

GBV INTEGRATION INTO THE CORE COMMITMENTS FOR CHILDREN (CCC)



The CCCs form the core UNICEF policy and framework for humanitarian action and are mandatory for all UNICEF personnel. Grounded in global humanitarian norms and standards, the CCCs set organizational, programmatic and operational commitments and benchmarks against which UNICEF holds itself accountable for the coverage, quality and equity of its humanitarian action and advocacy.

In addition, they guide every stakeholder, including governments and civil society organizations (CSOs),

in designing their humanitarian action and in setting and meeting standards for respecting, protecting and fulfilling the rights of children.

The following brief shows how GBV has been integrated into the different areas of the CCCs: sectoral commitments, intersectoral commitments, and operational commitments. The operationalization of GBV integration in the CCCs is the responsibility of each programme and operations section.

SECTORAL COMMITMENTS

SECTOR: CHILD PROTECTION

COMMITMENTS

Commitment 8: Survivors of GBV and their children can access timely, quality, multisectoral response services and GBV is prevented.

This includes:

- Quality, coordinated, survivor-centred and age-appropriate response services are timely, available and used by survivors of GBV
- GBV prevention programmes are implemented
- Child protection programmes implement actions that address and reduce risks of GBV

KEY CONSIDERATIONS

- Collect, process, analyze, store, and share information according to international child protection and GBV principles and with full respect for confidentiality, data protection and information-sharing protocols, in line with the CPMS and the GBViEMS. See 1.4.9 Ethical evidence generation and data protection
- Ensure the use of endorsed, policy-compliant child protection and GBV data systems for confidentiality, data security and accountability, in line with the CPMS and GBViEMS. Such systems avoid insecure collection of data, promote referrals and data-sharing, prevent data silos and minimize duplicative data collection and revictimization.
- Ensure quality case management in line with the CPMS and GBViEMS, which advocate for strong supervisory structures that can provide ongoing supervision and coaching to case workers.
- Ensure integrated support services/referrals are available to survivors who disclose experience of GBV, before initiating any GBV awareness or prevention activities.
- Engage children, caregivers, community members and local authorities to decide if group activities, including Child-Friendly Spaces (CFS) or Women and Girls' Safe Spaces (WGSS), are appropriate, and how they can be safe, accessible, inclusive, high-quality and contextually/culturally appropriate. See the CPMS and the GBViEMS.

SECTOR: CHILD PROTECTION *cont*

- All group activities, including CFS or WGSS, should be provided by staff or volunteers trained in basic mental health and psychosocial support and equipped for safe and ethical interaction with children and women.
- MHPSS programmes should avoid singling out sensitive groups (e.g. survivors of GBV or children formerly associated with armed forces and groups) through separate activities, in ways that further their discrimination and exclusion from communities. Instead, it is best to work towards broad support and promote the inclusion and wellbeing of all community members. It is critical to balance the need to improve scale of MHPSS interventions, while ensuring quality and equity.
- Integrate GBV risk mitigation in all child protection programmes such as family tracing, reunification, reintegration and MHPSS services.
- Equip and train personnel on the GBV Pocket Guide.
- Foster and build local partnerships to deliver child protection and GBV services in remote and high-risk settings.

SECTOR: EDUCATION

KEY CONSIDERATIONS

- In line with the CRC and CEDAW, advocate to address the specific barriers to education faced by girls and young women in crises.
- Ensure Comprehensive Sexuality Education and GBV/Psychosocial Support are coordinated with other relevant programmes such as Child Protection, Health and HIV/AIDS.
- Integrate GBV risk mitigation in all education programmes.
- Work with GBV actors and coordination mechanisms to reduce risks of GBV and ensure provision of care for survivors of GBV.
- Equip and train education personnel with up-to-date information on available GBV response services and referral procedures to support GBV survivors.
- If there are no GBV actors available, train education staff on the GBV Pocket Guide.

SECTOR: HEALTH

KEY CONSIDERATIONS

- Work with GBV actors and coordination mechanisms to reduce risks of GBV and ensure provision of care for survivors of GBV. Equip and train health personnel with up-to-date information on available GBV response services and referral procedures to support GBV survivors. If there are no GBV actors available, train health staff on the GBV Pocket Guide.
- If there are no GBV actors available, train health staff on the GBV Pocket Guide.

SECTOR: HIV/AIDS

KEY CONSIDERATIONS

- Ensure access to mental health and psychosocial support services (MHPSS), including community-based adherence support, for people living with HIV and survivors of sexual assault who are living with HIV or at risk of HIV infection.
- Introduce gender- and age-responsive programming, including GBV risk mitigation, taking into account the unique needs of adolescents and girls.

SECTOR: NUTRITION

KEY CONSIDERATIONS

- Work with GBV actors to reduce risks of GBV related to nutrition programmes.
- If there are no GBV actors available, train nutrition staff on the GBV Pocket Guide.

SECTOR: WASH

KEY CONSIDERATIONS

- Ensure that all at-risk groups, including women and girls, older people, people with disabilities and others with specific protection concerns feel safe and are protected from discrimination and GBV when collecting water or using toilets and bathing facilities, day or night, through participatory planning and regular beneficiary feedback mechanisms.
- Equip and train WASH personnel to refer GBV survivors.
- If there are no GBV actors available, train WASH staff on the GBV Pocket Guide.

CROSS-SECTORAL COMMITMENTS

SECTOR: ADOLESCENT DEVELOPMENT AND PARTICIPATION

KEY CONSIDERATIONS

- Work with GBV actors and coordination mechanisms to reduce risks of GBV of adolescent girls and ensure provision of care for survivors of GBV.
- Equip and train personnel to understand the specific GBV risks faced by adolescent girls and how to refer them to services safely and confidentially.
- If there are no GBV actors available, train staff on the GBV Pocket Guide.

SECTOR: DISABILITIES

KEY CONSIDERATIONS

- Work with GBV actors and coordination mechanisms to promote understanding that adolescent girls with disabilities face heightened risks, to reduce these GBV risks, and ensure provision of care for survivors of GBV.
- If there are no GBV actors available, train staff on the GBV Pocket Guide.

SECTOR: EARLY CHILDHOOD DEVELOPMENT

KEY CONSIDERATIONS

- Integrate GBV risk mitigation in all ECD programmes.
- Work with GBV actors and coordination mechanisms to reduce risks of GBV and ensure provision of care for survivors of GBV.
- Equip and train social protection personnel with up-to-date information on available GBV response services and referral procedures to support GBV survivors.
- If there are no GBV actors available, train ECD staff on the GBV Pocket Guide.

SECTOR: GENDER EQUALITY AND EMPOWERMENT OF GIRLS AND WOMEN

COMMITMENTS

Commitment 1: Ending Gender-Based Violence GBV prevention and risk mitigation for all is included in programmes, with a focus on the safety and resilience of girls and women.

This includes:

- Programmes are designed to prevent and mitigate the risks of GBV
- Coordination is established with GBV actors to ensure that GBV is mainstreamed in all sectors

All sectors' frontline workers and personnel are trained and equipped with information on available GBV response services and referral procedures to support GBV survivors

Commitment 2: Community engagement and AAP with girls and women Adolescent girls, women and their respective organizations are actively engaged in the design and delivery of programmes.

Benchmark: Organizations representing adolescent girls, women's rights and youth are engaged in programme design, delivery and monitoring

- Women and adolescent girls are equitably represented in community feedback and complaints mechanisms
- Men and boys are mobilized to support and promote gender equality and the rights and engagement of women and girls

Commitment 3: Gender-responsive programming, including a lens on adolescent girls Analyses, needs assessments, programming and enabling environments (e.g. partnerships, communications) respond to the distinct needs and experiences of girls, women, boys and men

Benchmark: Context-specific gender analysis informs the design and delivery of programmes in all sectors

- Planning, monitoring and evaluation of programmes, as well as reporting, include sex- and age-disaggregated data and strategic gender indicators, in accordance with the UNICEF Gender Action Plan
- Programmes intentionally promote positive behaviour and social change toward gender equality, especially by empowering adolescent girls
- Programmes and enabling environment services provided and/or supported are gender-responsive and address the different needs of girls, boys, men and women

KEY CONSIDERATIONS

- Systematically include a gender analysis, including GBV in emergencies, in all preparedness and response plans.
- Ensure all programming recognizes systemic exposure to and risk of GBV that is differentiated by sex, age and disability.
- Ensure humanitarian responses are based on a gender analysis and recognizes and respond to the specific vulnerabilities of girls and boys due to gender norms and cultural practices.
- Work with GBV actors and coordination mechanisms to reduce risks of GBV and ensure provision of care for survivors of GBV. Equip and train frontline workers with up-to-date information on available GBV response services and referral procedures to support GBV survivors. If there are no GBV actors available, train all personnel on the GBV Pocket Guide.

SECTOR: SOCIAL PROTECTION

KEY CONSIDERATIONS

- Integrate GBV risk mitigation in all social protection programmes.
- Work with GBV actors and coordination mechanisms to reduce risks of GBV and ensure provision of care for survivors of GBV.
- Equip and train social protection personnel with up-to-date information on available GBV response services and referral procedures to support GBV survivors.
- If there are no GBV actors available, train social protection staff on the GBV Pocket Guide.

SITUATION-SPECIFIC COMMITMENTS

SECTOR: PUBLIC HEALTH IN EMERGENCIES

COMMITMENTS

Risk Communication and Community Engagement: Communities are reached with gender- and age-sensitive, socially, culturally, linguistically appropriate and accessible messages on disease prevention, and on promotion of continued and appropriate use of health services.

KEY CONSIDERATIONS

- GBV risks must be mitigated, and all personnel must be equipped and trained with up-to-date information on available GBV response services and referral procedures to support GBV survivors.
- If there are no GBV actors available, train staff on the GBV Pocket Guide.

OPERATIONAL COMMITMENTS

SECTOR: ADVOCACY

KEY CONSIDERATIONS

- Ground advocacy strategies in evidence, policy analysis, political intelligence, power analysis, protection and gender analysis, partnerships and audience insight.

SECTOR: HUMAN RESOURCES

COMMITMENTS

Commitment 5: Standard of conduct:

- Duty of care measures include a comprehensive pre-deployment package for staff and their families that is responsive to the needs of different employees, including women, LBTQI+ employees and persons with disabilities;
- Training and support for managers operating in high-risk environments; availability of and access to counselling and peer support for staff in high-risk environments;
- Identification of consistent standards on working and living conditions for staff deployed in high-risk environments, with specific attention to locally recruited staff and female staff.
- Extend duty of care measures to non-staff personnel as outlined in the High-Level Committee on Management Duty of Care Guidelines, whenever relevant and feasible.

For questions or more information contact Catherine Poulton cpoulton@unicef.org