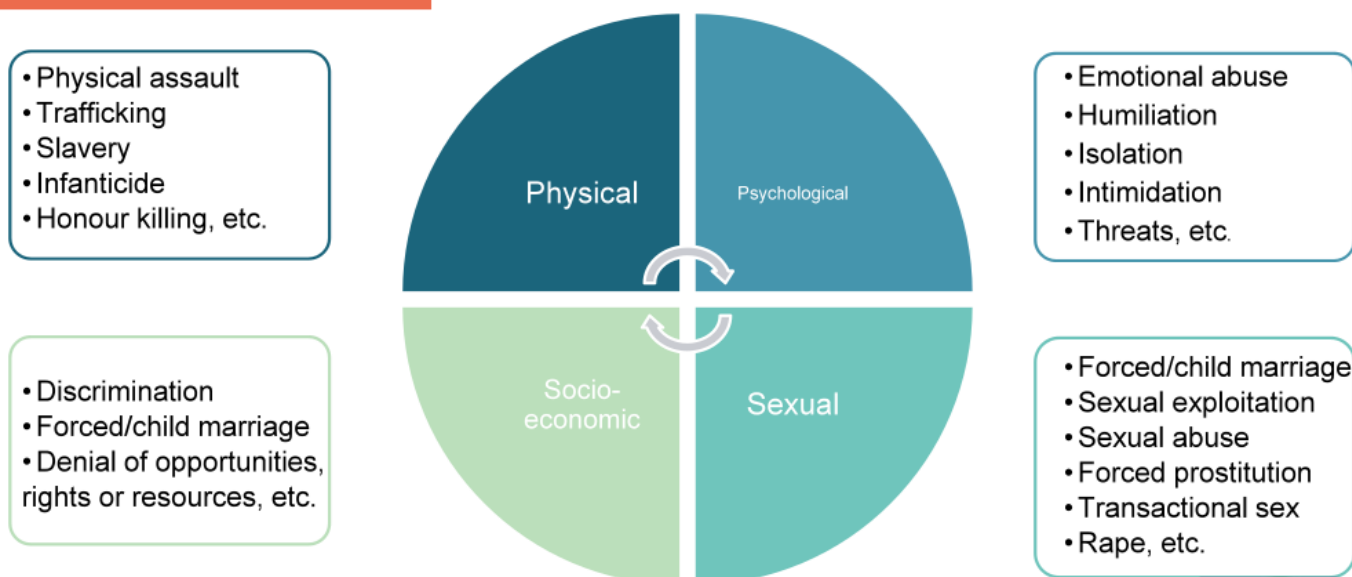# CROSS-CUTTING ISSUES

GBV RISK MITIGATION

This section provides information and resources on:

- Definitions of GBV, and what prevention and mitigation activities are
- Responsibilities of the CCCM Cluster to promote GBV prevention and mitigation in CCCM response

WHAT IS GBV?

Gender-Based Violence (GBV) is a term describing any harm that is perpetrated against a person's will and results from unequal power relations determined by socially ascribed (i.e. gender) roles of males and females. It can take many forms, including physical violence, such as physical assault; psychological violence, such as verbal abuse; sexual violence, such as rape; socio-economic violence, such as denial of resources.[1]

FORMS OF GBV

- Physical assault
- Trafficking
- Slavery
- Infanticide
- Honour killing, etc.

Physical

Psychological

- Emotional abuse
- Humiliation
- Isolation
- Intimidation
- Threats, etc.

- Discrimination
- Forced/child marriage
- Denial of opportunities, rights or resources, etc.

Socio-economic

Sexual

- Forced/child marriage
- Sexual exploitation
- Sexual abuse
- Forced prostitution
- Transactional sex
- Rape, etc.

Conditions related to humanitarian emergencies can significantly exacerbate the risk of many forms of GBV. It is important to know what the GBV risks are in your context and which specific groups might be more at risk; this information is critical to plan interventions that reduce exposure to GBV in all contexts.

GBV can affect people of all genders, however women and girls are, globally, disproportionally affected by GBV. Worldwide, an estimated one in three women will experience physical or sexual abuse in their lifetime. Given the 'documented greater vulnerabilities of females to GBV, the overarching discrimination they experience, and their lack of safe and equitable access to humanitarian assistance'[2], CCCM actors must ensure effective participation of women and girls in all actions.

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[1] For a more complete list with definitions/descriptions, see *Annex 3* of *the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*.

[2] IASC, *Camp Coordination and Camp Management Thematic Area Guide for: Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, 2015

Watch Inspiration: What is Gender Based Violence?, provided by the GBV AoR.

OBLIGATION TO ADDRESS GBV

"*All humanitarian actors must be aware of the risks of GBV and—acting collectively to ensure a comprehensive response—prevent and mitigate these risks as quickly as possible within their areas of operation. Failure to take action against GBV represents a failure by humanitarian actors to meet their most basic responsibilities for promoting and protecting the rights of affected populations.*"[3]

The CCCM Cluster coordination team is responsible to ensure that GBV risk mitigation is incorporated across the core cluster functions and the humanitarian programme cycle, and that CCCM Cluster partners are supported to implement specific activities that reduce the risk of GBV and contribute to preventing it. The 'In Practice' section below outlines this further.

> **PREVENTION AND MITIGATION OF GBV**
>
> While there will inevitably be overlap between these two areas:
>
> > **Prevention** generally refers to taking action to stop GBV from first occurring (for example, scaling up activities that promote gender equality, or working with communities, particularly men and boys, to address practices that contribute to GBV).
> >
> > **Mitigation** refers to reducing the risk of exposure to GBV (for example, ensuring that reports of 'hot spots' are immediately addressed through risk- reduction strategies, or ensuring sufficient lighting and security patrols are in place from the onset of establishing displacement sites).
>
> There are also GBV **response** activities, which are undertaken by specialised service providers, for example health and protection actors, related to activities around survivor assistance and care.
>
> Source: IASC, *Camp Coordination and Camp Management Thematic Area Guide for: Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, 2015

CALL TO ACTION COMMITMENT

The global initiative *Call to Action on Protection from Gender-Based Violence in Emergencies* (Call to Action) is a multi-stakeholder initiative launched in 2013. It aims to drive change and foster accountability in the humanitarian system so that GBV is addressed from the very start of every humanitarian response[4] (Call to Action Roadmap). The Call to Action has over 80 global partners, including donor governments, international organisations (including cluster lead agencies) and NGOs, who have made concrete commitments to results. Partners have made measurable commitments that must be reported against annually. The CCCM Cluster Lead Agencies have committed to 'By 2025, 100% of HRPs/Emergency Appeals include GBV risk mitigation measures in CCCM response plans.'

ROLE OF CCCM ACTORS

Site Management agencies play a pivotal role in decreasing the risks of GBV by ensuring that the needs of all persons residing in sites are understood, addressed and monitored across sectors. It is the responsibility of the

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[3] IASC, *Camp Coordination and Camp Management Thematic Area Guide for: Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, 2015
[4] Call to Action, https://www.calltoactiongbv.com

site management agency to work within a protection framework and understand the protection risks that women, girls, men and boys face.

CCCM Cluster coordination teams should:

✓ Ensure that CCCM partners are provided the relevant support to identify risks and prevent and mitigate them, working closely with the GBV AoR and/or GBV specialists, including on such tools as site-level multi-sectoral assessments and monitoring, and site service mapping (including GBV services).
✓ Work with women-led organisations (including local or community-based organisations that support the proactive inclusion of women) as CCCM partners and to provide contextualized guidance on GBV risk mitigation/mainstreaming.
✓ Ensure that any guidance/tips produced for partners on mainstreaming protection in CCCM programmes includes GBV considerations,
✓ Ensure GBV is mainstreamed in CCCM Cluster Response Strategies and throughout the Humanitarian Programme Cycle (HPC)
✓ Identify Protection Focal Points to support protection mainstreaming efforts

NOTE: A **Protection Risk Assessment** (which also helps identify GBV risks and mitigation measures) should be put in place by the CCCM Cluster for the CCCM response. See Toolkit Section 9.1 Protection Mainstreaming.

INTEGRATING GBV RISK MITIGATION

Mainstreaming GBV risk mitigation includes:

1. Actions taken to reduce the risk of exposure to GBV in all phases of humanitarian programming and to improve safety (including safe access to services). In order to do so, CCCM actors will need to understand:

   • Who is at risk,

   • The source of that risk (from what or whom, and why), and

   • The (un)intended impact of acting or not acting to mitigate the risk of GBV

2. All humanitarian actors knowing how to safely handle disclosures of GBV incidents and to make referrals.

   CCCM Cluster partners should know how to respond to a GBV disclosure and safely refer with informed consent any GBV survivors that are reported to them at site-level, utilising established referral mechanisms and standard operating procedures (SOPs), as well as Psychological First Aid technics (see Toolkit Section 9.5 Cross-cutting issues - MHPSS). When no GBV specialist is available in the area, CCCM partners should refer to the interagency guidance on *How to support GBV survivors when a GBV actor is not present in your area: A step-by-step pocket guide for humanitarian practitioners.*

Mainstreaming GBV risk mitigation is a requirement across all sectors as part of accountable humanitarian action in all humanitarian response; it should not be seen as additional work but simply as good programming. Mainstreaming GBV risk mitigation falls under protection mainstreaming (see Toolkit Section 9.1 Cross-cutting issues – Protection Mainstreaming, along with gender mainstreaming (see Toolkit Section 9.2 Cross-cutting issues – Age, Gender, Diversity & Disability Inclusion. Gender mainstreaming/gender sensitive programming is key for GBV prevention and risk mitigation; they are not separate but contribute to protection mainstreaming. The CCCM Cluster coordination team should **ensure that any guidance/tips produced for partners on mainstreaming protection in CCCM programmes includes GBV considerations, alongside CCCM Cluster Response Strategies and throughout the Humanitarian Programme Cycle (HPC)**.

Examples of key considerations to be included in CCCM products:

✓ What are the barriers and risks faced by women and girls, and any other identified at-risk groups?
✓ What are their specific needs and GBV risks encountered in your location?
✓ What are the capacities of women and girls, and their coping mechanisms (positive or negative)?

✓ Have women and girls been consulted, including women's led organizations?

✓ Are sex and age disaggregated data collected and used? Was a gender analysis conducted?

✓ Are the GBV risk mitigation measures included addressing the needs and barriers identified?

✓ Have indicators been adjusted and disaggregated to measure and monitor GBV risk mitigation actions?

✓ Have GBV services been mapped in sites as part of site service mapping, and gaps shared and advocated on?

In line with the commitment made under the Call to Action (see above), **GBV risk mitigation actions must be incorporated into the CCCM Cluster's HNOs and HRPs**. CCCM coordination teams should be familiar with the _HRP Tip Sheet for GBV Risk Mitigation Mainstreaming in CCCM_ and ensure that relevant analysis and GBV risk mitigation activities are incorporated. The Global CCCM cluster team is available to provide support as needed. Annual analysis of the incorporation of GBV risk mitigation in CCCM Cluster HNOs and HRPs will be conducted by the global CCCM Cluster and reported as part of the Call to Action commitment.

> **FIND OUT MORE**
>
> The **IASC Guidelines for Integrating GBV Interventions in Humanitarian Action** (2015) are available to assist you to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of GBV within the humanitarian response. The guidance includes specific actions for all cluster/sector coordinators. There is also a specific CCCM guidance, with dedicated sections on integrating GBV into CCCM coordination activities. **All cluster partners should be aware of these.** See Related Resources below.
>
> The **GBV Accountability Framework: All Humanitarian Actors Have a Role to Play** guides humanitarian actors on the steps they can take to combat GBV within their mandates. See the one-pager 'Agencies With Responsibility to Mainstream GBV'.

SAFETY AUDITS

Safety audits are a key way for site management agencies to identify GBV risks, and barriers to accessing multi-sector services at site-level. Safety audits should be conducted regularly as risks may change and findings should be used to work with CCCM partners, community leaders, government and humanitarian actors to mitigate the risks of GBV and improve safety and security for women and girls.

A safety audit can be part of a situational assessment and analysis. It helps to identify observable risks and gaps in the camp or site environment. Observation (can include Safety Walks) or checklists are commonly used methods to conduct safety audits, entailing walking through the environment, if appropriate, and comparing conditions against a set of pre-selected indicators. Focus Group Discussions (can include Safety Mapping) and Key Informant Interviews are also methods that can be used by trained staff and/or with the support of GBV specialists. Safety audits can be conducted on a regular basis so changes and new risks can be identified and risk mitigation efforts tracked[5].

Safety audits for specific locations should be coordinated between CCCM partners and with protection actors (including the GBV AoR) to avoid overlap and prioritize joint action, it is also critical that findings and recommendations relevant to different Clusters are sensitively shared for integrated GBV risk reduction at camp level and for accountability purposes. A contextualised, standardised safety audit tool can be developed jointly with the national Protection Cluster and/or GBV AoR and Child Protection AoR. It is important that anyone conducting a safety audit be trained, and possible risks that a safety audit could cause are identified and addressed before it is implemented.

Once a safety audit is conducted, a safety audit report should be produced with an accompanying action plan.

See Related Resources for example safety audit tools and guidance.

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[5] IASC (2015) _Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Response_

SOMALIA – SITE SAFETY AUDITS

Partners of the Somalia CCCM Cluster conduct safety audits bi-annually, with the aim of promoting safer settlements with an emphasis on the safety of women and girls. The cluster developed standard safety audit tools (an observation checklist, FGD and KII) with the GBV AoR and the Child Protection AoR to use within the Somalia context (the observational checklist can be found within the resource section). The safety audits are part of the CCCM Cluster Response Strategy, and are jointly conducted by the CCCM Cluster, GBV AoR, Child Protection AoR, and the Protection Cluster partners.

District-level safety audit reports are produced, accompanied by multi-sector stakeholder workshops to develop action plans responding to the identified risks. An example of a CCCM Cluster partner's safety audit report and recommendations from Somalia can be found within in Related Resources below.

CLUSTER FOCAL POINTS

CCCM Clusters should identify Protection Focal Points to support protection mainstreaming efforts, including acting as 'GBV Champions' to support cluster GBV risk mitigation mainstreaming and the engagement of women-led organisations in the cluster (linked also with localisation). Where a coordination mechanism exists, the focal person from CCCM should also participate in GBV and/or Protection Cluster coordination meetings.

YEMEN – CLUSTER PROTECTION FOCAL POINTS

In Yemen, a Gender Network was established and is chaired by UN Women/Gender Advisor, and co-chaired by OCHA. The Network has a diverse membership, including cluster focal points, gender experts, UN, NGOs and CSOs. One of the sub-objectives of the Network includes to facilitate dialogue across the UN system, international and local organisations to stay informed on key gender issues and specific needs of women, men, girls and boys, and crisis-related gender-based violence (GBV). Amongst other things, the Network seeks to promote the participation of local women's rights organisations and NGOs in planning processes (including the HNO and HRP); and to engage with the inter-cluster coordination mechanism and inform discussions and advocate for gender considerations in humanitarian action.

The CCCM Cluster Protection Focal Point (FP) participates in the Network's regular meetings and has worked with the Network to integrate gender and GBV aspects in CCCM's HRP framework and site monitoring tool. The Network worked with CCCM to foster dialogue on GBV risk mitigation in sites and safe referrals to specialised case management services. The CCCM Cluster Protection FP provides updates to the Network on GBV in sites and contributes to advocacy documents from the CCCM perspective. The CCCM Cluster FP also provides training to partners.

TRAINING

The Global Introduction to CCCM Training Package includes a module on GBV (Module 4), which all CCCM actors should have been trained in (see Toolkit Section 8.5 Capacity Building should further support be required in relation to the delivery of this training).

As highlighted above, CCCM Cluster partners should also know how to respond to a GBV disclosure and safely refer with informed consent any GBV survivors that are reported to them at site-level, utilising established referral mechanisms and standard operating procedures (SOPs), as well as Psychological First Aid technics (see Toolkit Section 9.5 MHPSS). It is strongly recommended that CCCM actors work with GBV specialists to prepare and provide trainings on gender and GBV.

WORKING WITH THE GBV AOR

The GBV Area of Responsibility (AoR) is the global-level forum for coordination and collaboration on GBV prevention and response and advancing risk mitigation in humanitarian settings under the Cluster System. CCCM coordination teams should work with the chair (and co-chair) of the GBV coordination mechanism (for example, the GBV AoR) where one exists. Visit the GBV AoR's website to find out more.

You can expect the GBV AoR to play a lead role in:

- Provision of accurate and accessible information on available GBV services and referral processes to all sectors, including capacity-building on how to receive a disclosure and safely refer survivors
- Facilitation and support to non-GBV sectors/clusters to assess and analyse GBV risks in the environment utilizing data and information from a diversity of sectors and sources
- Facilitation of advocacy and information sharing to relevant partners with practical, tangible ideas to mitigate GBV risks in their sectors

You can expect the GBV AoR to play a support role in:

- Provision of technical support on GBV integration in humanitarian decision-making and strategic planning processes (e.g. HNO, HRP, JRP or similar) such as needs analysis, indicators, activities or other components for non-GBV sectors/clusters
- Provision of technical guidance to other sectors on how to facilitate consultations with communities, particularly with women and girls, and best practices, adaptations and contextualization considerations to mitigate GBV across the humanitarian response
- Facilitation of capacity-building opportunities and requests, particularly related to preparedness of humanitarian sectors to fulfil their GBV integration responsibilities

RELATED RESOURCES

Title	Type	Language	Date
IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action for CCCM	Guidance	Arabic English French Spanish	2015
Essential Actions for Cluster Coordinators (from IASC Guidelines for Integrating GBV Interventions in Humanitarian Response)	Guidance	English	2015
Essential Actions throughout the Programme Cycle (from IASC Guidelines for Integrating GBV Interventions in Humanitarian Action)	Guidance	English	2015
Safety Audits: A How-To Guide, UNICEF Helpdesk	Guidance	English	2018
Example - Safety Audit Observational Tool – Somalia CCCM Cluster	Example	English	2022
Example - Safety Audit Report and Action Plan – Somalia CCCM Cluster	Example	English	2019

References & further reading

- *Pocket Guide: How to Support Survivors of Gender-Based Violence when a GBV Actor is Not Available in Your Area* available to download in multiple languages
- *HRP Tip Sheet for GBV Risk Mitigation Mainstreaming in CCCM* See Toolkit Section 5 HPC
- Tip Sheet (1-pager) for Integrating GBV RM & Disability Inclusion in HNOs & HRPs See Toolkit Section 5 HPC
- The *GBV Accountability Framework: All Humanitarian Actors Have a Role to Play*, 2019
- Global Shelter Cluster & IOM (2017) Site Planning: Guidance to Reduce the Risk of Gender-Based Violence

❖ Read more about in, and refer CCCM Cluster partners to, the **Camp Management Toolkit** – **Chapter 10 Gender-based Violence** and the included *Checklist for a Camp Management Agency*

❖ Refer partners to the global CCCM Cluster document ***Roles and Responsibilities in GBV/Protection Mainstreaming*** (available in the CCCM training material – Module 4) for an outline of protection mainstreaming steps mapped against core site management responsibilities

❖ See **Minimum Standards for Camp Management** including: Standard 1.3: Site management team have operational and technical capacity to manage the site, including training in humanitarian principles, CoC and PSEA; Standard 2.4: Inclusive and representative governance structures, including ethical ways of engaging women, youth and often under-represented people to respect dignity and avoid increased stigma; Standard 3.1 All site residents and service providers live in a dignified environment that is safe and secure from harm or violence; Standard 3.2: All residents have an environment that is physically, socially, and culturally appropriate; Standard 4.2: Site populations needs are monitored and reported; Standard 4.3: People in need are referred to specialised service providers.