

INTEGRATING GENDER-BASED VIOLENCE INTERVENTIONS IN HUMANITARIAN ACTION



Somalia Cluster Guidance

Reducing risk, Promoting resilience and Aiding recovery

Acknowledgements

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Humanitarian Aid
and Civil Protection



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Integrating GBV Interventions in Humanitarian Action

Assume GBV is Taking Place. The actions outlined are relevant from the earliest stages of emergency and in any humanitarian setting, regardless of the “known” or “official” GBV prevalence. Remember GBV is under-reported worldwide, even in non-emergency settings.

Mandate for Humanitarians

IT IS A SHARED RESPONSIBILITY of all humanitarian actors to avoid creating or exacerbating discrimination, abuse, violence, neglect or exploitation. Inaction on GBV undermines a population’s resilience, health and wellbeing; at worst it can result in loss of lives. States

have the responsibility to protect, but the international community has a duty when those protective duties are not being fulfilled. This mandate is supported by the following framework:



What is GBV?

Gender based violence is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females.

GBV is a violation of universal human rights as well as national laws. The term underscores systemic inequality between males and females—which exists in every society in the world.

- Consent means saying “yes” or agreeing.
- Informed consent means making a choice freely and voluntarily by persons in an equal power relationship.
- Acts of GBV occur WITHOUT informed consent. Even if the persons says “yes,” it may be said under duress based on the real or perceived power of a perpetrator.
- Children (under age 18) are deemed unable to give informed consent for FGM, marriage, sexual relations.

GBV (VIOLATION OF HUMAN RIGHTS) = ABUSE OF POWER + VIOLENCE/COERCION + LACK OF CONSENT + GENDER INEQUALITY

Common types of GBV in Somalia are:

sexual violence & rape
intimate partner violence
transactional sex
forced/early marriage
female genital mutilation/ cutting.

Root cause of GBV

is attitudes, beliefs, social norms and structures that promote or condone gender discrimination and unequal power relations between males and females.

Contributing Factors that exacerbate the risk of GBV include:

- » Lack of basic survival needs (food, shelter, water and non-food items)
 - » Poor camp/facilities design and infrastructure (especially for those with special needs, people with disabilities and elderly)
 - » Lack of economic alternatives
 - » Breakdown in community protective mechanisms
 - » High levels of insecurity/ weapons availability
 - » Impunity and lack of rule of law
- » Lack of humanitarian, peacekeeping & security staff training, vetting and supervision
 - » Lack of awareness that humanitarian assistance is free
 - » Drug/Khat abuse
 - » Promotion of violent male social norms/ behaviour
 - » Blaming attitudes, high level of stigma and denial that GBV exists


Consequences of GBV for *individuals*, their *families* and *communities* include:

- » Physical health: unwanted pregnancies, sexually transmitted infections , complications from unsafe abortions, physical injuries that can cause acute and chronic illness.
 - » Mental health: depression, anxiety, substance abuse, post-traumatic stress disorder and suicidality.
 - » Social: Survivors often suffer **significant stigma** including experiencing divorce, being unmarriageable, socially exclusion which puts survivors and their families social and economic disadvantage. This can affect child survival and development, including raising infant mortality rates, lowering birth weights and contributing to malnutrition and school participation. GBV may also undermine social cohesion.
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Who is most at-risk?

In emergencies certain people are more vulnerable to harm because they hold less power, are more dependent on others for survival and are less visible to relief workers. Vulnerable groups include (but not limited to):

- » Internally displaced people
- » Minority clans
- » Persons with disabilities
- » Adolescent girls
- » Female-headed households
- » Separated or unaccompanied children and orphans, including child soldiers
- » Older women
- » People living with HIV
- » Girls and women who bear children of rape
- » Lesbian, gay, bisexual, transgender and intersex persons (LGBTI)



Action point: Humanitarian actors must identify vulnerable groups who are at risk & plan interventions to reduce their exposure to GBV and other forms of violence.

GBV Response

To help GBV survivors recover, they require access to various different services and support, which include:



Medical assistance

Psychosocial support, livelihoods, community reintegration

Upholding Survivor's Rights & Dignity

Security / Safe shelter

Justice

➔ **Lifesaving action:** Inform communities, including women, that survivors of sexual violence should access medical care within 72 hours after the incident in order to prevent STIs and risk of pregnancy. **Important note:** It is a survivor's decision to access these services (do not pressure or share information without informed consent).

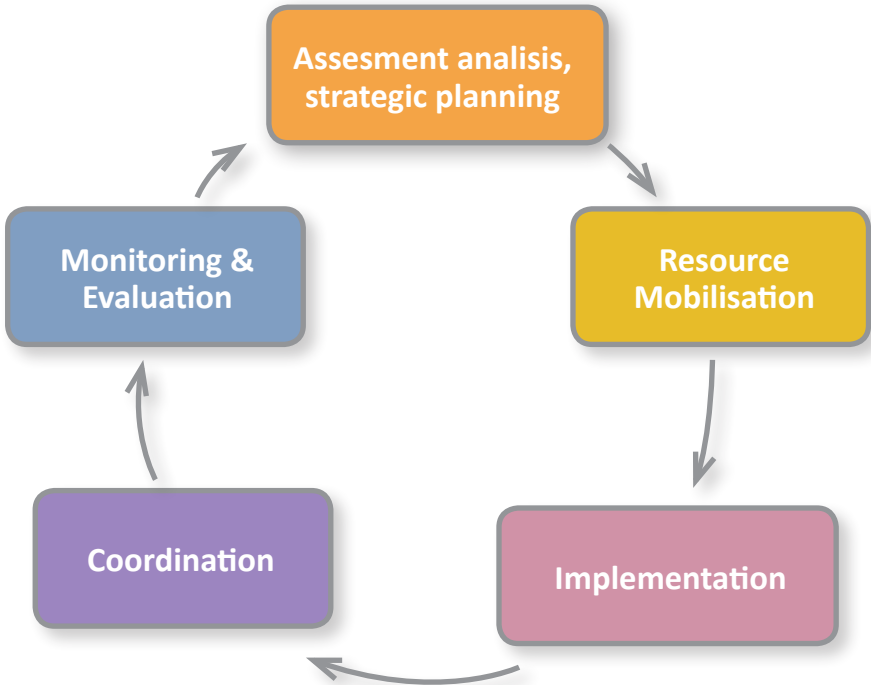
GBV Prevention & Mitigation

Prevention of GBV involves taking action to stop GBV from first occurring. In the short-term this can be ensuring sufficient lighting and security patrols, and in the longer-term behaviour change is essential, which can include working with communities and institutions to address discriminatory practices that contribute to the perpetration of GBV.

Mitigation refers to taking steps to reduce the severity of GBV for affected populations and GBV survivors. For example by ensuring that reports of "hot spots" in camps are immediately addressed through risk-reduction strategies; supporting the recovery and preventing future (re)victimization of GBV survivors.

Mainstreaming GBV in the project cycle

To integrate GBV in humanitarian response, there are several common actions to take throughout the project cycle:



ASSESSMENTS, ANALYSIS & STRATEGIC PLANNING

Information gathered will identify the sector-specific GBV risks for:

- ◇ Safety and security risks for groups within the population
- ◇ Unequal access to services for women, girls and other at-risk groups
- ◇ Standards related to protection, rights and GBV risk-reduction that are not applied
- ◇ Lack of participation by some groups in planning, design, implementation and M&E
- ◇ The need to advocate for and support the deployment of GBV specialists for the sector

Checklist of actions:

- ✓ Promote participation of those at greatest risk of GBV into assessment processes;
- ✓ Ensure that you consult with men and women equally during needs assessments and include women member in assessment teams;
- ✓ Assess GBV risks and identify affected persons who are most vulnerable or unable to access assistance or services;
- ✓ Assess awareness of staff on basics of GBV, gender and women's rights, knowledge of where survivors can report risks and access care, GBV mainstreaming actions;
- ✓ If asking GBV-specific questions adhere to the **WHO Ethical & Safety Recommendations** for researching, documenting and reporting on sexual violence. Get advice and training support from a GBV-specialist to incorporate safely.

RESOURCE MOBILISATION

- ◇ Identify and pre-position appropriate and culturally sensitive supplies for your sector/cluster that can support mitigation and response to GBV in an emergency;
- ◇ Prepare and provide trainings for government, sector staff and community groups on design and implementation of projects to integrate GBV;
- ◇ Develop proposals that reflect knowledge of the particular risks of GBV for the affected population related to your sector;

IMPLEMENTATION

Programming

- ◆ Identify those most at risk of GBV and ensure programmes are adapted to enable their equal access to services and assistance;
- ◆ Involve those at greatest risk of GBV in community committee, as staff, leaders and trainers (with due caution this does not increase risk of GBV)
- ◆ Recruit and train women; provide opportunities for them to be decision makers;
- ◆ Establish clear, consistent and transparent systems for the distribution and access to services which are communicated to affected populations;
- ◆ Train staff on GBV basics, gender and human rights and reducing the risks of GBV and information on where to refer GBV survivors for care;
- ◆ All staff should sign a code of conduct informing them of their obligations as well as consequences of involvement in sexual exploitation and abuse (SEA);
- ◆ Establish a safe and ethical reporting and investigations mechanism for SEA. Circulate information on code of conduct and reporting of incidents widely to staff and communities.

Policies

- ◆ Incorporate GBV prevention and mitigation strategies into the policies, standards and guidelines for all clusters, agencies and programmes (e.g. training for staff on GBV, incorporation of GBV actions into programmes, procedures to report, investigate and take disciplinary action for protection from sexual exploitation and abuse (SEA);
- ◆ Integrate GBV risk-reduction strategies into national and local development policies and plans for each sector.

Communication & information sharing

- ◆ Consult with GBV specialists to identify safe, confidential and appropriate systems for care of survivors who may approach humanitarian staff for support. Ensure that staff are trained with basic skills and required information to provide referral to services;
- ◆ Work with local and international GBV specialists to incorporate basic GBV messages into community outreach and messaging (where to report risk and how to access care);

- ◆ Ensure that agencies sharing information on GBV do so in a way that does not pose a safety or ethical risk to survivors or the broader community (avoid identifiers including names or specific locations);
- ◆ Non-GBV specialists should not undertake GBV-specific messaging or gender dialogues unless working with a well-trained GBV-specialists staff or GBV-specialised agency. However, community outreach can include information on basic safety concerns and measures, including related to GBV.

COORDINATION

- ◆ Access the support of GBV specialists: Cluster leads and actors should identify and work with the chair and co-chair the GBV coordination mechanism.
- ◆ Identify a cluster focal point to liaise and attend regular GBV coordination meetings.
- ◆ Undertake coordination with other sectors/clusters to enhance the capacity of the humanitarian community to meet GBV-related protection concerns.

A “referral system” is a flexible mechanism that safely links survivors to supportive and competent services, such as medical and psychosocial care, police assistance and legal/justice support.

MONITORING & EVALUATION

- ◆ Identify, collect and analyze a core set of indicators disaggregated by sex and age;
- ◆ Monitor GBV risk-reduction activities throughout the programme cycle;
- ◆ Evaluate outcomes of GBV risk-reduction and response activities, including any potentially adverse effects.

Guiding Principles for Addressing GBV

Do no harm

We may wish to help but without careful consideration of our actions we may unintentionally cause harm. Adhering by the following principles will enable us support effective protection and assistance to those affected by crisis:

- GBV encompasses a wide range of human rights violations.
- Preventing and mitigating GBV involves promoting gender equality and promoting beliefs and norms that foster respectful, non-violent gender norms.
- Participation and partnership are essential
- Safety, respect, confidentiality and non-discrimination in relation to survivors and those at risk are vital considerations at all times.
- GBV-related interventions should be context-specific.
- When in doubt, ask for GBV specialist advice/support from the GBV WG (especially for staff training, adherence to standards, referrals, incorporating GBV messages into outreach).

Programming principles:

1. **Human rights based approach** - analyze the root causes of problems and to redress discriminatory practices that impede humanitarian intervention
2. **Survivor-centered approach** – GBV survivor’s rights, needs and wishes are prioritized when designing and developing GBV-related programming
3. **Community-based approach** - affected populations should be leaders and key partners in developing strategies related to their assistance and protection
4. **Systems approach** - analyzing GBV-related issues across an entire organization, sector and/or humanitarian system to come up with a combination of solutions most relevant to the context.

Ethical & Safety considerations for assessments

In many emergencies, ethical and safety considerations may be overlooked when integrating GBV in assessments. This inconsistency often puts women and girls and GBV staff at risk - the safety and security of women and girls should never be trumped by the need to collect and analyze information. The WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies outlines eight essential recommendations to guide any information-gathering exercise related to sexual violence in emergencies:

1. The benefits of documenting sexual violence must be greater than the risks to survivors and communities.
2. Information gathering and documentation must be done in the manner that prevents the least risk to survivors/participants, is methodologically sound, and builds upon current experience and good practices.
3. Ensure the availability of minimum services for survivor support before asking any questions about sexual violence in a community.
4. The safety and security of survivors, respondents, participants, the community and the information collection team is paramount and requires monitoring and attention in emergency settings.
5. Protect the confidentiality of all survivors, respondents, and participants.
6. Each survivor/respondent/participant must give her/his information consent before participating in the data gathering activity.
7. All team members must be carefully selected and receive relevant and sufficient specialized training and ongoing support.
8. Additional policies, practices, and safeguards must be put into place if children – anyone under the age of 18 – are to be involved in information-gathering

Supporting Survivors

Humanitarian actors might find themselves in situations with people who have experienced an extremely distressing event, including GBV. In these cases, they should be prepared to engage with survivors in a respectful and supportive way:



PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE

What is sexual exploitation and sexual abuse (SEA)?

- ◆ Sexual exploitation is exchanging money, shelter, food or other goods for sex or sexual favours from someone in a vulnerable position.
- ◆ Sexual abuse is threatening or forcing someone to have sex or provide sexual favours under unequal or forced conditions.

What kinds of sexual conduct are prohibited?

Any acts of SEA by humanitarian workers or those working on behalf of the United Nations is serious misconduct and may lead to disciplinary measures. Specifically:

- a) Sexual activity with anyone under the age of 18 is prohibited, regardless of consent.
- b) Purchasing sexual acts with money, employment, goods or services is prohibited.
- c) Exchanging humanitarian assistance (e.g. food rations, shelter supplies) for sexual acts is prohibited.
- d) Any forced, coercive or degrading sexual acts are prohibited.

Sexual relationships between staff and beneficiaries of assistance are strongly discouraged, because of the difference in power and the potential for this to be abused.

1. Brief staff on their own Code of Conduct. **All staff must understand that there is ZERO TOLERANCE for sexual exploitation and abuse.**
2. Work together to devise clear and accountable reporting and response procedures for beneficiaries facing exploitation or abuse by humanitarian workers.
3. Nominate two focal points (one at senior management level and one at field level) within their agency to deal with reports, and promote good humanitarian assistance given without conditionality.
4. Work with protection colleagues to provide support for victims of abuse and exploitation. If your agency has no protection expertise contact the GBV working group

All humanitarian workers must:

- ✓ Be aware of what is happening around you.
- ✓ Take responsibility for what you hear and see. Report exploitation and abuse by any humanitarian staff or military.
- ✓ Know your code of conduct.
- ✓ Know your focal point within your agency to who you can report complaints.
- ✓ When delivering aid consider how it might increase people's vulnerability to sexual exploitation and abuse
- ✓ When someone reports sexual abuse and exploitation to you, take them seriously, reassure and comfort them it is not their fault, report it immediately to your agency focal point and seek advice and guidance from protection colleagues. Ensure a link to GBV-specific or health services to support the survivor.



FOOD SECURITY AND AGRICULTURE



Food insecurity is a reoccurring issue in Somalia. For women and girls in particular, who in Somalia are primarily responsible for procuring and cooking food in the family, food insecurity in emergencies can contribute to increased risk of GBV. Be alert to women and girls being sexually exploited in exchange for access to and use of assistance.

◆ Actions in **bold** and *italics* are considered the minimum standards

ASSESSMENTS, ANALYSIS & STRATEGIC PLANNING

- ◆ ***Promote the active participation of those at greatest risk of GBV within the affected population in all livelihood assessment processes***
- ◆ **Assess:**
 - ✓ *Community norms* and practices related to food security, with a focus on the barriers faced by those at the greatest risk of GBV to achieve food security
 - ✓ ***Physical safety risks and access to food assistance programmes***
 - ✓ *Level of participation* and leadership of those at greatest risk of GBV in the design, construction, and monitoring of food security and agriculture activities
- ✓ *Awareness* of food assistance staff on gender, human rights and GBV (including where to report risk and access care)
- ◆ **Review** community outreach and awareness-raising curricula related to food security and agriculture to integrate GBV issues (where to report risk and how to access care)

RESOURCE MOBILISATION

- ◆ **Prepare** and provide trainings for government, staff and community groups engaged in food security and agriculture on safe design and implementation of programming that mitigates risks of GBV
- ◆ **Develop proposals that reflect knowledge of the particular risks of GBV for the affected population and strategies for reducing risk through food security and agriculture programming**

IMPLEMENTATION

Programming

- ◆ **Involve those at greatest risk of GBV in the design, implementation and monitoring of food assistance programmes (with due caution this does not increase risk of GBV)**
- ◆ **Design and select commodity and cash-based interventions that minimize possible negative impacts of GBV in relation to food assistance**
- ◆ **Take steps** to address food insecurity for women, girls and other at-risk groups through agriculture
- ◆ **Implement strategies** that increase the safety in and around food security and agriculture activities

- ◆ **Incorporate** safe access to firewood, fuel and alternative energy into programmes

Policies

- ◆ **Incorporate** relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of food security and agriculture programmes
- ◆ **Work with** government and other stakeholders to review and reform national and local policies to address discriminatory practices hindering those at greatest risk of GBV from safe participation (as staff, in community-based groups, etc.) in the food security and agriculture sector
- ◆ **Integrate** GBV risk-reduction strategies into national and local development policies and plans related to the food security and agriculture sector

Communication & Information Sharing

- ◆ ***Consult with GBV specialists to identify safe, confidential and appropriate systems of care for survivors who may share with food security and agriculture staff that they have experienced violence; ensure staff has the basic skills to provide information to survivors on where they can obtain support.***
- ◆ **Work with** GBV specialists to incorporate basic GBV messages (such as where to report risk and how to access care) into community outreach skills training, and awareness-raising activities related to food security and agriculture
- ◆ ***Ensure that food security and agriculture programmes that share information about reports of GBV within the food security and agriculture sector or with partners abide by safety and ethical standards***

COORDINATION

- ◆ **Identify** a food security and agriculture sector focal point to participate in regular coordination meetings of the GBV coordination mechanism
- ◆ ***Undertake coordination with other sectors to enhance the capacity of food security and agriculture partners to meet GBV-related protection needs and ensure basic protection rights for those at greatest risk of GBV within affected populations***

MONITORING & EVALUATION

- ◆ ***Identify, collect and analyze the core set of indicators—disaggregated by sex, age, disability, and other relevant vulnerability factors—to facilitate monitoring of GBV risk-reduction activities throughout the program me cycle***
- ◆ **Evaluate** GBV risk-reduction activities by measuring program outcomes including potential adverse effects, and using the information to inform decision-making and accountability

LIVELIHOODS



Women, adolescent girls and other marginalised groups are extremely vulnerable as they try to ensure food and income to care for their family members. The unequal treatment of women- who are often over-burdened with domestic responsibilities, poorly educated and discriminated against in ownership rights of land, housing and other assets- increases economic dependence on others and also increases vulnerability to violence.

◆ Actions in **bold** and *italics* are considered the minimum standards

ASSESSMENTS, ANALYSIS & STRATEGIC PLANNING

◆ ***Promote the active participation of those at greatest risk of GBV within the affected population in all livelihoods assessment processes***

◆ **Assess:**

- ✓ *Community norms* and practices related to livelihoods, with a focus on the barriers faced by those at the greatest risk of GBV (including gender norms that exclude access to certain types of work, land, capital etc)
- ✓ ***Physical safety and access to livelihoods programmes to identify risks of GBV***
- ✓ *Level of participation* and leadership of those at greatest risk of GBV in all aspects of livelihoods programming

✓ ***Awareness*** of livelihoods staff on gender, GBV and women's rights and knowledge of where survivors can report risk and access care.

◆ **Review** community outreach and awareness-raising curriculum related to livelihoods programming to ensure the material integrates issues relevant to GBV risk reduction (prevention, where to report risk and how to access care)

◆ **Conduct** local market analyses in partnership with those at greatest risk of GBV within the affected population, to identify profitable, accessible and desirable livelihood activities that do not exacerbate the risk of GBV.

RESOURCE MOBILISATION

- ◆ **Prepare** and provide trainings for government, humanitarian workers, women's groups, and community members engaged in livelihoods work on safe design and implementation of livelihoods programming that mitigates risks of GBV
- ◆ **Develop proposals for livelihoods programmes that reflect knowledge of the particular risks of GBV for the affected population and strategies for reducing risk through livelihoods programming**

IMPLEMENTATION

Programming

- ◆ **Involve those at greatest risk of GBV in all aspects of livelihoods planning, implementation, management and coordination**
- ◆ **Employ** and retain women as staff in livelihoods programming (with due caution in situations where this poses a potential security issue or may increase risk of GBV)
- ◆ **Implement livelihoods programmes that are safe and accessible, taking into account which livelihoods-related situations, locations, and relationships increase the risk of violence, exploitation, or abuse**

- ◆ **Consult** with those most at risk of GBV, put strategies in place to mitigate backlash and potential negative impacts against programme participants
- ◆ **Ensure** those at greatest risk of GBV have access to and sufficient control over income generated through livelihoods programmes
- ◆ **Build** professional capacity of participants of livelihoods programmes
- ◆ **Consult** with relevant GBV specialists to identify safe, confidential and appropriate systems of care for survivors who may share with livelihoods staff that they have experienced violence and ensure livelihoods staff has the basic skills to provide information to survivors on where they can obtain support



Policies

- ◇ **Incorporate** GBV prevention and mitigation strategies into the policies, standards and guidelines of livelihoods programmes
- ◇ **Work with** other stakeholders to reform national and local policies to address discriminatory practices hindering those at greatest risk of GBV from safe participation in livelihoods activities
- ◇ **Advocate** for the reform of laws and policies that limit the rights of women and other at-risk groups to own land and inherit husband's and/or family's resources

Communications & Information Sharing

- ◇ **Consult with GBV specialists to identify safe, confidential and appropriate systems of care for survivors who may share with livelihoods staff that they have experienced violence. Ensure livelihoods staff has the basic skills to provide information to survivors on where they can obtain support**
- ◇ **Work with** local and international GBV specialists to incorporate GBV messages (prevention, where to report, and how to access care) into livelihoods related programmes, outreach, skills trainings and awareness-raising activities

- ◆ **Ensure that livelihoods programmes that share information** about reports of GBV within the health sector or with partners **abide by safety and ethical standards**

COORDINATION

- ◆ **Identify** a livelihoods focal point to participate in regular coordination meetings of the GBV coordination mechanism
- ◆ ***Undertake coordination with other sectors to identify livelihoods opportunities for those at greatest risk of GBV***

MONITORING & EVALUATION

- ◆ ***Identify, collect and analyze the core set of indicators—disaggregated by sex, age, disability, and other relevant vulnerability factors—to facilitate monitoring of GBV risk-reduction activities throughout the program me cycle***
- ◆ **Ensure evaluation** of GBV risk-reduction activities by measuring program outcomes including potential adverse effects, and using the information to inform decision-making and accountability

HEALTH



Health services are often the first and sometimes only point of contact for GBV survivors. The ability of health facility and outreach staff to competently, confidentially and compassionately provide referral and treatment for survivors is crucial – particularly since high levels of stigma or fear of repercussions may deter survivors from seeking support unless injuries are visibly life threatening. Emergencies put an extra burden on health systems, however, overlooking the health implications of GBV means failing to provide life-saving care and missing an opportunity to provide referrals.

◆ Actions in **bold** and *italics* are considered the minimum standards

ASSESSMENTS, ANALYSIS & STRATEGIC PLANNING

- ◆ ***Promote the active participation of those at greatest risk of GBV within the affected population in all health assessment processes.***
- ◆ **Assess:**
 - ✓ *Cultural and community perceptions, norms and practices related to uptake of GBV-related health services*
 - ✓ ***Accessibility of existing GBV-related health services***
 - ✓ *Quality of existing GBV-related health services*
 - ✓ ***Awareness of specialized (clinical) staff in the provision of targeted care for survivors***
- ◆ **Investigate:**
 - ✓ Options for improving accessibility of care
 - ✓ Local and national laws related to GBV that might be relevant to the provision of GBV-related health services
- ◆ **With** the Ministry of Health (MOH), assess whether existing national health/medical policies and protocols related to GBV and GBV-related care are in line with international standards

- ◇ **Review** health-related community outreach and awareness-raising curricula to ensure the material integrates issues relevant to GBV prevention, where to report risk, health effects of different forms of GBV, benefits of health treatment and how to access care)

RESOURCE MOBILISATION

- ◇ **Prepare** and provide trainings for government, health facility administrators and staff, and community health workers (including community health workers and TBAs) on sexual assault-related protocols
- ◇ **Pre-position** trained staff and appropriate supplies to implement clinical care for sexual assault survivors in a variety of health delivery systems (e.g. medical drugs, equipment, administrative supplies, etc.)
- ◇ ***Develop proposals for GBV-related health programming that reflect knowledge of the particular risks of GBV for the affected population and strategies for health sector***

IMPLEMENTATION

Programming

- ◇ **Involve** women and other vulnerable groups in the administration of health care facilities and the provision of health care services and ensure their active participation/ leadership in local health committees and community groups.
- ◇ ***Ensure safe access for survivors to clinical care for sexual assault as part of the Minimum Initial Service Package standard for life-saving reproductive health care in emergencies.***
- ◇ **Integrate** medical management and basic mental health care for additional forms of GBV (e.g. intimate partner violence, FGM/C)
- ◇ **Increase** accessibility of health care facilities to survivors and those at greatest risk of GBV
- ◇ **Maximise quality** of physical and mental health care in health facilities
- ◇ Work towards **sustainable strategies** for on-going provision and expansion of survivor services post-emergency



Polices

- ◆ **Consult** with GBV specialists to develop and institute locally relevant and standardized referral pathways and procedures that safely and confidentially link survivors who access health care with additional services.
- ◆ **Establish agreed-upon** protocols for the clinical care of sexual assault survivors that meet international standards, and ensure widespread distribution to and implementation by health facilities.

- ◆ **Work with** national and local stakeholders to review and reform national and local laws, legal definitions, and policies related to GBV to improve the range and quality GBV-related health care

Communications & Information Sharing

- ◆ **Conduct** widespread community outreach and awareness-raising activities that integrate basic GBV messages (prevention, where to report risk, health effects of different forms of GBV, benefits of health treatment and how to access care)

- ◆ ***Ensure that health programmes that share information about reports of GBV within the health sector or with partners abide by safety and ethical standards***

COORDINATION

- ◆ **Identify** a health focal point to participate in regular coordination meetings of the GBV coordination mechanism
- ◆ ***Undertake coordination with other sectors to enhance the capacity of health partners to meet GBV prevention and response responsibilities***
- ◆ **Ensure** GBV is a regular item on the agenda in all health-related coordination mechanisms

MONITORING & EVALUATION

- ◆ ***Identify, collect and analyze the core set of indicators—disaggregated by sex, age, disability, and other relevant vulnerability factors—to facilitate monitoring of GBV risk-reduction activities throughout the programme cycle***
- ◆ **Work with** MOH to incorporate relevant indicators into the health information management system

NUTRITION



Evidence shows higher levels of gender inequality are linked to higher levels of acute and chronic under-nutrition for women and girls. When food and other basic needs are in short supply under-age daughters are at higher risk of early marriages and exchanging sex for food. GBV survivors may face more difficulties accessing food and nutrition services due to social isolation. Nutrition actors are in an important position to monitor women and girl's safety needs and provide a supportive and confidential environment for women and girls seeking information to report risk or access care.

◆ Actions in **bold** and *italics* are considered the minimum standards

ASSESSMENTS, ANALYSIS & STRATEGIC PLANNING

◆ ***Promote the active participation of those at greatest risk of GBV within the affected population in all nutrition assessment processes.***

◆ Assess:

- ✓ Community norms and practices linked with nutrition that may contribute to GBV risks
- ✓ ***Physical safety and access to nutrition services to identify associated risks of GBV***
- ✓ Awareness of nutrition staff on gender, GBV and womens rights (including where to report risk and access care)

◆ **Review** community outreach and awareness-raising curricula related to nutrition to integrate basic GBV risk reduction (where to report risk, and how to access care)

RESOURCE MOBILISATION

- ◆ **Prepare** and provide trainings for government, nutrition staff and community nutrition groups on safe design and implementation of nutrition programming that mitigates risk of GBV
- ◆ ***Develop proposals for nutrition that reflect knowledge of the particular risks of GBV for the affected population related to nutrition assistance***



IMPLEMENTATION

Programming

- ◇ **Involve those at greatest risk of GBV in the design, implementation and monitoring of nutrition activities (with due caution to avoid safety risks related to GBV).**
- ◇ **Employ and retain** women as nutrition staff and ensure their active participation/leadership in nutrition committees (with due caution in situations where this poses a potential security issue or may increase the risk of GBV)
- ◇ **Implement** strategies, in consultation with women, girls and those at-risk, that increase safety, availability and accessibility of nutrition services for those at greatest risk of GBV

- ◇ **Implement** pro-active strategies in nutrition programmes to reduce GBV risk for participants and address survivor needs

Policies

- ◇ **Incorporate** relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of nutrition programmes
- ◇ **Integrate** GBV risk-reduction strategies into national and local development policies and plans related to nutrition

Communications & Information Sharing

- ◆ ***Consult with relevant GBV specialists to identify safe, confidential and appropriate systems of care for survivors who may share with nutrition staff that they have experienced violence and ensure nutrition staff has the basic skills to provide information to survivors on where they can obtain support***
- ◆ **Work with local and international GBV specialists to incorporate basic GBV messages (where to report risk and how to access care) into nutrition-related community outreach, skills trainings and awareness-raising activities**
- ◆ ***Ensure that nutrition programmes that share information about reports of GBV within the nutrition sector or with partners abide by safety and ethical standards***

COORDINATION

- ◆ **Identify** a Nutrition focal point to participate in regular coordination meetings of the GBV coordination mechanism
- ◆ ***Undertake coordination with other sectors to enhance the capacity of nutrition partners to meet GBV-related protection needs and ensure basic protection rights for those at greatest risk of GBV within affected populations***

MONITORING & EVALUATION

- ◆ ***Identify, collect and analyze the core set of indicators—disaggregated by sex, age, disability, and other relevant vulnerability factors—to facilitate monitoring of GBV risk-reduction activities throughout the program me cycle***
- ◆ **Ensure** evaluation of GBV risk-reduction activities by measuring program outcomes including potential adverse effects, and using the information to inform decision-making and accountability

EDUCATION



Attending school can be a risky endeavour, especially girls, who may face increased risk of harassment, sexual assault or abduction travelling to and from school or on school grounds. However, well-designed education interventions can be critical in reducing GBV. Schools can be a positive environment for the protection of children and teachers may be the first responders to children and youth experiencing GBV. In the long-term, social norms underpinning gender inequality and condoning violence can start to be changed.

◆ Actions in **bold** and *italics* are considered the minimum standards

ASSESSMENTS, ANALYSIS & STRATEGIC PLANNING

◆ ***Promote the active participation of those at greatest risk of GBV within the affected population in all education assessment processes.***

◆ **Assess & investigate:**

- ✓ *Level of participation* and leadership of those at greatest risk of GBV in all aspects of education programming
- ✓ *Community norms* and practices that may create possible obstacles to access to learning for students, girls in particular
- ✓ ***Analyse access to and physical safety of learning environments to identify risks of GBV***

✓ *Awareness* of educational staff on Codes of Conduct and basic issues related to GBV, gender and human rights (including where survivors can report risk and access care)

✓ *Capacity* of educational programs to respond ethically and safely to incidents of GBV reported by students

◆ **Review:**

- ✓ National and local educational curricula to integrate GBV prevention messages
- ✓ Community outreach and awareness-raising curricula related to education to ensure the material integrates GBV risk reduction (prevention, where to report risk and access care)

RESOURCE MOBILISATION

- ◆ **Identify and pre-position** appropriate and culturally sensitive supplies for education that can mitigate risk of GBV
- ◆ **Involve** those at greatest risk of GBV in the design, implementation and monitoring of education activities.
- ◆ **Prepare** and provide trainings for government, education personnel, and relevant community members on safe design and implementation of education programmes that mitigate risk of GBV
- ◆ **Target** women and other at-risk groups for job skills training related to education, particularly in leadership roles to ensure their presence in decision-making processes
- ◆ **Develop proposals for education programmes that reflect knowledge of the particular risks of GBV for the affected population and strategies for reducing risk**

IMPLEMENTATION

Programming

- ◆ **Involve those at greatest risk of GBV in all aspects of education programme planning, implementation, administration and coordination**

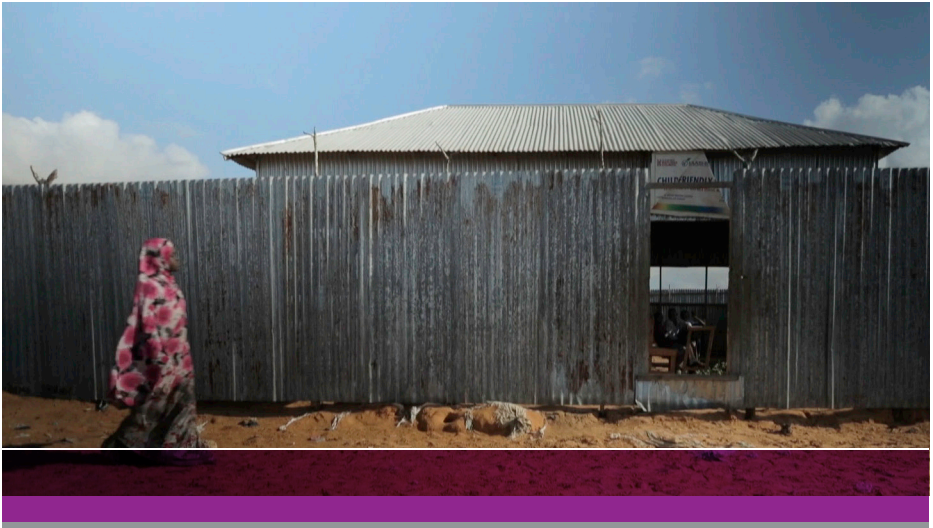
- ◆ **Employ and retain** women as teachers, administrators, classroom assistants and security personnel (where appropriate) and ensure their active participation/leadership in education-related committees (with due caution to security issues /risk of GBV)
- ◆ **Maximize accessibility** of education for those at most risk of GBV
- ◆ **Maximize physical safety** in and around education environments
- ◆ **Ensure all education personnel understand and have signed a Code of Conduct, and provide training on gender, GBV, human rights, ongoing support for education personnel to enhance their capacity to mitigate the risk of GBV in educational settings**
- ◆ **Ensure** reporting and referral systems are in place for the disclosure of GBV incidents
- ◆ **Work with** the Ministry of Education to develop and implement curricula that contributes to long-term shifts in gender norms and promotes a culture of non-violence and respect

Policies

- ◇ **Incorporate** relevant GBV prevention and mitigation strategies into the education policies, standards and guidelines
- ◇ **Work with** government and other stakeholders to review and reform national and local policies to address discriminatory practices hindering those at greatest risk of GBV, especially adolescent girls, from safe access to education
- ◇ **Integrate** GBV risk-reduction strategies into national and local development policies and plans related to education and allocate funding for sustainability

Communications & Messaging

- ◇ Work with local and international GBV specialists to incorporate basic GBV messaging into education-related community outreach and awareness-raising activities
- ◇ ***Ensure that education programmes that share information about reports of GBV within the education sector or with partners abide by safety and ethical standards***



COORDINATION

- ◆ **Identify** an Education focal point to participate in regular coordination meetings of the GBV coordination mechanism
- ◆ ***Undertake coordination with other sectors to enhance the capacity of Education partners to meet GBV-related protection needs and ensure basic protection rights for those at greatest risk of GBV within affected populations***

MONITORING & EVALUATION

- ◆ ***Identify, collect and analyze the core set of indicators—disaggregated by sex, age, disability, and other relevant vulnerability factors—to facilitate monitoring of GBV risk-reduction activities throughout the program me cycle***
- ◆ **Ensure** evaluation of GBV risk-reduction activities by measuring program outcomes including potential adverse effects, and using the information to inform decision-making and accountability

SHELTER, SETTLEMENT & RECONSTRUCTION



Populations affected by emergencies are often affected by cramped living conditions, lack of privacy and lack the ability to secure shelters. Vulnerable persons more at risk of trading sex or other favours or may try to cope by engaging their children early/forced marriage for shelter materials, construction or to pay rent.

◆ Actions in **bold** and *italics* are considered the minimum standards

ASSESSMENTS, ANALYSIS & STRATEGIC PLANNING

- ◆ ***Promote the active participation of those at greatest risk of GBV within the affected population in all shelter assessment processes***
- ◆ **Assess:**
 - ✓ ***GBV Risks related to shelter safety and access issues***
 - ✓ Methods used to distribute shelter assistance
 - ✓ Whether shelter maintains family-community links while still maintaining privacy
 - ✓ ***Awareness*** of shelter staff gender, GBV and women's rights (including knowledge of where survivors can report risk and access care)

RESOURCE MOBILISATION

- ◆ **Identify and pre-position** appropriate and culturally sensitive supplies for shelter that can mitigate risk of GBV
- ◆ **Prepare and provide** trainings for government, shelter staff and community shelter groups on safe design and implementation of shelter programming that mitigates risks of GBV
- ◆ ***Develop proposals that reflect knowledge of the particular risks of GBV for the affected population related to shelter assistance***



IMPLEMENTATION

Programming

- ◆ **Involve** those at greatest risk of GBV to participate as staff and leaders in the design, construction and maintenance of shelter facilities (with due caution in situations where this poses a potential security risk or increases the risk of GBV)
- ◆ **Prioritize** GBV risk reduction strategies in shelter construction
- ◆ **Establish clear, consistent and transparent distribution systems for shelter materials**

- ◆ **Promote** the design and distribution of cooking sets/ cooking facilities that reduce fuel consumption, which in turn reduces women's need to seek fuel outside safe areas

Policies

- ◆ **Incorporate** relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of shelter programmes

- ◇ **Integrate** GBV risk-reduction strategies into national and local development policies and plans related to shelter

Communications & Information Sharing

- ◇ ***Consult with relevant GBV specialists to identify safe, confidential and appropriate systems of care for survivors who may share with shelter staff that they have experienced violence and ensure shelter staff has the basic skills to provide information to survivors on where they can obtain support***
- ◇ **Work with** local and international GBV specialists to incorporate basic GBV messages (where to report risk and how to access care) into shelter-related community outreach, skills trainings and awareness-raising activities
- ◇ ***Ensure that shelter programmes that share information about reports of GBV within the sector or with partners abide by safety and ethical standards***

COORDINATION

- ◇ **Identify** a Shelter focal point to participate in regular coordination meetings of the GBV coordination mechanism
- ◇ ***Undertake coordination with other sectors to enhance the capacity of Shelter partners to meet GBV-related protection needs and ensure basic protection rights for those at greatest risk of GBV within affected populations***

MONITORING & EVALUATION

- ◇ ***Identify, collect and analyze the core set of indicators—disaggregated by sex, age, disability, and other relevant vulnerability factors—to facilitate monitoring of GBV risk-reduction activities throughout the program me cycle***
- ◇ **Ensure** evaluation of GBV risk-reduction activities by measuring program outcomes including potential adverse effects, and using the information to inform decision-making and accountability

WATER, SANITATION AND HYGIENE



When using communal water and sanitation facilities, women and girls are vulnerable to sexual violence. Women and girls also often have to walk long distances to fetch water, or wait a long time in queues to receive water; or to use toilets – increasing their exposure to sexual violence and abuse. To minimize these risks, the WASH cluster is advised to pay particular attention to safety and security risks those most vulnerable to GBV.

◆ Actions in **bold** and *italics* are considered the minimum standards

ASSESSMENTS, ANALYSIS & STRATEGIC PLANNING

◆ ***Promote the active participation of those at greatest risk of GBV within the affected population in all WASH assessment processes, especially assessments focusing on the location and design of water points, toilets, laundry, kitchen and bathing facilities.***

◆ **Assess:**

- ✓ *Community norms* and practices related to WASH that may increase the risk of GBV
- ✓ ***Physical safety and access to WASH facilities to identify GBV risks***
- ✓ *Level of participation* and leadership of those at greatest risk of GBV in the design, construction, and monitoring of WASH facilities

✓ ***Awareness*** of water, sanitation and hygiene staff on basic issues related to gender, GBV and human rights (including where survivors can report risk and access care; linkages between WASH programming and GBV risk reduction)

◆ **Review** community outreach and awareness-raising curricula related to WASH to integrates issues relevant to GBV risk reduction (where to report risk and how to access care)

RESOURCE MOBILISATION

◆ **Identify and pre-position** appropriate and culturally sensitive supplies for WASH that can mitigate risk of GBV



- ◆ **Prepare and provide** trainings for government, WASH staff and community WASH groups on safe design and implementation of WASH facilities that mitigate risks of GBV
- ◆ **Target women** for job skills training on operation and maintenance of water supply and sanitation, particularly in technical and managerial roles to ensure their presence in decision-making processes
- ◆ **Develop proposals for WASH programmes that reflect knowledge of the particular risks of GBV for the affected population and strategies for reducing risk through WASH programming**

IMPLEMENTATION

Programming

- ◆ ***Involve those at greatest risk of GBV in the siting, design, construction, management and coordination of WASH facilities (water points, toilet, laundry, kitchen & bathing facilities etc)***
- ◆ **Employ and retain** women as WASH staff and ensure their active participation/leadership in WASH committees and water management groups (with due caution in situations where this poses a potential security issue or may increase the risk of GBV)

- ◇ **Implement** strategies that increase the availability and accessibility of water, particularly for those at greatest risk of GBV
- ◇ **Implement strategies** to maximize safety, accessibility, and privacy of WASH facilities
- ◇ **Ensure** dignified access to distribution of hygiene related materials

Policies

- ◇ **Incorporate** relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of WASH programmes
- ◇ **Work with** government and other stakeholders on national and local policies to address discriminatory practices hindering those at greatest risk of GBV from safe participation in the WASH sector
- ◇ **Integrate** GBV risk-reduction strategies into national and local development policies and plans related to WASH and allocate funding for sustainability

Communications & Information Sharing

- ◇ **Consult with relevant GBV specialists to identify safe, confidential and appropriate systems of care for survivors who may share with WASH staff that they have experienced violence and ensure WASH staff has the basic skills to provide information to survivors on where they can obtain support**
- ◇ **Work with** local and international GBV specialists to incorporate basic GBV messages (where to report risk and how to access care) into hygiene promotion and other WASH-related community outreach, skills trainings and awareness-raising activities
- ◇ **Ensure that WASH programmes that share information about reports of GBV within the WASH sector or with partners in the larger humanitarian community abide by safety and ethical standards (e.g. shared information does not reveal the identity of or pose a security risk to individual survivors, their families or the broader community).**

COORDINATION

- ◆ **Identify** a WASH focal point to participate in regular coordination meetings of the GBV coordination mechanism
- ◆ ***Undertake coordination with other sectors to enhance the capacity of WASH partners to meet GBV-related protection needs and ensure basic protection rights***

MONITORING & EVALUATION

- ◆ ***Identify, collect and analyze the core set of indicators—disaggregated by sex, age, disability, and other relevant vulnerability factors—to facilitate monitoring of GBV risk-reduction activities throughout the programme cycle***
- ◆ **Ensure** evaluation of GBV risk-reduction activities by measuring program outcomes including potential adverse effects, to inform decision-making and accountability

PROTECTION



Protection needs for all people become heightened by the Somali conflict and fragility in the country. Some of the factors that increase people's level of risk include the loss of shelter; armed attacks and abuse; family separation; the collapse of family and community-protective mechanisms; arbitrary deprivation of land, homes and other property; marginalization, discrimination and hostility in new settings; and exposure to landmines or explosive remnants of war.

◆ Actions in **bold** and *italics* are considered the minimum standards

ASSESSMENTS, ANALYSIS & STRATEGIC PLANNING

◆ ***Promote the active participation of those at greatest risk of GBV within the affected population in all protection assessment processes.***

◆ **Assess:**

- ✓ *Level of participation and leadership* of those at greatest risk of GBV in all aspects of targeted humanitarian protection programming
- ✓ ***Broader protection factors that exacerbate the risks of GBV in the particular setting***
- ✓ *Capacity of security actors* to mitigate the risks of GBV and assist and support GBV survivor

✓ *Capacity of formal and informal justice sector/actors* to safely and ethically respond to incidents of GBV reported by affected populations

✓ *Awareness* of protection staff on basic issues related to GBV, gender and women's rights (including where to report and access care)

◆ **Review** protection-related community outreach and awareness-raising curricula to ensure the material integrates issues relevant to GBV risk reduction (where to report risk and how to access care)

RESOURCE MOBILISATION

- ◆ **Prepare** and provide trainings for protection actors, security and legal/justice personnel, and relevant community members on the particular risks and safety needs of those at greatest risk of GBV
- ◆ **Target** women and other at-risk groups for job skills training related to protection, particularly in leadership roles to ensure their presence in decision-making
- ◆ **Develop proposals for protection programming that reflect knowledge of the particular risks of GBV for the affected population and strategies for reducing r risk through protection programming**

IMPLEMENTATION

Programming

- ◆ **Involve those at greatest risk of GBV in all aspects of protection programming**
- ◆ **Integrate GBV prevention and mitigation into protection monitoring activities**
- ◆ **Implement strategies that safeguard those at greatest risk of GBV within the affected population during documentation, profiling, and registration processes**

- ◆ **Enhance** the capacity of security institutions/personnel to prevent and respond to GBV in affected areas
- ◆ **Promote** access to justice by strengthening institutional capacities of formal and informal legal systems and actors

Policies

- ◆ **Incorporate** relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of targeted protection programming
- ◆ **Work with** government and other stakeholders to reform national and local policies and laws to promote the rule of law

Communications & Information Sharing

- ◆ **Consult with relevant GBV specialists to identify safe, confidential and appropriate systems of care for survivors who may share with protection staff that they have experienced GBV, and ensure that protection staff has the basic skills to provide information to survivors on where they can obtain support**

- ◇ **Work with** local and international GBV specialists to incorporate basic GBV messaging (where to report risk and access care) into protection community outreach and awareness-raising activities
- ◇ **Ensure that protection programmes that share information about reports of GBV within the protection sector or with partners abide by safety and ethical standards**
- ◇ **Seek out** GBV expertise to assist with integrating GBV into protection programmes

COORDINATION

- ◇ **Identify** a Protection focal point to participate in regular coordination meetings of the GBV coordination mechanism
- ◇ **Undertake coordination with other sectors to enhance their capacity to meet GBV-related protection needs and ensure basic protection rights for those greatest risk of GBV. Strengthen government coordination, collaboration and response mechanisms related to ensuring protective environments.**

MONITORING & EVALUATION

- ◇ **Identify, collect and analyze the core set of indicators—disaggregated by sex, age, disability, and other relevant vulnerability factors—to facilitate monitoring of GBV risk-reduction activities throughout the program me cycle**
- ◇ **Ensure** evaluation of GBV risk-reduction activities by measuring program outcomes including potential adverse effects, and using the information to inform decision-making and accountability.

CHILD PROTECTION

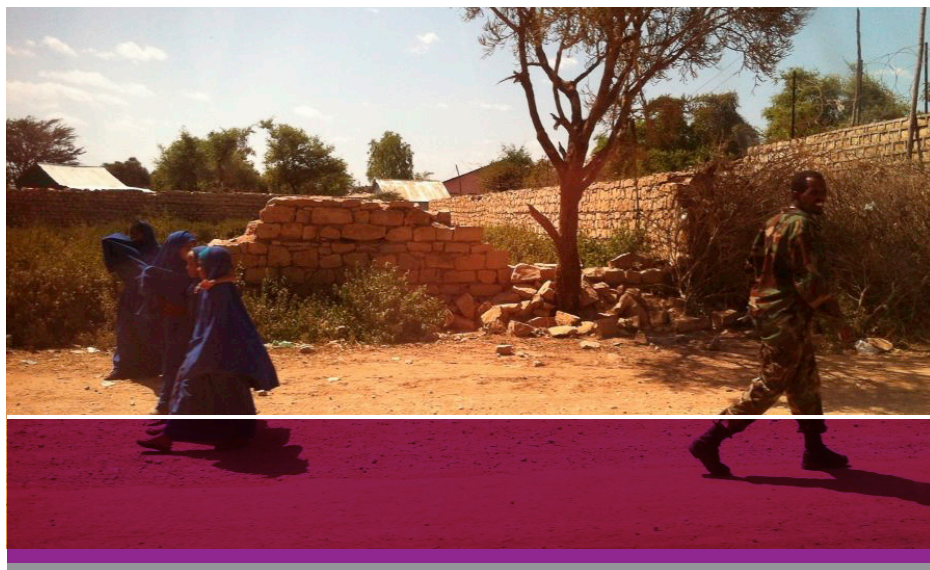


Children and youth are at heightened risk of experiencing violence in humanitarian settings. In Somalia, the protracted conflict, collapse of central government and multiple disasters have eroded social protection systems leaving children increasingly at-risk of physical abuse, sexual abuse, corporal punishment, and other forms of domestic violence. Children are also more easily exploited and coerced than adults, and are often taken advantage of by people in authority. Proximity to armed forces, overcrowded camps, and separation from family members all contribute to an increased risk of exposure to violence.

◆ Actions in **bold** and *italics* are considered the minimum standards

ASSESSMENTS, ANALYSIS & STRATEGIC PLANNING

- ◆ ***Promote the active participation of children and youth at risk of GBV in child protection (CP) assessment processes (according to ethical standards)***
- ◆ **Assess:**
 - ✓ The level of participation and leadership of females and other at-risk groups in the design, implementation and monitoring of child protection programmes
 - ✓ Cultural practices, expected behaviours and social norms that constitute GBV and/or increase risk of GBV against children
- ✓ Environmental factors that increase children's risk of GBV
- ◆ ***Identify response services and gaps in services for girl and boy survivors***
- ◆ ***Map community-based child protection mechanisms that can be fortified to mitigate the risks of GBV against girls and boys***
- ◆ **Assess** the capacity of CP programmes and personnel targeting specific groups of vulnerable children to recognise the risks of GBV and apply the principles of child-friendly care when engaging with girl and boy survivors



- ◇ **Review** existing/proposed community outreach and awareness-raising curricula related to child protection to ensure the material integrates issues relevant to basic GBV risk reduction (prevention, where to report risk and how to access care)

RESOURCE MOBILISATION

- ◇ **Prepare** and provide trainings for government, humanitarian workers, national and local security and legal/justice sector actors, community leaders, and relevant community members on law enforcement, child protection personnel, teachers, violence against children and youth, recognizing the differential risks and safety needs of girls and boys
- ◇ **Train** child protection actors who work directly with affected populations to recognize GBV risks for children and their caregivers on where girls and boys can obtain care and support
- ◇ **Target** women and other at-risk groups for job skills training related to child protection, particularly in leadership roles to ensure their presence in decision making processes
- ◇ **Develop proposals for child protection programmes that reflect knowledge of the particular risks of GBV for the affected population and strategies for reducing risk through child protection programming**

IMPLEMENTATION

Programming

- ◇ **Involve those at greatest risk of GBV, including girl and boy children and youth, in all aspects of child protection programming**
- ◇ **Employ and retain** females as child protection staff and ensure their active participation/ leadership in child protection activities (with due caution in situations where this poses a potential security issue or may increase the risk of GBV)
- ◇ **Support community-based safe environments for children and youth that address the different needs of boys and girls of different ages**
- ◇ **Ensure** accessibility and quality of age-, sex- and gender-sensitive multi-sectoral care for child survivors of GBV
- ◇ **Where there are gaps** in services for children, support the training of medical, mental health and psychosocial, police and legal/ justice actors in age-, sex and gender sensitive engagement skills with child survivors
- ◇ **Monitor and address** the risks of GBV for separated and unaccompanied children

- ◇ **Ensure** that child protection activities related to child recruitment and disarmament, demobilization and reintegration of children associated with armed forces/ groups are sensitized to the GBV risks for girls and boys, and equipped to identify and provide non-stigmatizing support to survivors of GBV
- ◇ **Ensure** the safety and protection of children in contact with the law, taking into account the particular risks of GBV within detention facilities.

Policies

- ◇ **Incorporate** relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of child protection programmes
- ◇ **Work with** government and other stakeholders to adopt national and local laws and policies that promote and protect the rights of children to be free from GBV with recognition of the particular vulnerabilities, rights and needs of girls and other at-risk groups of children

Communications & Information Sharing

- ◆ **Work with** local and international GBV specialists to incorporate basic GBV messages (prevention, where to report risk and how to access care) into child protection-related community outreach and awareness-raising activities
- ◆ **Ensure that CP programmes that share information about reports of GBV within the sector or with partners abide by safety and ethical standards**

COORDINATION

- ◆ **Identify** a Child Protection focal point to participate in regular coordination meetings of the GBV coordination mechanism
- ◆ **Undertake coordination with other sectors to enhance the capacity of Child Protection partners to meet GBV-related protection needs and ensure basic protection rights for those at greatest risk of GBV within affected populations**

MONITORING & EVALUATION

- ◆ **Identify, collect and analyze the core set of indicators—disaggregated by sex, age, disability, and other relevant vulnerability factors—to facilitate monitoring of GBV risk-reduction activities throughout the programme cycle**
- ◆ **Ensure** evaluation of GBV risk-reduction activities by measuring program outcomes including potential adverse effects, and using the information to inform decision-making and accountability

HOUSING, LAND AND PROPERTY



Recent gains in stability in Somalia has seen waves of return from refugees, the diaspora and internally displaced populations; this is raising land grievances as well as inequalities and tensions about housing, land and property (HLP), and can give rise to new disputes. During armed conflicts, for example, the occupation of land or property, the destruction of housing, and forced evictions are often deliberate strategies of warring parties. In such cases, those left at home (often women) may get into arguments, negotiations or confrontations with the evictors, putting them at risk of abuse, beatings, rape and murder.

◆ Actions in **bold** and *italics* are considered the minimum standards

ASSESSMENTS, ANALYSIS & STRATEGIC PLANNING

◆ *Promote the active participation of those at greatest risk of GBV within the affected population in all HLP assessment processes.*

◆ **Assess:**

- ✓ *Common types of disputes* in the setting as they relate to barriers faced by women and other at-risk groups in accessing HLP as well as how these may contribute to various forms of GBV
- ✓ *Applicable national and local legislation* and customary laws and policies barring access to HLP rights that in turn may increase GBV risks

✓ *Whether existing institutions protect the rights of women and other at-risk groups in relation to their HLP rights*

✓ *Awareness* of HLP staff on basic women's rights, GBV issues (including knowledge of where survivors can report risk and access care)

◆ **Examine** HLP rights related to return, resettlement or integration for women and other at-risk groups.

◆ **Review** community outreach and awareness-raising curricula related to HLP to ensure the material integrates issues relevant to basic GBV risk reduction (where to report risk, and access care)



IMPLEMENTATION

Programming

- ◆ **Involve** those at greatest risk of GBV to participate as staff and leaders in the design, construction and maintenance of HLP projects (with due caution in situations where this poses a potential security risk or increases the risk of GBV)
- ◆ **Support** and strengthen national and local authorities and civil society groups to promote women's rights to HLP as a means of minimizing their vulnerability to GBV.
- ◆ ***Provide and strengthen legal assistance for women and other at-risk groups in recovering their homes, land and other property.***

Policies

- ◆ **Incorporate** GBV prevention and mitigation strategies into HLP policies, standards and guidelines
- ◆ **Integrate** GBV risk-reduction strategies into national and local development policies and laws related to HLP

RESOURCE MOBILISATION

- ◆ **Develop** proposals that reflect knowledge of the particular risks of GBV for the affected population related to HLP
- ◆ **Prepare** and provide trainings for relevant government and humanitarian workers and volunteers on safe design and implementation of HLP programming that mitigates risk of GBV

Communications & Information Sharing

- ◆ **Consult** with relevant GBV specialists to identify safe, confidential and appropriate systems of care for survivors who may share with HLP staff that they have experiences violence and ensure HLP staff has the basic skills to provide information to survivors on where they can obtain support.
- ◆ **Work with** local and international GBV specialists to incorporate basic GBV messages (where to report risk and how to access care) into HLP-related community outreach, skills trainings and awareness-raising activities
- ◆ **Ensure that HLP programmes that share information about reports of GBV within the HLP sector or with partners abide by safety and ethical standards**

COORDINATION

- ◆ **Identify** a HLP focal point to participate in regular coordination meetings of the GBV coordination mechanism
- ◆ **Undertake coordination with other sectors to enhance the capacity of HLP partners to meet GBV-related protection needs and ensure basic protection rights for those at greatest risk of GBV within affected populations**

MONITORING & EVALUATION

- ◆ **Identify, collect and analyze the core set of indicators—disaggregated by sex, age, disability, and other relevant vulnerability factors—to facilitate monitoring of GBV risk-reduction activities throughout the program me cycle**
- ◆ **Ensure** evaluation of GBV risk-reduction activities by measuring program outcomes including potential adverse effects, and using the information to inform decision-making and accountability

HUMANITARIAN MINE ACTION



Humanitarian mine action (HMA) is critical to ensuring the safety of civilian populations living in contaminated areas, as well as the recovery and reintegration of direct and indirect survivors of landmines/explosive remnants of war (ERW). While a greater number of men and boys are directly affected, the impacts on women and girls are considerable. People who are directly injured by landmines/ERW are more likely to face discrimination, isolation, and stigmatization thereby increasing their risk of violence, abuse and exploitation. Women, girls, and other at-risk groups directly injured in a blast may be less likely to receive support for their physical rehabilitation and socioeconomic reintegration. Their disability may increase their risk of intimate partner violence and other forms of domestic violence.

◆ Actions in **bold** and *italics* are considered the minimum standards

ASSESSMENTS, ANALYSIS & STRATEGIC PLANNING

- ◆ ***Promote the active participation of those at greatest risk of GBV within the affected population in all humanitarian mine action assessment processes***
- ◆ **Assess:**
 - ✓ ***Physical safety of, and access to, mine risk education activities and victim support programmes to identify associated risks of GBV (e.g. travel to and from MRE meetings and health and rehabilitation facilities; accessibility features for persons with disabilities; etc)***
 - ✓ *Level of participation and leadership of those at greatest risk of GBV in the design and monitoring of HMA (land release, MRE and victim assistance) activities (e.g. ratio of male/female HMA staff; representation of females and other at-risk groups, committees and other relevant mine action; etc.)*
 - ✓ Awareness of HMA staff on basic issues related to gender, GBV, and women's rights/human rights (including knowledge and awareness of where survivors report and access care)

- ◇ **Review** community outreach and awareness-raising curricula related to HMA to ensure the material integrates issues relevant to basic GBV risk reduction

RESOURCE MOBILISATION

- ◇ **Prepare** and provide trainings for government, HMA staff and volunteers, and community HMA groups on safe design and implementation of HMA activities that mitigate risks of GBV
- ◇ **Develop proposals that reflect knowledge of the particular risks of GBV for the affected population and strategies for reducing risk through HMA assistance**

IMPLEMENTATION

Programming

- ◇ **Involve those at greatest risk for GBV within the affected population as staff and leaders in the design, implementation, monitoring and evaluation of land release, mine risk education and victim assistance activities** (with due caution in situations where this poses a potential security risk or increases risk of GBV)

- ◇ **Implement** strategies that increase the availability and accessibility of victim assistance activities for women and girls and other at-risk groups
- ◇ **Support** women and other at-risk groups affected by landmines/ERW in socio-economic reintegration and benefits initiatives, giving particular attention to female-headed households and women with disabilities
- ◇ **Reinforce** women's land rights when releasing land previously contaminated with landmines/ERW

Policies

- ◇ **Incorporate** relevant GBV prevention and mitigation strategies into HMA policies, standards and guidelines
- ◇ **Integrate** GBV risk-reduction strategies into national and local development policies and plans related to HMA

Communications & Information Sharing

- ◆ ***Consult with relevant GBV specialists to identify safe, confidential and appropriate systems of care for survivors who may share with HMA staff that they have experienced violence and ensure HMA staff has the basic skills to provide information to GBV survivors on where they can obtain support***
- ◆ **Work** with local and international GBV specialists to incorporate basic GBV messages (where to report risk and how to access care) into humanitarian mine action-related community outreach, skills trainings and awareness-raising activities
- ◆ ***Ensure that HMA programmes that share information about reports of GBV within the HMA sector or with partners abide by safety and ethical standards***

COORDINATION

- ◆ Identify a HMA focal point to participate in regular coordination meetings of the GBV coordination mechanism
- ◆ ***Undertake coordination with other sectors to enhance the capacity of HMA partners to meet GBV-related protection needs and ensure basic protection rights for those at greatest risk of GBV within affected populations***

MONITORING & EVALUATION

- ◆ ***Identify, collect and analyze the core set of indicators—disaggregated by sex, age, disability, and other relevant vulnerability factors—to facilitate monitoring of GBV risk-reduction activities throughout the program me cycle***
- ◆ **Ensure** evaluation of GBV risk-reduction activities by measuring program outcomes including potential adverse effects, and using the information to inform decision-making and accountability



For more details, coordination & request for GBV specialist advice please contact the Somalia GBV working group gbvwwg.somalia@gmail.com