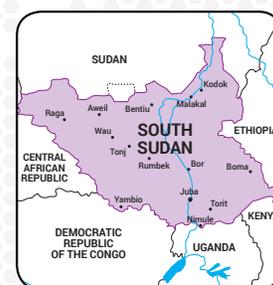


## PRACTICE BRIEF

# Improving safety for women and girls

**GBV risk mitigation in humanitarian response: practical examples from multiple field settings**

**Sectors: camp management, health, education, food security, nutrition, shelter and WASH**  
**Countries: Ethiopia, Nigeria, Syria, Somalia and South Sudan**



## Background

In 2018, the GBV Guidelines Implementation Support Team<sup>1</sup> launched a GBV Risk Mitigation Capacity-Building Initiative on GBV risk mitigation in emergencies for frontline and field-based practitioners. The initiative expands upon two years of experience building capacity and infrastructure in the humanitarian system on GBV risk mitigation strategies and approaches.

Following two five-day workshops in Amman, Jordan for the Middle East region and Nairobi, Kenya for the East Africa/Nigeria region, 64 practitioners initiated six-month field-based practicums to apply their learning and knowledge in their day-to-day work. This practice brief highlights 11 practicum projects in Ethiopia, Nigeria, Somalia, South Sudan and the Whole of Syria response in Camp Coordination and Camp Management, Health, Education, Food Security, Nutrition, Shelter and Water, Sanitation and Hygiene (WASH) sectors.

The 2015 Inter-Agency Standing Committee (IASC) *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Settings* (the 'GBV Guidelines') are a practical, field-tested tool that provides guidance for humanitarian actors and communities on the essential actions needed to mitigate the risks of GBV across all sectors. The GBV Guidelines are accompanied by an Implementation Strategy for the humanitarian sector and a six-person inter-agency Implementation Support Team that seeks to operationalize GBV risk mitigation in non-GBV sectors.

For more information on the GBV Guidelines and the GBV Risk Mitigation Capacity-Building Initiative, visit [www.gbvguidelines.org](http://www.gbvguidelines.org).

<sup>1</sup> The Implementation Support Team consists of members from CARE, IOM, UNFPA and UNICEF.

# Ethiopia

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## Biography

Halima Dahir Elmi joined IOM in 2014 and is the Shelter and Non-food Item Program Officer in IOM Ethiopia's Emergency/Post-Crisis Unit. She has been instrumental in linking with protection integration and consultation with community initiatives, especially during implementation and M&E phases.

## Practicum summary: Strengthening assessment, M&E and information management processes to reduce the risk of GBV and other protection concerns

The objective of Halima's practicum was to shift assessment, M&E and information management approaches at an organizational and cluster coordination level to better capture and address the needs of women, girls and other groups at risk of GBV. Part and parcel of her approach is to increase collaboration and coordination at national and sub-national levels between different specialists – such as shelter/NFI and GBV service providers – to amplify efforts to reach mutual outcomes and goals. The visual below indicates the types of activities Halima explored and undertook, many of which have a long-term timeline and are still in process as of October 2018.

Through a multi-faceted approach to coordination, collaboration and advocacy, Halima observed the following results based on her practicum activities to date:

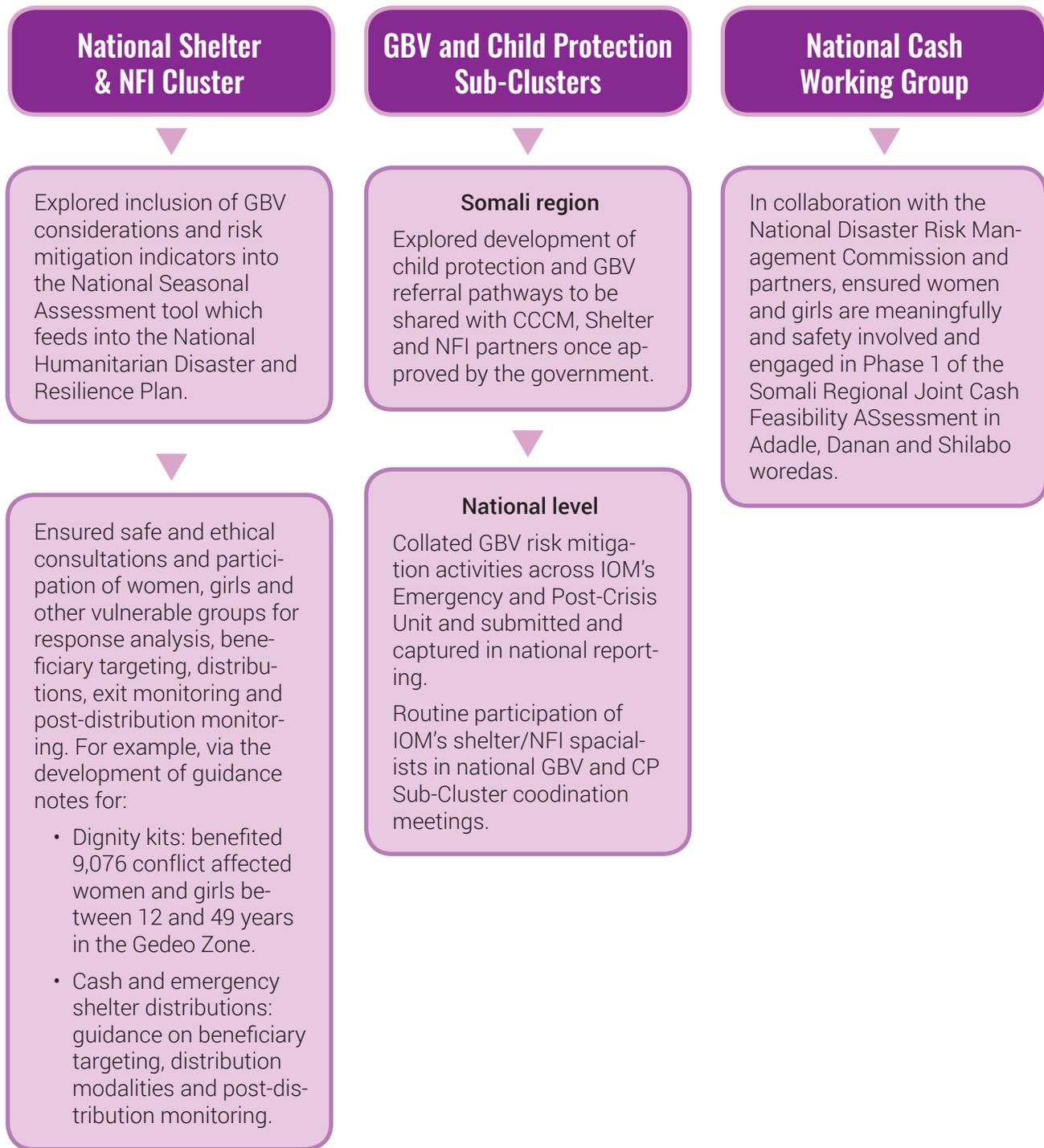
1. A shift in attitude among colleagues in her sector towards the criticality of talking to women and girls in communities in order to better understand their specific needs and their perceived solutions to challenges.
2. At the national level, stronger and more formalized coordination forums between CP/GBV specialists and Shelter/NFI specialists whereby IOM was actively participating in reporting its GBV integration activities to the CP/GBV sub-cluster and received information and guidance for its frontline workers related to GBV and CP.
3. Internal to IOM, increased collaboration between the Protection Advisor and Emergency/Post-Crisis Units whereby both specialized areas integrated to provide more high-quality accessible programming and services to affected communities.



**Halima engaging community members to identify and target life-saving assistance.**

Photo credit: Halima Dahir Elmi

Figure 1: Activities undertaken as part of Halima's practicum to address GBV



Acknowledgements: We wish to thank IOM Ethiopia's Senior Management Team for creating the space within the Emergencies and Post-Crisis Unit to conduct this GBV integration practicum, especially Mr. Martin Wyndham, Emergency and Post-Crisis Program Coordinator; Mr. David Zimmerman, Emergency Shelter and NFI Project Manager; Mrs. Tabata Fioretto, WASH Program Officer; and Ms. Flavia Giordani, Protection Advisor.

## Spotlight on shifting strategies and building partnerships in Ethiopia

At the workshop on GBV risk mitigation in Nairobi, a core group of practitioners from Ethiopia across government, NGO and UN agencies decided to pool their talent and resources to commit to ensuring GBV would be part of the 2019 Humanitarian Response Document. The commitment included a review of the 2018 Humanitarian and Disaster Resilience Plan (HDRP) and reflections to improve GBV commitments for the following cycle. Workshop participant Rahel Asfaw Belachew, Director of the Disaster Response and Rehabilitation Directorate at the National Disaster Risk Management Commission (NDRMC) – the government body responsible for coordinating Ethiopia’s humanitarian response – led this initiative and sought to systematically integrate GBV programming throughout the humanitarian modus operandi led by sector/cluster coordinators. UNICEF supported the NDRMC and partners to move this initiative forward. Starting with an inception workshop with cluster coordinators and a work plan for each cluster and its partners to identify entry points and tangible, concrete areas to operationalize ‘risk mitigation,’ the hope is to inform a new way of delivering humanitarian action and aid.

Simultaneously, UNICEF’s Ethiopia country office began integrating GBV risk mitigation strategies in its development and implementation of large-scale development programmes and humanitarian responses. Using the GBV Guidelines, UNICEF Ethiopia embarked on a series of key activities to ensure the following:

1. A common understanding of GBV risks and integration strategies amongst UNICEF staff in programmes and operations;
2. A strategy for how GBV risks can be identified and mitigated across programmatic and operational activities; and
3. The adoption of a GBV integration framework in May 2018, with actions across UNICEF’s programmatic sectors and within its institutional structures. The framework development was facilitated using a three-pronged approach:
  - a. Sector specific sensitization sessions;
  - b. Field mission visits and observational activities (to increase understanding among UNICEF staff and partners, and to develop recommendations for the country office);
  - c. A two-day intensive training exercise in May 2018 for UNICEF staff from each sector, operations and from field offices, which created a cadre of ‘GBV Champions’ and sector-specific 2018 action plans to be incorporated and considered in UNICEF’s Annual Work Planning exercises.

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# Nigeria

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## Biography

Ikenna is a public health professional with extensive humanitarian experience in the North-East of Nigeria specifically in health and nutrition programming. With a Bachelor's degree in Medicine, Ikenna is currently pursuing a graduate degree in public health as a Commonwealth Scholar at the University of Edinburgh. Ikenna is passionate about child nutrition and sexual and reproductive health, which has inspired him to contribute towards championing GBV risk mitigation as part of his humanitarian activities.

## GBV integration practicum summary

INTERSOS provides health and nutrition services in Magumeri and Bama Local Government Areas (LGAs) in Borno State. Interventions include treatment of children with severe acute malnutrition (SAM) in its outpatient therapeutic program (OTP), provision of primary care including immunizations and reproductive health services in collaboration with the Ministry of Health and nutrition support activities through mother-to-mother support groups targeting infant and young child feeding programs (IYCF). Nutrition services at the OTP sites also include provision of referrals to livelihoods and shelter services if needed, recognizing that achieving positive nutrition outcomes cannot operate in a vacuum. At the start of the practicum, INTERSOS had seven OTP sites with linked mother-to-mother support groups in seven accessible wards in Magumeri LGA. At the time of writing, INTERSOS had opened seven additional OTP sites in Magumeri LGA as well as an OTP in Bama LGA to improve access to nutrition services in line with sector standards.

The primary goal of Ikenna's GBV integration practicum was to apply GBV risk mitigation strategies to INTERSOS' nutrition programming in the North-East of Nigeria to ensure vulnerable groups are not at increased risk of GBV due to nutrition interventions.



## Safer and more accessible nutrition services for women and children in Borno State, Nigeria

Ikenna, in collaboration with other INTERSOS colleagues, launched this practicum to reduce the risks of GBV specific to nutrition programming in North-East Nigeria, and to increase the positive outcomes of nutrition programming for women, girls and their families. To achieve these desired outcomes, INTERSOS recognized the need to address the unique realities and risks that women and adolescent girls face. These risks and realities operate across a diversity of dimensions spanning exposure to GBV,<sup>2</sup> including:

- Interpersonal/family: gender norms and roles in the household linked to restricted mobility and access to services for women and girls.
- Community: Culturally-assigned gender roles resulting in women and girls ascribed with less important roles in the community and, therefore, weakened decision-making capacity.
- Society: Conflict-related trends in the environment leading to lack of livelihood opportunities, shifts in livelihood needs for sustainability with an impact on health and nutrition status in the community as well as increased vulnerability.

<sup>2</sup> For more information about GBV in the context of Nigeria, visit <https://www.humanitarianresponse.info/en/operations/nigeria/gender-based-violence>.

Figure 2: Components of practicum to integrate GBV considerations into Nutrition programming

## Component #1

Expand access to quality nutrition services for women, girls and boys in Magumeri & Bama LGAs, Borno State.

### Challenge:

Host communities in Magumeri LGA, especially women and girls, face immense risks to their safety to access nutrition services. Women and girls, along with their children and younger siblings, are less likely to reach nutrition services due to safety concerns and, in some instances, men restricting or refusing women's travel to these services. Existing data sources indicate that these factors exacerbate existing disparities in malnutrition rates and increased risk of morbidity and mortality.

### Consultations with women and girls:

With particular attention to gender, age and other social considerations, INTERSOS heavily engaged in consultations with communities to better understand (1) how to place OTP sites in convenient, reachable and safe locations, (2) how to deliver services in a manner that is culturally appropriate for women and children with a diversity of needs and protection concerns and (3) the community's perceptions of existing interventions.

Women community groups and women leaders, in particular, were engaged by female staff when possible to identify issues and make critical decisions concerning nutrition services for their children as well as linkage to livelihood and shelter options.

### Intervention:

INTEROSOS expanded nutrition services in Magumeri LGA via seven additional OTP centers with linked mother-to-mother support groups.

In consultation and close coordination with INTERSOS' protection team, shelter options were provided through nutrition/livelihood/protection services to those survivors who chose to disclose their experiences to INTERSOS personnel.

## Component #2

### Improving nutrition outcomes for women and children through protection-supported nutrition teams.

#### Challenge:

INTEROSOS recognized that improving nutrition outcomes required a more holistic approach to understanding and supporting, to the extent possible, women's livelihood and safety needs, including risks and experiences of GBV. INTEROSOS' IYCF services continued to see relapse cases of women and their children with severe acute malnutrition (SAM).

#### Consultations with women and girls:

In each of INTEROSOS' projects, there is a specific commitment towards protection mainstreaming and, more recently, towards ensuring GBV risk mitigation. This approach allows for the support of a comprehensive protection team including a protection focal point, case workers for GBV case management, and Psycho-Social Support team members. This staffing structure allows nutrition activities to be a point of entry for protection activities and for seamless referrals between all programmes including nutrition and health. This approach also promotes and simplifies the integration of nutrition beneficiaries into protection activities and vice versa into nutrition-sponsored livelihoods activities.

#### Intervention:

To better understand relapse trends, integrated protection/nutrition teams engaged in safe and ethical consultations with women via mother-to-mother support groups. All OTP sites in both LGAs link mother-to-mother support groups. Support groups routinely embed case workers into their sessions to ensure that any sensitive issues, including disclosures of GBV from participants, are safely received and supported and that discussions related to GBV and other protection concerns can be best facilitated.

Via the support groups, it came to light that relapse occurred due to a lack of livelihood and economic options for women to secure the food and supplies needed to maintain nutritional needs of women and their children. This relapse was reduced with the introduction of livelihoods support through the mother-to-mother support groups. Safely, confidentially and with consent, GBV survivors were incorporated into the groups to receive various resources available.

Protection teams work hand in hand with nutrition frontline workers to advise on how to create and maintain a safe space, how to encourage a community-based support network among participants, how to respond to the different needs of women, including GBV issues, and ensuring women have access to other services including livelihood and shelter support.

**Component #3**

Increase practitioner capacity to mitigate GBV risks and support survivors of GBV who voluntarily disclose their experiences.

**Challenge:**

Practitioners across INTERSOS' various projects are keen to better apply protection considerations in their areas of work, but may lack the resources or training on how to operationalize these concepts. In particular, GBV integration, understanding of GBV risks specific to non-GBV program sectors and GBV risk mitigation strategies are the biggest gaps.

**Intervention:**

In May 2018, Ikenna facilitated a three-day step-down training utilizing the materials from the IASC GBV Guidelines workshop to 15 participants from INTERSOS' health, nutrition, food security and livelihoods, Camp Coordination & Camp Management (CCCM) and WASH projects in Banki, Ngala, Jere and Magumeri LGAs. Staff included various cadres of workers including protection officers, project managers, M&E officers and health and nutrition coordinators.

An additional session on GBV integration was conducted with the Nutrition Sector. Partners were very receptive to the information and materials disseminated. Recently, the utilization of the Gender and Age Marker (GAM) has come to the fore. Utilization of the GAM has become an entry point for GBV risk mitigation indicators to become an integral part of the Nutrition Sector's Strategy for 2019. Partners are more willing and open to take up these indicators due to regular and ongoing information sharing on GBV integration by GBV Champions within the Nutrition sector.

**Results**

As a result of the aforementioned components alongside adherence to quality standards for nutrition programming, the following results are being observed.

- More cases of malnutrition coming to light due to the increased level of access created by the expansion of the OTP program.
- Increased number of GBV survivors choosing to disclose their experience and seek support and services. This trend runs parallel to: (1) increased protection-related training sessions co-facilitated by the protection team for all cadres of nutrition staff (including nutrition and health field workers and community volunteers) and (2) increased effort to safely raise awareness in communities about available services for survivors of GBV.
- Light-touch, routine monitoring indicates community satisfaction with the expanded OTP sites. Specific consultations with various community stakeholder groups, including the mother-to-mother support groups, indicate satisfaction with the

reach of the OTP program and desire for other programs to have the same reach.

While these results are promising, the reasons and pathways as to why these results are manifesting remains to be specifically defined. There are many factors operating at the same time including increased reach and access to services, introduction of protection interventions alongside nutrition services, increased awareness raising on access to GBV services for survivors, training of frontline workers and so on.

**Enabling factors**

Two key factors enabled GBV and protection integration into nutrition programming:

1. INTERSOS' protection-oriented approach to all of its programming; and
2. A supportive senior management in North-East Nigeria that fosters a comprehensive approach to achieving common goals and desired outcomes.

The combination of these factors allowed Ikenna the platform to propose approaches and modalities that

are backed up through sound analysis of the available information, integration of existing global and local standards and best practice and upholding of core humanitarian principles such as accountability and *Do No Harm*<sup>3</sup>.

## Looking ahead

Looking ahead beyond the writing of this case study, Ikenna and INTERSOS' nutrition programme in Borno State seek to undertake more scientific research (via a Knowledge, Attitudes and Practice and/or SMART survey<sup>4</sup>) to better understand the results and trends that have been percolating through routing M&E systems.

Furthermore, INTERSOS is planning an intervention to improve stabilization care for women and children with medical complications. At present, the closest stabilization center from Magumeri LGA is in Maiduguri which is 25 kilometers from many of the communities that need this service. Referrals for women and children to the stabilization centers are readily given, however women and children are not showing up in the stabilization center for treatment. Based on a GBV risk analysis, men are likely to restrict women's access to the stabilization center (both for women who are experiencing complications and women who are responsible for taking their children who are experiencing complications). Going to the stabilization centers can increase the risk of intimate partner violence (IPV) for women. Furthermore, women are at risk of GBV during transport to the stabilization centers given the security context on the route. INTERSOS seeks to bring nutrition care closer to communities, engage communities on the importance of the stabilization centers and increase acceptance of these services as a strategy to reduce the risk of IPV in the home and increasing positive nutrition outcomes.



GBV risk mitigation and safe referrals training of INTERSOS staff.

Photo credit: INTERSOS

<sup>3</sup> The concept of 'Do No Harm' means that humanitarian organisations must strive to "minimize the harm they may inadvertently be doing by being present and providing assistance." Such unintended negative consequences may be wide-ranging and extremely complex. Humanitarian actors can reinforce the 'Do No Harm' principle in their GBV-related work through careful attention to the human rights-based, survivor-centered, community-based and systems approaches.

<sup>4</sup> Standardized Monitoring and Assessment of Relief and Transition (SMART) is an inter-agency initiative advocating for multi-partner, systematized approaches to provide critical, reliable information for decision-making, and to establish shared systems and resources for host government partners and humanitarian organizations. The SMART Methodology is a survey method adapted to acute emergencies while upholding technical soundness; the methodology is based on nutrition status of children under five and the mortality rate of the population.

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**Biography**

Lillian has over ten years of experience working in Protection and Gender programming in emergency contexts in various countries. Over the last two and a half years, she led World Food Program (WFP) Nigeria's initiatives to operationalize its Protection and Gender policies in North-East Nigeria, including WFP's commitments to Accountability to Affected Populations (AAP). Lillian worked closely with WFP partners to integrate GBV considerations while ensuring all of WFP's operations consistently facilitated safe, dignified and accountable food assistance.

**Practicum summary: Innovative approaches to improving food security for conflict-affected communities**

The 2018 Nigeria Humanitarian Response Plan's second strategic objective reads: *'ensure that all assistance promotes the protection, safety and dignity of affected people, and is provided equitably to women, girls, men and boys'*. In an effort to fulfill this objective, the Food Security sector in Nigeria has been contributing to the protection of individuals at risk of GBV through its focus on food security, poverty alleviation, restoration and strengthening of rural livelihoods – all of which can mitigate the risks of GBV.

As of October 2018, women and girls in North-East Nigeria faced many risks of GBV, including risks linked to food insecurity. For example, some women and girls engaged in survival/transactional sex in exchange for food assistance or to gain freedom of movement in and out of camps to look for livelihoods opportunities. Families have considered early marriages of their daughters to older men with perceived economic capacity to increase their likelihood of future security and perceived protection. Women and girls who were traditionally tasked with finding fuel to prepare food often experienced assault, abduction and even death as they ventured to unsafe areas to collect firewood. Food or cash assistance programmes designed to protect communities have also unintentionally contributed to GBV. Food distribution sites that were located in unsafe areas or far from where people lived have exposed women and girls to violence. Cash delivered to women without taking into consideration gender roles and responsibilities have unintentionally increased intimate partner violence in a society that has been strictly opposed to women having control over economic resources.

Lillian's practicum sought to address these factors by enhancing the safety and protection of women and girls, mitigating their exposure to violence and ensuring access to dignified food assistance and livelihoods opportunities. This was done through a number of activities that were already being implemented as part of WFP's GBV risk mitigation measures that were integrated in programming, as indicated below (see *Figure 3*).

After the release of the GBV Guidelines, WFP launched a GBV Manual<sup>5</sup> specifically detailing risk mitigation accountabilities and approaches for WFP and its partner operations.

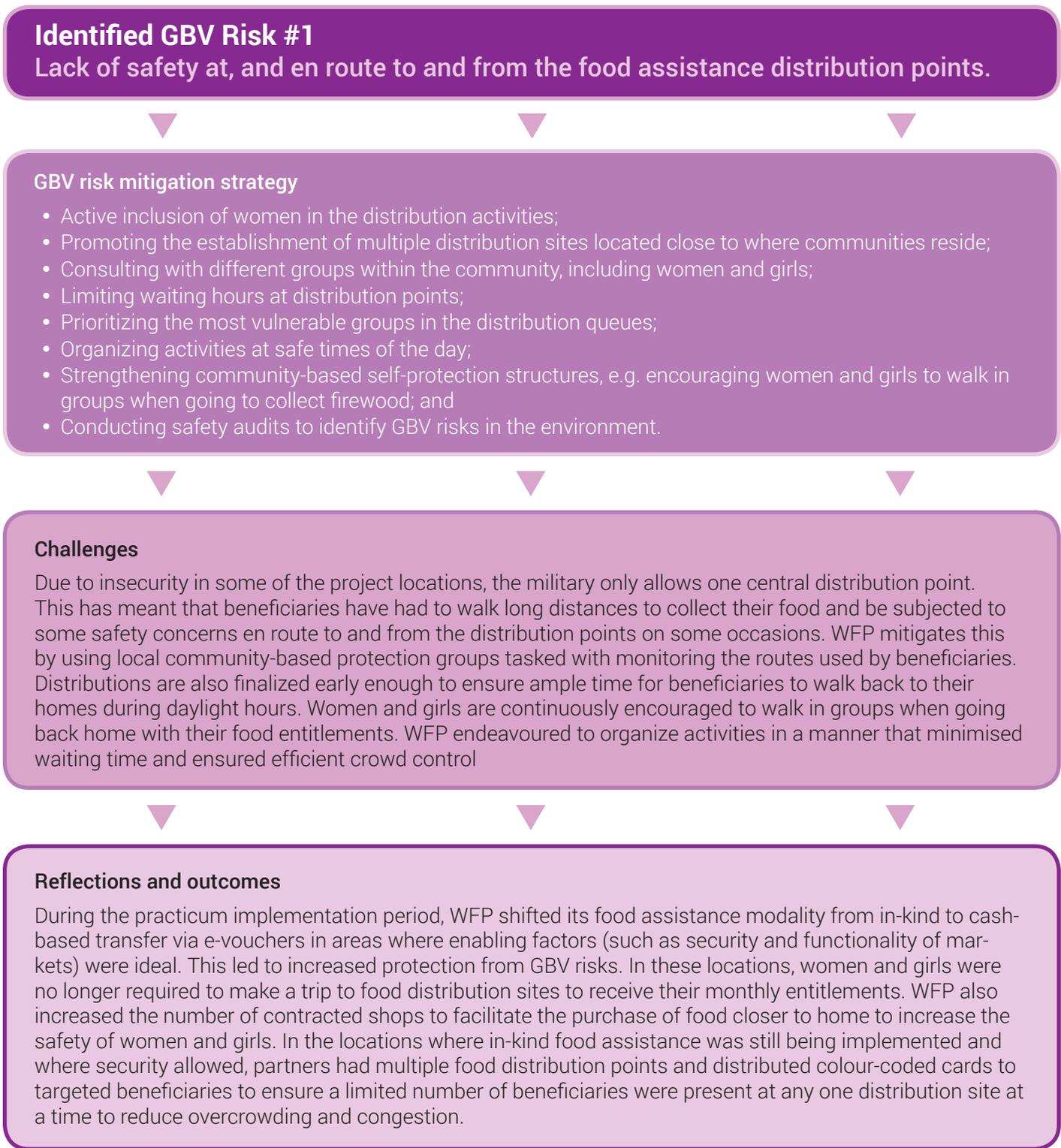


Lillian showcasing fuel efficient stoves distributed by WFP and INTERSOS. The fuel efficient stove initiative seeks to address food security, nutrition and safety needs of women, girls and their families. Ongoing consultations with women and girls revealed the substantial safety and GBV risks women and girls experience when collecting fuel and firewood. Fuel efficient stoves are one strategy to reduce this exposure to harm.

Photo credit: Lillian Ohuma

<sup>5</sup> WFP's GBV Manual can be accessed at <https://reliefweb.int/report/world/gender-based-violence-manual>.

Figure 3: Food security and GBV integration strategies



## Identified GBV Risk #2

Safety and dignity concerns of women and girls, including exposure to GBV risks and sexual exploitation and abuse, during firewood collection.

### GBV risk mitigation strategy

- Reducing reliance on firewood collection and the associated risks of traveling to collect firewood; and
- Increasing capacity and quality of community-based mechanisms to mitigate risks during or related to firewood collection.

### Challenges

Protection monitoring visits conducted by the WFP Protection Advisor in WFP project locations during the practicum implementation period assessed safety and dignity concerns faced by beneficiaries. Findings continued to highlight women's exposure to GBV risks, such as sexual exploitation and abuse during firewood collection. The assessments also revealed that the scarcity of safe access to cooking fuel had led to households adopting negative coping habits, such as transactional sex for food and cooking fuel.

These monitoring visits emphasized findings from an assessment in January 2018, which found that 85 per cent of women in Borno State felt unsafe when collecting firewood; 76 per cent were not able to cover their daily cooking needs due to inadequate firewood supplies; and 70 per cent had no access to wood fuel in their immediate living environment due to the insecurity from the ongoing conflict that was limiting people's movements.

### Reflections and outcomes

WFP led by example by increasing the number of women among its employees and encouraging partners to consider the gender balance of their distribution teams. This aimed to ensure that there were enough women in the various field sites available as a contact point for female beneficiaries, thereby ensuring appropriate communication lines for women and girls while providing a space for gender-sensitive issues to be raised.

During the practicum implementation period, WFP put measures in place to facilitate women's participation. This included facilitating women's decision-making with regards to the management of food or cash within the household through food and cash assistance selection criteria and constant sensitization at the community level. The process was implemented by working with community structures both at the camp and host community levels, creating an effective sense of community ownership. They identified distribution sites, contacted community members, and assisted with site management and recommendations on gender sensitivity. WFP empowered food management committees in all WFP project locations – of which 50 percent were comprised of women – to become involved in organizational aspects of the food assistance programme. Members of the committees represented different age, gender and diversity groups to reflect the profile of the community. Awareness-raising on food management, protection and gender was provided for members of the committee.

The food management committees continued to be a channel through which protection- and gender-related concerns were identified and reported in a timely manner. For example, the committee highlighted the rising risks of GBV associated with lack of condiments. This challenge has disproportionately impacted women and girls residing in informal and formal camp settings who, because of their perceived gender roles, were responsible for cooking food at home. The lack of condiments was a major factor exacerbating transactional sex and sexual exploitation of women and girls. WFP continues to explore different options to address this risk; the options have included incorporating condiments as part of food baskets and supporting micro-gardening for condiments.

### Identified GBV Risk #3

Lack of women's and girls' participation in leadership and decision-making positions, leading to the sidelining of needs and solutions proposed by women and girls themselves.

#### GBV risk mitigation strategy

- Awareness raising in communities and with partners regarding the importance of women's and girls' participation at all levels; and
- Including and supporting women's and girls' participation and leadership in community-based structures such as food management committees.

#### Challenges

Prohibitive patriarchal culture has not promoted the participation of women in leadership positions. In some project locations, women were not willing to take up leadership positions until they received consent from their husbands. Participation of women and girls without engagement of family members could increase their risk of intimate partner violence in the home.

#### Reflections and outcomes

In an effort to mitigate this risk and ensure safety of women and girls during firewood collection, WFP and INTERSOS distributed 7,340 fuel efficient stoves for internally displaced persons (IDPs) in Banki IDP camp as a first phase of an inclusive Safe Access to Fuel Energy (SAFE) programme. Amongst other measures in place, these stoves were expected to contribute to the immediate mitigation of various GBV risks related to firewood collection: the stoves would reduce the frequency of firewood collection, thus mitigating the exposure of beneficiaries to GBV.

Other measures adopted to mitigate this GBV risk included strengthening community-based protection mechanisms, such as encouraging women to travel in groups to reduce vulnerabilities to attacks, and intensifying advocacy with the government and other partners to provide charcoal/fuel to IDPs living in camps with restricted freedom of movement. The government has facilitated and increased the frequency of military escorts for women and men to go outside of restricted areas to collect firewood in some of the remote locations.

Moving forward, WFP has made plans to roll out the stove distribution programme across four additional local government areas in Borno State before the end of 2018. They were also in process of finalizing plans to begin the second phase of a longer-term project aimed at increasing income-generating opportunities for people in the camps, which would involve training women and girls on how to manufacture and market the stoves locally.

## Identified GBV Risk #4

Women and girls lack access to accurate information on their rights and entitlements to humanitarian aid and their options to safely voice feedback and complaints.

### GBV risk mitigation strategy

- Establishing community notice boards;
- Producing information, education and communications (IEC) materials in local languages and in pictorial form to reach illiterate persons;
- Designing and launching sensitization campaigns on GBV; and
- Strengthening complaint and feedback mechanisms, such as the use of suggestion boxes, help desks and hotlines.

### Challenges

Because illiteracy levels were high in North-East Nigeria, the use of various modes of sensitization (including via megaphones), local languages and role plays was adopted.

Despite awareness-raising on rights and entitlements, the conservative culture has led to the under-reporting of safety concerns.

### Reflections and outcomes

During the practicum period, WFP endeavoured to increase consultation with women and girls on the best accountability systems, approaches and modes of communication. The consultations highlighted the need to diversify the frequency, time and location of communication efforts with communities on how distributions operate, expectations and decisions on targeting, aid always being free and what is included in aid packages and services. WFP also partnered with GBV partners to target women and girls participating in women-friendly spaces.

WFP also utilized a 'complaints and feedback hotline' as another strategy to collect information on households, better tailor programming to emerging needs on the ground and ensure program and service changes were regularly communicated to affected communities. More than half of the 'hotline' team were women allowing an entry point to increase participation of women and girls within the household and in the community. The hotline received calls from individuals asking questions about the next food distribution and nutrition services. Feedback from hotline also influenced WFP's sensitization and communication with community efforts; cooking and nutrition demonstrations were launched as a mechanism to engage more women and girls while also reaching food and nutrition goals.

# Syrian Arab Republic

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## Biography

Dr. Okba Doghim joined Syria Relief and Development (SRD) in January 2015 and has been a driving force in establishing and managing SRD's health and protection programming in North Syria. As a physician himself, Dr. Okba has a robust background in clinical services and has been at the forefront of integrating health and protection services. He is a certified clinical management of rape (CMR) and reproductive health (RH) services trainer and serves as a supervisor for the World Health Organization's Mental Health Gap Action Programme (mhGAP).

## Practicum summary: GBV risk mitigation through sexual and reproductive health services

The objective of Dr. Okba's practicum was to strengthen existing health services and the capacity of humanitarian actors and duty bearers, with a focus on national and community-based actors, to mitigate the risks of GBV by integrating GBV considerations into SRD's sexual and reproductive health (SRH) services.

SRD provides specialized SRH care throughout northern Syria. The health programme oversees five maternity and child hospitals (CEmONC-level facilities<sup>6</sup>), 16 primary health care centers (BEmONC-level facilities<sup>7</sup>) and ten SRH mobile clinics that provide clinical management of rape and specialized GBV services.

## Capacity-building and mentorship of multiple cadres of health personnel

As part of an inter-agency initiative, Dr. Okba has been training and mentoring a cadre of 24 midwives (two from each participating organization) on clinical management of rape and psychosocial support for survivors of GBV in clinical settings. In addition to the training itself, six months of follow-up support is being provided for on-the-job mentoring of clinical skills, communication skills, and referral and linkage to care guidance. Following the training in July 2018, there has been a noticeable improvement in quality, as facility-based staff were better trained to receive CMR cases. Furthermore,



the geographic coverage for this service has expanded and is now reaching more communities.

At the time of writing, efforts were underway to facilitate a training on CMR and case management with social workers and community health workers. The goal of this training would be to adequately train these staff in CMR timing so that referrals can be made within the first 72 hours from incident to prevent transmission of sexually transmitted infections (STIs), including HIV, and unintended pregnancy. The aim is to train 20 community health workers from SRD. Dr. Okba also facilitated a Training of Trainers for community health workers on GBV and CMR timing with WHO in September 2018. Utilizing a remote management model, these community health workers are then equipped to train others inside northern Syria.

When engaging all health professionals – regardless of specialty – Dr. Okba introduced SRH and GBV from the perspective of practitioners' own lived experiences in order to start the discussion on how integrating these two areas of specialty were critical to saving lives. Various anonymized examples of GBV and SRH were shared, such as the experience of an adolescent girl who had complications during delivery (leading to a C-section, internal bleeding and kidney failure due to her young age) or the death of survivors of GBV who required critical medical care but did not attend a clinic due to discomfort with staff or accessing available services. Finally, SRD sought to encourage practitioners to participate in

<sup>6</sup> Comprehensive Emergency Obstetric and Newborn Care.

<sup>7</sup> Basic Emergency Obstetric and Newborn Care.

both clinical and psychosocial capacity-building activities to ensure the two were integrated, recognizing that patients may require both.

### Increasing access to services for women and girls

#### Needs assessment on accessibility barriers, including safety concerns

As part of the practicum, a needs assessment with women and girls age 11 to 60 years was rolled out in Idleb and Aleppo governorates across 11 sub-districts. The purpose of the needs assessment was to better understand the access barriers unique to women and girls in the catchment area, in particular recognizing those faced by adolescent girls and adult women. The ten-question assessment was conducted in Arabic by SRH health personnel using KoBo software. The assessment revealed that the three largest challenges faced by most women and girls in accessing primary health centres PHCs included geographic constraints (facilities located far away); women and girls are prevented by family members from leaving home; and financial constraints/inability to pay for services and transport. Girls were more likely to be prevented by family members from leaving home compared to adult women.

The assessment also asked about women and girls' solutions to challenges. Almost half of respondents voiced that providing transport to women and girls would reduce access barriers followed by spreading awareness and understanding to allow women to receive health services, increasing the employment of female doctors and health workers for women's medical services and focusing more services on women's health needs.

With this information, SRD held a planning meeting with program managers from various primary health centres to determine the barriers that prevented women and girls from accessing available services. Key barriers included a lack of female providers and a lack of expanded availabilities at primary health centres (i.e. waiting rooms and reduced wait times). This information would be used as the basis for improvement and reduction of identified barriers.

#### Health facility design and consultations with women and girls

SRD utilized mobile tents to provide health services within existing clinics in camp settings, both in areas where displaced people might be in transit or arrival as well as in community-based centres such as schools, neighborhoods and mosques. The mobile tent initiative has been in place since January 2018. Dr. Okba presented the initiative to colleagues during the Middle East workshop as an example of a modality to increase access to critical services for women and girls. The mobile tents were specifically designed to increase women's and girls' privacy when accessing services, especially services related to SRH and GBV. The mobile nature of



SRD's mobile tent clinic and provision of services for women, girls and children.

Photo credit: Syria Relief & Development

the clinics has allowed for medical services, including emergency and trauma care, to be set up anywhere and to move with communities when they are displaced from their homes. Awareness-raising sessions of the mobile clinics in community-based centres were also provided to increase health literacy and discuss topics such as the right to health for women and girls.

The SRD SRH team has built trust with women and girls by increasing visibility of and entry points to health services. Trust was enhanced by using health and promotion events to engage adolescent girls in a non-confrontational manner. Questionnaires and engagement with communities related to their and their family's general health needs has also increased familiarity and strengthened relationships. GBV was not directly discussed at the outset; however, it was slowly introduced through different perspectives and lenses. For example, health awareness sessions with adolescent girls led by case managers and midwives would provide information on the health complications of pregnancies resulting from early marriage and dialogue on options for family planning. When women and girls enjoyed the sessions, they would then share the information with others in their community, which would prompt – at minimum – increased engagement with health services.

#### **Service availability and quality monitoring through coordinated referral pathway networks**

As a member of the GBV sub-cluster for Gaziantep Hub and signatory to related Standard Operating Procedures, SRD has strong linkages with other service providers operating in its catchment area. Communities in north Syria were routinely forced to move, compounding the challenges of insecurity and access to services. At the time of writing, SRD was leading a discussion with the GBV sub-cluster and its partners on setting up a more active monitoring framework to assess the quality, availability and accuracy of GBV-related health services to account for changes on the ground. The framework includes a network of emergency focal points, as well as a hotline to provide updated information to communities on entry points for services or changes in the location or availability of services. Monthly monitoring visits would be layered on top of the focal point system to routinely map services (and their change in location, status, capacity, etc.) and location of communities.

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### Biography

Leading CARE's shelter programmes for the southern Syria response, Osama strives to improve emergency, transitional and recovery/long-term shelter options for internally displaced persons (IDPs). Osama chairs the Shelter Rehabilitation Technical Working Group as part of the Shelter/NFI cluster and is the focal point for GBV in shelters for southern Syria.

### Practicum summary: CARE's integrated shelter and protection project

In the last quarter of 2017, CARE initiated a collective shelter rehabilitation project for displaced communities in southern Syria, targeting five collective shelters in pre-existing buildings and structures (including four schools and one public residential complex). The goal of the project was to provide conflict-affected and at-risk communities with emergency support, particularly in the form of access to safe and dignified shelter.

CARE sought to integrate a protection component into its intervention to respond to the substantial safety risks in the area and context. While physical rehabilitation – namely shelter quality, design and layout – could address some protection risks, continuously changing conditions (such as social and cultural dynamics) and the reality of remote management and cross-border operations required additional safeguarding. Utilizing a protection implementing partner, CARE put in place *Faz'a committees* – community-based, self-managed shelter and protection committees – in three of the five collective shelters. The *Faz'a committees* were comprised of five members per location (one manager, two administrators and two protection coordinators) who received trainings, guidance and coaching from protection teams who operated in mobile units and static centers. The *Faz'a committees* were responsible for: acting as focal points for any protection-related issue (including GBV) related to the site; liaising between residents and humanitarian service providers; ensuring effective information dissemination among site residents; holding regular community meetings to discuss communal issues; supporting the process of establishing communal rules for the collective shelter; and ensuring equal access to communal areas and services for all shelter residents.

This project aligned with Syria's national Shelter/NFI strategy standards and principles, namely protection and GBV considerations. Furthermore, the project relied on CARE's strategic shelter assessment undertaken earlier in 2017 with the aim of improving, harmonizing

and strategizing humanitarian shelter interventions in southern Syria between shelter and NFI response actors. A set of guidance notes for shelter/NFI actors was developed for interventions in collective shelters, host family private households and informal settlements. CARE's project also focused on other shelter needs of communities living in informal settlements and host family private households.

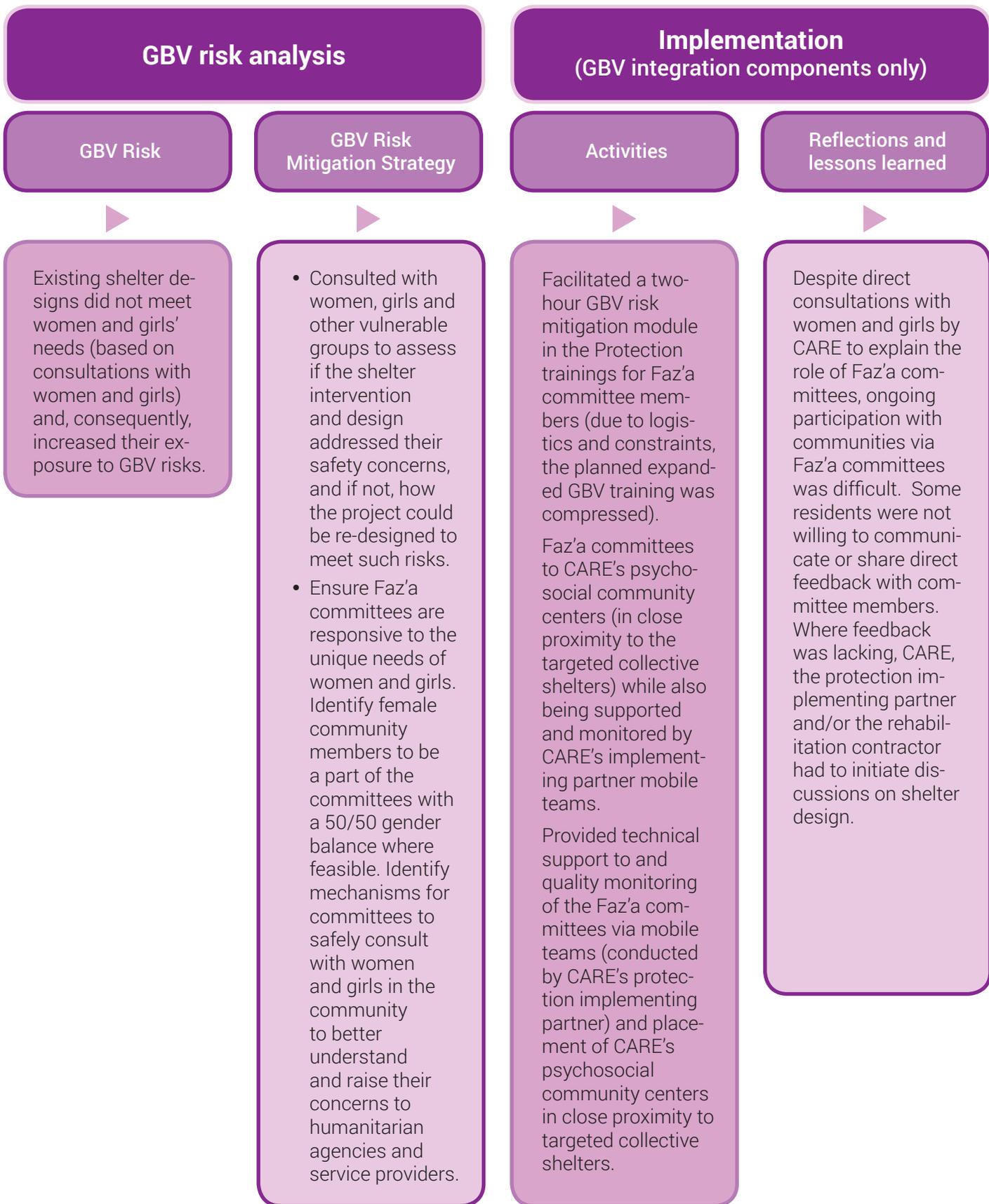
Due to insecurity in southern Syria and the halting of humanitarian operations in July 2018, CARE's shelter intervention prematurely ended. This case study outlines the risk analysis, design and implementation processes utilized by CARE's southern Syria shelter team.

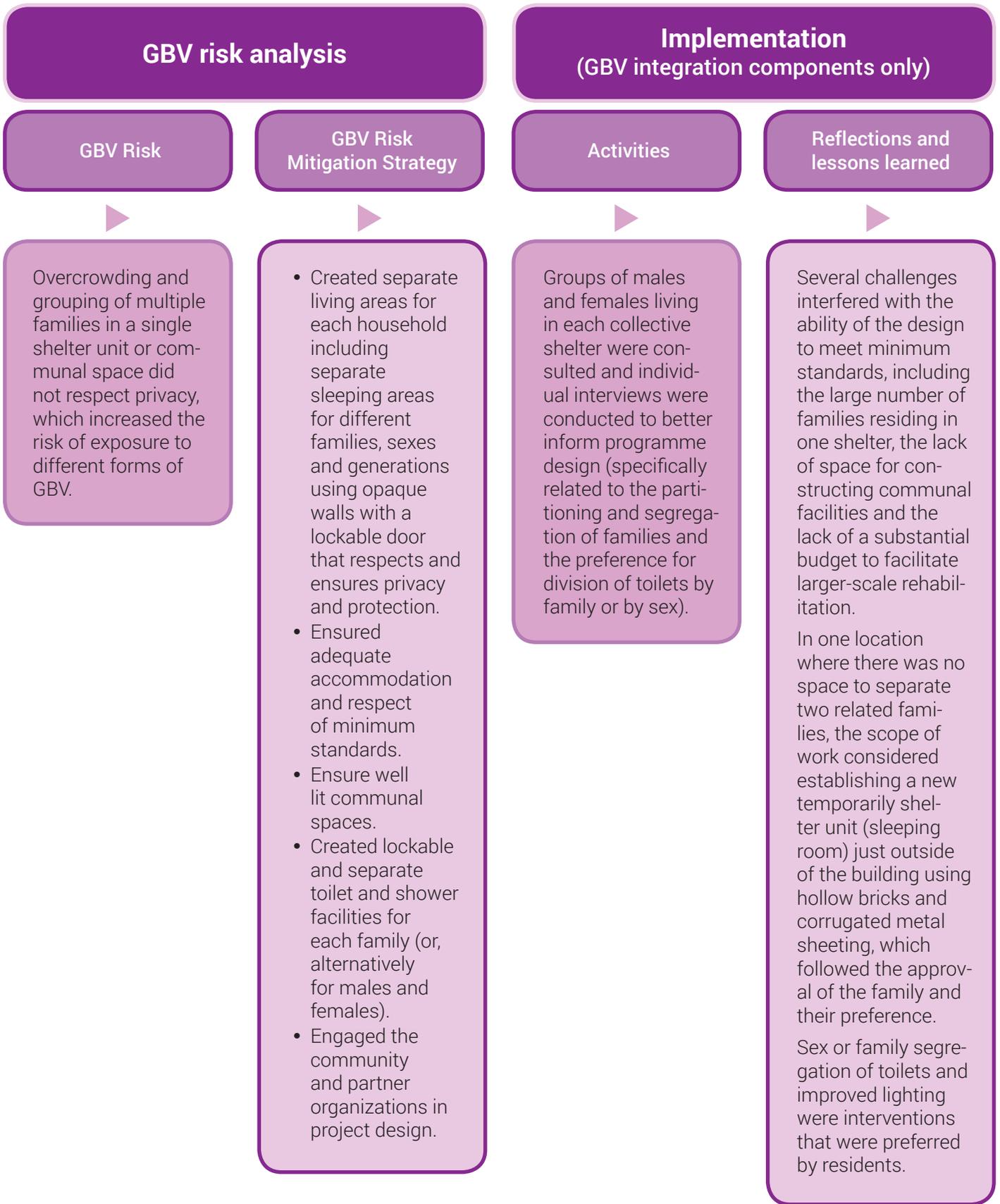
### GBV risk mitigation components: Risk analysis and implementation of mitigation strategies

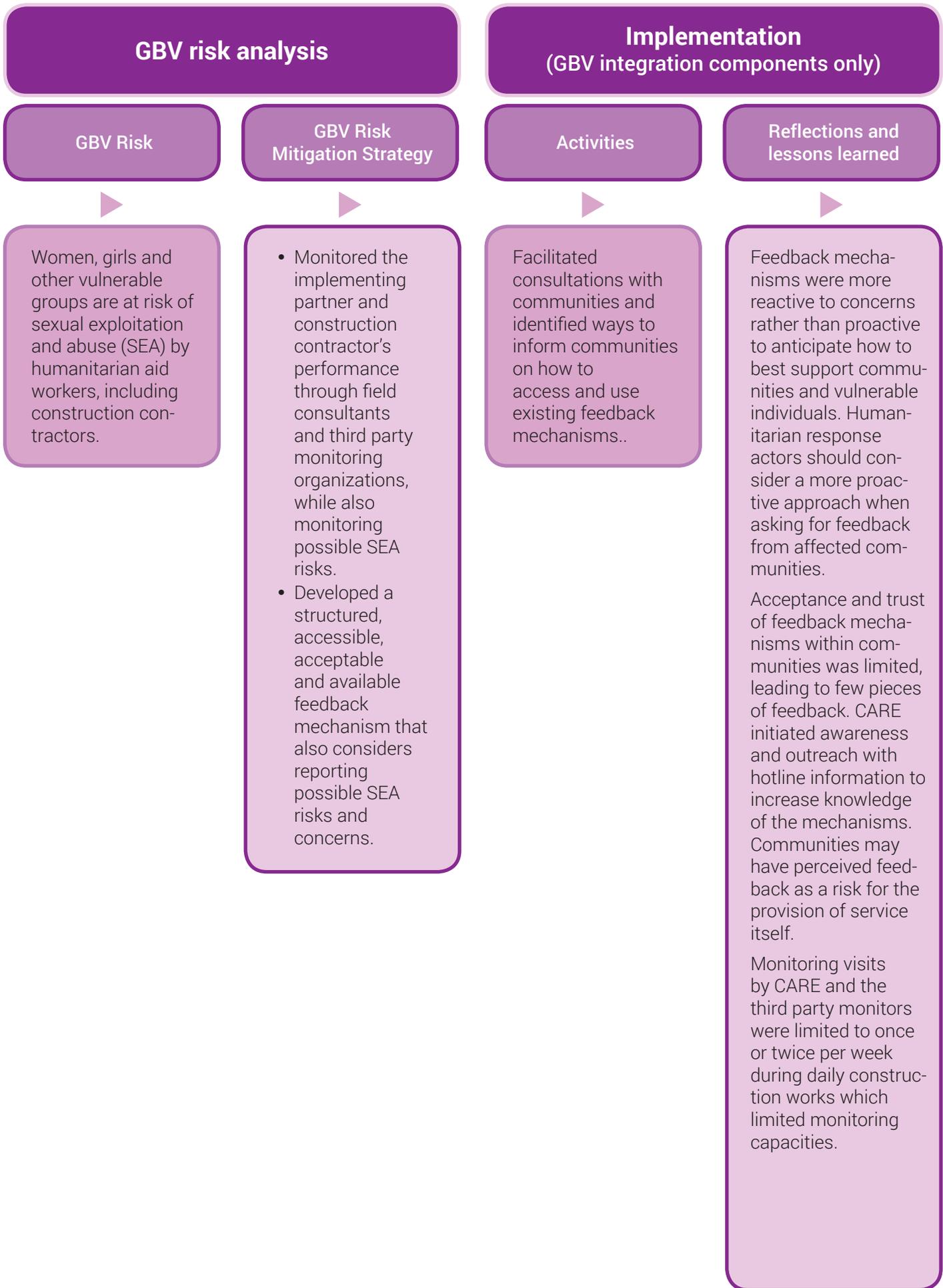
Linked to his participation in the GBV Risk Mitigation Capacity-Building Initiative, Osama integrated GBV considerations throughout the collective shelter rehabilitation project in an effort to identify and better address GBV and safety risks for women, girls and other at-risk groups.

See *Figure 4* below.

Figure 4: Shelter-related GBV risk analysis and risk mitigating activities







## Yaman Sammani

Education Project Manager, Orange for Capacity Building

Gender Focal Point, Gaziantep Hub Education Cluster

Education, Whole of Syria - Gaziantep

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### Biography

Yaman Sammani leads Orange for Capacity Building's education programming in northern Syria and plays an integral coordination role as the Gender Focal Point in the Gaziantep Hub's Education cluster. Yaman joined Orange for Capacity Building in 2017 and is an advocate for education and GBV issues in Syria and the region. Yaman is currently enrolled in an Education in Emergencies Certificate program at the University of Geneva.

### Practicum summary: Utilizing the 2018 IASC Gender with Age Marker (GAM) as an entry point to GBV integration in Education cluster coordination activities

Over the course of the education response for Turkey cross-border operations, integration of gender and protection risk mitigation (including GBV and child protection) was challenging for a variety of reasons. Some of these reasons have included the difficulties and realities of the operating environment; sensitivity of protection issues rendering them risky to discuss and explore with communities; quick turnover of humanitarian personnel; reliance on remote management modalities; challenges applying guidelines and best practice to monitoring and evaluation segments of the programme cycle; and challenges with uptake of issues – specifically protection issues – by humanitarian aid workers themselves. For example, where standards, guidance and findings from the field on GBV were present – such as the INEE<sup>8</sup> standards on gender, evidence from menstrual hygiene management and schools,<sup>9</sup> and the 2018 *Voices from Syria: Assessment Findings from the Humanitarian Needs Overview*<sup>10</sup> – aid workers at all levels and across affiliations did not necessarily accept the findings or standards as relevant to their specific context, culture or scope of work/area of responsibility. The accumulations of the aforementioned reasons have led to a lack of gender, GBV and child protection analysis and a gap in effectiveness to address the educational needs of girls and boys in all their diversity.

Despite these challenges, Yaman – as part of a regional network of Gender Focal Points within the Education cluster – sought to turn this approach around through the new IASC Gender and Age Marker (GAM). Unlike its

predecessor the Gender Marker, the new GAM includes a monitoring and evaluation component to increase accountability. Education project proposals for pooled funds are now required to detail a gender analysis, intervention adapted based on this analysis, a review/monitoring component, and an indication of adequate participation of communities throughout (compared to the previous Gender Marker, which solely required needs, activities and outputs level information). Whereas proposals using the previous Gender Marker could tick boxes or briefly mention a commitment to gender and protection issues, the new GAM seeks to operationalize this commitment to accountability.

In the lead-up to the 2019 Humanitarian Response Plan (HRP) process, the network of Gender Focal Points has rolled out the GAM for all clusters, including facilitating sessions to partners and providing technical assistance. Part and parcel to the roll out, modules on GBV risk mitigation, utilizing the IASC GBV Guidelines' education materials, were referenced when training partners. Discussions on the utility of a gender analysis and sex and age disaggregated data (SADD) served as jumping-off points to identify trends in safety concerns for girls and boys of different ages and needs,<sup>11</sup> along with how to better understand and address these concerns through slightly adjusted assessments; adaptations in design and layout of learning centers to meet various needs; and stronger gender- and age-appropriate feedback mechanisms for learners.

Roll-out of the GAM remains one tool in the toolbox to address GBV risks specific to education programming. These efforts have been emphasized through joint Education cluster and GBV sub-cluster briefings, trainings and initiatives that focus on stronger risk analysis and mitigation strategy implementation and increased coordination to strengthen education services and facilitate referrals for child survivors of GBV. As part of a more comprehensive approach, the IASC GBV Guidelines and the GBV referral pathways for education specialists were introduced as integral components of the GAM roll-out with the GBV sub-cluster and the Education cluster Gender Focal Point.

<sup>8</sup> For more information about INEE, visit [www.ineesite.org/en](http://www.ineesite.org/en).

<sup>9</sup> A selection of resources on menstrual hygiene management in schools can be found here: [www.wins4girls.org/](http://www.wins4girls.org/).

<sup>10</sup> To access the 2018 *Voices from Syria* report, visit [www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2017-12\\_voices\\_from\\_syria\\_2nd\\_edition.pdf](http://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2017-12_voices_from_syria_2nd_edition.pdf).

<sup>11</sup> Preliminary Humanitarian Needs Overview data from 2018 indicates 30% of Syrian children are disabled.

# Somalia

**Elena Valentini**

**CCCM Technical Coordinator, ACTED**

**Ben Conner**

**outgoing CCCM Technical Coordinator, ACTED**

**[elena.valentini@acted.org](mailto:elena.valentini@acted.org)**

## Biography

Elena Valentini is the incoming CCCM Technical Coordinator for ACTED in Somalia. She leads expansion of ACTED's integrated protection work in CCCM programming. Previously, she oversaw ACTED's CCCM programming in Bor, South Sudan.

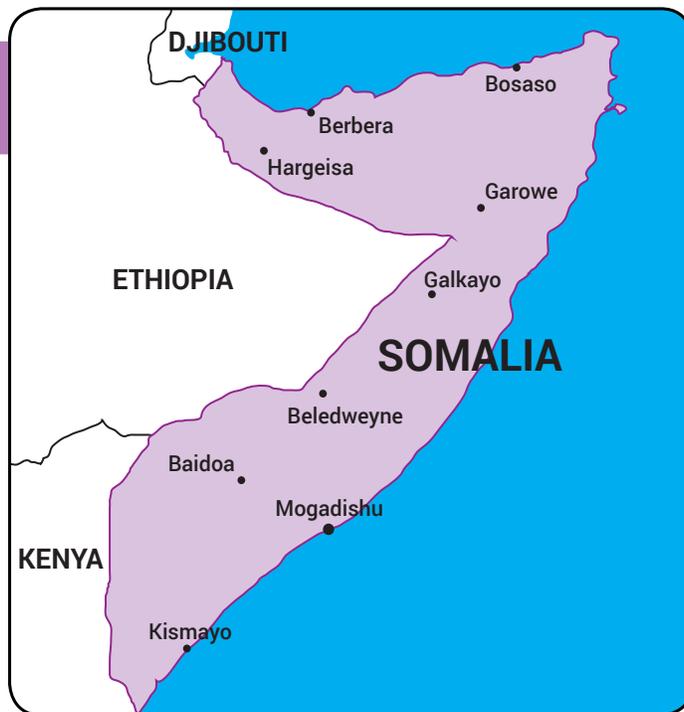
Ben Conner previously led ACTED's CCCM programming in Somalia and participated in the GBV Guidelines Capacity-Building Initiative workshop in Nairobi.

## Practicum summary: Identifying GBV risks through CCCM safety audits

Through collaboration with GBV partners at district-level, ACTED's CCCM teams sought to better understand safety concerns and GBV-related risks in displacement sites in Garowe and Kismayo. Through the approach of a GBV safety audit, ACTED's CCCM teams sensitized female Camp Management committee members and other female community members on the aim of the safety audit approach. ACTED will carry out the safety audits bi-annually to:

1. Monitor the quality of camp management service provision, namely by linking site maintenance activities to the mitigation of specific protection risks, including safety, privacy and dignity.
2. Present key findings to relevant Inter-Cluster Coordination Groups to increase understanding about GBV risks in a given site and prompt action.
3. Create a space in which women and girls can identify safety risks; develop solutions and build leadership skills.

ACTED's safety audit exercise builds off of a multi-cluster safety audit exercise led by UNICEF and the GBV sub-cluster at the end of 2017. This first round was conducted across 38 sites in Benadir, Baidoa, Gedo and Beletweyn utilizing a site observation checklist<sup>12</sup> and supplemented with information from partners working in GBV, shelter, CCCM and WASH. A summary report was developed for service providers directly implementing programmes and for advocacy with the Inter-Cluster Coordination Group and Humanitarian Country Team.



## Garowe and Kismayo GBV/CCCM Safety Audit Exercise, June 2018

In June 2018, ACTED conducted safety audit exercises in 21 sites in Garowe and 47 sites in Kismayo. The exercise included a site observation checklist focused on camp and facility-related safety risks and one focus group with 21 women.

The exercise yielded the following findings:

1. Sites were overcrowded with limited infrastructure (fencing, secure shelters, paths with lighting etc.) and intense security threats causing residents, especially women and girls, to limit their movement to conduct daily activities, especially at night.
  - a. Recommendation: With consultation from women, girls and other vulnerable community members, consider installing solar lighting in public areas.
2. The closest market to many of the sites was more than 10 kilometers away. Women and girls go to the market for casual labor opportunities and in search of firewood. There were substantial safety risks for women and girls en route to and while at the market in town.
  - a. Recommendation: With consultation from women and girls, identify possibilities to improve safety options for market and livelihood activities.
3. Latrines in the sites required maintenance and care in order to be functional and used by women and girls. In addition to lighting, the infrastructure required increased privacy and security upgrades.

<sup>12</sup> The GBV safety audit tool for Somalia can be found on the GBV Guidelines Knowledge Hub at [www.gbvguidelines.org/knowledgehub](http://www.gbvguidelines.org/knowledgehub).

- a. Recommendation: Increase safety and privacy by installing doors with internal locks. Where feasible, install latrines closer to residences to ensure proximity.

The findings led to a joint CCCM and GBV workshop focused on strengthening referral pathways, CCCM's shared responsibility in addressing GBV risks and identification of GBV service gaps within sites.

ACTED plans to facilitate its second safety audit exercise in November 2018 with expansion to Baidoa.

# South Sudan

**Dimple Save, Head of Nutrition,  
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**Nutrition**

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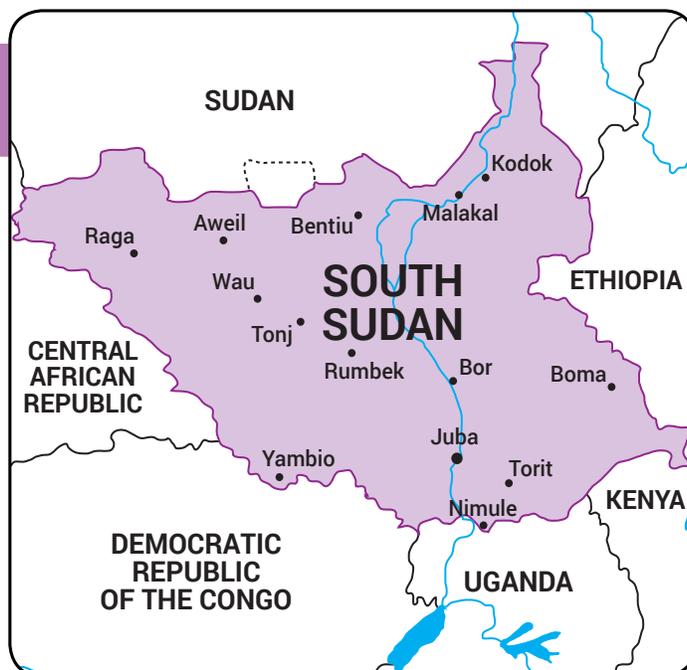
## Biographies

Dimple Save has been working with Action Against Hunger South Sudan Mission as Head of Nutrition since 21 April 2017. She oversees nutrition programming throughout South Sudan in coordination with Action Against Hunger's WASH and Food Security and Livelihood sectors and provides technical support to the emergency response team. She is a nutritionist by qualification with 20 years of experience working with different organizations like UNICEF (India and Iraq), World Bank, DFID and JICA (India) in the area of Public Health Nutrition.

Rachel Tapera is a Public Health Nutritionist with over 13 years of experience and exposure in the health and nutrition sectors. Since August 2017, Rachel has been the Area Manager for CARE International in Mayom and Abiemnom counties in South Sudan. She led implementation of an integrated Nutrition and GBV programme – the first of its kind in her area of operation. Prior to joining CARE, Rachel was the Co-Coordinator for the South Sudan National Nutrition Cluster and focal point for GBV mainstreaming.

## Expanded reach through the cluster system in South Sudan: safety audits tailored to nutrition services

Following the regional GBV Guidelines workshop in Nairobi, Rachel and Dimple identified some of the same priorities for GBV risk mitigation within their respective Nutrition programmes. Namely, they both noted that, beyond some limited anecdotal information, Nutrition actors in South Sudan had little information about safety-related issues in and around Nutrition facilities. In an attempt to address this gap, Rachel and Dimple came together – with support from UNICEF South Sudan and the GBV Guidelines Implementation Support Team – to develop a safety audit tool specifically tailored to Nutrition programming in the South Sudan context. At the time of publishing this document, the safety audit tool had been finalized and there was a process underway for officially endorsing it within the national Nutrition Cluster. Rachel and Dimple also worked with the



Nutrition Cluster coordination team to identify two GBV integration indicators – one on safety audits and one on increasing awareness of GBV referral pathways among frontline Nutrition workers – to be included in the Nutrition Cluster's Humanitarian Response Plan for 2019. Based on the targets set by the cluster, it is expected that the Nutrition safety audit tool will be utilized in at least 260 nutrition centres and, in collaboration with GBV specialists, trainings on GBV referral pathways will be provided to more than 400 Nutrition centres over the course of the coming year.

## Spotlight on women-led community based organizations

Susan Adol, a participant in the Nairobi regional GBV Risk Mitigation workshop, leads Women Empowerment Alliance, a women-led community-based organization dedicated to building the leadership and power of women and girls in South Sudan. At present, WEA operates in Yirol and Juba facilitating small business and vocational training on soap making, providing trauma counseling services to women and children affected by conflict and strategic communications with community gatekeepers, such as elders and chiefs, to increase awareness on the rights of women and girls.

WEA like many other women-led and grassroots organizations around the world are critical to facilitating meaningful and lasting change in communities. Susan explains how with a fraction of the funds and resources, women in South Sudan can be a meaningful part of the workforce to facilitate the economy and address their own needs in a manner that increases their autonomy and empowerment. South Sudanese women are increasingly single parents as men have died, been injured or have gone away. Basic education and skills development on learning Arabic, how to clean,

use money and manage a household budget, and how to cook in a restaurant or clean office buildings can put many women to work.

Small organizations, like WEA, require:

1. Increased access to knowledge and information on a wide variety of competency areas from leadership to communication and management skills, technical topics and resource mobilization.
2. Participatory and accountable mentorship from larger national organizations and international organizations with an eye towards sustainability and organizational development defined by communities themselves.
3. Funding opportunities, including opportunities to act as sub-grantees or in a consortium, with realistic timeframes and targets that include measures to build the operational and financial capacities of the organization while delivering its programs.

For more information on WEA, contact Susan Adol at [susan.adol@yahoo.co.uk](mailto:susan.adol@yahoo.co.uk). or [weace7777@gmail.com](mailto:weace7777@gmail.com).

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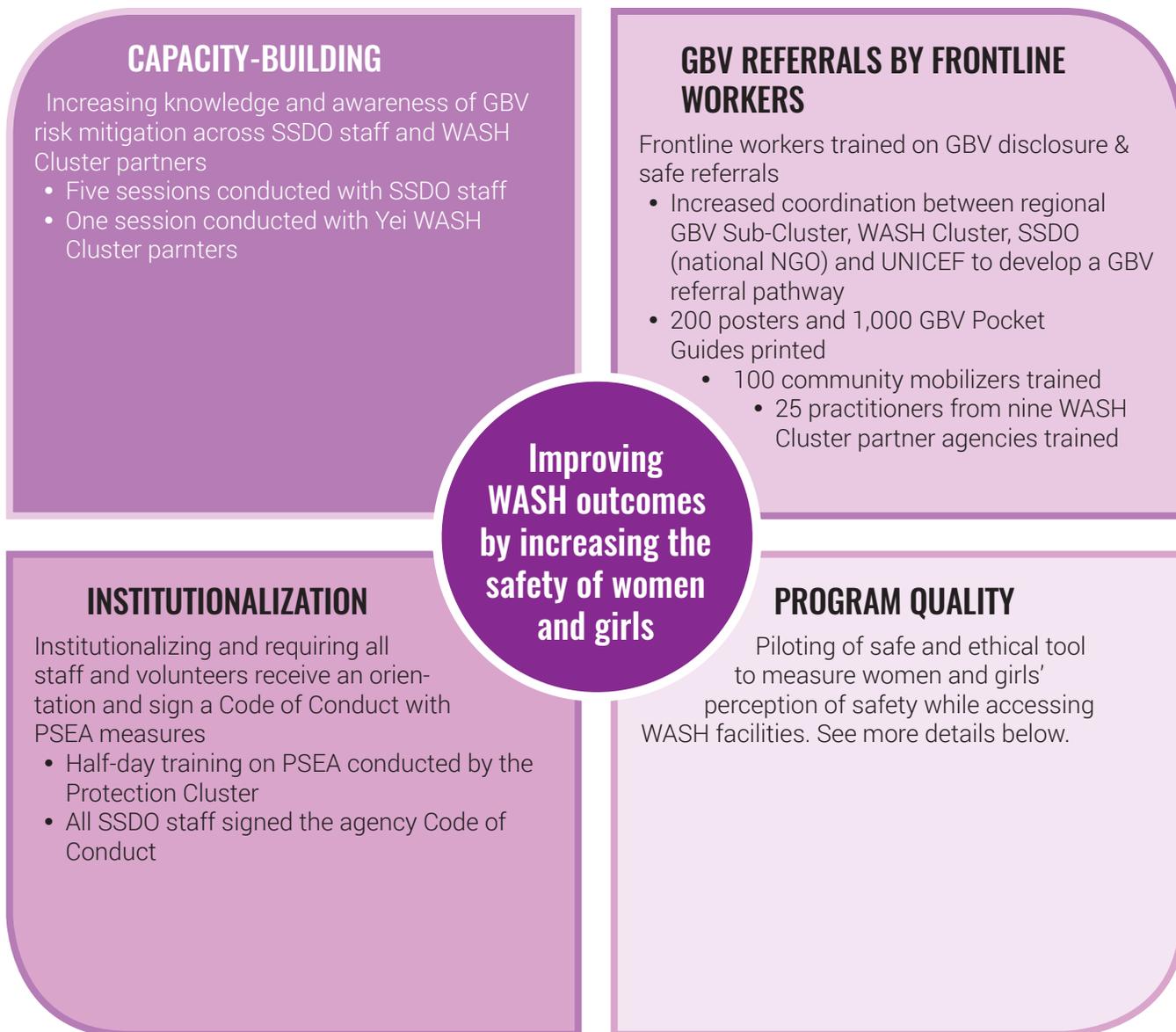
**Biography**

Catherine Nduku joined SSDO in 2005 and implements WASH programming in South Sudan. She is a graduate from the University of Nairobi, Kenya and holds a Bachelor of Social Sciences with a focus on Community Development.

**Practicum summary: Operationalizing the GBV Guidelines to improve safety for women and girls**

SSDO, a UNICEF-supported national NGO in South Sudan, implemented WASH programming in Yei, Lainya and Morobo Counties in Yei River State. As a result of Catherine’s practicum, SSDO worked to deliver safer and more accountable WASH programming for women, girls and their communities (see *Figure 5* below). The SSDO experience illustrates how, even with minimal resources, implementation of the GBV Guidelines recommendations can make substantial contributions to sector-specific outcomes, the safety of women and girls, accountability to affected communities and overall quality of programming in emergencies.

*Figure 5: Safety enhancement components introduced into SSDO’s WASH programming in 2018*



## Initial results from piloting an approach to improve women and girls' safety while accessing WASH facilities

A central component of SSDO's GBV risk mitigation activities has been consulting with local women and girls<sup>13</sup>. To date, SSDO conducted: eight focus group discussions with women in Yei regarding access to water points; four focus group discussions with primary school-aged girls on school WASH facilities and their management; 20 sessions with women at the household level to better understand safety concerns related to distances between shelter, water points and family latrines; and six focus group discussions with women and girls and separately with men on the selection of sites for public toilets in three markets in Yei Town. In close consultation with the Yei GBV sub-cluster coordinated by Voice for Change, SSDO adapted their WASH programming to address the concerns, needs and preferences of communities. Namely, SSDO:

1. Relocated the site of four boreholes after consultations with women and girls indicated that previously selected locations were in risky and insecure locations.
2. Increased advocacy for separate latrine blocks for girls and boys in schools, in addition to stronger monitoring and management by school administration, parent-teacher associations and other education-related actors.
3. Increased participation of women in water management committees and other WASH-related governance structures through awareness-raising and opening of entry points in communities.
4. Cleared tall grass and bushes on routes to existing water points to allow for greater visibility.

Looking ahead at the time of writing, SSDO has planned to continue adjusting and adapting WASH interventions based on initial consultations with women, girls and other stakeholders. A monitoring plan that tracks women's and girls' satisfaction with WASH services and perceptions of safety will continue to inform next steps.

### Keys to success

According to Catherine and the SSDO team, their success in integrating GBV considerations in WASH programming was made possible by the following:

- Pooling of existing resources and efforts from humanitarian actors in Yei and at national level, including the WASH cluster, GBV sub-cluster, and partners directly implementing WASH and GBV programming.

*"Before you talked to us, we thought that as school girls we should never give any opinion regarding our menstrual needs and our safety when accessing the toilets."*

*"We never thought that organizations were concerned about our opinions and safety as women when choosing sites for borehole drilling."*

-- Women and girls participating in focus group discussions with SSDO's WASH team

- Strong collaboration between WASH and GBV partners at field level. Voice for Change, a national NGO, UNICEF implementing partner for GBV<sup>14</sup> and lead of the Yei GBV sub-cluster.
- A small budget (\$15,000 USD) to facilitate in-person trainings and community consultations; support printing of local GBV referral pathway information; and adapt/pilot tools to conduct consultations with women and girls in the community.

*"Girls and women are already disproportionately affected by WASH issues that arise during emergencies [...] they are at increased risk of sexual assault and harassment. Water scarcity has created tension in the home and heightens the possibility of domestic violence. Shortage of culturally appropriate and accessible WASH supplies, services and other support materials can increase all of these risks. Better-designed WASH programming can help mitigate such risks."*

*"[...] By integrating GBV in our activities, and coordinating our efforts in a comprehensive way, we have strengthened our response in GBV risks mitigation—and in doing so, help the families and the individuals we serve to be healthier, stronger and safer. We owe that to our common future for the women and girls in South Sudan."*

--Steven Luga Wani, Director, SSDO

<sup>13</sup> Focus group discussions and observation guides were adapted from global tools and resources with support from the GBV Guidelines Implementation Support Team and UNICEF South Sudan.

<sup>14</sup> At the time of writing, Voice for Change was implementing Communities Care, a community-based model for preventing and responding to sexual violence against women and girls in conflict-affected settings. For more information about Communities Care, visit [www.unicef.org/protection/files/Communities\\_Care\\_Overview\\_Print.pdf](http://www.unicef.org/protection/files/Communities_Care_Overview_Print.pdf).

- Mentoring support to SSDO on how to safely consult women and girls, including collection of focus group and interview data and data analysis. (This support was provided through the inter-agency GBV Guidelines team and the UNICEF South Sudan GBV team).
- Utilization and dissemination of global tools for frontline workers to respond to disclosures of GBV and to safely refer survivors to services. (Existing materials were shared by the inter-agency GBV Guidelines team, namely the GBV Pocket Guide<sup>15</sup>.)

<sup>15</sup> For more information about the GBV Pocket Guide, visit <https://gbvguidelines.org/en/pocketguide/>.

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