity in WASH

In 2018, UNICEF **Bangladesh** conducted a comprehensive gender, GBV and inclusion audit² of the Rohnigya crisis WASH response. The audit confirmed that women and girls

feared using water points, toilets and communal bathing facilities. The audit also explored the needs of individuals often invisible to the WASH response, such as the elderly, people with incontinence, injured and chronically sick individuals and women and girls who have family caretaking responsibilities. The audit provided a simple menu of suggested modifications to improve safety and access of communal WASH facilities, makeshift household facilities, and the drainage network. It also identified priorities for longer-term planning for household integrated sanitation facilities based on the community’s feedback. In response to the audit, UNICEF Bangladesh has developed a multi-pronged strategy to advance gender-sensitive design, inclusion and GBV risk mitigation in the emergency WASH response, recognising that delivering quality WASH programming relies on addressing these issues.

UNICEF’s regional GBV risk mitigation capacity building initiative

In 2018, UNICEF launched a regional GBV risk mitigation capacity building initiative to strengthen GBV risk mitigation efforts across its humanitarian operations in the Middle East and North Africa, targeting six country offices³ and eight sectors.⁴ Though the initiative began less than a year ago, concrete improvements are already evident, such as an increase in GBV risk mitigation indicators within 2019 work plans; joint safety audits involving GBV, WASH and Education colleagues; and utilizing youth centres to engage adolescent girls and boys on GBV-related issues. In 2019, the regional GBV risk mitigation capacity building initiative will be extended to the Eastern and Southern Africa region.

Adapting the GBV Guidelines to development contexts, emergency preparedness activities and systems strengthening: Georgia and Ecuador

Though the GBV Guidelines were designed for emergency settings, GBV integration activities led by UNICEF country offices in Georgia and Ecuador provide useful examples of how the recommendations can also be applied outside of traditional humanitarian response contexts. In both countries, the Guidelines have been used as a foundation

for reflecting on past emergencies, conducting emergency preparedness exercises, and strengthening GBV prevention and response systems. For example, in **Georgia**, when OCHA initiated a process in 2017 to formally establish the cluster system and define roles and responsibilities for lead agencies, UNICEF Georgia utilized the GBV Guidelines to ensure that all UNICEF-led sectors incorporated GBV risk mitigation into their foundational cluster documents and processes. UNICEF also supported development of an inter-agency action plan aimed at strengthening institutional (non-emergency) GBV prevention and response systems and better equipping service providers to adapt these systems in case of future emergencies. In **Ecuador**, UNICEF utilized the GBV Guidelines as a tool to reflect on the successes and lessons-learned on GBV prevention and response during the 2016 earthquake response. Along with the GBV working group, UNICEF convened child protection and GBV partners from government, UN agencies and civil society to identify priority areas for strengthening GBV preparedness – including assessment tools, information sharing mechanisms, and capacity building for service providers.

Institutionalizing GBV risk mitigation within UNICEF-led Clusters

As the cluster lead agency for Child Protection, Education, Nutrition and WASH, UNICEF is committed to ensuring all of these sectors implement their work in the safest possible way by proactively identifying and mitigating GBV risks. Leveraging their technical expertise and geographic reach, UNICEF-led clusters continue to integrate specific recommendations from the GBV Guidelines into their own standards, which facilitates practical implementation through clusters’ field deployments and remote support through cluster Helpdesks. These clusters understand that GBV risk mitigation sits at the heart of quality programming and that making interventions safer also helps each sector reach its own goals. Recent achievements within UNICEF-led clusters include: GBV risk mitigation as a core element of the WASH Quality Assurance and Accountability Project (QAAP); integration of GBV risk analysis within the Education Cluster’s Needs Assessment package; inclusion of GBV risk mitigation in the Global Nutrition Coordination Handbook and the creation of a Nutrition tip sheet for Humanitarian Response Plans.

² The full audit including recommendations, tools and other supplementary materials can be accessed at <https://www.humanitarianresponse.info/en/operations/bangladesh/water-sanitation-hygiene>.

³ Iraq, Jordan, Libya, Sudan, Syria and Yemen.

⁴ WASH, Education, Child Protection, Adolescent Development and Youth, Communication for Development and Social Protection.