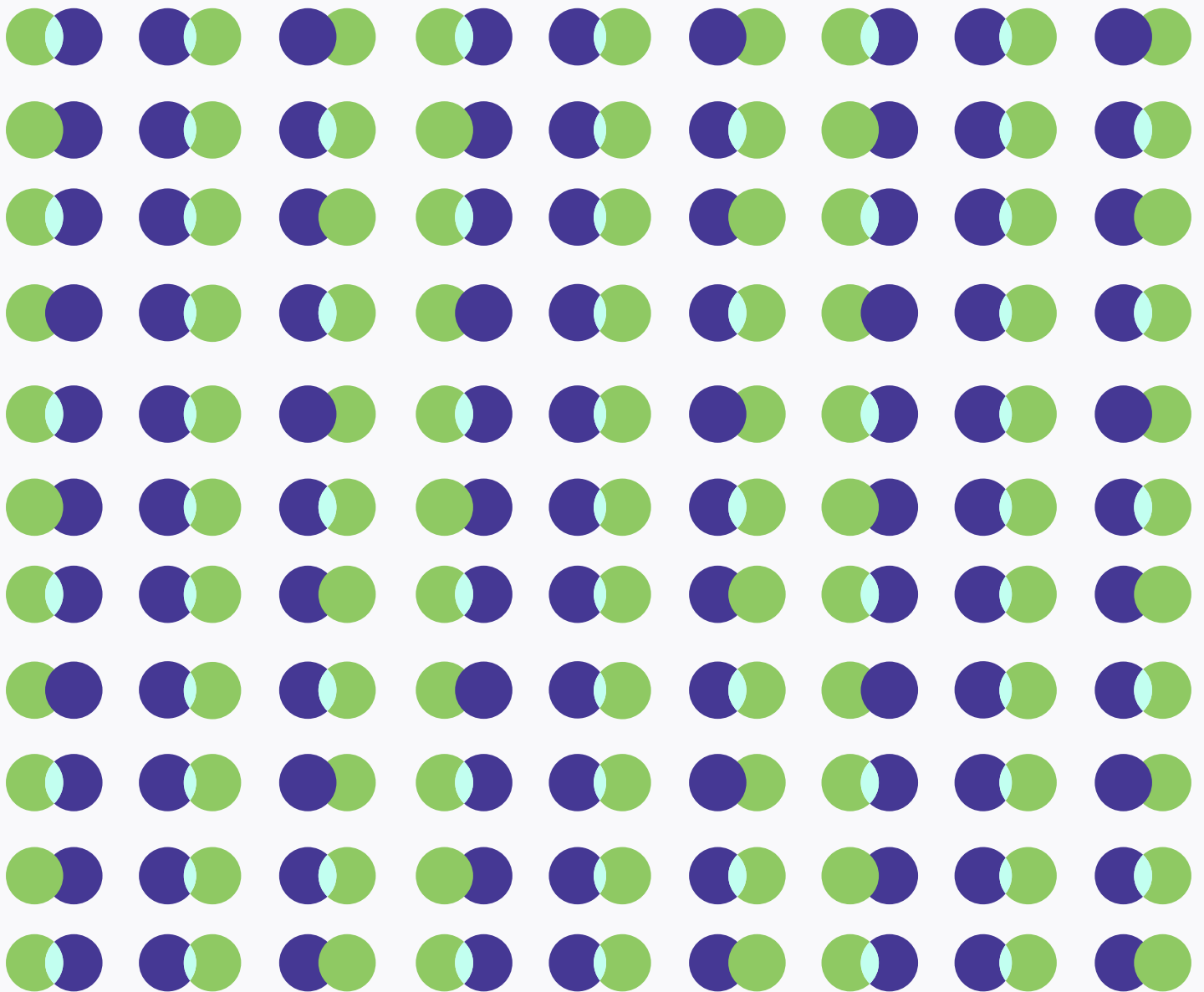


# Gender-Based Violence and Child Protection Field Cooperation Framework

/ 2021



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/ 2021

A practical guide for Coordinators  
and co-Coordiators

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## Acronyms

<b>AAP</b>	Accountability to Affected Populations	<b>HCT</b>	Humanitarian Country Team
<b>AoR</b>	Area of Responsibility	<b>HNO</b>	Humanitarian Needs Overview
<b>CIIN</b>	Children in Need	<b>HPC</b>	Humanitarian Program Cycle
<b>CMTF</b>	Case Management Task Force	<b>HRP</b>	Humanitarian Response Plan
<b>CP</b>	Child Protection	<b>PiN</b>	People in Need
<b>CPMS/+</b>	Child Protection Information Management System	<b>PSEA</b>	Protection Against Sexual Exploitation and Abuse
<b>GBV</b>	Gender-based violence	<b>SAG</b>	Strategic Advisory group
<b>GBVIMS/+</b>	GBV Information Management System	<b>SEA</b>	Sexual Exploitation and Abuse
<b>HC</b>	Humanitarian Coordinator	<b>SOPs</b>	Standard Operating Procedures

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## Preamble

Recognising the interconnected needs of child and adolescent survivors, it is evident that Gender-Based Violence (GBV) and Child Protection actors have overlapping responsibilities in regard to response, mitigation, prevention and preparedness. Actors must cooperate to generate better knowledge, develop skills and expand resources. Both GBV and Child Protection minimum standards reiterate the need for intersectoral cooperation. Increasingly complex emergencies require the collaboration between different disciplines to understand and address new and growing needs affecting girls and boys.<sup>1</sup>

Changes in the humanitarian landscape means that GBV and Child Protection response, mitigation and prevention will be led and implemented by diversified, local actors. Local actors need support to take on leadership roles in leading and coordinating response. Local women and youth organisations are instrumental for the practical response to the needs of child and adolescent survivors. The role of GBV and Child Protection AoR Coordinators is instrumental for facilitating the practical cooperation between diverse actors to ensure that service provision gaps are addressed and coherence and complementarity promoted. Joint GBV – Child Protection advocacy on the need for protection-sensitive programming across all sectors is more effective.

This Field Cooperation Framework (FCF) relates to Child Protection and GBV AoR Coordinators' everyday practice. The hope is that it will be used as a standard reference for cooperation between GBV and Child Protection AoRs to achieve better outcomes for children and adolescents and other shared populations of concern. The framework supports maintaining specificity in responsibilities and mandates to generate synergies through increasing communication and identifying areas for collaboration.

## Objective

The primary objective for the GBV and Child Protection FCF is, from a coordination point, to address service provision gaps and promote complementarity for shared priority populations of concern.

## Shared populations of concern

GBV and Child Protection AoRs may have overlapping responsibilities to identified vulnerable populations of concern. Therefore, in each setting, it is important for GBV and Child Protection Coordinators to facilitate a dialogue between the AoRs to identify shared populations of concern and responsibilities to address these.

Shared populations of concern should be determined depending on the needs and be specific to the context and as a minimum include children and adolescents who have been subjected to sexual violence and other forms of GBV.

Shared populations of concern may for example also include

- child and adolescent survivors of child marriage
- children and adolescents at increased risk of GBV due to diverse, non-binary gender identity and expression,
- children and adolescents separated from primary caregivers,
- children and adolescents with disabilities,
- children and adolescents involved in child labour, or living and working on the streets
- GBV survivors who are mothers and their children.

(This is not an exhaustive list.)

Where GBV and Child Protection AoRs have overlapping responsibilities to shared populations, it is important that the AoRs cooperate to ensure that needs and gaps are identified, needs are met, and gaps filled and coherence and complementarity promoted. **In situations where there is a lack of services, GBV and Child Protection actors should jointly advocate for adequate resources to respond to the identified needs and address the gaps in services.**

<sup>1</sup> See for example Child Protection Minimum Standards, Standard 9: SGBV, GBV Minimum Standards 1, GBV Guiding Principles, Guidance note 2: Child survivors of sexual abuse).

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# Content organisation

## The GBV and Child Protection FCF

- Applies to each of the six core functions of cluster coordination and accountability to affected people (AAP).<sup>2</sup>
- Includes clear recommendations for country-level GBV and Child Protection Areas of Responsibility (AoR) cooperation
- Includes practical examples of strong collaboration and coordination between GBV and Child Protection AoRs
- Provides tips on how to strengthen cooperation, coherence and complementarity between CP and GBV AoRs and other cluster/sector coordination groups

## Primary audience

- Coordinators and Co-Coordinators of GBV and Child Protection AoRs

## Secondary audiences

- Conveners of technical working groups within the coordination forums
- Members of the GBV and Child Protection AoRs
- Information Management Officers (IMOs) working with GBV and Child Protection AoRs
- Global field support functions (e.g. Regional GBV AoR Support Teams, Child Protection Rapid Response Teams, Child Protection and GBV Helpdesks and Stand-by partners)
- Cluster lead and cluster co-lead agencies

## Cross-referencing

This field cooperation framework is complementary to existing programmatic guidance including GBV Minimum Standards, Child Protection Minimum Standards, Caring for Child Survivors package, IASC GBV Guidelines and other thematic area guides for Child Protection. The operationalizing of the FCF will benefit from being cross-referenced and linked to documents governing coordination including:

- Local Terms of Reference for GBV and Child Protection AoR Coordinators
- Briefing packages, including Starter Kits, for new GBV and Child Protection Coordinators
- Training material and helpdesk support
- Coordination Handbooks and coordination guidance
- GBV and Child Protection coordination training as applicable
- Global guidance for SOPs regarding coordination of field level response
- Global guidance for Standard Operating Procedures (SOPs) for field level response i.e. GBV and Child Protection Case Management Task Force (CMTF) SOPs and guidance

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# Keys to the layout

## GBV and Child Protection FCF applied to IASC Core Functions of Cluster Coordination

The collaborative activities outlined below are linked to the IASC Core Functions of Cluster Coordination. These functions apply to all Coordinators and coordination mechanisms at the field level. For each of the six core functions, the **FCF provides two levels of activities/engagement: 'expected' and 'recommended'**. GBV and Child Protection Coordinators have been consulted and converge on the importance of coordinating on the issues listed. It is expected that GBV and Child Protection Coordinators engage with each other and with the membership of the coordination mechanisms, to facilitate the process of selecting and implementing contextually relevant, practical and cooperative actions. Adding these actions to the national GBV and Child Protection strategies will enhance the accountability of the FCF implementation<sup>3</sup>.

## Expected level of cooperation

The 'expected level of cooperation' outlines areas of activities that are considered the basic, or minimum level of collaboration between GBV and Child Protection AoRs. It is important that priority GBV – Child Protection cooperation activities are based on the AoRs' operational context, taking into account what is working well and what needs strengthening.

## Recommended additional actions

The 'recommended additional actions' are additional examples of proposed joint actions or activities that GBV and Child Protection AoRs can work on cooperatively as the collaboration grows stronger. However, this distinction is not binding and the local context should be guiding the collaborative priorities.

## Practical actions menu (pick, mix, and contextualize)

For each function there are examples of joint actions or activities that the GBV and Child Protection AoRs can consider and be inspired by when they plan their collaborative work. The menus aim to encourage and inspire creative cooperation. They are not an exhaustive list of activities. The menus should be read as suggestions, not as requirements and can be combined as the AoRs see fit.

## Tools

The FCF is complemented by GBV and Child Protection Coordinators actively and generously sharing their resource documents, templates and materials. The Google Drive <https://drive.google.com/drive/folders/1qjWjgtfDc1NCSK37feVvj8GitFg7aG9R?usp=sharing> is an open repository for Coordinators and includes material developed at national levels. It is expected to grow as more GBV-Child Protection collaboration takes place and tools are shared. Users of the FCF are encouraged to continue sharing tools and templates.

## Mini case studies

The FCF is accompanied by mini case studies. These are examples of practical GBV-Child Protection cooperation implemented in local settings. The case studies aim to inspire and give an insight to how other AoRs have worked together on responding to shared populations of concern. The featured field examples describe successes, promising practices and challenges in the collaboration between GBV and Child Protection AoRs and other field-level coordination mechanisms including government line ministries.

## Printer friendly

The FCF layout is kept simple to encourage printing of hard copies for easy reference. It is hoped that the FCF will be an often consulted document that inspires practical GBV and Child Protection cooperation on a daily basis.

<sup>3</sup> See <https://interagencystandingcommittee.org/iasc-transformative-agenda/iasc-reference-module-cluster-coordination-country-level-revised-july-2015>

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# Definition of terms

## Gender-based Violence

“Gender-based violence” is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty. These acts can occur in public or in private.<sup>4</sup> The term “GBV” is most commonly used to underscore how systemic inequality between males and females, which exists in every society in the world, acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls.<sup>5</sup> The term “gender-based violence” also includes sexual violence committed with the explicit purpose of reinforcing gender inequitable norms of masculinity and femininity.<sup>6</sup>

Under international human rights law, acts of GBV are considered violations, as articulated in international conventions, particularly the Convention on the Elimination of All Forms of Discrimination against Women.<sup>7</sup> Furthermore, the United Nations Declaration on the Elimination of Violence against Women defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women”.<sup>8</sup> The Declaration emphasizes that violence is “a manifestation of historically unequal power relations between men and women, which have led to the domination over and discrimination against women by men and to the prevention of the full advancement of women”.<sup>9</sup>

The term ‘gender-based violence’ is also increasingly used by some actors to highlight the gendered dimensions of certain forms of violence against men and boys—particularly some forms of sexual violence committed with the explicit purpose of reinforcing gender inequitable norms of masculinity and femininity (e.g. sexual violence committed in armed conflict aimed at emasculating or feminizing the enemy). This violence against males is based on socially constructed ideas of what it means to be a man and exercise male power. It is used by men (and in rare cases by women) to cause harm to other males. As with violence against women and girls, this violence is often under-reported due to issues of stigma for the survivor—in this case associated with norms of masculinity (e.g. norms that discourage male survivors from acknowledging vulnerability, or suggest that a male survivor is somehow weak for having been assaulted). Sexual assault against males may also go unreported in situations where such reporting could result in life-threatening repercussions against the survivor and/or his family members. Many countries do not explicitly recognize sexual violence against men in their laws and/or have laws which criminalize survivors of such violence<sup>10</sup>

The term ‘gender-based violence’ is also used by some actors to describe violence perpetrated against lesbian, gay, bisexual, transgender and intersex (LGBTI) persons that is, according to OHCHR, “driven by a desire to punish those seen as defying gender norms”.<sup>11</sup>

4 Inter-Agency Standing Committee. 2015. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery. p 5

5 ibid

6 ibid

7 United Nations General Assembly resolution 34/180 (1979), Convention on the Elimination of All Forms of Discrimination Against Women

8 United Nations General Assembly resolution 48/104 (1993), Declaration on the Elimination of Violence against Women.

9 ibid

10 Inter-Agency Standing Committee. 2015. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery. p 5-6

11 Office of the High Commissioner for Human Rights (OHCHR). 2011. ‘Discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity’, A/ HRC/19/41, <[http://www.ohchr.org/documents/issues/discrimination/a.hrc.19.41\\_english.pdf](http://www.ohchr.org/documents/issues/discrimination/a.hrc.19.41_english.pdf)>

## Sexual violence

Sexual violence is ‘any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work.’<sup>12</sup> ‘Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion’.<sup>13</sup>

## Child and adolescent survivors

The term is used here as an umbrella term for children and adolescents who have been subjected to sexual violence, child marriage and other forms of gender based violence.

## Child protection in humanitarian action

The prevention of and response to abuse, neglect, exploitation and violence against children in humanitarian action.<sup>14</sup>

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12 WHO. 2002. World Report on Violence and Health, <[www.who.int/violence\\_injury\\_prevention/violence/world\\_report/en](http://www.who.int/violence_injury_prevention/violence/world_report/en)> in Inter-Agency Standing Committee (2015) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery. p. 322

13 Inter-Agency Standing Committee (2015). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.

14 The Alliance for Child Protection in Humanitarian Action, Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, 2019.



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# Coordination Core Function 1

## Support service delivery

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### Expected Level of Cooperation

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#### Collaboration

#### Practical actions menu (pick, mix, and contextualize)

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##### **Joint service mapping**

**GBV and Child Protection AoRs identify and address gaps in service delivery based on identified needs of child and adolescent survivors and other shared populations**

**GBV and Child Protection AoRs identify and resolve duplication of services to child and adolescent survivors and other shared populations.**

- Exchange information on the tools the GBV and Child Protection AoRs individually use to identify gaps of service provision and explore if these can be linked or combined.
- Use information from service mapping to identify and agree on actions to resolve duplication of services.
- Identify the service providers that are best placed to address the needs of shared populations per district/sub-district/community.
- Map partners that provide GBV and Child Protection services, their geographical reach and any limitations to their service provision.
- Facilitate a discussion between GBV and Child Protection service providers to agree on the process for establishing the service provider that is best placed to provide case management to individual child and adolescent survivors cases in settings where several service providers operate. This may include jointly reviewing case management guidelines and field agreements for case transfers.
- Assess access barriers to safe and appropriate services for child and adolescent survivors including the availability of trained staff to provide child friendly services.
- Establish platforms for identifying and addressing key cross cutting needs, for example child marriage task forces or case management technical working groups.
- Ensure that 3/4/5Ws, database and web platforms include services and agencies that reflect the needs of child and adolescent survivors and shared populations in the specific context when safe to do so.
- Collaboratively develop communication materials aimed at children and adolescents and their safe caregivers and families to inform about available services.
- Agree on how/when identified service gaps in specific locations should be communicated and addressed with partners.
- Review existing SOPs to ensure the inclusion of child and adolescent survivors and other shared populations. Check consistency of information, align terminology, clarify roles and responsibilities for each of the sectors responding to the needs and other key considerations.
- SOPs and field-level agreements: Agree on contextualized sections in respective GBV and Child Protection SOPs and other field level agreements to reflect a common understanding of procedures for child and adolescent survivors.
- Collaboratively develop a joint note on services and referrals for GBV and Child Protection implementing partners/ service providers with key information for safe referrals of child and adolescents and other shared populations. These may be added as an addendum to the GBV and Child Protection SOPs.

<b>Referral pathways for child and adolescent survivors</b>	<ul style="list-style-type: none"> <li>Review GBV and Child Protection referral pathways to ensure that services for child and adolescent survivors are included.</li> <li>Where there are separate GBV and Child Protection referral pathways, facilitate consistency of information and alignment of language/terminology so that the pathways ‘speak to each other’ including guidance on safe referrals. Disseminate accordingly.</li> </ul>
<b>Capacity development</b>	<ul style="list-style-type: none"> <li>Orient staff who support child and adolescent survivors on both GBV and Child Protection minimum standards and good practice guidelines to avoid causing harm.</li> </ul>
<b>Information exchange</b>	<ul style="list-style-type: none"> <li>Periodically hold joint GBV and Child Protection coordination meetings. (See promising practice highlighted in field examples).</li> <li>Select GBV and Child Protection Focal Points to attend respective meetings and provide updates. Consider having a stand-alone agenda item that addresses child and adolescent survivors and other shared populations.</li> <li>Include a GBV Focal Point in the Child Protection SAG and a Child Protection Focal Point in the GBV SAG.</li> <li>Collaboratively develop joint information sharing protocols/agree on information sharing principles to ensure confidentiality and safety for survivors.</li> <li>For contexts where the MRM and/or MARA are operational, jointly support focal points to be part of the ‘other’ AoR, e.g. MRM focal point to be a member of the GBV AoR and the MARA focal point to be a member of the Child Protection AoR to enable updates and information exchange.</li> </ul>

## Recommended Additional Actions Core Function 1

### Collaboration

### Practical actions menu (pick, mix, and contextualize)

<b>Services for child and adolescent survivors integrated in GBV and Child Protection referral pathways</b>	<ul style="list-style-type: none"> <li>Collaboratively create integrated referral pathways that address the needs of child and adolescent survivors and other shared populations.</li> <li>Agree on how the coordination mechanisms will ensure that referral pathways are up to date, e.g. frequency of reviews, process and responsibility for updating.</li> <li>Collaboratively collate information on mandatory legal reporting requirements applicable to GBV and Child Protection actors.</li> <li>Collaboratively develop/review protocols for informed consent and assent for child and adolescent survivors including those with communication-related and intellectual disabilities.</li> <li>Jointly coordinate the development and availability of child accessible information and the availability of services. Brainstorm where it will be made available based on different groups’ access to information.</li> </ul>
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## Capacity assessment and development

- Collaboratively establish key competencies for different cadres of staff/service providers to address identified crosscutting GBV and Child Protection issues.
- Agree on shared capacity indicators to be used in capacity assessments, for example for service quality assessments, staff capacity assessments, training needs assessments.
- Facilitate joint capacity building activities and provide cross skilling opportunities during, for example, Caring for Child Survivors' training, GBV risk mitigation in Child Protection programming, Clinical Management of Rape training, and orientations on GBV and Child Protection Minimum Standards, Interagency GBV Case Management, etc. for identified cadres of staff that are involved in providing services and address the needs of shared populations.<sup>15</sup>

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<sup>15</sup> Links:

<https://gbvguidelines.org/en/documents/availability-accessibility-acceptability-and-quality-framework-a-tool-to-identify-potential-barriers-in-accessing-services-in-humanitarian-settings/>  
<https://gbvguidelines.org/en/documents/tip-sheet-consulting-with-women-and-girls/>

# Coordination Core Function 2

## Inform the HC and HCT's decision making

### Expected Level of Cooperation

#### Collaboration

#### Practical actions menu (pick, mix, and contextualize)

**HNO chapters and PINs reflect a mutual understanding of identified GBV and Child Protection cross-cutting needs and concerns**

**Harmonized assessment tools to capture both GBV and Child Protection related needs**

- Jointly define information needs on GBV risks, trends, Child Protection issues and access barriers to services. Agree on key questions/information needed to inform planning and decision-making for strategic and operational considerations.
- Collaboratively identify where GBV and Child Protection AoRs can cooperate on data collection/multi sector rapid assessments and facilitate, for example safety audits to leverage joint concerns accordingly.
- Ensure that any specific GBV/Child Protection questionnaires/assessments are producing data that is useful for both AoRs. Engage in joint analysis of findings and use the information to inform advocacy.
- Share information from CPIMS+ and GBVIMS/+ reports and jointly conduct trend analysis to understand case management needs and to inform planning and corrective actions.
- Draft and implement information sharing protocols for information and activate linkages between referral pathways and with CPIMS+ and GBVIMS+ where applicable.
- Collaborate on assessment and collection of new data for time and resource efficiency and reduce assessment burden on communities by;
  - Keeping each other informed about planned needs assessments, where possible include cross cutting GBV and Child Protection considerations/concerns.
  - Agree on data that should be systematically shared and the most effective mechanism for doing so.
  - Jointly develop and implement participatory assessments with children and adolescents using child friendly data collection tools, age appropriate language and ensuring enumerators are trained on safe and ethical data collection with children and adolescents.
  - Apply consistent/coherent approaches to response prioritization and CiN and GBV PiN calculation.
- Collaboratively agree on and apply joint safe and ethical standards for needs assessments.
- Collaborate on ensuring that ethical child and adolescent-friendly data collection tools and methodologies are consistently used across sectors.
- Collaboratively identify and maximise utilization of already available information.<sup>16</sup>
- Conduct joint analysis of relevant data/information to ensure comprehensive interpretation for child and adolescents and other shared populations.

**Develop/contribute to strategic documents that address the needs of child and adolescent survivors and other shared populations**

- Utilize technical expertise from both AoRs to ensure that assessments are consistent with standards, guidelines, good practice and do no harm.

<sup>16</sup>This may include findings and information from sectoral statistics and reports, nationwide economic or demographic surveys, published research, web content, videos, humanitarian products, recordings or media reports. It can be either qualitative (videos, news report) or quantitative information (for example Displacement Tracking Matrix, Multiple Indicator Cluster Surveys, Demographic and Health Surveys data sets, Armed Conflict Location & Event Data, etc.).

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**Regular exchange of information on GBV trend analysis**

- Suggestions for data points and information that may be shared between GBV and Child Protection AoRs:
  - Information on GBV risks linked to Child Protection services including safety audits
  - Programmatic monitoring data
  - Consultations including populations of concern, stakeholders
  - Issues related to survivors below 18 access to response services
  - Women survivors' access to basic services for their children

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## Recommended Additional Actions Core Function 2

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**Collaboration****Practical actions menu (pick, mix, and contextualize)**

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**Coordination of responsibilities and opportunities for directly engaging with children and adolescents and their families in humanitarian needs identification processes**

- Collaboratively develop sections in GBV and Child Protection strategic documents to define processes for engaging with children and adolescents in the humanitarian needs identification process.<sup>17</sup>

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<sup>17</sup> See IASC, With us & for us: Working with and for Young People in Humanitarian and Protracted Crises, UNICEF and NRC for the Compact for Young People in Humanitarian Action, 2020. ([https://interagencystandingcommittee.org/system/files/2021-02/IASC%20Guidelines%20on%20Working%20with%20and%20for%20Young%20People%20in%20Humanitarian%20and%20Protracted%20Crises\\_0.pdf](https://interagencystandingcommittee.org/system/files/2021-02/IASC%20Guidelines%20on%20Working%20with%20and%20for%20Young%20People%20in%20Humanitarian%20and%20Protracted%20Crises_0.pdf))

# Coordination Core Function 3

## Plan and implement cluster strategies

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### Expected Level of Cooperation

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#### Collaboration

#### Practical actions menu (pick, mix, and contextualize)

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**HRP reflects joint planning on how GBV and Child Protection actors will deliver services to child and adolescent survivors in collaboration**

#### HRP

- In the specific context of operation, identify key issues that cut across the GBV and Child Protection coordination mechanisms' priorities, collaboratively develop a joint implementation plan that addresses the needs for populations where GBV and Child Protection AoRs are overlapping.
  - Agree on prioritization and targeting approaches for child and adolescent survivors and shared populations.
  - Collaboratively clarify funding needs and allocation for joint priority areas.
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**Joint prevention, risk mitigation and response activities that reflect agreed priorities in GBV and Child Protection plans addressing child and adolescent survivors and other shared populations**

#### Prevention

- Before engaging in prevention activities, jointly ensure the availability of basic services for child and adolescent survivors and other shared populations to avoid causing harm. Where gaps are identified, collaboratively agree on how the responsibilities should be shared to address these.
- Collaboratively develop key messages on prevention of violence against children and adolescents and other shared populations.
- Collaboratively conduct consultations on contextual strategies to be used for gender transformative programming on GBV.

#### Risk Mitigation

- Share findings and engage in joint analysis of information generated from safety audits.
- Share and jointly analyse information on GBV risks, trends, Child Protection issues and service access barriers.
- Collaboratively review respective GBV and Child Protection safety audit tools to enhance complementarity.
- Cooperate on providing GBV and Child Protection capacity development for non-protection actors.<sup>18</sup>
- Develop joint strategies for strengthening community capacity to monitor and mitigate child and adolescent GBV risks.

#### Response

- Collaboratively identify, apply and ensure adherence to common standards and guidelines applicable to child and adolescent survivors and other shared populations.
- Jointly ensure complementary language and terminology on responsibilities for child and adolescent survivors and other shared populations in relevant SOPs for GBV and Child Protection AoRs.
- Collaboratively develop time-bound plans that address shared priority needs of child and adolescent survivors and other shared populations.
- Jointly agree on strategies for ensuring access and availability to GBV services for child and adolescent survivors and other shared populations.

<sup>18</sup> (See for example [https://www.cpaor.net/CPandEiE\\_Collaboration](https://www.cpaor.net/CPandEiE_Collaboration))

## Recommended Additional Actions Core Function 3

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### Collaboration

### Practical actions menu (pick, mix, and contextualize)

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#### **Identification and inclusion of converging objectives and indicators in respective AoR plans**

- Ensure that the needs of child and adolescent survivors and shared populations of concern are prioritized in sector plans, cluster strategies and HCT protection strategy.
  - Identify/develop shared objectives and HRP indicators that support addressing joint priorities.
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#### **Support implementation of plans**

- Share access to technical advice, capacity development and funding.
  - Include coordinated and coherent response targets that address joint GBV and Child Protection priorities.
  - Cross-reference capacity development needs and strategies in GBV and Child Protection AoR cluster strategies to ensure adequate response to child and adolescent survivors and other shared populations.
  - Illuminate the required funding for implementing joint GBV and Child Protection priorities in humanitarian funding proposals.
  - Collaborate on developing coordinated behaviour change strategies and messages that address negative social, power, gender norms and community practices that put children and adolescents and other shared populations at risk of GBV.
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# Coordination Core Function 4

## Monitor and evaluate performance

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### Expected Level of Cooperation

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#### Collaboration

#### Practical actions menu (pick, mix, and contextualize)

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##### **Monitor and evaluate performance**

##### **Agree on benchmarks for assessing quality of joint GBV and Child Protection responses**

##### **Agree on recommendations for corrective action**

- Facilitate cooperative monitoring (peer monitoring) and reporting on joint activities and identified cross-cutting needs.
  - Jointly agree on how to measure progress against shared strategic objectives and agreed joint results.
  - Collaboratively develop joint monitoring indicators to monitor the inclusion of children and adolescents and shared populations in response, risk mitigation and prevention activities.
  - Where relevant conduct joint field monitoring visits.
  - Agree on case management indicators based on technical expertise from GBV and Child Protection AoRs.
  - Formulate strategic objectives, indicators and monitoring systems that meet collaboration needs.<sup>19</sup>
  - Conduct joint analysis and collaborate on sharing findings from monitoring and evaluation exercises with AoR members and the consulted populations.
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## Recommended Additional Actions Core Function 4

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#### Collaboration

#### Practical actions menu (pick, mix, and contextualize)

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##### **Operational peer review and evaluation**

- Collaboratively review shared or agreed activities in the joint implementation plan to assess to what extent the needs of child and adolescent survivors and other shared populations were met.
  - Collaborate on documenting and sharing promising practices that address the needs of children and adolescents and other shared populations.
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<sup>19</sup> Note to include GBV risk mitigation in Child Protection response plans or HRP's where applicable.



# Coordination Core Function 5

## Build national capacity in preparedness and contingency planning

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### Expected Level of Cooperation

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#### Collaboration

#### Practical actions menu (pick, mix, and contextualize)

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##### **Preparedness**

- Collaboratively conduct/share information on mapping of local women and youth organisations and community-level actors.
- Jointly conduct risk, context analysis and community mapping for child and adolescent survivors and other shared populations taking into consideration gender, age and other vulnerability factors.
- Collaboratively align the GBV and Child Protection AoR specific contingency plans to reflect the needs of child and adolescent survivors and other shared populations.
- Collaborate on implementing joint training for GBV, Child Protection actors including local women and youth organisations, relevant government counterparts and community protection mechanisms and volunteers on GBV prevention and response to child and adolescent survivors and other shared populations.

##### **Inclusion of child and adolescent survivors and identified shared populations in contingency plans**

##### **Engagement with local women and youth organisations for preparedness and contingency planning for shared priority populations**

##### **Joint key stakeholder dialogue**

- Jointly consult with key stakeholders including local actors, women’s organisations, youth organisations, community-level child protection actors, etc. and service providers to develop a GBV-Child Protection contingency plan for mitigating GBV and Child Protection-related risks, increasing access to services for survivors/individuals at risk, and monitoring of service provision quality.
- Cooperatively identify capacity development needs related to GBV risk mitigation, access to GBV and Child Protection services etc., across GBV and Child Protection actors including line ministries. Integrate identified training needs in capacity development plans of the respective AoRs.
- Jointly identify and engage with local women and youth led groups in community dialogues on GBV and child protection related topics.
- Collaboratively consult with children and adolescents to identify local/community-level influencers on protection, GBV and Child Protection.

##### **Develop joint strategies to address GBV and child protection cross-cutting issues**

- Seek opportunities for GBV and Child Protection AoRs to collaboratively influence non-protection sectors to integrate GBV and child protection concerns and addressing these in their programming.

## Recommended Additional Actions Core Function 5

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### Collaboration

### Practical actions menu (pick, mix, and contextualize)

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#### **Identify and address additional capacity development and community strengthening needs**

- Collaboratively identify existing local and community-level women's groups, youth groups, child protection groups, parenting support groups etc., who play a role in prevention and mitigation of GBV and in the response to child and adolescent survivors and other shared populations.
  - Collaboratively conduct training with local and community-level women's and youth organisations on children's rights, gender equality, violence against children and GBV and child protection risks faced by children and adolescents to increase community capacity to prevent and mitigate GBV.
  - Collaboratively establish meeting points for formal and informal local organisations and community-level organisations, relevant authorities and duty-bearers to contribute to strengthen community systems that prevent and protect children, adolescents and other shared populations from GBV.
  - Collaborate on establishing mentorship and training schemes to provide local women's and youth organisations with technical and institutional capacity development opportunities.
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# Coordination Core Function 6

## Support robust advocacy

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### Expected Level of Cooperation

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#### Collaboration

#### Practical actions menu (pick, mix, and contextualize)

##### **Develop joint advocacy briefs and messages for fundraising with donors**

- Collaboratively support the development of proposals that address cross-cutting GBV and Child Protection concerns.
- Jointly engage with donors, policy makers and line ministries to share information and raise awareness on the needs of child and adolescent survivors and other shared populations for resource mobilization and prioritization.
- Collaboratively produce advocacy and briefing notes to the HCT and HC on child and adolescent survivors and other shared populations, common priorities for GBV and Child Protection actors, resource gaps and funding needs.
- Collaboratively advocate for resource allocations to include local women's and youth organizations and groups, including specific resources for institutional and technical capacity development.

##### **Develop joint advocacy briefs and messages for awareness raising on GBV affecting child and adolescent survivors and other shared populations to Protection Cluster members, other clusters and the community**

- Jointly develop or feed into respective advocacy briefs and messages to ensure that protection concerns related to child and adolescent survivors and other shared populations are integrated. Cooperatively agree on follow-up on advocacy briefs.
- Develop joint advocacy briefs and messages targeting national authorities on required law reform and change of policies related to child and adolescent survivors and other shared populations.
- Cooperatively review and provide input to strategic documents advocating for the inclusion of cross-cutting concerns for child and adolescent survivors and other shared populations.
- Collaboratively develop contextual fact sheets demonstrating trends, risks, magnitude, gaps, consequences and recommendations for prioritized interventions for children and adolescents and other shared populations, respecting ethical and safety principles for collecting and sharing GBV data.

### Recommended Additional Actions Core Function 6

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#### Collaboration

#### Practical actions menu (pick, mix, and contextualize)

##### **Jointly prioritize advocacy issues and follow up**

- Cooperatively develop a strategy for joint advocacy activities.
- Jointly collaborate with academic/research institutions to develop context-specific evidence-based recommendations for interventions for child and adolescent survivors and other shared populations.
- Jointly advocate for the HRP to have a specific indicator for joint response to child and adolescent survivors/other shared populations, which should subsequently be reflected in the assessment indicators.
- Collaboratively advocate for proposals that address the specific needs of child and adolescent survivors and other shared populations.

# Accountability to Affected Populations

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## Expected Level of Cooperation

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### Collaboration

### Practical actions menu (pick, mix, and contextualize)

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#### **Engage with youth and women's organisations**

- Cooperatively develop a joint strategy for meaningful engagement with children including adolescents and other shared populations throughout the Humanitarian Program Cycle.<sup>20</sup>
- Collaborate on developing a strategy for GBV and Child Protection AoRs to engage with local youth and women's organisations on issues of child and adolescent survivors and other shared populations.
- Collaboratively ensure that the engagement with women and youth is included in the AAP multi-sector monitoring system.<sup>21</sup>

#### **Child safeguarding policies and system-wide accountability for inclusion of children and adolescent survivors in PSEA**

- Cooperatively develop child safeguarding policies and ensure inclusion of children and adolescent survivors and other shared populations in PSEA.
- Jointly communicate child safeguarding policies and PSEA policies to the affected populations including children by using child and adolescent friendly approaches.
- Collaborate to ensure that child and adolescent survivors of sexual exploitation and abuse (SEA) are provided with GBV services via GBV and Child Protection referral pathways. Engage UNICEF and UNFPA as providers of last resort on victim assistance.
- Collaborate with PSEA Coordinators on addressing child and adolescent survivors and shared populations to ensure coherence, including on SEA risk assessments.

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## Recommended Additional Actions Accountability to Affected Populations

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### Collaboration

### Practical actions menu (pick, mix, and contextualize)

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#### **Establish feedback mechanisms**

- Jointly promote and establish child-and-adolescent-accessible and friendly complaints and feedback mechanisms, including for children and adolescents with disabilities, ensuring that multiple entry points and community-based channels are available and in line with recommendations from consultations with children and adolescents.
- Collaborate on developing strategies for the systematic sharing of results from assessments, activities, complaints and feedback mechanisms with the affected population including children, adolescents and other shared populations.

<sup>20</sup> See IASC, With us & for us: Working with and for Young People pp 99-186.

<sup>21</sup> Ibid 'Recommendations for supporting young women's leadership' p.200

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### **Practical Tips for Increasing Participation of Local and National GBV and Child Protection Actors**

- Gather and share information about local and national GBV and Child Protection actors in the area.
- Invite national and local partners to joint GBV and Child Protection coordination meetings.
- Provide induction to local and national actors on collaborative GBV and Child Protection coordination efforts and activities.
- Provide local and national actors with information on how the 'IASC Coordination Structure for Cluster Coordination at the Country Level' works and support them to identify entry points.
- Make arrangements for interpretations during coordination meetings or hold meetings in national or local languages where possible.
- Translate key documents (wherever possible). Develop checklists on key issues or processes.
- Ensure that local and national actors are represented in joint GBV - Child Protection coordination efforts.



# GBV and Child Protection Field Cooperation Framework

Case studies

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# Iraq

## Trigger for coordination

The first endeavours aimed at improving coordination between GBV and Child Protection AoRs originate from the Child and Adolescent Survivor Initiative (CASI), where Iraq was one of the four pilot countries. CASI brought together the two sectors to identify commonalities and areas for collaboration, which is now mostly utilized on an as-needed basis. When there is a technical issue, the partners come together to discuss.

## Data management and analysis

Data analysis, including validation and data interpretation, is shared by GBV and Child Protection case management task forces and is now driving the need for coordination. For example, some forms of GBV affecting adult women have increased exponentially while the GBV incidents involving children only make up about 15-20% of the overall reported cases. Both coordination groups therefore recognize that there is a need for joint analysis of the data to inform practice and to better understand the needs and gaps. To that end the GBVIMS Task Force and Child Protection Sub Cluster have agreed on how they will practically manage this (see text box).

1. The GBVIMS Task Force and Child Protection Sub Cluster recommend that the data gathering organisations use the Child ProtectionIMS and GBVIMS to enter the data in both systems, given that the Child ProtectionIMS and GBVIMS are two distinct systems, as recommended during the rollout of the CASI initiative in 2019.
2. The GBVIMS and Child ProtectionIMS to share relevant key trends and emerging issues from the GBVIMS and Child ProtectionIMS data analysis of GBV incidents affecting children.
3. The GBV Sub Cluster to include GBV services for children in the referral pathways for timely referral and service delivery of child survivors.
4. In order to enhance coordination, GBV and Case Management Working Group chairs to coordinate on case management of GBV and Child Protection.

Through the need to better understand the data and plan responses, the cooperation between the GBV and Child Protection working groups has restarted. For example, there is a need to agree on how the cases should be entered. Currently the same child may be reported both through Child ProtectionIMS and GBVIMS when there is a referral between GBV and Child Protection agencies. With the introduction of Primero, there is hope that the two systems will work better together.

## Supporting GBV and Child Protection field cooperation

The coordination mechanisms in Iraq identified that there is a continuous need for capacity development and training of front-line workers and coordinators. The humanitarian situation is dynamic and the population is mobile. When the population of concern is moving to another location, local workers may not move with them. New humanitarian

workers are hired that might not have experience in Child Protection-GBV cooperation. Therefore, there is a continuous need for providing orientations and refresher trainings at the national level. A telling example is, since the CASI pilot phase, there has been turnover in all of the coordination functions.

## Challenges

The Child Protection Coordinator position had been vacant for a long time. That has impacted on the ability to do cross sector coordination. At the moment, the coordination between GBV and Child Protection is ad hoc mainly to address specific cases and technical issues. The full time Senior Child Protection Case Management Adviser is taking on some of the coordination between GBV and Child Protection on case management issues, but it does not replace the need for a full-time Coordinator.

## Next steps

There are some practical steps that the Iraq colleagues are taking to increase the cooperation. For example, ensuring that the emailing lists for each of the clusters include the Coordinators for the other clusters. The Coordinators might not have the time to attend the meetings but at least they should receive the meeting documents.

The coordination team agrees that there is a need for closer collaboration, to explore new ways of working together, and to respond more dynamically to the increasingly complex situation in Iraq. For the future, the GBV and Child Protection coordination groups are looking at creating opportunities to work closer together. This would involve building a better understanding of the humanitarian situation through collaborating on data gathering and analysis. Based on joint data analysis, the GBV and Child Protection teams will seek to jointly determine the approach to responding to, as well as preventing, GBV affecting children.



# Libya

The triggers for GBV and Child Protection coordination in Libya are the many cross-cutting issues that affect the AoRs due to the fact that child and adolescents are disproportionately affected by GBV. From a survivor's perspective there is a lot to be gained by constructive coordination between the AoRs. Sustained cooperation supports service providers to be better equipped to refer cases between GBV and Child Protection services and upholding relevant protocols.

The GBV and Child Protection coordinators maintain frequent, open communication to discuss issues ranging from how to improve modalities for strategic cooperation to addressing time sensitive emergencies. Each of the coordination groups are represented in respective meetings which makes information sharing and cross checking consistent and continuous between the two coordination bodies. The GBV – Child Protection coordination is a priority also during the Humanitarian Response Planning cycle. One of the benefits of cooperation has been to ensure that the indicators used in the humanitarian needs overview are complementary and the calculation of the severity indicators and population in need (PIN) is coherent across the GBV and Child Protection AoRs.

The collaboration between the two AoRs is sustained by frequent informal calls in between formal coordination communication. The coordination effort focuses on areas of mutual interest and where possible they try to have a joint position on protection issues, or at least understand each other's viewpoint before meetings with the protection cluster and other actors. This collaborative process might take a little more time upfront, especially in a context where you're dealing with two different areas of responsibility but it is seen to pay off in the longer perspective when the collaboration develops from needs driven sporadic contacts to a structured modality. The aim for the cooperation is to be able to act proactively to address gaps, overlaps, risks and mitigate the impact of GBV on children and adolescents. There is also a need to focus on making the referral pathways more robust for child survivors.

The AoRs are jointly sharing capacity development opportunities. This includes for example, providing pilot orientations on child protection case management to case managers at the women's center to raise awareness on the guidelines. They are also jointly responding to extensive training requests from the line ministry.

Coordination between GBV and Child Protection AoR in Libya involves among other things:

- **Data collection:** There is an identified need to increase the number of organisations that collect GBV data through the GBVIMS.
- Collaborating on **translating resources and documents** as most members prefer working in Arabic.
- Aligning **cross cutting indicators** to ease and reporting requirements for partners working in both GBV and Child Protection which informs the monitoring frameworks.
- **Mapping of services** and cross-checking **referral pathway** information.
- **Reviewing service delivery** to avoid duplication.
- Jointly working on **mitigating risk factors**.
- **Reviewing key documents** such as clinical management of rape ensuring that there is input on how to work with child survivors.

- Selecting cross cutting **indicators** to make sure to align to common criteria and use the same weighted value for **severity indicators**.
- **Risk mitigation** and risk assessments, aligning response strategies.
- **Guidelines and document review** to ensure that diverse expertise and lessons learned from each sector's context, areas of operation and situation is reflected.
- **Contextualizing issues related to the child survivors** to ensure that the response fits to the context.
- Reinforce the presence of national organisations including women's organisations in the coordination groups and **strengthen accountability to affected populations**.
- Working with the local communities to **improve the community based mechanism for prevention**.
- **Cross sector coordination**, with for example Education, is strengthened by a joint approach from GBV and Child Protection coordination groups.
- Addressing **child and early marriage**.

Current challenges facing the coordination mechanisms include the need to raise data collection capacity across the AoRs, support more consistent participation from members and build synergies and streamline the response to child and adolescent survivors. GBV and Child Protection share the same line ministry, Ministry of Social Affairs. Together the coordination groups have sought to establish entry points with the Ministry of Social Affairs and improve the Government's involvement including with the Ministry of Health.

Another challenge is sharing information on GBV because of the low number of agencies that are currently collecting data. Data cannot be shared when there is an insufficient number of data gathering entities as this may compromise confidentiality. The plan is to expand data collection in collaboration with child protection service providers to have enough partners. It is important to make data available to both AoRs for planning and coordination purposes.

Going forward, the plan is to strengthen the interchange between the two AoRs with scheduled joint meetings to encourage colleagues to meet and share knowledge and lessons learnt, discuss obstacles, and create personal connections that might lead to more pre-emptive coordination.

# Ecuador

The collaboration between GBV and Child Protection has been a natural part of the work since the government activated the GBV and Child Protection AoRs. First for the Venezuelan immigration crisis and continuing with the COVID-19 pandemic. The cooperation is characterised by the good relations between the Coordinators and members in the coordination groups. The inclusive way of working includes developing and sharing ideas to be better at responding to the needs of child and adolescent survivors of GBV. Coordination between GBV and Child Protection in Ecuador is also well established between the UNFPA, UNHCR, UNICEF and UNWomen.

The cooperation between the two AoRs has served to improve the response and services to adolescent survivors of GBV and making sure that agencies are not duplicating actions. To increase the cross coordination, partners may be invited to attend the other AoR's meetings to participate in discussions that require their input and specialization. Joint GBV-Child Protection meetings are held 2-3 times a year. The GBV and Child Protection AoRs are encouraging local organisations to be part of the coordination groups. As there is considerable overlap, they try to coordinate the meetings so as not to overburden the civil society organisations.

The collaboration between the GBV and Child Protection coordination groups includes sharing of ideas and involving each other in the development of activities and training. For example, together with the Secretariat for Human Rights they developed a training course aimed for social workers that work with women and girl survivors of sexual violence in safe houses and shelters. More than 150 social workers have participated in the course. Currently the AoRs together with the Secretariat are providing the safe houses with computers and access to the internet so that the children in the safe houses can access education. In addition, they are working on providing specialised services for child and adolescent survivors in the shelters by social workers. The cooperation has also resulted in joint 'GBV Kits' for adolescent girls which contain material and information on accessing services and also includes information to their families on violence prevention. Included in the kit is also a colouring book for children with information about COVID-19 precautions such as handwashing, wearing a face mask and minimizing social contacts to stay safe from the pandemic. The GBV-Child Protection coordination groups have also jointly published a cookbook which among recipes also includes ideas of where to go and what to do if your partner is violent and how you can support survivors in your community.

The GBV and Child Protection AoRs jointly have a close working relationship with the Secretariat for Human Rights. Together they are addressing the need to have access to better data on GBV trends. The collaboration with the Secretariat provides robust evidence for where and what types of violence are affecting the community.

Currently the AoRs are working on providing a follow-up of the training for the social workers in the safe houses.

## Links of interest

<https://www.unicef.org/ecuador/informes/la-receta-de-la-vecina>

<https://ecuador.unfpa.org/es/news/unfpa-y-unicef-entregaron-1000-kits-de-dignidad-para-mujeres-que-han-vivido-violencia-basada-en>

<https://ecuador.unfpa.org/es/news/%E2%80%9Cviolencia-basada-en-g%C3%A9nero-contra-las-mujeres-y-protecci%C3%B3n-la-infancia-en-contextos-de-0>

[https://unicef-my.sharepoint.com/:b:/g/personal/jguerramayorga\\_unicef\\_org/\\_EfozufZLxdlDqS8NgamNrFQBLrr-hoG3gkWvNN-rt7U-EQ?e=EheFu7](https://unicef-my.sharepoint.com/:b:/g/personal/jguerramayorga_unicef_org/_EfozufZLxdlDqS8NgamNrFQBLrr-hoG3gkWvNN-rt7U-EQ?e=EheFu7)

# Bangsamoro Philippines

## Triggers for working together

The GBV and Child Protection coordination groups started informal cooperation after finding considerable overlap in response to typhoon Pablo in 2011. The Marawi siege in 2017 further underlined the need for joining efforts as there was no bandwidth for two separate protection coordination mechanisms. Therefore, after consultations with UNFPA and UNICEF, it was agreed to have a joint Child Protection-GBV coordination working group. The Joint Child Protection-GBV Working Group has Task Teams that address thematic issues within the region (e.g. Referral Pathway task team; Case Management task team and Child, Early and Forced Marriage task team).

## GBV and Child Protection cooperation highlights

In April 2019, the Joint Child Protection GBV Working Group (CPGBV WG) for the Marawi Response was adopted by the Ministry of Social Services and Development of the new Bangsamoro government. This paved the way to create sub-clusters at the provincial level, and the Minister assigned the Provincial Social Welfare Officers as the Focal Points. It was agreed by the members and approved by the ministry that the Joint Child Protection-GBV WG would serve as a coordination platform for both humanitarian and development settings.

The joint working arrangement is chaired by the Department of Social Welfare and Development (DSWD) and coordinated by two coordinators, each from UNFPA and UNICEF. This has meant that the line ministry can maximize its resources for involvement. Within the working group, the needs identification process has been strengthened and resources are better distributed. The joint working group facilitates capacity development, including of government counterparts, and shares information and global updates on standards and guidance. Members also actively contribute to global undertakings (e.g. Consultation on GBVIMS in 2018 and Localization Workshops). Since the merge of GBV and Child Protection, members of the coordination group have become multi-skilled and capacity development initiatives are multiplied reaching CBOs, CSO, NGOS and the government. The Coordinators perceive that the affected population is better informed about available services as they are not confused by limitations in mandates.

The sharing of resources has also meant that the coordination group has been able to engage more effectively with the government on policy issues. The joint coordination has improved case referral and ensured that there is a survivor centred approach across services. Child and adolescent survivors of sexual violence have better access to services and their help-seeking behaviour is more pro-active as the Child Protection-GBV collaboration supports clear entry points through health, police and social workers.

## Challenges

Information management remains a challenge as it is time-consuming and tedious to get comprehensive updates from members. In addition, there is high turnover of focal points in the member organisations and there is a lack of human resources dealing with information management in all of the organisations, government, UN Agencies and NGOs alike. When new agencies do join the coordination mechanism, it takes time to get them up to speed.

Another challenge is to balance a joint humanitarian Child Protection-GBV focus while also working together on development and peacebuilding efforts. There is a need for increased recognition of coordination as an important task that requires dedication, which needs to be appreciated and funded accordingly.

### Next steps for GBV and Child Protection cooperation

With the government structure becoming more established in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), the Child Protection-GBV coordination group anticipate to be able to invest more in capacity development of government counterparts and provide support to strengthen systems for GBV risk mitigation, prevention and response. There is also a need to jointly reach out to the island provinces, as they are currently left behind due to COVID-19 travel restrictions and unstable internet.

# Colombia

## GBV and Child Protection cooperation in Colombia

The GBV and Child Protection coordinating teams recognize the need to work together to address two main problems: the lack of capacity at the sub-national level to respond to the needs of child and adolescent survivors and to work together on data collection and analysis. In order to address these gaps, the two sectors shared workplans to identify where they could work together. In Colombia, referring children and adolescent survivors of GBV is complicated by the absence of dedicated institutions that are equipped to respond (as the Instituto Colombiano de Bienestar Familiar ICBF / Colombian Family Welfare Institute). The GBV and Child Protection coordination groups have noted that adolescent girl survivors of GBV are often treated as adult women by local communities and are perceived as voluntarily involved with elements of armed/illegal groups; thus, they are often not considered as victims and very rarely can they access referral pathways for GBV assistance. The collaboration between GBV and Child Protection has highlighted the need for ensuring that girls are treated according to their age.

## GBV data and information

The sub-national GBV and Child Protection Focal Points work with the same public institutions: Protection, Justice and Health. Sometimes this leads to an overlap in the responses. The GBV and Child Protection coordination groups have therefore come together to define the responsibilities of each sector. The coordination groups have also realized that they need to work closer together on the collection of GBV alerts from the field, data analysis, including for the HNO/HRP process, to ensure that boys' and girls' survivors at high risk are adequately addressed throughout the humanitarian programme cycle.

## Training of GBV and Child Protection Focal Points

The GBV and Child Protection Focal Points are key for the response to child and adolescent survivors. However, to better respond to the specific needs of children, the GBV and Child Protection groups are jointly working on the capacity development for the Focal Points. This will increase the Focal Point's capacity to make appropriate and effective referrals for child and adolescent survivors. It will also equip them with better knowledge of protection principles, minimum standards, the referral pathway and on how to respond to emergency GBV and SEA alerts<sup>22</sup>. The second round of this training will be oriented to Local Coordination Groups, to provide humanitarian actors with tools and knowledge that can facilitate and support collection of information (for instance, during humanitarian evaluation assessments) and improve capacity of referral/response in the field.

<sup>22</sup> Monthly, GBV and Child Protection Subgroup receive alerts from the territories

## GBV and Child Protection Coordination highlights

The Child Protection - GBV cooperation has improved the ability to map and respond to GBV alerts and encouraged information sharing, including to other clusters. The two coordination groups are currently collaborating on joint capacity development (training) to child protection and GBV Focal Points. Looking ahead, they will move towards joint planning.

*'If we'll be successful on all previous points, joint prevention strategies and responses to adolescents and girl survivors can be implemented'.*

The cooperation between GBV and Child Protection has also improved the communication at the individual level. The Coordinators are supporting each other to deal with the frustration that they feel about the situation. For example, the constant lack of a comprehensive response to survivors, lack of safe shelters and lack of adapted and appropriate services.

## Challenges

The major challenge is that the state does not have the required resources to appropriately respond to the needs of child and adolescent survivors of GBV. It is also a challenge that the joint GBV and Child Protection working relationship is so far happening only at the national level, it needs to trickle down to the regional level. The regional GBV and Child Protection Field Focal Points have not replicated the joint working model yet.

Lack of access to timely and accurate information on GBV trends impact negatively on GBV and Child Protection actor's ability to plan and develop prevention strategies. During COVID, the underreporting of violence has increased the invisibility of GBV.

*'We cannot do anything about what we don't know and therefore we need to improve our assessments and data analysis for advocacy purposes'.*

GBV and Child Protection actors need funding for assessments and data analysis. The lack of data means relying on pre-existing, often outdated data that does not adequately reflect the magnitude and complexities of reality. This challenge compromises the ability to comprehensively plan for community sensitization and to strengthen institutional responses.

## Next steps

For the future, the GBV and Child Protection Coordination groups will seek to increase their coordination with the government, other humanitarian and UN bodies and local women's organisations. Part of the plan is to conduct joint capacity development; increase information sharing and strengthen data collection mechanisms; more joint advocacy and conduct joint training for GBV and Child Protection Focal Points. GBV and Child Protection Coordination teams will also provide joint capacity development opportunities to service providers that are part of the referral pathway, including health centers, protection and justice institutions, humanitarian actors and women led organisations.

# Ethiopia

## GBV Child Protection collaboration with government structures

In Ethiopia, the GBV and Child Protection AoRs are operating jointly, including with the government Ministry of Women, Children and Youth. At the national level, UNICEF leads the Child Protection sector while UNFPA leads the GBV sector. Within the government line ministry, there is a framework for working together where each sector has core leadership within the Ministry of Women, Children and Youth, with specific terms of references. In almost all regions and at sub national levels, there are existing joint GBV and Child Protection working groups co-led by the government.

Regarding programming, the collaboration between Child Protection, GBV and government is strong. The Ministry of Women, Children and Youth have offices at the subnational and regional level staffed with social workers, including those in the development work. Humanitarian service providers support strengthening the capacity of the government social work force to better respond to humanitarian needs. Humanitarian workers work within the same structures as the government and the social work force is supporting GBV and Child Protection needs.

## Specific areas of collaboration between GBV and Child Protection AoRs

GBV and Child Protection have a joint strategy and workplan, even though there are GBV and Child Protection specific, individual activities as well. The joint Child Protection /GBV strategy has joint goals and objectives, which include sector specific interventions. For example, GBV case management and Child Protection case management focus on implementing each other's initiatives collaboratively instead of individually. The GBV and Child Protection coordination recognize and acknowledge the linkages and similarities in the work they do, hence the need for strong collaboration between them.

For the 2021 Humanitarian Response Plan, the GBV and Child Protection AoRs jointly contributed. For Humanitarian Response, the Child Protection partners are encouraged to integrate GBV programming elements into their interventions, especially on areas of child survivors of sexual violence, thus GBV outputs under Child Protection interventions is recognized by partners as well.

Basically for all activities done through UNOCHA on coordination, strategy planning, contingency planning and response planning, GBV and Child Protection work closely with the Protection Cluster and consistently share resources.

During implementation of strategies, and when developing technical guidelines and tools, GBV and Child Protection sectors work together closely. For example, the Child Protection sector led the development of context specific minimum standards on spaces for children and caregivers and GBV led development of minimum standards for safe spaces for women and girls with partners contributing jointly to these resources. Together, they developed country specific COVID-19 guidelines in line with global standards.

The GBV and Child Protection also have a shared/joint resource point where they share technical resources and guidelines, IEC materials relevant for both GBV and Child Protection actors.



# South Sudan

In 2018, the cooperation between the GBV and Child Protection was still quite ad hoc. Meetings were held to address specific issues related to caring for child survivors, capacity development and assessments. Development of referral pathways in locations where both GBV and Child Protection service providers operated and inclusion child protection concerns of Child Protection in GBV field assessments was also discussed on an ad hoc basis. Subsequently OCHA provided funding for integrated programming which inspired to develop collective outcomes between GBV and Child Protection. However, the collaboration was still not systematic.

Cross attendance between the GBV and Child Protection at the coordination meetings is now a regular feature. At the subnational level, Protection Officers may have joint GBV and Child Protection responsibilities. In some of these locations local actors have agreed to integrate GBV and Child Protection working groups, especially as many organisations are working on both GBV and Child Protection issues. At the subnational level it is common to have close working relationships between the GBV and Child Protection actors that are providing case management for child survivors of GBV.

## Highlights of the cooperation

The objective for Child Protection-GBV collaboration is to ensure that services are optimized for child survivors. For example, the most recent joint training initiative targets print and broadcast media to raise awareness of ethical reporting of GBV. Representatives from the media houses have agreed to work together with GBV and Child Protection actors to create guidelines for ethical reporting.

Furthermore, due to the Child Protection-GBV cooperation:

- Access to services for survivors increased in areas where there is only one actor.
- Child Protection is following the GBV model for development of referral pathways and service mapping.
- In South Sudan, the Child Protection cluster has not had access to funding for assessments. However, as the GBV cluster received funding they have agreed to include Child Protection issues and carry out joint rapid assessments. The data generated has fed into rapid response plans which IOM support for initial (3 months) emergency services.
- In locations where there are joint referral pathways, the community appears to be more aware of both GBV and Child Protection services.
- Where partners have had integrated training on GBV and Child Protection case management, workers are providing better services to child survivors.
- Child Protection and GBV actors work together on commemorating international days of celebration, for example the Day of the African Child.
- The 'Caring for Child Survivors' training brings the coordination teams together with more regularity and with predictability to support integration and collective outcomes.
- Enhances the cooperation between GBV and Child Protection Coordinators on an individual level. For example, sharing opportunities and encouraging each other to participate and make presentations to varied audiences.

## Working with the government and other actors

The line ministry for both GBV and Child Protection is the Ministry of Gender, Child and Social Welfare. The GBV cluster has established a fruitful relationship at the national level whereas the relationship with the government is more varied for the Child Protection cluster. The collaboration with the government bodies at state level depends on presence and staff capacity. In some states, the government co-leads the coordination groups. For the GBV cluster, the Ministry has taken an active part in trainings and workshops and supported the 16-days campaign and Women's Day celebrations. The Ministry has been instrumental for the establishment of the (only) two safe houses in South Sudan.

Collaboration with the Ministry of Health is focused on addressing concerns with the Police GBV forms, advocacy, training (clinical management of rape) and addressing MHPSS. Together with UNFPA, the Ministry of Health is running 12 one-stop centers within the government hospitals.

## Challenges

There are very few GBV and Child Protection partners in the field and it can be difficult to make appropriate referrals. By harmonizing the referral pathways, GBV and Child Protection actors try to address this issue. However, disruption to funding interrupts what may previously have been a well-functioning referral pathway. Organisations that are forced to close due to lack of funding leave a gap in the pathway. An overall lack of funding for GBV and Child Protection issues in South Sudan causes much of the high staff turnover and stoppages in NGO programming and affects the working of the Child Protection-GBV Technical Reference Group for Caring for Child Survivors. This therefore complicates technical capacity development efforts and slows down the implementation of GBV and Child Protection programming. In addition, government services are affected and there is an urgent lack of social workers on the ground to support child survivors. Child Protection has noted that working with the government is challenging due to lack of engagement, however, the close collaboration with GBV is bridging some of these difficulties.

## Additional challenges include

The fact that there are only two safe houses in the whole of South Sudan, creates a huge gap in the response system. This affects the support that is possible to offer girls seeking escape from early marriage. In addition:

- Staff turnover among case workers, sometimes with staff transitioning midway during a training program is a problem and it is difficult to maintain progress for the technical working groups.
- Media reporting is often violating 'Do No Harm' principles. The training provided to media outlets is hopefully going to instil more ethical data collection and reporting.
- Funding is found to sometimes restrict intersectoral programming. Although GBV and Child Protection has been trying to jointly access funding to address child survivors in emergency settings, they have found that there are restrictions that prevents including both GBV and Child Protection objectives.

## Next steps for GBV and Child Protection cooperation

Harmonized GBV and Child Protection Standard Operating Procedures is a direct outcome of the GBV and Child Protection participation in the CASI learning programme. The harmonized SoPs will be rolled out in the states. This will be followed by joint capacity development for both GBV and Child Protection actors. The next steps include encouraging GBV and Child Protection coordination groups to harmonize their meetings. Having joint meetings together and working hand-in-hand in the field will enhance the capability to monitor and follow up on child survivor issues.

The lack of funding for GBV and Child Protection has necessitated a joint approach for seeking to work with other clusters outside of the protection cluster. The GBV and Child Protection Coordinators maintain a list of activities to be implemented in collaboration with other clusters should opportunity arise. For example, when there is a call for proposals through the Education cluster, GBV and Child Protection may jointly negotiate to have activities addressing GBV and Child Protection included in the Education cluster's proposal. For instance, integration of education actors in the referral pathways or training teachers to identify and refer children with protection needs. This approach strengthens both GBV and Child Protection's position when negotiating inclusion of protection issues with other clusters.

Additional action points include:

- GBV and Child Protection clusters will continue to work together on conducting joint missions. GBV and Child Protection colleagues work together to determine assessment field locations.
- In 2020, GBV and Child Protection piloted joint multi cluster safety audits. The outcomes of this will feed into an advocacy document aimed at the inter-cluster level. It has a potential to be replicated regularly as a joint GBV and Child Protection undertaking.
- Joint child survivor case conferences for children that need comprehensive support from both GBV and Child Protection actors will continue.
- GBV and Child Protection will continue to work together on advocacy issues that trickle from the field coordination groups. This increases the reach and depth when GBV and Child Protection actors are speaking with one voice.

# Sudan

Sudan is among the four Child and Adolescents Survivor Initiative (CASI) pilot countries. During the pilot period, GBV and Child Protection clusters developed a joint work plan focusing on coordination, which specifically addressed access to services and the quality of service delivery including capacity building and development. The two sectors agreed on the scope of the work and locations to pilot the interventions. In Sudan, GBV programming has been quite challenging due to lack of support from the government while violence against children and child and Adolescents protection is given considerably more attention. Therefore the Child Survivor Initiative was a good entry point to addressing GBV gaps.

GBV and Child Protection clusters started joint work plan development by conducting consultations with coordination groups alongside the other work plan activities. Through the documentation work, the two sectors were able to collaboratively put together relevant tools and review them as necessary. On the joint work plan, they focused on coordination functions which include preparedness (where they jointly developed assessment tools and safety audit tools) and planning (which focused more on specific language to use on the humanitarian programme cycle). The two sectors collectively piloted the safety audit tools in the selected project sites and disseminated the findings.

In addition, GBV and Child Protection clusters jointly developed key messages to disseminate to different government stakeholders and communities. The government messages specifically focussed on addressing barriers to access to services, which included allowing non-governmental actors implementing case work to follow up and fast track cases that needed legal assistance. UNFPA also supported in providing paracetamol and Clinical Management of Rape kits in one of the health facilities and jointly addressed barriers to accessing emergency contraceptive services, which has historically been a challenge in Sudan.

Through the initiative, the two sectors had a blended learning called Champion Programme, in which the selected focal points are rotational and can provide additional resource support and implement what they learned in the police, ministry of social welfare and among other government agencies.

Later, the sectors reviewed the work plan and scale-up plan developed for Central Darfur and West Darfur. The scale-up was based on the lessons learnt in the northern Darfur intervention. GBV clusters hired a consultant to conduct training for staff in a scale-up framework in Central Darfur and West Darfur.

Both sectors negotiated to have a dedicated strategic objective on HCT protection strategy. The Child Survivor and Adolescents Initiative provided the coordination team with a platform to showcase why GBV should be given attention.

## Successes

After implementing the Initiative activities, the sectors noticed there was increased access to services from 2 cases reported at the Dares Salaam hospital to 150 cases.

GBV aspects were addressed through the child protection unit at the state level, which mostly focused on legal aspects of support. They also turned some spaces into one stop centres to increase access to services and worked on updating and reviewing referral pathways even though the services are limited in the country.

## Challenges, lessons and recommendations

This work required close supervision which was not included in the initial plan. There is also a need for financial resources to implement this.

- Develop a realistic and feasible work plan, avoid being over ambitious and prioritize the needs and what to specifically address.
- Need to identify joint resourcing from both sectors to address joint prioritized needs.
- Provide continuous staff capacity development opportunities.
- Have an exit strategy from the beginning.
- Think of the scale-up plan and conduct exchange visits for the champions.
- Maintain a list of the champions to ensure institutionalised learning.
- Have a dedicated staff to support the coordination.
- Exchange visits for the champions and maintain a list of the champions to ensure institutionalised learning. Have a dedicated staff to support the Initiative coordination.
- Link the champions to a community of practice to support developing their capacities.
- GBV and Child Protection coordination are working closely with different line ministries that have different mandates, political agendas and interests. It is therefore sometimes difficult to bring them together and hold them accountable.
- Link to access resources developed for CASI pilot in Sudan <https://drive.google.com/drive/u/0/folders/1SQTZlv-2-HID69nMI2TJ3jvko9L39t5>

# Occupied Palestinian territory

The cooperation between GBV and Child Protection in the Occupied Palestinian territory is focused on addressing child marriage. Initially, UNFPA and UNICEF pursued separate plans, but to avoid duplication and maximize the outcome, the two coordination mechanisms agreed to work together to jointly develop a child marriage strategy. The plan was finalized in 2020. A task force was set up to oversee the implementation of the strategy, which due to COVID restrictions needed to restart in February 2021 with the development of new ToRs<sup>23</sup>. The development process has been highly consultative, aimed to gain the support from a wide range of stakeholders, including government, child protection and GBV CSOs as well as other UN agencies.

## Cooperation highlights

The collaborative work of the taskforce aims to streamline the work on prevention and response across the participating organisations as well as other coordination groups and coalitions. The child marriage taskforce begun by undertaking a comprehensive mapping of GBV and Child Protection AoR members' work. This has contributed to building a better understanding of where programming initiatives exist and how they are implemented. Based on the mapping, the task force has prioritized strengthening advocacy efforts and to speak with one voice in line with the taskforce priorities.

It is too early to determine the impact of the task force on child survivors. However, in the longer-term perspective the advocacy work will contribute to closing the legal loopholes that are used for the child marriage practice. The GBV and Child Protection actors predict that the combined legal advocacy and advocacy targeting decision-makers, including religious leaders, will have a direct impact on girls' lives especially.

The Coordinators also see that by cooperating they can better utilize the strategic advantages that are contributed by UNFPA and UNICEF's different positions. This includes entry points for working with government ministries, the introduction of child protection and GBV case management standard operating procedures across GBV and Child Protection services and better access to education actors.

There is a virtuous circle of positive impact generated from the collaboration on child marriage. It has given the Coordinators a structure where they exchange information on other AoR program matters. The collegial spirit of cooperation has expanded to other clusters too and influences how issues are addressed.

## Challenges

There is a need to have a stronger and more consistent working relationship with the relevant government ministries. Currently it is based on an individual's commitment which is not a solid foundation for ensuring commitment and consistency over time. The different legal frameworks that are concurrently working in Gaza and on the West Bank complicate the work on child marriage prevention. It means that the workforce will need to develop separate strategies for engaging stakeholders in each location. The chronic lack of funding and de-prioritizing of coordination is affecting all of the clusters. There is a need for a long-term approach that properly values the need for coordination.

23 See shared drive <https://drive.google.com/file/d/1h55fqJjg-5-NSdNymkHVqAUhvVYglW4s/view?usp=sharing>



## Planning ahead

The Child Marriage Taskforce, with its ToR and agreed strategy is designed to be robust enough to withstand turnover among Coordinators and key staff. A focused effort on achieving key objectives helps to deepen the collaboration and sustaining it. It is important that the cooperation is not spread too thin including too many priorities, hopefully this will over time translate to real changes on the ground.

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