

## GBV Risk Mitigation Review: 2022 CCCM HNO and HRP Chapters

### Introduction

This is the second analysis of the integration of GBV risk mitigation in CCCM Cluster HNOs and HRPs. For 2021, the CCCM chapters in 10 HNOs and 12 HRPs were reviewed, whilst for 2022 the CCCM chapters in 11 HNOs and 12 HRPs were reviewed. Similar metrics were used across the two reviews, with some slight changes following draft metrics agreed to by the GBV Guidelines Reference Group.

Overall, an improvement was made in the integration of GBV risk mitigation in 2022:

In contrast to 2021 where 50% of CCCM HNO chapters fully or partially included GBV risk analysis, in 2022 91% of CCCM HNO chapters partially or nearly met the criterion on identification of GBV risks.

In 2021, 61% of CCCM HRP chapters included GBV risk mitigation measures, whilst in 2022 69% included one or more GBV risk mitigation measures.

#	Country Reviewed	HNO	HRP
1	Burkina Faso	✓	✓
2	Central African Republic	✓	✓
3	Chad	✓	✓
4	El Salvador, Guatemala, and Honduras	✓	✓
5	Ethiopia		✓
6	Haiti	✓	✓
7	Iraq	✓	✓
8	Mozambique		✓
9	Myanmar		✓
10	Nigeria	✓	✓
11	Somalia	✓	✓
12	South Sudan	✓	✓
13	Syria	✓	
14	Yemen	✓	

### Humanitarian Needs Overview (HNO)

#### Consultations with women and girls

Of the 11 HNOs reviewed, 55% of CCCM HNO chapters did not include a specific reference to women's and girl's participation in needs assessments. Whilst the remaining 45% either partially, nearly or fully met the criterion.

#### Barriers and risks faced by women and girls

91% of CCCM HNO chapters identified barriers to accessing services and related GBV risks faced by women and girls, either partially or nearly meeting the criterion. This is an improvement in the percentage of CCCM chapters including consideration of barriers and GBV risks faced by women and girls from 2021, where 50% of CCCM chapters included a partial or full GBV risk analysis.

#### Specific needs of women and girls

81% of CCCM HNO chapters included identification of the specific needs of women and girls, either partially or nearly meeting this criterion (either generally mentioning that women and girls have needs without specifying what they are, or including a basic needs analysis for women and girls). 19% did not make reference to the specific needs of women and girls.

### Capacities and coping mechanisms of women and girls

46% of CCCM chapters did not reference negative coping mechanisms that women and girls might resort to due to lack of access to resources, services, assistance etc, or their capacities. 54% of chapters partially or nearly met this criterion, including a description of negative coping mechanisms and/or capacities. This is an improvement from the 2021 chapters, where 70% did not include a reference to the coping mechanisms of women and girls.

### Inclusion of sex, age, and disability disaggregated data

All chapters included at least some kind of disaggregated population profile, following the HNO template in the country. 36% fully met the criterion with a full population profile broken down by sex, age and disability status as a minimum. This is an improvement on the 2021 grading against this criterion, where 10% of chapters included a population profile disaggregated by sex and age.

## **Humanitarian Response Plan (HRP)**

### Inclusion of GBV risk mitigation measures

For this criterion, which is also the Call to Action indicator<sup>1</sup>, 69% of CCCM HRP chapters included at least one or two GBV risk mitigation measures, whilst 31% did not mention any GBV risk mitigation measures. This is a slight improvement on the 2021 grading against this indicator, where 61% of CCCM chapters either fully or partially included GBV risk mitigation measures in the narrative.

67% of CCCM cluster/sector specific objectives included GBV risk mitigation, not necessarily utilising the term 'GBV risk mitigation' but via the use of terms such as 'safety' and 'safe access'.

### Capacity strengthening of women-led organisations

77% of CCCM HRP chapters made some reference to supporting women's led organisations, women's groups (such as women's committees) and/or local organisations, including through capacity strengthening activities. This is an improvement on the 2021 grading against the similar criterion of 'mention of localisation and working with local actors' where no CCCM chapters made any mention.

### Indicators reflecting GBV risk mitigation

38% of CCCM chapters did not include indicators reflecting GBV risk mitigation outcomes, including facilitating and monitoring vulnerable groups' access to services. 62% included some reference to broadly measuring safety and accessibility, or a GBV risk mitigation specific indicator.

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<sup>1</sup> The CCCM Cluster Lead Agencies have committed to 'By 2025, 100% of HRPs/Emergency Appeals include GBV risk mitigation measures in CCCM response plans'

## Recommendations

### Humanitarian Needs Overview

In general, it is important to ensure that HNO chapters capture the GBV risks faced by women and girls, their specific needs, the barriers they face in accessing services and resources, negative coping mechanisms, but also their capacities. This information should be obtained through consultations with women and girls, and through existing data such as GBV AoR and Protection Cluster data and analysis.

Based on the review findings, the following are areas where the CCCM HNO chapters could particularly be improved:

- Ensuring that women and girls are consulted and participate in needs assessments; they best know the barriers, risks and other challenges they face, and their needs. This should also be noted in the chapter.
- Identification of the coping mechanisms (negative and positive) that women and girls might resort to because of the GBV risks and barriers they face to accessing services, resources etc. This can help inform possible strategies/programmatic response to mitigate the risks. The capacities of women and girls should also be captured.
- Population profiles should include sex, age and disability disaggregated data (SADD) as a minimum, to understand who the cluster is supporting and/or needs to support. Some country HNO templates include this as a requirement for all clusters to fill, whilst others do not. This can also be captured in the cluster narrative.

### Humanitarian Response Plan

In general, the sector narrative should include mention of the identified GBV risks, needs and barriers for women and girls to access services (as mentioned in the HNO), linked to responding GBV risk mitigation measures. An outline of the cluster's plans to engage and build the capacity of women-led organisations (considered as local or community-based organisations that support the proactive inclusion of women) should also be included. Where possible, indicators capturing GBV risk mitigation outcomes (including facilitating and monitoring vulnerable groups access to services), to monitor the effectiveness of GBV risk mitigation activities, can be included.

Based on the review findings, the following are areas where the CCCM HRP chapters could particularly be improved:

- Ensure that GBV risk mitigation measures are included, which respond to identified GBV risks; both CCCM Cluster Lead Agencies have committed to 'By 2025, 100% of HRPs/Emergency Appeals include GBV risk mitigation measures in CCCM response plans'.
- Outline plans to further partner with women-led organisations

## Annex 1: Examples

### Humanitarian Needs Overview

#### Barriers and risks faced by women and girls

Somalia: Amongst the populations that have the most acute needs in IDP sites, PLWDs, individuals from minority clans, women, and youth face extensive barriers in accessing humanitarian services preventing a dignified living conditions for such demographics....Inadequate settlement design in IDP sites disproportionately affect women and girls through the inability to safely access all services with 46 per cent of vulnerable groups perceiving themselves as not safe living within their respective IDP site...Living conditions in IDP sites across Somalia are exemplified by settlement overcrowding with poor quality of built infrastructure and dire sanitary conditions...Inclusive community participation remains a challenge in IDP sites due to various predatory relationships between gatekeepers and members of the IDP community

South Sudan: Women and girls continue to face threats to their safety and security arising from early marriage and sexual exploitation/GenderBased Violence (GBV) as they lose livelihoods and access to education, which is not prioritized by their families.... lack of privacy for women and girls in camps... Reports of the safety audit from the Protection Cluster indicate that in turn, this has led to an increase in the incidence and severity of sexual and genderbased violence, including domestic violence

Syria: Of those living in IDP sites in the Northeast and Northwest Syria, 80 per cent are women, girls and boys who face significant GBV risks due to inadequate living conditions across IDP sites. In Northeast Syria, 49 per cent of households are female headed. Overcrowded informal sites with no proper site planning, limited or no access to services nor camp management structures pose serious protection and GBV risks for the most vulnerable, who are mainly diverse women and children. Overall 1,185,100 people in northwest were found to be living in sites with no lighting on the main roads. Representation of women in participatory structures is essential for meaningful decision-making, however in Northwest Syria, 61 per cent of IDPs are living in sites that do not have women committees.

#### Capacities and coping mechanisms of women and girls

Chad: La situation de vulnérabilité des personnes déplacées engendre des risques en termes de protection, tels que les mariages précoces ou l'échange de faveurs sexuelles pour obtenir des moyens de subsistance pour les jeunes filles et les femmes. Pour les garçons et les hommes, l'absence d'opportunités et les moyens d'existence insuffisants augmentent le risque de rejoindre les groupes armés.

Yemen: These dynamics have further marginalized displaced people forcing them to resort to negative coping mechanisms, including child labour, early marriage and begging.

## Humanitarian Response Plan

### Inclusion of GBV risk mitigation measures

Somalia: Furthermore, the CCCM cluster and partners will focus on site improvement and site decongestion activities to improve living conditions, promote proper standards in spacing to enhance safety, especially for women and girls, and enhance access to services for all populations living in IDP sites...CCCM has defined inclusion as a main theme in CCCM interventions and response. As such, activities including site decongestion, maintenance and site improvement will be implemented with an age, gender, and diversity (AGD) lens, ensuring community participation and inclusion of minority ethnic groups, women, boys, girls, youth, older people, people with disabilities, and other categories of community members. Safety audits will remain a focus of CCCM activities for inclusion to enhance protection especially of women and girls in sites.

CCCM will work in an intersectoral approach to mitigate evictions, ensure services reach people most in need...CCCM will collaborate with the Protection Cluster and its AoR to enhance inclusion, protection mainstreaming, referral and pathways...CCCM will build on diverse and inclusive community governance site structures made up of elected women and men on equal representation.

#### *Cluster/sector objectives*

Somalia: Strengthen safe access to multi sectorial services at site level through improved site management and coordination.

Improve living conditions of displaced people through site-risk identification followed by site development, care and maintenance and decongestion initiative.

### Localisation and working with women-led organisations

Mozambique: Through creation and support to women and disability inclusion committees...CCCM will support community-led initiatives including quick impact projects.

Somalia: Localization activities will remain a key area of focus for CCCM interventions building capacities of local partners in CCCM activities and enhancing collaboration with local authorities in efforts to mitigate evictions. The CCCM Cluster evolve its Localization Framework and Action Plan in 2022 to follow through on localization deliverables as illustrated within these documents.

### Indicators reflecting GBV risk mitigation (including facilitating and monitoring vulnerable groups' access to services)

Yemen: Number of CCCM staff trained in gender, GBV, PSEA and GBV risks mitigation

Number of referrals tracked and addressed using the Area Based Approach

Number of members of functional community self-organizing committees with inclusive, gender-balanced participation of both men and women