MATCHING MATRIX FOR





CHILD PROTECTION

Risks, Barriers, GBVRM Measures and Matching Indicators.

Background

This matrix was developed based on requests from multiple cluster coordination teams in the field to help match barriers and risks faced by women and girls with concrete GBV risk mitigation measures and indicators. The information below is not an exhaustive list of risk mitigation interventions. Rather, it captures examples that were collected during the 2021 review exercise of the HNOHRP of the UNICEF-led clusters and AoR. This should be considered as a working document that will be continuously reviewed and updated.

How to use the matrix

Cluster coordination teams and/or GBV focal points in countries can use the matrix when developing their humanitarian needs overviews (HNOs) and humanitarian response plans (HRPs), as well as assessments, M&E processes, funding allocation criteria, and cluster capacity-building plans. The matrix should be used in conjunction with other core tools identified in the HPC toolkit for GBV risk mitigation (e.g. AAAQ, safety audits, tip sheet on consultations with women and girls, etc.). It can also be used to generate in-country reflection on GBV risk mitigation, and identify priority needs/gaps in this area.

Examples of barriers facing women and girls in accessing services (AAAQ) and exacerbated risks to GBV . • (from 2021 HNOs)

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Examples of GBV risk mitigation measures (from 2021 HRPs)

Barriers to accessing CP programming

Limited availability of GBV services adapted to children/girls.

Limited **availability** of, and **accessibility** to, CP services due to COVID-19 restrictions.

Negative social norms and gender roles preventing girls from accessing services (e.g. Families not allowing girls to attend CFS activities).

Lack of ID cards for girls preventing access to services.

Reprioritization of resources by families, due to COVID-19, limiting access to menstrual hygiene products for girls.

Factors exacerbating risks of GBV

Girls living in poverty, inadequate shelters, or without a home facing higher risks of sexual violence.

Negative coping mechanisms, adopted due to COVID-19, affecting girls (e.g. child labor, early marriage, child recruitment, GBV such as FGM).

General conflict leading to increasing rates of GBV (e.g. sexual violence, child marriage, FGM, early aged pregnancy/child-bearing for girls escaping capture by non-state armed groups).

Increased protection risks for unaccompanied / separated children when gender, age and other vulnerability factors are not considered in the FTR process.

Potential sexual abuse by individuals responding to emergencies.

Social norms / gender roles exacerbating risks of GBV for girls (e.g. early marriages, FGM).

Meaningful engagement of women and girls:

- Proactive consultations with women and girls throughout all HPC phases.
- Working with women organizations active in communities.
- Ensuring gender balance in staffing for CP programmes.

Measurement/monitoring of risks and barriers:

- AAAQ framework to assess and overcome genderrelated risks and barriers to accessing services.
- Safety audits of sites to better understand areas where there are safety concerns for girls.
- Child safety walks and child-led participatory mapping exercises.

Training:

- Training on the <u>IASC GBV Guidelines</u> (pocket guide) / safe GBV referrals / PSEA.
- Entry points within existing programming to implement recommended actions from the GBV Guidelines.

Adapted/improved programming:

- GBV referral pathways adapted to girls and considering barriers caused by social norms.
- Working with GBV specialists in your area / linking with GBV services.
- Age-sensitive skill-building, vocational training, and programming for adolescent girls.
- Community-based actions to address GBV underlying causes and drivers, including economic, social and political empowerment of women and girls, as well as to tackle social norms that condone GBV
- SRH services for girls integrated in CP activities.
- Girl/women safe spaces for gender- and agesensitive protection.
- Dignity kits and MHM supply distribution.
- Awareness-raising programs on girls' rights.

Safeguarding:

 PSEA codes of conduct in place in organizations/sites providing CP services (and other child safeguarding mechanisms).

Examples of GBV risk mitigation indicators from 2021 HRPs:

- (i) # of dignity kits distributed to girls.
- ① #/% of staff/CP personnel (disaggregated) trained in GBV guidelines/safe referrals.
- ① # of people (disaggregated) reached with key messages on girls' rights in time of crisis.
- #/% of sites that conducted safety audits, child safety walks and/or child-led participatory mapping exercises by partners.
- #/% of CP organizations/sites with code of conduct for staff.
- ① #/% of girls/women consulted.
- ① # of women organizations partnering with CP AoR.
- ① #/% of CP project sites where GBV referral information is available