

Kenya Development Response to Displacement Impacts Project



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UNDERSTANDING AND ADDRESSING GENDER-BASED VIOLENCE



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Kenya Development Response to Displacement Impacts Project

UNDERSTANDING AND ADDRESSING GENDER-BASED VIOLENCE

Background

In 2014, the World Bank launched the Development Response to Displacement Impacts Program (DRDIP), a regional operation in the Horn of Africa.¹ Under the second phase of DRDIP, the government of Kenya will implement the Kenya Development Response to Displacement Impacts Project (KDRDIP) in collaboration with the World Bank, aimed at improving access to basic social services; expanding economic opportunities; enhancing the environmental management of communities hosting refugees;² and addressing the impacts caused by the protracted presence of refugees in the Kenyan counties of Garissa, Wajir, and Turkana.

The project will enable communities to identify and prioritize investments with a specific focus on women, female-headed households, and youth—groups disproportionately affected by forced displacement. Even though the project is focused on the needs of host communities, its holistic approach will ensure that refugees also benefit from its investments in socioeconomic infrastructure, environmental rehabilitation, and livelihoods, which will contribute to the design of transitional/progressive solutions for refugees in a more conducive and opportunistic social and economic ecosystem.

Anticipated investments under KDRDIP are subprojects focused on: (1) social and economic infrastructure and services; (2) environmental and natural resource management; and (3) livelihood programs. For each activity, the project is committed

to incorporating mechanisms for preventing and responding to gender-based violence (GBV), applying a rights-based approach that empowers women and their communities and that ensures the leadership and participation of women in the development and implementation of subprojects, including those seeking to prevent and reduce GBV (Government of Kenya 2017).

Recognizing that GBV is a complex and multifaceted problem that cannot effectively be addressed from a single vantage point, the project seeks to support specific actions within and across the various subprojects. This note introduces and provides background on the sector-specific practice notes developed for KDRDIP subprojects for health; education; livelihoods; labor-intensive public works; and water, sanitation, and hygiene. Implementation of the guidance will require collaboration across the entire KDRDIP project as well as uptake of activities within specific subprojects.

Defining Gender-based Violence

Gender-based violence, or *GBV*, is an umbrella term for harm perpetrated on someone against their will based on socially ascribed differences between males and females (i.e., gender). It includes acts in public or private that inflict physical, sexual, or mental harm or suffering; threats of such acts; coercion; and other deprivations of liberty.

The term 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

1. The Horn of Africa comprises eight countries: Djibouti, Ethiopia, Uganda, Kenya, South Sudan, Sudan, Somalia, and Eritrea. The project is active in Ethiopia, Uganda, Kenya, and Djibouti.

2. The host community of the Dadaab refugee camp complex includes the Dadaab, Fafi, and Ladgera subcounties in Garissa County and Wajir South in Wajir County and for Kakuma refugee camp in Turkana, includes the subcounty of Turkana West.



of most forms of violence perpetrated against women and girls.³ The 1993 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.” The violence is primarily used by males against females to subordinate, disempower, punish, or control. The gender of the perpetrator and the victim is central to the motivations behind the violence and to the way society condones or responds to it.

GBV represents a fundamental barrier to the equal participation of women and men in social, economic, and political spheres. It impedes gender equality and hampers the achievement of a range of development outcomes.

Scope of the Problem

According to recent World Health Organization estimates, 35 percent of women worldwide—over one in three—have either experienced nonpartner sexual violence or physical and/or sexual intimate partner violence. These numbers can be as high as 70 percent in specific settings. Globally, women and girls are more likely to be assaulted or killed by someone they know, such as an intimate partner, than by a stranger. An estimated one in three girls in developing countries is married by the age of 18; and women and girls account for over two thirds of global trafficking victims. Widespread gender discrimination and inequality often result in women and girls being exposed to multiple forms of GBV throughout their lives, including “secondary GBV” arising out of a primary incident, for example, being abused by the person to whom one reports the crime, being the victim of an “honor killing” after being sexually assaulted, and being forced to marry one’s perpetrator.

Some forms of GBV can escalate in situations of forced displacement. Sexual violence may be strategically committed and/or systematically target opposing populations. It can also occur within communities as a result of a breakdown of protective mechanisms and an increase in impunity. A growing body of evidence suggests that intimate partner violence and other forms of household violence may be among the most prevalent forms of GBV in situations of forced displacement. Displaced populations are also at risk of child and forced marriage, female genital

cutting, female infanticide, and trafficking for sexual exploitation and/or domestic labor; host communities may also face increased risks due to the presence of refugees.⁴

Impact

The consequences of being exposed to violence are as sweeping as the scope of the violence itself, not just in terms of the myriad acute and chronic mental, physical, sexual, and reproductive health problems that accompany many of the types of violence women and girls experience, but also the increased risk of future ill health among survivors. GBV can also negatively impact child survival and development in innumerable ways. Many of its effects are difficult to directly link to the violent incidents and are not always recognized by health and other service providers as such, contributing to the mistaken assumption that GBV is not a problem.

A failure by government and society to appreciate the full extent of gender-based violence, its effect on individuals, and the fact that it is under-reported across the globe, can broadly impact development progress because GBV increases costs for public health and social welfare systems while it decreases the ability of women and children to participate in social and economic recovery. The United States Agency for International Development’s *Fragile States Strategy* confirms that “data show a strong correlation between state fragility and inequitable treatment of women” (USAID 2005, 4). GBV is widely recognized as an impediment to the social and economic development of communities and states and to the achievement of internationally agreed development goals, including the Sustainable Development Goals.

The Role of International Financial Institutions

International financial institutions, together with other multilateral institutions and bilateral donors, have a vital role to play in preventing and addressing violence against women and girls in low- and middle-income countries. They are uniquely positioned with the global reach to generate and disseminate knowledge, to leverage partnerships with governments and other key stakeholders to create a space for policy dialogue, to lead by financing innovative programming, and to promote evidence-based good practices. They can also act as pioneers in promoting integrated and multisectoral approaches to tackling the issue. On the other hand, failure to take action against GBV translates into a failure in development progress. In some instances, inaction can help

3. Some use the term *gender-based violence* to highlight the gendered dimensions of certain forms of violence against men and boys and/or LGBT groups broadly—particularly sexual violence committed with the explicit purpose of reinforcing norms of masculinity or violence occurring as a result of homophobia or transphobia. The drivers of the specific forms of violence against these groups are different than the gender discrimination that drives most violence against women. A common understanding of the meaning and drivers of GBV is crucial. Resistance to GBV programming typically focusing on the rights and needs of women and girls is not unusual.

4. For more information about the nature and scope of GBV in humanitarian settings, see IASC 2015 (annex 3) and UN Women’s *Virtual Knowledge Centre to End Violence Against Women and Girls* at <http://www.endvawnow.org/en/articles/1473-nature-and-scope.html>.



Photo: World Bank

perpetuate the cycle of violence or worse, indirectly or inadvertently result in the loss of life and an increase in women's risk of experiencing GBV.

Putting Survivors and Those At Risk of GBV at the Forefront of Sector Response

To address GBV, strategies must be implemented throughout the life of a development project—from assessment and program design to evaluation. Activities should: (1) incorporate strategies specifically intended to mitigate any risk of GBV that could result from project activities or that is already present within the community; (2) promote norms fostering long-term social and cultural change toward gender equality by, for example, ensuring that women and girls, along with men and boys, are actively engaged in community-based groups related to the project area or

sector and by enlisting women as program staff, including in leadership positions; and (3) facilitate the provision of assistance to survivors by making sure that project staff know how and where to refer them for safe and ethical care, according to confidentiality standards.

Adhering to Guiding Principles

Addressing GBV throughout a project starts with understanding and promoting guiding principles so that survivors and those at risk are safe and treated with respect, that confidentiality is maintained, and discrimination avoided. Because addressing GBV may require challenging long-held social norms, all GBV-related interventions should be context-specific to enhance outcomes and “do no harm.”



The purpose of an assessment is to more clearly understand the potential links between KDRDIP interventions and GBV issues. It is *not* for collecting information about the scope, or prevalence, of GBV in a given community in order to prove GBV is occurring. All community facilitators and project implementation unit staff have a responsibility for ensuring that prevention and risk mitigation strategies are in place regardless of the availability of population data about GBV in a specific setting, as global prevalence data demonstrates that GBV is a worldwide epidemic.

To implement these guiding principles, interventions should be informed by human-rights-based, survivor-centered, and community-based approaches:

- ✓ *Human-rights-based approaches* recognize that affected populations are rights-holders and that programs must seek to empower community members in realizing their rights.
- ✓ *Survivor-centered approaches* prioritize the rights, needs, and wishes of survivors when designing and developing programs; and professionals, regardless of their roles, supportively engage with survivors and those at risk.
- ✓ *Community-based approaches* promote a process of direct consultation and dialogue with the entire community, ensuring the engagement and leadership of women and girls.

Conducting Preliminary Community Consultations and Sector Assessments

An understanding of how GBV issues link to proposed subprojects is critical to ensuring that interventions: (1) mitigate the immediate risks of GBV, (2) integrate safe strategies for the longer-term change of social norms, and (3) facilitate the survivors' access to care and support.

Information collected during assessments and preliminary community consultations, in addition to routine subproject monitoring, will help identify the relationship between potential GBV-related safety risks and subproject interventions and how the subproject might reduce its exposure to GBV. The data can highlight priorities and gaps that need to be addressed when planning new interventions or adjusting existing interventions, such as:

- ✓ Safety and security risks for particular groups within an affected population;
- ✓ National and global sector standards related to protection, rights, and GBV risk reduction that are not applied or do not exist, therefore increasing GBV-related risks;

- ✓ Lack of participation by some groups in the planning, design, implementation, and monitoring and evaluation of programs, and the need to consider age-, gender-, and culturally appropriate ways of facilitating the participation of all groups;
- ✓ Community capacity and strengths in preventing and reducing the risk of GBV;
- ✓ Existence of and gaps in services for survivors;
- ✓ Unequal access to services for women, girls, and other at-risk groups; and
- ✓ The need to advocate for and support the deployment of GBV specialists in subproject areas.

Importantly, GBV survivors should not be sought out or targeted as a specific group during assessments or any other community discussions. GBV-specific assessments, which often include interviewing survivors about their specific experiences, and research on the scope of GBV in a population should only be conducted in collaboration with GBV specialists and/or a GBV-specialized partner or agency and should adhere to GBV safety and ethical recommendations (WHO 2001, 2007). Prior to any collection of GBV data, the purpose—what, why, and how—of its collection and ensuing analysis should be considered. Moreover, the benefits to those providing data should be greater than the cost of the revictimization, potential stigma, and increased experiences of violence that could result from their disclosure.

Trainings should be conducted for relevant members of the county integrated project implementation unit, community facilitators, and project staff engaged with target communities about how gender, GBV, women's and human rights, social exclusion, and sexuality inform assessment practices. Any assessment or planning process that involves communicating with community stakeholders should be designed and undertaken according to participatory methods that engage the entire community, especially women and female youth. This requires ensuring the equal representation of women and men on community facilitation

teams and sufficient human resources to facilitate women-led discussions with women-only community groups.

If community facilitators receive specific reports of GBV while conducting the community consultations, they should share the information with GBV specialists according to safe and ethical practices. Therefore, GBV service providers and referral mechanisms may need to be identified prior to the community-based consultations.

The facilitator should:

- ✓ Consult social specialists throughout the planning, design, analysis, and interpretation of assessments that include GBV-related components;
 - ✓ Provide training for assessment team members on ethical and safety issues, and include information in the training about appropriate systems of care (i.e., referral pathways) available to GBV survivors;
 - ✓ Use local expertise when possible;
- ✓ Strictly adhere to safety and ethical recommendations regarding the research of GBV;
 - ✓ Consider the cultural and religious sensitivities of communities;
 - ✓ Conduct ongoing assessments of GBV-related programming issues to monitor the progress of activities and identify gaps or GBV-related protection issues that unexpectedly arise, adjusting interventions as needed;
 - ✓ Conduct consultations in a secure setting where all individuals feel safe contributing to discussions, including separate groups for women and men and individual consultations as appropriate to counter any exclusion, prejudice, and stigma that could impede involvement; and
 - ✓ Provide information about how to report risk and/or where to access care—especially at health facilities—if during the consultation process anyone reports they are at risk of or have been exposed to GBV.



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The facilitator should *not*:

- ✘ Share data that could be linked back to a group or individual, including a GBV survivor;
- ✘ Probe too deeply into culturally sensitive or taboo topics, such as gender equality, reproductive health, or sexual norms and behaviors, unless the consultation team includes relevant experts;
- ✘ Single out the experiences of GBV survivors (instead, refer to women, girls and other at-risk groups in general); and
- ✘ Make assumptions about what groups are affected by GBV or assume that the reported data and trends represent the actual prevalence and extent of GBV.

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UNDERSTANDING AND ADDRESSING GENDER-BASED VIOLENCE IN EDUCATION SUBPROJECTS

Linking the Risks of Gender-based Violence and Education

School enrollment and retention rates for girls in Kenya's northern and northeastern counties—which the Kenya Development Response to Displacement Impacts Project (KDRDIP) is targeting—are among the worst in the country. Sixty-nine percent of women in northeastern Kenya have never attended school, according to the *Kenya Demographic and Health Survey 2014* (KNBS 2015). In the rural parts of Turkana, Garissa, and Wajir counties, enrollment rates are particularly low and dropout rates high among girls due to pastoralism, domestic responsibilities for children, child marriage, teenage pregnancy, lack of money for school fees, long distances to schools, lack of sanitation facilities and supplies, lack of cultural sensitivity at the schools, and lack of boarding facilities, among other issues. Parental concerns about the safety of girls at and while traveling to and from school may also contribute to the low enrollment rate among females. The low literacy level of the population is a key contributor to the entrenched poverty in these northern counties. Illiteracy also reinforces gender-based discrimination against females, increasing their risk of being exposed to multiple forms of gender-based violence (GBV) throughout their lives, while at the same time limiting their ability to participate and benefit from development interventions that could support them in understanding and exercising their rights.

Even where there is access to schools, girls are reportedly at risk for exploitation and abuse by teachers. According to one study from Turkana, transactional sex is reportedly common among teenage girls in order to obtain school fees and/or permission from teachers to remain in school (IRC 2011). Despite the existence of a national code of conduct for Kenyan teachers that explicitly prohibits the sexual exploitation of students, insufficient

staff at schools in many parts of northern Kenya results in a lack of monitoring systems for the prevention of sexual exploitation, which contributes to widespread impunity for these crimes.

According to the World Bank (2015), the challenge of addressing GBV in schools is twofold: (1) to reduce all forms of discrimination that contribute to GBV within the school setting, and (2) to strengthen the capacity of schools to promote non-violence and female empowerment in families and communities (VAWG 2015). School-based GBV programs can specifically target risks for girls as well as link to broader efforts to reduce violence against all students, including bullying and corporal punishment.

In addition to teaching traditional academic subjects, both primary and secondary education programs provide an opportunity to promote a culture of nonviolence, equality, and respect for women and girls. Schools are effective sites for educating boys and girls on issues such as gender norms, human rights, abuse prevention, conflict mediation, and healthy communication skills. Community outreach measures can build trust between schools and parents and create communities that reinforce the positive norms and practices that students are learning in schools. Life-skills programs—both within and outside the education system—can help prevent GBV by assisting students to develop social and personal skills to protect themselves and by fostering positive leadership abilities, including the ability to advocate against violence and to promote equality and the empowerment of girls and female youth.

Educational programs in the KDRDIP target counties supported by World Vision, Save the Children, UNICEF, and the Pastoralist Girl's Initiative, among others, illustrate good practices in terms of enrolling and retaining girls, including those at risk of early marriage, female genital mutilation, and other



harmful practices.¹ If designed properly, educational facilities can provide a protective environment for children and youth at risk of gender-based or other violence. Girls who remain in school throughout the secondary level are less likely to enter early marriages or engage in sexually exploitative income-earning activities. Students' risk of exposure to various forms of GBV within and around school can be mitigated with thoughtful planning of education delivery strategies and structural design, including no dark spaces and the safe placement of latrines with locks from the inside; placement of learning centers away from danger zones; employment standards and training of teachers and school administrators; and sensitization and awareness-raising efforts for students and the community.

Addressing GBV in Education-Related Subprojects Throughout the Project Cycle

Community Mobilization and Village-level Community Development Plans

During the initial phase of project planning, outreach teams helping communities identify priority needs and draft community development plans must explore the specific concerns of women and girls linked to any subprojects, community investments, and social mobilization efforts to ensure their consideration in any plan. If women and female youth are not part of community consultations, their particular issues may not surface, and even when they do participate, sociocultural norms may limit the extent to which GBV issues are discussed. Teams should be sensitive to these challenges, deploying community consultation methods that sensitize community members, including local traditional and religious leaders, about the importance of understanding the specific concerns of women and girls, while creating an enabling environment to ensure the active leadership and participation of women and female youth. At minimum, this means that outreach teams must be trained and experienced in facilitating discussions on sensitive topics like GBV issues with community members.² This also requires that community outreach teams include women who can lead separate consultations with female community leaders and with a range of age cohorts as necessary. Teams should understand and be able to provide referrals to survivors as well as those at risk in case the need arises during consultations.

When access to education is identified as a community concern or a priority for subproject financing, outreach teams have an opportunity to explore in greater depth challenges linked to education faced by women and girls in the particular communities and what is needed in terms of infrastructure, staffing, and systems

to improve the safety of teachers and students and protect them from GBV. Some of the assessment questions presented in table 1.1 could be particularly relevant when considering the need to construct and staff additional schools; others may be more useful when communities are requesting upgrades to existing schools.

Aggregation and Subproject Prioritization and Appraisal

During the KDRDIP subproject aggregation, prioritization, and appraisal phase, when the community development plans are aggregated at the ward level and proposals are finalized for project implementation, the ward level committee, subcounty coordinator, county coordinator, and project reviewers are responsible for ensuring that project descriptions and budgets adequately account for the rights, needs, and roles of women and girls linked to educational programming, with specific attention to their risks of GBV.

Women must be equally engaged in finalizing community development plans, which should be reviewed by KDRDIP's social development and social safeguards specialists in county integrated project implementation units and the national project implementation unit to ensure contextually relevant interventions at the county level and consistency of safe and ethical practices across all project interventions, including the establishment of standard referral pathways for care and support of GBV survivors.

Community facilitators and project reviewers should consider the following:

- ✓ Does the community development plan articulate the GBV-related safety risks, protection needs, and rights of the affected population as they relate to existing or proposed educational settings? Are issues of physical safety and access to learning centers understood and disaggregated by sex, age, disability, and other relevant vulnerability factors? Are the related risk factors of young and adolescent girls recognized and described?
- ✓ Are risks for specific forms of GBV (e.g., sexual assault, sexual exploitation, harassment, intimate partner violence, and other forms of domestic violence) described and analyzed, or is there only a broader reference made to gender-based violence?
- ✓ Does the community development plan make reference to:
 - Enrollment, attendance, and retention ratios between boys and girls at both primary and secondary levels of education?
 - Reports of exploitation and abuse disaggregated by sex, age, disability, and other relevant vulnerability factors and existing protocols for response?
 - Ratio of male-to-female school administrators and teachers?

1. For more information, see WIK 2017; Save the Children 2016; World Vision International's "Bringing Back Out of School Children" at <http://www.wvi.org/bringing-back-out-school-children>; WASDA's "Education" at <http://www.wasda.or.ke/index.php/areas-of-intervention/education>.

2. For a useful tool, see Ellsberg and Heise 2005.


Table 1.1. Question Prompts to Assess GBV-related Issues in Educational Projects

Physical safety of schools/learning environment	Institutional capacity to support protection of students and respond to complaints
<p>1. Are schools and other learning environments located in areas that are safe and equally accessible to women, girls, and other at-risk groups?</p> <ul style="list-style-type: none"> • Are women and girls involved in decisions about the location of safe learning environments? • Are all levels of schooling equally accessible (not only lower grades)? 	<p>9. What is the ratio of male-to-female educational staff, including in positions of leadership?</p> <ul style="list-style-type: none"> • Are systems in place for training and retaining female staff? • Are there any cultural or security issues related to the employment of female staff that may increase their risk of GBV? • Are there institutional codes of conduct for teachers and administrative staff that are aligned with national codes of conduct?^a Do these provide definitions of violence and harassment and specify sanctions for these behaviors? What are the accountability mechanisms established through the codes of conduct? Are they enforced? • What are the obligations of teachers, administrative staff, and ministry of education personnel regarding situations of GBV?
<p>2. Are the travel distances and routes to school safe for all students—particularly girls—and acceptable to parents?</p> <ul style="list-style-type: none"> • Are strategies in place to accompany students to learning environments as necessary? • Has safety mapping been conducted with students and teachers to identify at-risk zones in and around the learning environments? • Are there safety patrols for potentially insecure areas? • Are there sufficient boarding facilities for children who otherwise must travel long distances to school? 	<p>10. Are there female para-professionals and other women—especially female youth—in the community who could become involved at the schools in teaching, mentoring, providing referrals, or supporting girls in other ways?</p>
<p>3. Are learning environments physically secure?</p> <ul style="list-style-type: none"> • Is there sufficient lighting? • Are toilets accessible, private, safely located, adequate in number, and sex-segregated? 	<p>11. What are the common GBV-related safety risks faced by students and educational personnel—especially women, girls, and other at-risk groups while accessing education (e.g., sexual exploitation by teachers or staff, harassment or bullying on school grounds, and students—particularly girls—engaging in exploitative sexual relationships to cover school fees)?</p>
<p>4. Are sanitary supplies available in schools for female students and teachers of reproductive age?</p>	<p>12. What are the normal help-seeking behaviors of child survivors of GBV and other forms of violence? What are the risks related to reporting an incident in terms of safety and stigma?</p>
Norms and practices linked to educational programs	<p>13. Has training been provided to educational staff on:</p> <ul style="list-style-type: none"> • How to respectfully and supportively engage with survivors who may disclose incidents of GBV? • How to provide immediate referrals in an ethical, safe, and confidential manner? • How to best support a survivor in remaining at or returning to school after a report has been disclosed?
<p>5. How accessible and available are educational programs, particularly for girls?</p> <ul style="list-style-type: none"> • What safety precautions are girls expected to take when attending or travelling to school? • Are there any traditional practices, norms, or dynamics that may increase vulnerability to violence among girls in the school context? 	<p>14. Are there activities promoting child participation and empowerment in preventing and reporting cases of violence in schools?</p>
<p>6. Which children and youth are not attending primary and/or secondary school or face barriers to do so (e.g., adolescent girls, child heads of households, girl-mothers, sexual assault survivors, girls and boys with disabilities, and children in pastoralist families)?</p> <ul style="list-style-type: none"> • What cultural barriers do girls face in accessing education (e.g., gender norms that prioritize education of boys over girls, gender-discriminatory attitudes toward girls in educational settings, child and/or forced marriage, and domestic responsibilities)? • What cultural barriers do other at-risk groups of children face in accessing education (e.g., stigma, discrimination, and poverty)? • Are there strategies in place for the reintegration and reenrollment of those who have dropped out? Are there alternative educational strategies for children in nomadic or seminomadic pastoralist families? 	<p>15. Are there community groups that provide support to survivors of GBV? Are these linked to the learning environments?</p>
<p>7. What is the situation regarding parental and community involvement in education?</p> <ul style="list-style-type: none"> • Do parent-teacher associations (PTAs) or similar structures exist? • To what extent are women and men involved? • Are there any cultural restrictions to women's involvement? 	<p>16. Are there referral pathways through which survivors of GBV can access appropriate care and support, and are these pathways linked to educational settings?</p> <ul style="list-style-type: none"> • Is information provided to students and educational personnel on reporting mechanisms and follow-up for exposure to GBV, including sexual exploitation and abuse? • Are there gender- and age-responsive materials and services available to support survivors of GBV in the learning environment? • Are there any child-friendly services and service providers with training on responding to child survivors? • Are students regularly asked to provide feedback/input on the quality of reporting and referral systems?
<p>8. What are the attitudes of boys toward girls in educational settings? What about the attitudes of girls toward other girls? What are the attitudes of girls and boys toward boys?</p> <ul style="list-style-type: none"> • Is there evidence of gender-inequitable attitudes or practices? • Are these attitudes or practices supported and/or internalized by girls (particularly adolescents)? 	<p>a. See, for examples, Government of Kenya (2015) and NGEC (2015).</p>



- ✓ Are anticipated challenges to addressing GBV in the education sector analyzed, such as security risks in and around the learning center; attitudes and beliefs about violence, sexuality, and gender norms in the community and in the school; institutional capacity of the learning center to prevent and respond to GBV; low numbers of teachers, especially females; and high student-to-teacher ratios? Are these challenges addressed through recommendations for contextualized and community-based solutions, such as establishing community patrols to facilitate access to schools, conducting school and community-based sensitization around GBV, establishing para-professional classroom monitors and case workers, and conducting regular safety mapping in and around schools? Is there discussion about how partners of the education department can and should be held accountable for addressing GBV-related challenges?
- ✓ Is there an anticipation of the types of age-, gender-, and culturally appropriate supplies that should be funded to facilitate a rapid education response that incorporates GBV risk mitigation, such as separate boarding facilities; adequate and sex-segregated toilets and other water, sanitation, and hygiene facilities; locks and lights for toilets; school uniforms or other appropriate clothing; and sanitary supplies for female students and teachers of reproductive age?
- ✓ Is there a strategy for preparing and providing training for government, educational personnel, parent-teacher associations, and other relevant community members on the safe design and implementation of educational programs that mitigate risks of GBV in conjunction with the department of education?
- ✓ Are additional costs required to ensure the safety of and effective working environments for female staff in the education sector (e.g., supporting more than one female staff member to undertake any assignments involving travel or funding a male family member to travel with the female staff member)? Is there a plan for ensuring these additional costs will be sustained by the department of education?
- ✓ Is there a clear description of how the project can support the education department in the implementation of codes of conduct or the development and use of educational curricula and programs that will mitigate exposure to GBV? Is there an explanation of how these strategies will contribute to sustainable efforts to ensure the safety and well-being of those at risk of being a victim of GBV and to long-term efforts at reducing specific types of GBV, such as by providing support to governments to ensure that both primary and secondary educational curricula promote gender equality and the empowerment of girls, particularly adolescents?

- ✓ Does the plan reflect a commitment to working with the community to support sustainability? Are there provisions for ensuring women and girls are involved in decisions about creating and maintaining safe learning environments? Are there provisions for ensuring cooperation and collaboration between host and refugee communities?

Subproject Implementation

During the first and subsequent phases of KDRDIP subproject implementation, as part of the social safeguards screening process, facilitators and technical staff should take into account the GBV-related issues raised in the preliminary community consultations. If the issues are not clearly expressed in the community development plans or if they require elaboration, technical staff should use the question prompts in table 1.1 for further analysis. Technical staff should not assume that because attention to GBV is absent from the plan and project proposals that no concerns exist. To address questions and concerns, technical staff should link with experts and local leaders working on GBV in the community as well as social development and social safeguards experts in the county integrated project implementation unit and the national project implementation unit. While the education subproject is being implemented, always keep in mind the rights, needs, and resources of the community, and make efforts to:

- ✓ Involve women and other at-risk groups as staff and leaders in educational programming using due caution if doing so poses a potential security risk or increases the risk of GBV. Engage the support of community leaders, religious leaders, and other community members to implement strategies to create an environment in which female teachers and administrators feel safe and supported.
 - Strive for 50 percent representation of women among educational program staff. If this is not immediately realistic in the setting, consider ways to increase the female presence in the classroom, including hiring para-professionals from the community as classroom monitors.
 - Provide women with formal and on-the-job training as well as targeted support to assume leadership and training positions (e.g., employing them in high-profile positions when possible and not only for primary school or “soft” subjects (e.g., home economics, drama, and art). Ensure that women—and where appropriate, female youth—are actively involved in committees and associations related to community-based education.

- ✓ In consultation with women, girls, boys, and men, implement strategies that maximize physical safety in and around learning environments, such as the location of learning centers, their distance from households, safety patrols along paths, safe and separate toilets for boys and girls, and adequate lighting.
 - Minimize potential GBV-related risks in the learning environment by, for example, providing private and sex-segregated dormitories, toilets, and bathing facilities; locating schools that do not have their own water and sanitation facilities near existing water supplies; monitoring paths for safety; and providing adequate lighting and safety evacuation pathways.
 - Where appropriate, build on existing community protection mechanisms to conduct safety patrols of potential risk areas in and around schools, such as toilets, schoolyards, and paths to and from school. Collaborate as needed with local police and the wider community. If necessary, provide escorts and transportation to and from school for students.
 - Establish emergency safety protocols for responding to risky situations, such as the use of cell phones for emergency calls, buddy systems, and bystander interventions.
- ✓ Enhance the capacity of educational personnel to mitigate the risk of GBV in educational settings with ongoing support and training.
 - Building on indigenous practices and, using gender- and culturally sensitive language and approaches, train all primary and secondary-level educational staff, including the administration, security guards, and others, on issues regarding gender, GBV, women's and human rights, social exclusion, and sexuality. Train teachers on gender-sensitive teaching strategies. Institutionalize knowledge of GBV and support sustainability by training a team of teachers to become the future trainers of others. Address culturally specific attitudes and practices among staff who may condone or ignore GBV in learning environments.
 - Link with community-based GBV experts to provide support to teachers who are coping with their own GBV-related issues as well as those of their students. This can help reduce negative and destructive coping behaviors among teachers that increase the risk of GBV against both teachers and students.
 - Engage male teachers and educational staff in discussions around creating a culture of nonviolence, challenge beliefs around masculinity that condone GBV, and explore what their role could be in creating safe and non-threatening environments for all students and teachers.
 - Link efforts at reducing GBV to broader efforts within schools to reduce violence against children generally.
- ✓ Ensure that all teachers and other educational personnel understand and have signed a code of conduct related to the prevention of violence against children and youth. Make certain that the code has specific provisions related to sexual exploitation and abuse of students by teachers and that there are mechanisms to facilitate reporting, investigations, and accountability.
- ✓ Consult with GBV specialists to identify safe, confidential, and appropriate systems of care for survivors, and ensure educational staff have the basic skills to provide information to survivors about where they can get support.
 - Provide all educational personnel with written information about where to refer survivors for services, with particular attention to female teachers who child survivors may be more likely to approach. Make information about services readily available in learning centers to both teachers and students, and ensure that information about referral pathways is regularly updated.
 - Train all primary- and secondary-level educational personnel on how to recognize the many different and localized forms of GBV, such as verbal harassment, bullying, and sexual exploitation. Provide training on how to respectfully and supportively engage with survivors and information about their rights and options to report risk and access care in an ethical, safe, and confidential manner.
 - Where possible, employ a specialized GBV caseworker at the learning facility to provide immediate assistance to survivors and ensure follow-up care. Consider recruiting a para-professional from the community to be trained and supervised by a local GBV expert organization.
- ✓ Implement strategies that maximize the accessibility of alternative education for out-of-school women and female youth.
 - Consider nontraditional educational programs, such as night classes, after-school or community activities, temporary learning spaces, and open-learning programs, to support access where traditional classrooms are not available or accessible to certain students, such as girl-mothers and older women. Ensure accessibility in terms of the timing of programs and the availability of childcare and/or funding to cover school fees.

Monitoring Subprojects

Ongoing subproject monitoring must include an analysis of progress toward intended outcomes, including measures taken to ensure that all stakeholders meet their obligations to design educational facilities and programs that reduce the risk of exposure to GBV among women and girls.

Table 1.2 presents sample indicators to assess GBV-related issues in educational subprojects during monitoring and for the purposes of redesign. Ideally, targets are set at the outset of

project implementation and adjusted based on findings. Rather than introducing separate monitoring mechanisms, projects should identify several indicators that can be integrated into the KDRDIP's existing assessment, monitoring, and evaluation processes, such as participatory processes to engage women and girls in the target communities. These indicators should be contextualized to ensure they support and are in line with national and subnational education sector standards and guidelines.

Table 1.2. Indicators to Monitor GBV-related Issues in Educational Projects

Indicator	Indicator Definition	Possible Data Sources	Target
Consultations with the affected population on GBV risk factors in and around learning sites (disaggregate consultations by sex and age)	<i>Quantitative:</i> Percentage of learning sites assessed for GBV risk factors through consultations with affected populations in and around sites <i>Qualitative:</i> What types of GBV-related risk factors do affected persons experience in and around sites?	Organizational records, focus group discussions, key informant interviews, assessment reports	100%
Female participation in education-related community-based committees	<i>Quantitative:</i> Percentage of persons participating in community-based committees related to education (e.g., parent-teacher associations) who are female <i>Qualitative:</i> How do women perceive their level of participation in education-related community-based committees? What are the barriers to female participation in these committees?	Assessment reports, focus group discussions, key informant interviews	50%
Ratio of female and male teachers teaching in affected area	Ratio of female-to-male teachers in project areas	Organizational records	1:1
Active educational sector staff who have signed a code of conduct	Percentage of active educational sector staff who have signed a code of conduct	Organizational records	100%
Reporting and referral mechanism for GBV survivors in schools and learning sites	Percentage of schools and learning sites with a reporting and referral mechanism for GBV survivors	Key informant interviews	100%
Staff knowledge of confidentiality standards regarding the sharing of GBV reports	Percentage of staff who in response to a prompted question correctly say that information shared on GBV reports should not reveal the identity of survivors	Survey (at agency or program level)	100%
Inclusion of GBV referral information in education-related community outreach activities	Number of education-related community outreach activities that include information on where to report risk and access care for GBV survivors	Desk review, key informant interviews, survey (at agency or sector level)	Determine in the field

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- Raising Voices. n.d. Good School Toolkit. <http://raisingvoices.org/good-school>. *Note*: Contains a set of ideas and tools that will help educators explore what a good school is and guide them through a process that will help them create one. It was developed with the help of schools in Uganda and deliberately focuses on ideas and activities that do not require specific financial resources—just commitment and perseverance.
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Photo: World Bank

Kenya Development Response to Displacement Impacts Project

UNDERSTANDING AND ADDRESSING GENDER-BASED VIOLENCE IN HEALTH SUBPROJECTS

Linking the Risks of Gender-Based Violence and Health Care

The availability of camp-based health services for the host populations that surround the Kakuma and Dadaab refugee camps has increased local access to free services, including clinical care for sexual assault, but the health clinics located outside the camps are often overloaded and under-resourced (Coffey 2015). The availability and accessibility of health services in the more remote areas of the target subcounties of the Kenya Development Response to Displacement Impacts Project (KDRDIP) are limited, especially in terms of health services for women and girls who are survivors of sexual assault, intimate partner violence, female genital mutilation, or other forms of gender-based violence (GBV). Nevertheless, in all of the counties, notable initiatives illustrating good practices have increased women's and girls' access to health care at various service-delivery levels. Population Council (2011), for example, has undertaken research and programming to develop a comprehensive service model for survivors in Wajir.¹ Mercy Corps and the Department for International Development are supporting a hotline for young female survivors, also in Wajir.² The International Rescue Committee partnered with the Ministry of Health for Kenya to create the Women's Wellness Center at Lodwar Referral Hospital in Turkana.³ It provides support to survivors of GBV and seeks to reduce vulnerability by promot-

ing social and economic empowerment of survivors and those at risk. The International Rescue Committee also supports capacity building for community and facility health providers in Turkana to address GBV.

These innovative programs to facilitate access to GBV-related health services are models from which to draw good practices and lessons learned for KDRDIP. Health facilities are not the only places that document sexual assault, but are often the first or only point of service contact for a survivor. To facilitate care, survivors need safe access to health facilities, including safe transit to and from a facility, adequate lighting, confidential entry points, and free services. It is critical that health providers be equipped to offer nondiscriminatory, quality health services to survivors.⁴

Many survivors will not disclose to a health care or any other provider that they have been the victim of GBV because they fear repercussions, social stigma, or rejection from partners and family members, among other reasons. If health care providers are poorly trained, they may be unable to detect the indicators of violence. Survivors could be inadvertently discouraged from asking for help regarding GBV-related health problems if the provider does not ask the right questions; if the communication materials at the facility do not make clear what types of services are available or the fact that they are available to anyone; or if the provider—at the community or facility level—makes remarks or in some other way implies that the disclosure of GBV will not be met with respect, sympathy, and confidentiality.

1. For more information, see Government of Kenya 2015; also see Save the Children's *Kenya Country Programme* at https://kenya.savethechildren.net/sites/kenya.savethechildren.net/files/library/About%20Save%20the%20Children%20in%20Kenya_2.pdf.

2. See *Building Resilience and Adaptation to Climate Extremes and Disasters* (BRACED), funded by the United Kingdom's Department for International Development and led by Mercy Corps at <http://www.braced.org>.

3. See Gitonga 2015. Turkana Gender Based Violence Centre Opened <http://kenyanewsagency.go.ke/en/turkana-gender-based-violence-centre-opened/>. This program may have lost funding in 2016.

4. For reference on quality services for survivors see WHO 2013.

Adequate health services from the community to the hospital level are vital to ensuring life-saving care for women and girls. When health programs are safe, confidential, effectively designed, sensitive, accessible, and of good quality, they can facilitate the immediate care of survivors and effective referrals; and over the long-term, they can support the overall reduction of GBV within communities.⁵

Addressing GBV in Health Subprojects Throughout the Project Cycle

Community Mobilization and Village-level Community Development Plans

During the initial phase of project planning, outreach teams helping communities identify priority needs and draft community development plans must explore the specific concerns of women and girls linked to any subprojects, community investments, and social mobilization efforts to ensure their consideration in any plan. If women and female youth are not part of community consultations, their particular issues may not surface, and even when they do participate, sociocultural norms may limit the extent to which GBV issues are discussed. Teams should be sensitive to these challenges, deploying community consultation methods that sensitize community members, including local traditional and religious leaders, about the importance of understanding the specific concerns of women and girls, while creating an enabling environment to ensure the active leadership and participation of women and female youth. At minimum, this means that outreach teams must be trained and experienced in facilitating discussions on sensitive topics like GBV issues with community members.⁶ This also requires that community outreach teams include women who can lead separate consultations with female community leaders and with a range of age cohorts as necessary. Teams should understand and be able to provide referrals to survivors as well as those at risk in case the need arises during consultations.

When health facilities and services are identified as a community concern and/or a priority for subproject financing, this provides outreach teams an opportunity to explore in greater depth the challenges for women and girls linked to health care in the particular communities, as well as what the needs are in terms of infrastructure, staffing, and systems in order to improve the health response to different types of GBV. Some of the assessment questions presented in table 2.1 may be particularly relevant when considering the need to construct and staff health centers; others may be important when communities are requesting upgrades to existing health centers.

Aggregation and Subproject Prioritization and Appraisal

During the KDRDIP subproject aggregation, prioritization, and appraisal phase, when the community development plans are aggregated at the ward level and proposals are finalized for project implementation, the ward level committee, subcounty coordinator, county coordinator, and project reviewers are responsible for ensuring that project descriptions and budgets adequately account for the rights, needs, and roles of women and girls linked to health interventions, with specific attention to their risks of GBV.

Women must be equally engaged in finalizing community development plans, which should be reviewed by KDRDIP's social development and social safeguards specialists in county integrated project implementation units and the national project implementation unit to ensure contextually relevant interventions at the county level and consistency of safe and ethical practices across all project interventions, including the establishment of standard referral pathways for care and support of GBV survivors.

Community facilitators and project reviewers should consider the following:

- ✓ Does the community development plan articulate GBV-related safety risks, protection needs, and rights of the affected population regarding existing or proposed health facilities? Are risks for specific forms of GBV—sexual assault, intimate partner and other forms of domestic violence, female genital mutilation/cutting, and child marriage—described and analyzed, or is there only a broader reference made to gender-based violence?
- ✓ Does the project support health facilities that are safe and accessible to women, girls, and other at-risk groups? Does the community development plan illustrate how women have been or will be consulted about safe access to health facilities? Are special considerations given to ensuring safe and confidential access by GBV survivors?
- ✓ Does the project identify how the health department plans to make provisions to ensure that health facilities are equipped with proper supplies and staff to meet community needs? Does the project promote or support community-based health systems and structures? Does it facilitate the participation and empowerment of women and girls within those structures?
- ✓ Are strategies identified for mobile outreach to remote populations and for support of emergency transportation of rural populations to health facilities? Does the project identify strategies for promoting the early reporting of sexual assault and other forms of GBV at the different types of health facilities? Do health centers and hospitals ensure privacy and confidentiality for survivors? Is there safe and ethical documentation and sharing of information?

5. For more information, see WHO 2014.

6. For a useful tool, see Ellsberg and Heise 2005.

Table 2.1. Question Prompts to Assess GBV-related Issues in Health Projects

Physical infrastructure and safe access to health facilities	Availability of specific GBV services
<p>1. How many different health facilities (e.g., dispensaries, health centers, and hospitals) provide care and/or referrals to community members for common ailments and routine health care like immunizations and ante- and postnatal care? Where are they located? Are they safe and accessible?</p> <ul style="list-style-type: none"> • Are the various health facilities located in areas that are safe and equally accessible to women, girls, and other at-risk groups? • Are women and girls involved in decision making regarding the location of safe health facilities, particularly at the community level? • If possible, do the health facilities have female guards or watch staff? • Are the distances and travelling routes to the various health facilities safe for women and girls? Has safety mapping been conducted to identify at-risk zones in and around health facilities at the community and county level? • Are health facilities physically secure? Is the lighting sufficient? • Are there private rooms at the health centers and hospitals where patients can receive confidential treatment? • Are trained staff available in the hospitals 24 hours per day, 7 days per week? • How available are medical drugs, equipment, and administrative supplies at the health centers and hospitals to support routine medical care as well as specialized care for sexual assault and other forms of GBV? • Are there options for mobile clinics or other community outreach by health workers to rural populations and nomadic or seminomadic pastoralist groups? 	<p>6. Wherever possible, have services for GBV survivors been integrated into existing health centres and hospitals in a non-stigmatizing way (rather than created as standalone centers) so that survivors can seek care without being easily identified by community members?</p> <ul style="list-style-type: none"> • How many health facilities provide clinical care and mental health support to survivors of rape and care, support, and referrals for other forms of GBV (e.g., intimate partner violence and female genital mutilation)? Where are they located? Are they safe and accessible? • What range of health services are provided to support the medical needs of GBV survivors (e.g., post-exposure prophylaxis—PEP—to prevent HIV, emergency contraception, treatment for sexually transmitted infections, pregnancy care, safe access to abortion in cases where it is legal, and basic mental health care)? • Are follow-up services available for survivors (e.g., ensuring adherence to the full course of PEP against HIV, voluntary counselling and testing at prescribed intervals, provision of long-term mental health care, and any needed psychosocial support)? • Is a trained GBV caseworker available at the health facility to provide care and support to survivors?
<p>Norms and practices linked to access to GBV-related health services</p>	<p>7. What are the obligations of health service providers at these facilities regarding the identification and response to GBV? What assistance is required for the health department to better address GBV in dispensaries, health centers, and hospitals? Are there facility-specific policies or protocols for the clinical care of survivors of sexual assault and other forms of GBV that are in line with Kenya's clinical management guidelines (Government of Kenya 2009)^a and international good practice?</p> <ul style="list-style-type: none"> • Do these policies and protocols adhere to ethical and safety standards (privacy, confidentiality, respect, nondiscrimination, and informed consent)? • Do the policies and protocols include medical history, examination, collection of forensic evidence where possible, treatment, referral and reporting, pregnancy counselling, survivor safety planning, mental health and psychosocial support, record keeping, and coordination with other sectors and actors, particularly the police and the judiciary? • Can the policies and protocols be easily referenced or accessed? Are staff members aware of them? • Do the policies and protocols include information about providing care and support to male survivors of sexual violence? • Are women, girls, and other at-risk groups meaningfully engaged in the development of health policies, standards, and guidelines that address their rights and needs, particularly as they relate to GBV?
<p>2. Are community members aware of:</p> <ul style="list-style-type: none"> • The physical and mental health consequences of sexual violence and other forms of GBV? • The benefits of seeking GBV-related health care? • Where GBV survivors can access services? 	<p>8. Has a mapping of health services for GBV been compiled into a reference document (e.g., a directory of services) available to communities, health staff, and other service providers (e.g., lawyers, police, mental health and psychosocial support providers specialized in the care of survivors, local nongovernmental organizations, and shelters)?</p>
<p>3. Do community members perceive the available GBV-related health services as being safe, confidential, and supportive?</p>	<p><i>(continued)</i></p>
<p>4. What are the cultural, emotional, and other obstacles that survivors face when seeking GBV-related health care (e.g., stigma, lack of privacy or confidentiality, language and/or cultural issues, lack of knowledge about benefits and/or location of services, getting to and from the facility, and cost)?</p>	
<p>5. What existing community members or institutions (e.g., midwives, community health workers, dispensary nurses, local women's organizations, family members, and religious leaders) can support survivors seeking health care and/or provide intermediary care?</p>	

Table 2.1. Continued

<p>9. What referral pathways are in place at health centers and hospitals for GBV survivors in terms of security and police, safe shelter, mental health and psychosocial support, legal services, and community services)?</p> <ul style="list-style-type: none"> • Are these institutions safe (i.e., do they expose the survivor to further risk)? • Is there a system for following up after providing referrals? • Are community leaders aware of referral pathways? 	<p>13. Do specialized health staff members receive ongoing supervision? Have they received training in:</p> <ul style="list-style-type: none"> • The clinical care of sexual assault, including mental health and psychosocial support? • How to screen for and treat various other forms of GBV without breaching confidentiality or privacy and without placing patients in additional risk of harm? • Providing safe and ethical referrals?
<p>10. What is the documentation process for GBV reports and referrals at the various health facilities?</p> <ul style="list-style-type: none"> • Are consent forms, medical examination forms, and medicolegal certificates physically available in local languages? • What are the most prevalent types of GBV being documented? • Who is responsible for the documentation? • Are records kept in a secure place and appropriately coded (e.g., with unique identifying numbers) to ensure confidentiality?^b 	<p>14. Have community health workers, including traditional health providers, and dispensary nurses received training in:</p> <ul style="list-style-type: none"> • The physical and mental health implications of different types of GBV? • How to immediately respond to survivors? • Provision of referrals?
<p>11. What are the methods of information sharing, coordination, feedback, and system improvement among health actors at different service-delivery levels and between health actors and other multisectoral service providers?</p> <ul style="list-style-type: none"> • Are all actors and organizations aware of one another’s activities? • How are gaps and problems in service delivery identified? • Have standard operating procedures^c been developed for multisectoral prevention and response to GBV? Have health actors signed on to them? Is there a clear description of how the various types of facilities (e.g., dispensaries, health centers, and hospitals) provide care for GBV survivors? Are the procedures implemented? 	<p>a. For additional tools, including those used for training health providers in Dadaab and Kakuma, see “Clinical Management of Sexual Assault Survivors,” <i>Virtual Knowledge Centre to End Violence Against Women and Girls</i> at http://www.endvawnow.org/en/articles/1560-clinical-management-of-sexual-assault-survivors.html.</p> <p>b. For information about GBV information management, see NGEC Kenya, 2014.</p> <p>c. Multisectoral Standard Operating Procedures (SOPs) for Prevention of and Response to Sexual Violence in Kenya (2013) have been developed by the Task Force on the Implementation of the Sexual Offences Act (TFSOA). These SOPs provide for the minimum package of care to be accorded to sexual violence survivors across sectors-health, legal and psychosocial, and outline referral pathways in cross sectoral management of survivors. Specific Standard Operating Procedures also exist in the refugee camps. See, for example, UNHCR 2007.</p>
<p>12. What are the attitudes among health care workers toward GBV survivors and the services provided (e.g., regarding emergency contraception, female genital mutilation, and intimate partner violence)? How are these attitudes reflected in the type and level of care they provide?</p>	

- ✓ Is there a strategy for establishing or implementing agreed-on policies and protocols for the clinical care of sexual assault victims that are in line with Kenya’s national policies and international best practice? How about for other forms of GBV? Is there a strategy for preparing and providing training for government; health facility staff; and community health workers, including traditional birth attendants and traditional healers, on these protocols?
- ✓ Is there a strategy for prepositioning age-, gender-, and culturally appropriate supplies for the treatment of GBV survivors (e.g., PEP kits, medical drugs, and privacy screens)? Are monitoring services in place to ensure that commodities and follow-up care are consistently available for survivors?
- ✓ Is there a strategy for prepositioning well-trained and GBV-specialized staff? Are additional costs required to ensure safe and effective working environments for female staff in the health sector (e.g., support to allow more than one female staff member to undertake any assignment

involving travel or to allow a male family member to travel with the female staff member)?

- ✓ Are there activities that help change or improve the environment by encouraging access to GBV services or by addressing the underlying causes and contributing factors of GBV (e.g., through health education)? Are there provisions for ensuring cooperation and collaboration between host and refugee communities?

Subproject Implementation

During the first and subsequent phases of KDRDIP subproject implementation, as part of the social safeguards screening process, facilitators and technical staff should take into account the GBV-related issues raised in the preliminary community consultations. If the issues are not clearly expressed in the community development plans or if they require elaboration, technical staff should use the question prompts in table 2.1 for further analysis. Technical staff should not assume that because attention to GBV is absent from the plan and project proposals that no concerns exist. To address questions and concerns, technical staff should link with experts and local leaders working on GBV in the community as well as social development and social safeguards

experts in the county integrated project implementation unit and the national project implementation unit. While the health subproject is being implemented, always keep in mind the rights, needs, and resources of the community, and make an effort to:

- ✓ Involve women and female youth in the design and delivery of health programming, exercising due caution if doing so poses a potential security risk or increases the risk of GBV.
 - Employ women as clinical and nonclinical staff, administrators, and in training positions across different service-delivery levels to ensure gender balance in all aspects of health programming and in the provision of health care to survivors. Provide women with formal and on-the-job training as well as targeted support to assume leadership and training positions.
 - Ensure the active participation and leadership of women and female youth in local health committees and community groups. Be aware of potential tensions that may be caused by attempting to change the role of women and girls in communities, and engage in dialogue with males to ensure their support as necessary.
- ✓ In consultation with women, girls, boys, and men, implement strategies that maximize physical safety in and around health facilities.
 - Minimize potential GBV-related risks by locating facilities in safe areas and by providing adequate lighting in and around them, as examples.
 - Where appropriate, build on existing community protection mechanisms to conduct safety patrols of potential risk areas in and around health facilities (e.g., paths to and from the facilities). Collaborate as needed with local police and the wider community. If necessary, provide escorts and transportation for survivors to and from the health facilities.
- ✓ Increase the accessibility of health and reproductive health facilities that integrate GBV-related services (e.g., make sure opening times are convenient, eliminate service fees, ensure presence of same-sex health workers where possible, and introduce or strengthen mobile outreach). Address constraints faced by women in accessing services due to traditional norms and practices.
- ✓ Support the implementation of strategies that maximize the quality of survivor care at health facilities (e.g., implement standardized guidelines for the clinical care of sexual assault victims in line with Kenya's national guidelines, establish private consultation rooms, maintain adequate supplies and medications, and provide follow-up services).
 - Ensure designated health facilities have and abide by Kenya's national guidelines for the clinical care of survivors of sexual assault. Ensure that they are in line with international standards, including having a minimum package of services is available in marginalized areas.
 - Implement standardized data collection in health facilities that are in line with Kenya's national monitoring and evaluation framework for GBV, and ensure safe and ethical documentation, including the coding of case files to ensure confidentiality and the secure storage of medical records.
 - Make certain that follow-up services are provided to survivors, including ensuring they are adhering to the full course of PEP against HIV, voluntary counselling and testing at prescribed intervals, and long-term mental health and psychosocial support as needed.
- ✓ Enhance the capacity of health providers to deliver quality care to survivors through training, support, and supervision (and, where feasible, include a GBV caseworker on staff at health facilities).
 - To ensure a receptive environment for survivors, provide training to all health facility staff (administration, security guards, and receptionists, among others) and community health workers on issues of gender, GBV, women's and human rights, social exclusion, sexuality, and psychological first aid. Use sensitivity training to address discriminatory attitudes among staff members that could inhibit the ethical care of female and male survivors. Make sure that all health facility staff understand and sign a code of conduct regarding the prevention of sexual exploitation and abuse.
 - Designate and train specific providers with clear responsibilities related to the care of survivors, such as triage, clinical care, and mental health and psychosocial support and referral.
 - Train and provide ongoing supervision to specialized health providers, including doctors and nurses who conduct medical examinations of survivors and social workers.
 - Using multiple formats to ensure accessibility, incorporate GBV messages into health-related community outreach and awareness-raising activities, including prevention, where to report risk, the health effects of various forms of GBV, the benefits of health treatment, and how to access care).

Monitoring Subprojects

Ongoing subproject implementation must include an analysis of progress toward intended outcomes, including measures taken to ensure that health facilities and services are designed to provide safe and ethical care to survivors and to reduce the risk of exposure to GBV among women and girls.

Table 2.2 presents indicators that can be used by project partners to assess GBV-related issues in health projects during monitoring and for the purposes of redesign. Ideally, targets are

set at the outset of project implementation and adjusted based on findings. Rather than introducing separate monitoring mechanisms, projects should identify several indicators that can be integrated into the KDRDIP’s existing assessment, monitoring, and evaluation processes, including thorough participatory processes that engage women and girls from the target communities. These indicators should be contextualized to ensure they support and are in line with national and subnational health sector standards and guidelines.

Table 1.2. Indicators to Monitor GBV-related Issues in Health Projects

Indicator	Indicator Definition	Possible Data Sources	Target
Consultations with the affected population on GBV risk factors in and around health facilities (disaggregate consultations by sex and age)	<i>Quantitative:</i> Percentage of health facilities assessed through consultations with the affected population on GBV risk factors in and around sites <i>Qualitative:</i> What types of GBV-related risk factors do affected persons experience in and around health facilities?	Organizational records, focus group discussion, key informant interviews, assessment reports	100%
Female staff in health service provision	Percentage of staff providing health services who are female	Organizational records	50%
Availability of free clinical care for sexual assault and other forms of GBV in health facilities	Percentage of health facilities providing clinical care for sexual assault and other forms of GBV at no cost	Health facility assessment, key informant interviews	0%
Safe provision of quality clinical care for sexual assault victims at health facilities	Percentage of health facilities that can provide emergency contraceptive pills, post-exposure prophylaxis, and presumptive treatment for sexually transmitted infections in a private room, including supplies, trained staff, and the World Health Organization’s standardized protocols	Health facility questionnaire	Determine in the field
Existence of a standard referral pathway for GBV survivors	Percentage of health sites with a standard referral pathway for GBV survivors	Key informant interviews	100%
Staff knowledge of standards for confidential sharing of GBV reports	Percentage of staff who in response to a prompted question, correctly say that information shared on GBV reports should not reveal the identity of survivors	Survey (at agency or program level)	100%
Inclusion of information about the location and benefits of timely clinical care for sexual assault and other forms of GBV in community outreach activities	Percentage of health community outreach activities programs that include information about the location and benefits of timely clinical care for sexual assault and other forms of GBV	Desk review, key informant interviews	Determine in the field

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Kenya Development Response to Displacement Impacts Project

UNDERSTANDING AND ADDRESSING GENDER-BASED VIOLENCE IN WATER, SANITATION, AND HYGIENE SUBPROJECTS

Linking the Risks of Gender-Based Violence and Water, Sanitation, and Hygiene

Water, sanitation, and hygiene (WASH) programming that is poorly planned and insensitive to the gender dynamics of a given social and cultural context can exacerbate the risk of exposure to sexual and other forms of gender-based violence (GBV), particularly among women and girls who are often disproportionately affected by WASH issues. In the Kenyan counties of Turkana, Wajir, and Garissa, females are usually responsible for retrieving water for domestic use, washing clothes and cooking utensils, and cleaning their homes. Understanding and addressing the links between WASH programming and GBV risk is critically important in the Kenya Development Response to Displacement Impacts Project (KDRDIP) counties, where poverty, limited access to potable water, and cyclical drought combine to increase the vulnerability of women and girls. For example:¹

- ✓ Many women and girls in the KDRDIP counties live in remote areas and therefore face increased risk of sexual assault and violence when travelling to WASH facilities, including water points and cooking and sanitation facilities located far from their homes or in isolated settings. In particularly remote and impoverished areas, women and girls may have to travel through unsafe areas at night to relieve themselves.
- ✓ When there is an insufficient supply of water, such as during a cyclical drought, women and girls can be punished for returning home empty-handed or late because they had to wait for hours in line. When droughts affect livelihoods due to, for example, an inability to grow crops, crop failure, or no livestock to sell, the result can be an increase in sexual

exploitation and early marriage as girls marry in order to generate resources for their impoverished families. When males in the community migrate their livestock to water points during a drought, it can leave women and girls without social protection and therefore at higher risk of assault. Intercommunal and interethnic violence is also linked to water and food scarcity, and victims of attacks may include women and girls in the affected communities.

- ✓ School-age girls in the KDRDIP counties are often tasked with helping women collect water, and those who spend a lot of time doing so are more likely to miss or not attend school. A limited education, in turn, can put them at greater future risk of GBV.
- ✓ Schools unequipped with hygiene supplies for girls can discourage them from attending and staying in school, especially menstruating adolescents.
- ✓ A lack of lighting, locks, privacy, or sex-segregated sanitation facilities can increase the risk of women and girls of being harassed or assaulted, which may be aggravated in settlements and communities with significant refugee populations. Sanitation facilities constructed of inadequate building materials—such as weak plastic sheeting—or that are poorly designed—such as an open roof at a site with an embankment above—also increase risk.
- ✓ Particularly in proximity to refugee camps, tensions with host communities over water resources can lead to violence at water points, which is more likely to affect the women and girls who are responsible for collecting water.

1. Examples summarized from Government of Kenya 2017; see also: UNICEF and IRC 2011; Waswa 2012; Vemuru et al. 2016.



There are multiple actors working on WASH issues (Wescoord Drought Response Kenya 2011), but water scarcity and access remain problems in the remote communities of the target counties. As a result, WASH subprojects will likely be prioritized in many of the communities served by KDRDIP. It is therefore crucial that implementers know how to mitigate the risk of GBV over the entire course of projects.

Addressing GBV in WASH Subprojects throughout the Project Cycle

Community Mobilization and Village-level Community Development Plans

During the initial phase of project planning, outreach teams helping communities identify priority needs and draft community development plans must explore the specific concerns of women and girls linked to any subprojects, community investments, and social mobilization efforts to ensure their consideration in any plan. If women and female youth are not part of community consultations, their particular issues may not surface, and even when they do participate, sociocultural norms may limit the extent to which GBV issues are discussed. Teams should be sensitive to these challenges, deploying community consultation methods that sensitize community members, including local traditional and religious leaders, about the importance of understanding the specific concerns of women and girls, while creating an enabling environment to ensure the active leadership and participation of women and female youth. At minimum, this means that outreach teams must be trained and experienced in facilitating discussions on sensitive topics like GBV issues with community members.² This also requires that community outreach teams include women

who can lead separate consultations with female community leaders and with a range of age cohorts as necessary. Teams should understand and be able to provide referrals to survivors as well as those at risk in case the need arises during consultations.

When WASH issues are identified as a community concern or a priority for subproject financing, outreach teams have an opportunity to explore in greater depth how these issues affect women and girls. Table 3.1 offers relevant assessment question prompts.

Aggregation and Subproject Prioritization and Appraisal

During the KDRDIP subproject aggregation, prioritization, and appraisal phase, when the community development plans are aggregated at the ward level and proposals are finalized for project implementation, the ward level committee, subcounty coordinator, county coordinator, and project reviewers are responsible for ensuring that project descriptions and budgets adequately account for the rights, needs, and roles of women and girls linked to WASH interventions, with specific attention to their risks of GBV.

Women must be equally engaged in finalizing community development plans, which should be reviewed by KDRDIP's social development and social safeguards specialists in county integrated project implementation units and the national project implementation unit to ensure contextually relevant interventions at the county level and consistency of safe and ethical practices across all project interventions, including the establishment of standard referral pathways for care and support of GBV survivors.

Community facilitators and project reviewers should consider the following:

- ✓ Does the community development plan articulate GBV-related safety risks, protection needs, and rights of the affected population as they relate to the provision of relevant WASH services?
- ✓ Are relevant WASH responsibilities in the home and wider community understood and disaggregated by sex, age, disability, and other vulnerability factors? Are the related risk factors of women and girls recognized and described?
- ✓ Are risks for specific forms of GBV (e.g., sexual assault, sexual exploitation, harassment, intimate partner violence, and other forms of domestic violence) described and analyzed, or is there only a broader reference made to gender-based violence?

2. For a useful tool, see Ellsberg and Heise 2005.

- ✓ Is there a clear description of how the WASH intervention will mitigate the exposure of women and girls to GBV, particularly female youth (e.g., in terms of the location or design of the facility)?
- ✓ Does the community development plan include a strategy and budget for preparing and providing training on the safe design and construction of water points and other WASH facilities that mitigate the risk of GBV for government, WASH staff, and community WASH groups?
- ✓ How will the WASH intervention contribute to sustainable strategies promoting the safety and well-being of those at risk of GBV and to long-term efforts at reducing specific types of GBV?
- ✓ Does the community development plan include a strategy and budget to ensure the inclusion of women and female youth as WASH staff and in community WASH groups? Are there additional costs involved in fostering a safe and effective working environment for female staff in the WASH sector (e.g., supporting the expense of more than one female staff member conducting assignments involving travel or the expense of a male family member to travel with the female staff member)?
- ✓ Does the community development plan include a strategy for integrating community awareness raising around GBV as part of hygiene promotion and other WASH-related community outreach activities?
- ✓ Are there provisions for ensuring cooperation and collaboration between host and refugee communities in the WASH programs?

Table 3.1. Question Prompts to Assess GBV-related Issues in WASH Projects

Water	Facilities
<p>1. What are the gender- and age-related responsibilities related to WASH (e.g., water collection, storage and treatment, and usage)?</p> <ul style="list-style-type: none"> • What are the different uses for water, especially by women and girls (e.g., drinking, cooking, sanitation, gardening, and caring for livestock)? • What are the patterns of water allocation among family and community members, including sharing, quantity, and quality? • How are decisions made about the use and consumption of water? Who makes these decisions? • Who collects water? How often do women, girls, and boys collect water? At what time of day? • How many hours per day are spent travelling to and from WASH facilities? • In what way(s) do these factors exacerbate exposure risk to GBV, including the sexual exploitation of women and girls forced to trade sex for access to water? • Are children, especially girls, prevented from attending school as a result of WASH-related responsibilities (e.g., collecting water)? <p>2. In situations where water is rationed or pumping is only allowed at specific times:</p> <ul style="list-style-type: none"> • Are the set times convenient and safe for those who are responsible for collecting water? • Are there enough water points available to prevent fighting at the pumps and long waiting periods to get water? • What means of transporting water are available, and who is given access to these means (e.g., do men have priority access to bicycles, donkeys, and motorbikes; are smaller water containers available for children and the elderly)? • Who trucks in the water (e.g., men from other communities)? Are the drop-off points convenient and safe? 	<p>3. What are the gender- and age-related responsibilities related to sanitation and hygiene (e.g., waste disposal, general cleaning, care of children's hygiene, laundry, and maintenance and management of WASH facilities)?</p> <p>4. What distances must be travelled to access a toilet or other WASH facility?</p> <ul style="list-style-type: none"> • Is the route safe? • Is there a safety patrol or community surveillance system in potentially insecure areas? <p>5. If the WASH facility is outside the home, is it secure?</p> <ul style="list-style-type: none"> • Is there sufficient lighting (e.g., alternative lighting for periods with no power and adequate lightbulbs)? • Is it adequately private? • Are bathrooms and bathing facilities equipped with doors that lock from the inside? • Are there family latrines? • If latrines are communally shared, are there separate facilities for males and females that are clearly marked, private, and separated by appropriate distances?
	Supplies
	<p>6. What types of sanitary supplies and hygiene materials are appropriate for distributing to women and girls, especially related to menstruation?</p> <ul style="list-style-type: none"> • Are these materials regularly available, resupplied, and distributed? • Does the timing and process of their distribution put women and girls at higher risk of GBV? • Are there adequate and private mechanisms for the cleaning or disposing of sanitary supplies?



Photo: World Bank

Subproject Implementation

During the first and subsequent phases of KDRDIP subproject implementation, as part of the social safeguards screening process, facilitators and technical staff should take into account the GBV-related issues raised in the preliminary community consultations. If the issues are not clearly expressed in the community development plans or if they require elaboration, technical staff should use the question prompts in table 3.1 for further analysis. Technical staff should not assume that because attention to GBV is absent from the plan and project proposals that no concerns exist. To address questions and concerns, technical staff should link with experts and local leaders working on GBV in the community as well as social development and social safeguards experts in the county integrated project implementation unit and the national project implementation unit. While the WASH subproject is being implemented, always keep in mind the rights, needs, and resources of the community, and make efforts to:

- ✓ Involve women and female youth as staff and leaders in the siting, design, construction, and maintenance of water and sanitation facilities and in hygiene-promotion activities using due caution if doing so poses a potential security risk or increases the risk of GBV.
 - Strive for 50 percent representation of women among WASH intervention staff. Provide women with formal and on-the-job training as well as with targeted support to assume leadership positions.
 - Ensure women and female youth are actively involved in community-based WASH committees and management groups.
 - Ensure the participation and leadership of women in drought-preparedness plans.
- ✓ Implement strategies that increase the availability and accessibility of water for women and girls.

Ensure accessible placement of water points.

 - Ensure hand pumps and water containers are women- and girl-friendly.
 - As necessary, establish ration schedules in collaboration with women and girls.
 - Implement strategies that maximize the safety, privacy, and dignity of WASH facilities, including proper location, adequate lighting and privacy, sturdy internal locks, sex segregation; and sufficient number of facilities based on population demographics.

- ✓ Ensure dignified access to hygiene-related materials, such as sanitary supplies for women and girls of reproductive age and areas for washing menstrual cloth and for the proper disposal of sanitary napkins.
- ✓ Consult with GBV specialists to identify safe, confidential, and appropriate systems of care (i.e., referral pathways) for survivors, and ensure WASH staff have the basic skills to provide information on where they can obtain support.
- ✓ Incorporate GBV messages—such as where to report risk and how to access care—in hygiene promotion and other WASH-related community outreach activities, using multiple formats to ensure accessibility.
 - Work with GBV experts to integrate community awareness-raising about GBV into WASH outreach initiatives (e.g., community dialogues, workshops, meetings with community leaders, and social norms campaigns).

Monitoring Subprojects

Ongoing subproject implementation must include an analysis of the progress toward intended outcomes, including measures taken to ensure that WASH interventions are designed to reduce the risk of exposure to GBV among women and girls while accessing WASH facilities and measures taken to promote the empowerment of women by ensuring their leadership and participation in WASH interventions as staff and community leaders.

Table 3.2 presents indicators that can be used to assess GBV-related issues in WASH projects during monitoring and for the purposes of redesign. Ideally, targets are set at the outset of project implementation and adjusted based on findings. Rather than introducing separate monitoring mechanisms, projects should identify several indicators that can be integrated into the KDRDIP's existing assessment, monitoring, and evaluation processes, such as participatory processes to engage women and girls in the target communities. These indicators should be contextualized to ensure they support and are in line with national and subnational WASH sector standards and guidelines.

Table 3.2. Indicators to Monitor GBV-related Issues in WASH Projects

Indicator	Indicator Definition	Possible Data Sources	Target
Female participation in WASH-related community-based committees	<p><i>Quantitative:</i> Percentage of affected persons who participate in WASH community-based committees who are female</p> <p><i>Qualitative:</i> How do women and girls perceive their level of participation in WASH-related community-based committees? What enhances and what stands in the way of female participation in WASH committees?</p>	Site management reports, focus group discussions, key informant interviews	50%
Female staff in WASH-related interventions	Percentage of staff in WASH interventions who are female	Organizational records	50%
Risk factors of GBV in and around WASH facilities (disaggregate WASH facilities by water point, bathing and sanitation, time of day, and geographic location)	<p><i>Quantitative:</i> Percentage of beneficiaries who report concerns about experiencing GBV when asked about access to WASH facilities</p> <p><i>Qualitative:</i> Do beneficiaries feel safe from GBV when accessing WASH facilities? What types of safety concerns do persons describe in and around WASH facilities?</p>	Survey, focus group discussions, key informant interviews, participatory community mapping	0%
Existence of lockable, sex-segregated WASH facilities in affected areas	Percentage of specified target areas that have sex-segregation for shared facilities and lockable WASH facilities	Needs assessment, safety audit	100%
Presence of functional lighting at WASH facilities	Percent of WASH facilities with functional lighting	Direct observation, safety audit	Determine in the field
Distribution of culturally appropriate sanitary materials for females of reproductive age	Percent of females receiving culturally appropriate sanitary materials for menstruation within a specified time	Survey, focus group discussions	Determine in the field

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Kenya Development Response to Displacement Impacts Project

UNDERSTANDING AND ADDRESSING GENDER-BASED VIOLENCE IN CLEAN ENERGY SUBPROJECTS

Linking the Risks of Gender-Based Violence and Energy

In recent years, Kenya has made advancements in transforming the cookstove and fuel sector (Person et al. 2012), but in the target counties of the Kenya Development Response to Displacement Impacts Project (KDRDIP), access to safe and clean energy sources is primarily limited to urban areas, where electricity is commonly available and where some municipal services, such as health centers and schools, use solar energy (Government of Kenya 2017). Most of the energy for individuals and households comes from firewood and charcoal for cooking and kerosene for lighting. A reliance on these low-quality energy sources not only contributes to the degradation of the environment but also significantly contributes to the risk of women and girls being exposed to multiple forms of gender-based violence (GBV)—a problem that tends to be exacerbated in situations of forced displacement due to the high demand for scarce fuel supplies.

As an example, women and girls in northern Kenya are typically responsible for collecting firewood for cooking and to sell. The high demand for firewood has led to deforestation and a scarcity of fuel, particularly around the refugee camps. Women and girls must travel longer distances to access fuel, heightening the risk of their being sexually assaulted. Conflicts between host and refugee communities over the issue of fuel scarcity also increases the risk of violence against women and girls. In addition, because kerosene is only used sparingly for lighting due to its cost, many women and girls risk being assaulted while travelling in the dark to work, to school, and to access latrines (UNICEF and IRC 2011).

Beyond the immediate risk of being assaulted, the lack of safe and efficient energy sources has a negative indirect impact on women and girls. For example, time spent by a woman collecting fuel reduces her time spent generating income for paid work, potentially entrenching her family in poverty and keeping her financially dependent on (typically) male members of it. These are two key contributors to intimate partner violence. The responsibility for collecting fuel can prevent a girl from attending school, and this in turn can lead to early marriage. Similarly, a lack of affordable lighting may result in a shortened work day for income-generating women and fewer hours of study for school-age girls. The lack of power to charge phones and radios further isolates women from supportive social and economic networks as well as from media and other sources of information about women's health, well-being, rights, and safety. Open fires and inefficient cookstoves cause indoor air pollution, which significantly contribute to the ill health among women (and children), who typically cook for the family and serve as caretakers for young or ill family members.

Access to cleaner and more efficient energy contributes to the safety and well-being of women and girls as well as the welfare of families and communities. Cleaner energy sources such as fuel-efficient stoves and solar lighting are important because they:

- ✓ Reduce the domestic burden on women and girls;
- ✓ Increase women's literacy and educational levels because girls can attend school rather than collect firewood;
- ✓ Give women access to a greater variety of income-generating activities and extend the potential working day;
- ✓ Provide women and girls increased access to public information and public spaces;

- ✓ Improve safety; and
- ✓ Reduce energy-related health risks to which women and girls are more prone. Nevertheless, lessons learned from global efforts to shift to more safe and efficient fuels suggest that interventions are only successful if they support behavior change at the individual and community level, particularly among end-users. As such, any effort to support the adoption of cleaner fuels and energy must ensure the leadership and participation of the women and girls in the community.

Addressing GBV in Energy Subprojects Throughout the Project Cycle

Community Mobilization and Village-level Community Development Plans

During the initial phase of project planning, outreach teams helping communities identify priority needs and draft community development plans must explore the specific concerns of women and girls linked to any subprojects, community investments, and social mobilization efforts to ensure their consideration in any plan. If women and female youth are not part of community consultations, their particular issues may not surface, and even when they do participate, sociocultural norms may limit the extent to which GBV issues are discussed. Teams should be sensitive to these challenges, deploying community consultation methods that sensitize community members, including local traditional and religious leaders, about the importance of understanding the specific concerns of women and girls, while creating an enabling environment to ensure the active leadership and participation of women and female youth. At minimum, this means that outreach teams must be trained and experienced in facilitating discussions on sensitive topics like GBV issues with community members.¹ This also requires that community outreach teams include women who can lead separate consultations with female community leaders and with a range of age cohorts as necessary. Teams should understand and be able to provide referrals to survivors as well as those at risk in case the need arises during consultations.

A key reason for a lack of progress in uptake of alternative fuels is an insufficient understanding among program developers of the specific drivers related to cookstove and fuel choice, most notably the needs and preferences of women—the primary end-users and those who are more likely to sell firewood as a livelihood.² Discussions, information, and training regarding energy technologies is often targeted at men who, as a result, then tend

to dominate the field. However, if access to clean energy is identified as a community concern and/or is a priority for KDRDIP subproject financing, outreach teams have an opportunity to explore in greater depth the needs, preferences, and challenges of women and female youth in the particular communities linked to energy access and use, as well as what energy interventions might improve safety and protection from GBV and empower women and girls. Table 4.1 offers relevant question prompts.

Aggregation and Subproject Prioritization and Appraisal

During the KDRDIP subproject aggregation, prioritization, and appraisal phase, when the community development plans are aggregated at the ward level and proposals are finalized for project implementation, the ward level committee, subcounty coordinator, county coordinator, and project reviewers are responsible for ensuring that project descriptions and budgets adequately account for the rights, needs, and roles of women and girls linked to energy interventions, with specific attention to their risks of GBV.

Women must be equally engaged in finalizing community development plans, which should be reviewed by KDRDIP's social development and social safeguards specialists in county integrated project implementation units and the national project implementation unit to ensure contextually relevant interventions at the county level and consistency of safe and ethical practices across all project interventions, including the establishment of standard referral pathways for care and support of GBV survivors.

Community facilitators and project reviewers should consider the following:

- ✓ Does the community development plan illustrate that women and female youth were consulted separately from men and boys regarding which sources of clean fuel/energy are preferred? Does the proposal take into account women's knowledge of energy and energy needs, such as using biomass for fuel?
- ✓ Does the community development plan articulate GBV-related safety risks, protection needs, and rights of women and girls linked to existing and proposed sources of and access to fuel/energy?
- ✓ Is there a clear description of how the energy intervention will reduce the risks of GBV among the target populations by, for example, reducing firewood collection or providing lighting for travel after dark?

1. For a useful tool, see Ellsberg and Heise 2005.

2. See, for example, Lambe and Senyagwa 2015.

Table 4.1. Question Prompts to Assess GBV-related Issues in Clean Energy Projects

Norms and practices linked to energy
1. What are the common sources of fuel/energy for cooking, lighting, and power in the household?
2. What are the roles of women, girls, men, and boys in obtaining and using different sources of fuel?
3. For those who use firewood for cooking, who, where from, and how often is firewood collected? At what times of day/night? How long does it take to collect firewood? Is safety a concern when collecting firewood?
4. How is firewood used (e.g., at the household level for cooking or sold for income)?
5. Is the amount of firewood collected/available sufficient for household needs?
6. Who in the household normally has control over the budget for other purchased fuel? Is the budgeted amount sufficient to meet the household's needs?
7. Is lighting used at night in the household? For what purposes?
Types of energy and energy preferences
8. Are there particular types of fuel/energy that are preferred by the community or household over others? For cooking? For lighting? For heating? For power?
9. Do these preferences change throughout the year (for example, based on drought, rain, or cold)?
10. Are people experiencing problems with available source(s) of fuel/energy? If so, what are these problems (e.g., cost, accessibility, and poor health)? Do problems change at different times of the year?
11. Do any particular types of fuel/energy add to the burden of women and girls? If so, how?
12. Which particular types of fuel/energy are less burdensome to women and girls? How?
13. Have community members used nontraditional sources of energy (e.g., solar lamps, fuel-efficient stoves, and efficient briquettes)? <ul style="list-style-type: none"> • How did community members learn about these energy sources? • Are these energy sources popular with women, girls, men, and boys? Why or why not?
14. Who in the community uses nontraditional sources of energy? Who does not?
Energy sources and income
15. Which particular types of fuel/energy do women and female youth use to generate income? How do they generate income? How much income is generated?
16. What additional types of fuel/energy might help women and female youth improve their capacity for income generation?

- ✓ Are risks for specific forms of GBV (e.g., sexual assault, sexual exploitation, harassment, intimate partner violence, and other forms of domestic violence) described and analyzed, or is there only a broader reference made to gender-based violence?
- ✓ Is there a strategy for and funding allocated to preparing and providing trainings for government, county integrated project implementation unit teams, common interest groups/community groups, women's groups, and community members on implementing and monitoring gender-sensitive clean energy projects? For understanding processes of facilitating safe and ethical referrals for care and support to female survivors who project staff might identify?
- ✓ Does the plan include a clear description of how women will participate in the implementation of the energy project and how the project will ensure their access to energy assets as well as their power to make decisions? Are there strategies for how the intervention will access the women's market through, for example, targeted products and services, specific outreach strategies, or financial and management skills training?
- ✓ Where applicable and feasible, do alternative energy sources provide opportunities for women and female youth to engage in income-generating activities other than selling firewood that provide higher incomes and status?
- ✓ How will the energy intervention contribute to sustainable strategies that promote the empowerment, safety, and economic well-being of women and girls at risk of GBV, as well as to long-term efforts at reducing specific types of GBV?
- ✓ Does the intervention recognize and support the goal of gender equality?
- ✓ Does the community development plan reflect a commitment toward working with the community to ensure sustainability? Are there provisions for ensuring cooperation and collaboration between host and refugee communities?
- ✓ Are local leaders and government partners involved as active participants in the process in order to enhance the sustainability of projects?



Photo: John Hogg | World Bank

Subproject Implementation

During the first and subsequent phases of KDRDIP subproject implementation, as part of the social safeguards screening process, facilitators and technical staff should take into account the GBV-related issues raised in the preliminary community consultations. If the issues are not clearly expressed in the community development plans or if they require elaboration, technical staff should use the question prompts in table 4.1 for further analysis. Technical staff should not assume that because attention to GBV is absent from the plan and project proposals that no concerns exist. To address questions and concerns, technical staff should link with experts and local leaders working on GBV in the community as well as social development and social safeguards experts in the county integrated project implementation unit and the national project implementation unit. While the education subproject is being implemented, always keep in mind the rights, needs, and resources of the community, and make efforts to:

- ✓ Involve women as staff and leaders in clean energy programming using due caution if doing so poses a potential security risk or increases the risk of GBV.
 - Support the inclusion of women and female youth in decision-making positions within organizations in charge of energy projects, including the design, distribution, and maintenance of energy sources such as off-grid options, fuel-efficient cookstoves, and alternative fuels. Provide women with formal and on-the-job training as well as with targeted support to assume leadership positions.
 - Ensure female leaders and women's groups in the community are engaged in the design of energy-efficient stoves (and other potential clean-energy sources) as well as strategies for their distribution and uptake, installation, operation, and maintenance.
- ✓ In consultation with women, girls, men, and boys, implement energy programs that are accessible to women and girls, particularly those who are typically the most marginalized in the community.
 - Address logistical obstacles that prevent women and female youth from participating in training or cooking demonstrations with new energy sources. Ensure locations and times meet the needs of women and female youth who have family-related responsibilities. Provide childcare for participants.
 - Address social obstacles that prevent women and female youth from participating in training programs through community outreach initiatives that address prohibitive gender and cultural norms.
- ✓ Explore synergies between different types of clean energy and their benefits to women and girls, for example, between improved cookstoves and modern off-grid lighting. Consider opportunities to jointly market the two products to leverage consumer-level financing for a multifunctional, off-grid energy platform that provides clean cooking, lighting, and potentially other services—such as mobile phone charging.
- ✓ Promote the economic and professional empowerment of women in the community by linking clean energy projects to livelihoods.
 - Provide financing mechanisms for the adoption of cleaner cooking technologies and fuels targeted toward women, with an emphasis on communities affected by large influxes of refugees.
 - Support women and women's groups in leading off-grid power businesses, such as LED battery-operated lights and multifunction platforms.
 - At the market level, help women and women's groups serving as distributors or resellers by providing distributor financing.
- ✓ Implement clean energy interventions within the framework of building sustainable strategies for shifting gender norms in support of gender equality (for example, support strategic and targeted distribution of off-grid lighting to help girls stay in school and promote the use of fuel-efficient cookstoves among males).
- ✓ Consult with GBV specialists to identify safe, confidential, and appropriate systems of care (i.e., referral pathways) for survivors, and ensure that energy project staff who engage with the community are able to provide information on where they can obtain support.
- ✓ Target women and men separately in consumer campaigns and when seeking user feedback for improved cookstove/energy markets, using relevant gender-sensitive approaches. Incorporate GBV messages into clean energy-related community outreach and awareness-raising activities.

Monitoring Subprojects

Ongoing clean energy subproject implementation must include an analysis of progress toward intended outcomes, including measures taken to ensure that clean energy interventions are designed to reduce the risk of exposure to GBV among women and female youth and to promote the empowerment of women through their leadership and participation in clean energy interventions as staff members and community leaders.

Table 4.2 presents sample indicators that can be used to assess GBV-related issues in clean energy projects during monitoring and for the purposes of redesign. Ideally, targets are set

at the outset of project implementation and adjusted based on findings, especially when bringing the initial clean energy pilot projects to scale in target communities. Rather than introducing separate monitoring mechanisms, projects should identify several indicators that can be integrated into the KDRDIP's existing assessment, monitoring, and evaluation processes, including participatory processes that engage women and girls in the target communities. These indicators should be contextualized to ensure they support and are in line with national and subnational energy sector standards and guidelines.

Table 4.2. Indicators to Monitor GBV-related Issues in Clean Energy Projects

Indicator	Indicator Definition	Possible Data Sources	Target
Female participation in the design of clean energy interventions	<i>Quantitative:</i> Percentage of affected persons consulted in the design of clean energy interventions who are female <i>Qualitative:</i> How do women and girls perceive their level of participation in the design of clean energy interventions? What enhances the participation of women and girls in the design process? What are barriers to female participation in these processes?	Organizational records, focus group discussions, key informant interviews	50%
Female staff in clean energy interventions	Percentage of energy intervention staff members who are female	Organizational records	50%
Risk factors of GBV in collecting fuel/firewood	Percentage of affected people who report concerns about experiencing GBV when asked about collecting cooking fuel or firewood	Survey, focus group discussions, key informant interviews	0%
Uptake of clean energy sources by females in the community (disaggregate by energy source)	<i>Quantitative:</i> Percentage of affected persons reporting uptake of clean energy sources as a result of participation in a clean energy training intervention who are female <i>Qualitative:</i> What types of clean energy sources have individuals taken up as result of their participation in a training program?	Survey, focus group discussions, key informant interviews, participatory community mapping	100%
Changes in time, frequency, and distance for fuel collection	<i>Quantitative:</i> Endline time/frequency/distance for collecting fuel or firewood minus the baseline time/frequency/distance for collecting fuel or firewood	Survey	Determine in the field
Changes in livelihood or income-generating activities	<i>Quantitative:</i> Number of females who have taken up clean energy who report spending more time on income-generating activities <i>Qualitative:</i> How are women and girls spending the time saved collecting fuel? What impact does access to clean energy sources have on women's daily working hours for income generation?	Survey	Determine in the field

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Kenya Development Response to Displacement Impacts Project

UNDERSTANDING AND ADDRESSING GENDER-BASED VIOLENCE IN LABOR-INTENSIVE PUBLIC WORKS SUBPROJECTS

Linking the Risks of Gender-based Violence and Labor-intensive Public Works

The highest poverty levels in Kenya are in the northern pastoralist districts where the Kenya Development Response to Displacement Impacts Project (KDRDIP) is being implemented. Ninety-five percent of the population falls below the poverty line in some areas (Oxfam 2013 and Kipruto). Research on violence against women around the world confirms that economic stress and a female's economic dependency on a male in her household are two key drivers of intimate partner violence. In the KDRDIP counties, poverty is also a driver for early marriage, sexual exploitation, and other forms of gender-based violence (GBV). To support themselves and their families, women and girls may become dependent on and trapped in abusive relationships, be forced or coerced into prostitution, or enter harmful work environments in the informal economy.

Labor-intensive public works (LIPW) has become a common tool for providing temporary income support to the poorest and most vulnerable households to smooth consumption during lean seasons or in response to various types of shocks (World Bank 2017). LIPW projects can help meet the urgent economic needs of individuals and households while promoting the well-being of the community with activities to enhance community assets, support improved land productivity, develop road networks and market infrastructure, increase access to social services, and improve health and school facilities. It can also contribute to greater community cohesion and awareness of key development issues by providing a safe platform for enhanced interaction, information sharing, and dialogue between different groups of people.

If effectively designed, LIPW programs can mitigate the risk of exposure to GBV among women and girls resulting from poverty and/or from the generation of livelihoods in the informal economy. LIPW projects can provide short-term income to women, particularly those unable to find suitable alternative employment such as single women who are heads of household, in target areas, including refugee settlements and host communities, which can lead to enhanced economic empowerment at home and within the community. Properly designed LIPW projects that provide integrated services can facilitate safe alternatives for generating income to women and female youth and can:

- ✓ Enhance the knowledge and skills base of women and female youth;
- ✓ Improve their savings and access to productive assets;
- ✓ Empower and facilitate their economic independence, which may enhance their ability to leave exploitative situations;
- ✓ Foster the economic, physical, and psychological well-being of individuals, families, and communities through leadership development and peer-to-peer support;
- ✓ Promote a positive appreciation of women's economic empowerment, which may mitigate household-level violence;
- ✓ Raise awareness about GBV, gender norms, and power imbalances in the family and community, and do so in a culturally sensitive way;
- ✓ Improve the management of community assets, including natural resources, and thereby support more sustainable or alternative livelihoods; and
- ✓ Support longer-term development goals because an economically empowered woman is more likely to invest in her family's health, nutrition, and education than her male counterpart.

Despite these benefits, women may be marginalized during the identification, design, and implementation of LIPW subprojects if specific attention is not given to their inclusion (FAO 2011). Even when females are included, LIPW may not always take into account the unique needs of women and girls, as well as the potential risks for women and female youth engaged in income-generating activities, particularly in terms of backlash to women's economic empowerment at the community or household level. As such, LIPW programs must be designed to adequately address the unique needs and concerns of women and female youth and include built-in protective mechanisms to monitor and address potential risk factors for them while also including social norm/behavior change components to reduce the acceptability of GBV.

Addressing GBV in LIPW Subprojects throughout the KDRDIP Project Cycle

Community Mobilization and Village-level Community Development Plans

During the initial phase of project planning, outreach teams helping communities identify priority needs and draft community development plans must explore the specific concerns of women and girls linked to any subprojects, community investments, and social mobilization efforts to ensure their consideration in any plan. If women and female youth are not part of community consultations, their particular issues may not surface, and even when they do participate, sociocultural norms may limit the extent to which GBV issues are discussed. Teams should be sensitive to these challenges, deploying community consultation methods that sensitize community members, including local traditional and religious leaders, about the importance of understanding the specific concerns of women and girls, while creating an enabling environment to ensure the active leadership and participation of women and female youth. At minimum, this means that outreach teams must be trained and experienced in facilitating discussions on sensitive topics like GBV issues with community members.¹ This also requires that community outreach teams include women who can lead separate consultations with female community leaders and with a range of age cohorts as necessary. Teams should understand and be able to provide referrals to survivors as well as those at risk in case the need arises during consultations.

The initial consultations about LIPW programs for women and female youth in the community also offer an important opportunity to explore in greater depth how engaging in different LIPW subprojects within a wide range of sectors (e.g., agriculture, environment, roads, water, and sanitation) may impact women and girls. Table 5.1 offers relevant assessment question prompts.

Table 5.1. Question Prompts to Assess GBV-related Issues in LIPW Projects

Norms and practices linked to participation in economic opportunities/LIPW/livelihoods
<ol style="list-style-type: none"> 1. What cultural barriers do women and female youth face that may exclude them from certain types of work? 2. What are the preferences and cultural habits to consider before determining the type of LIPW that can be inclusive of females? <ul style="list-style-type: none"> • What are the roles of women, girls, men, and boys with respect to asset ownership, control, care, and management? • What kinds of activities are forbidden to women or men by local custom? • What is the balance of power between women and men in accessing and controlling productive assets? • Does limited access to productive assets force women and other at-risk groups to adopt unsafe survival strategies? If so, what are they? What might help mitigate their risks of engaging in these survival strategies?
Structural and contextual challenges and barriers
<ol style="list-style-type: none"> 3. What physical, logistical, or educational issues prevent women and female youth from accessing LIPW opportunities and/or sustain gendered divisions in income-generating activities (e.g., mobility or transportation issues, childcare and other domestic responsibilities, disabilities, illiteracy, and lack of training)? 4. How might women's increased access to employment and resources (e.g., earnings) challenge existing gender dynamics, thus increasing the likelihood of GBV at the community level and within households?
Types of LIPW
<ol style="list-style-type: none"> 5. Are there particular types of LIPW programs that risk perpetuating unequal gender norms? <ul style="list-style-type: none"> • Do certain LIPW activities shift additional burdens to women and female youth participating in them? • Do LIPW subprojects ensure equal wages paid to women and men for equal jobs? 6. In what manner might particular LIPW programs place women and girls at greater risk of violence? For example: <ul style="list-style-type: none"> • Do project activities require women to travel to insecure and/or remote areas or in contexts where their mobility is culturally constrained? • Do the LIPW subproject sites provide childcare facilities, and are these accessible to women and girls at no additional cost? • Are there covered sanitary facilities/latrines with locks at the worksites? • Is the project encouraging women to enter nontraditional worksites without adequate security oversight, which could, in turn, increase their risk of being exposed to violence? 7. Which relationships in the LIPW program increase the risk of sexual assault, harassment, and exploitation and which provide safety (e.g., LIPW site administrators or other workers)? How are these risks identified and managed?

1. For a useful tool, see Ellsberg and Heise 2005.

Aggregation and Subproject Prioritization and Appraisal

During the KDRDIP subproject aggregation, prioritization, and appraisal phase, when the community development plans are aggregated at the ward level and proposals are finalized for project implementation, the ward level committee, subcounty coordinator, county coordinator, and project reviewers are responsible for ensuring that project descriptions and budgets adequately account for the rights, needs, concerns, and roles of women and girls linked to LIPW interventions, with specific attention to their risk of GBV.

Women must be equally engaged in finalizing community development plans, which should be reviewed by KDRDIP's social

development and social safeguards specialists in county integrated project implementation units and the national project implementation unit to ensure contextually relevant interventions at the county level and consistency of safe and ethical practices across all project interventions, including the establishment of standard referral pathways for care and support of GBV survivors.

Community facilitators and project reviewers should consider the following:

- ✓ Does the community development plan illustrate that women and female youth were consulted separately from men and boys regarding which LIPW subprojects would be safe and appropriate for them, especially if females do not traditionally participate in these activities?



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- ✓ Does the community development plan take into account payment modalities (e.g., cash transfers) deemed safe by women and female youth when receiving remuneration for their involvement in LIPW activities?
- ✓ Does the proposal include mechanisms to promote the involvement of women and female youth in the implementation arrangements for LIPW activities, including training?
- ✓ Does the proposal articulate the GBV-related safety risks, protection needs, concerns, and rights of women and female youth engaged in the proposed LIPW activities?
- ✓ Are risks for specific forms of GBV (e.g., sexual assault, sexual exploitation, harassment, intimate partner violence, and other forms of domestic violence) described and analyzed, or is there only a broader reference made to gender-based violence?
- ✓ Is there a clear description of how the LIPW program will reduce the risks of GBV for participants (e.g., in terms of the location, design, and scheduling of LIPW activities; strategies for mitigating backlash within the community and in the home; and engagement of male community leaders to support the economic empowerment of women)?
- ✓ Is there a strategy and funding allocated for preparing and providing training for government, county integrated project implementation units, women's groups, and community members engaged in LIPW work regarding the design and implementation of LIPW programming that mitigates the risk of GBV? For understanding processes for facilitating safe and ethical referrals to care and support for female survivors who may be identified by LIPW staff?

- ✓ Where applicable and feasible, do the activities provide opportunities for women and female youth to engage in non-gender-stereotyped occupations that may provide them with a higher income and status than traditionally female occupations? Is there a provision for how women engaged in nontraditional work will receive the support of other females and/or other community members and will be able to report any risks that arise so that they can be addressed in a timely manner?
- ✓ Does the intervention recognize and support the goal of gender equality?
- ✓ Are relevant local leaders and government partners involved as active participants in the process to enhance the sustainability of subprojects? Are there provisions for ensuring cooperation and collaboration between host and refugee communities?

Subproject Implementation

During the first and subsequent phases of KDRDIP subproject implementation, as part of the social safeguards screening process, facilitators and technical staff should take into account the GBV-related issues raised in the preliminary community consultations. If the issues are not clearly expressed in the community development plans or if they require elaboration, technical staff should use the question prompts in table 5.1 for further analysis. Technical staff should not assume that because attention to GBV is absent from the plan and project proposals that no concerns exist. To address questions and concerns, technical staff should link with experts and local leaders working on GBV in the community as well as social development and social safeguards experts in the county integrated project implementation unit and the national project implementation unit. While the LIPW subproject is being implemented, always keep in mind the rights, needs, concerns, and resources of the community, particularly women and girls, and make efforts to:

- ✓ Involve women as group leaders and/or as part of community teams overseeing LIPW subprojects, using due caution if doing so poses a potential security risk or increases the risk of GBV.
 - Strive for at least 50 percent representation of women as part of implementation arrangements of LIPW activities at the community-level. Provide women with on-the-job training.

- Set up adequate information campaigns and registration and verification procedures to achieve at least 50 percent inclusion of women participants. Do not assume that quotas will be successful in the absence of other simultaneous measures to ensure female participation.
- ✓ In consultation with women, men, and female and male youth, implement specific strategies to ensure LIPW activities are accessible to women and female youth, particularly those who are typically most marginalized in the community and/or excluded from economic opportunities.
 - Address logistical obstacles that prevent women and female youth from travelling to and working at LIPW sites. Ensure locations and times of work meet the needs of women and female youth who have family-related responsibilities. Provide childcare for women with children, preferably run by elderly women paid under the program, with consideration and resources given for nutritious snacks and water for children as well as water for laborers. Ensure that there are covered rest areas and latrines with locks at worksites for the laborers.
 - Address cultural obstacles that prevent women and female youth from participating in LIPW activities, particularly in nontraditional sectors, by undertaking community outreach initiatives to address gender and cultural norms that prohibit females from certain kinds of work. Make sure that these initiatives are age-, gender-, and culturally sensitive.
 - Support women and female youth engaged in different types of LIPW programs to become involved in social groups with other female workers at sites so they can connect with each other in a safe space.
- ✓ In consultation with women, men, and female and male youth, implement LIPW activities that minimize possible GBV-related risks resulting from participation.
 - During the LIPW design and implementation process, make certain that provisions are made to situate LIPW activities in safe locations and schedule them during times of the day/week that minimize the risk of GBV. Ensure participants are not unnecessarily exposed to risky situations (e.g., travelling after dark).
 - Work with local authorities and communities to enhance the safety of participants. Coordinated strategies could include establishing safety patrols along routes to work, escort systems, and police and community surveillance systems as well as providing solar lanterns and installing adequate lighting along travel routes.
- Ensure reporting mechanisms are in place for laborers to report sexual harassment and abuse by supervisors and/or other laborers without fear of reprisal.
- Conduct ongoing analysis and open and frank dialogue with both females and males in the community about how income generation among women and female youth may increase tensions within families or communities. Put strategies in place to mitigate backlash and other negative effects for LIPW participants, including ongoing sensitization of communities about gender, GBV, and women's rights. Put mechanisms in place that enable women to report without fear of retaliation any potentially negative impacts the project has on household dynamics or any inappropriate conduct at the community level.
- ✓ Implement strategies that allow participants to control their assets in ways that mitigate the risk of theft or financial exploitation. Options to consider include:
 - Make cash transfers directly to a bank or mobile money accounts/M-pesa as much as possible rather than distributing cash, and develop strategies for the safe storage of earned income.
 - Adjust wage payment modalities to the specific LIPW, as feasible and appropriate, taking into account that women may prefer a piece rate rather than a daily wage because it allows them greater flexibility when coordinating the work with their other chores.
 - Regularly consult with female recipients to assess the effectiveness of existing remuneration mechanisms.
- ✓ Implement all LIPW subprojects within a framework that encourages the economic empowerment of women and female youth aimed at shifting gender norms in support of gender equality.
- ✓ Consult with GBV specialists to identify safe, confidential, and appropriate systems of care (i.e., referral pathways) for survivors, and ensure LIPW staff have the basic skills to provide them with information on where they can obtain support.
- ✓ Incorporate GBV messages into LIPW-related community outreach and awareness-raising activities.

Monitoring Subprojects

Ongoing LIPW subproject implementation must include an analysis of progress toward intended outcomes, including measures taken to ensure that LIPW programs are designed to reduce the risk of exposure to GBV among women and girls and promote the empowerment of women by ensuring their leadership and participation in LIPW programs as group leaders and/or as members of community teams overseeing LIPW. This also includes an analysis of how increased income affects the safety and well-being of women and female youth engaged in LIPW activities.

Table 5.2 presents sample indicators that can be used to assess GBV-related issues in LIPW subprojects during monitoring and for the purposes of redesign, if necessary. Rather than introducing separate monitoring mechanisms, projects should identify several indicators that can be integrated into the KDRDIP's existing assessment, monitoring, and evaluation processes, such as participatory processes to engage women and girls in the target communities. These indicators should be contextualized to ensure they support and are in line with national and subnational LIPW sector/program standards and guidelines.

Table 5.2. Indicators to Monitor GBV-related Issues in Health Projects

Indicator	Indicator Definition	Possible Data Sources	Target
Female participation in LIPW interventions	<p><i>Quantitative:</i> Percentage of persons who participate in LIPW interventions who are female</p> <p><i>Qualitative:</i> How do women and girls perceive their level of participation in LIPW interventions? What enhances the participation of women and girls? What are barriers to female participation?</p>	Site management reports, focus group discussions, key informant interviews	50%
Risk factors of GBV when participating in LIPW interventions	<p><i>Quantitative:</i> Percentage of affected persons who report concerns about experiencing GBV when asked about participation in LIPW interventions</p> <p><i>Qualitative:</i> Do affected persons feel safe from GBV when participating in LIPW interventions? What types of safety concerns does the affected population describe in LIPW interventions?</p>	Survey, focus group discussions, key informant interviews, participatory community mapping	0%
Income as a result of participating in LIPW interventions (disaggregate by sex)	<p><i>Quantitative:</i> Endline income of LIPW participants minus baseline income of LIPW participations</p>	Survey	Determine in the field

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Kenya Development Response to Displacement Impacts Project

UNDERSTANDING AND ADDRESSING GENDER-BASED VIOLENCE IN LIVELIHOODS SUBPROJECTS

Linking the Risks of Gender-Based Violence and Livelihoods

The highest poverty levels in Kenya are in the northern pastoralist counties where the Kenya Development Response to Displacement Impacts Project (KDRDIP) is being implemented. Ninety-five percent of the population falls below the poverty line in some areas (Oxfam 2013 and Kipruto). Research on violence against women around the world confirms that economic stress and a female's economic dependency on a male in her household are two key drivers of intimate partner violence. In the KDRDIP counties, poverty is also a driver for early marriage, sexual exploitation, and other forms of gender-based violence (GBV). To support themselves and their families, women and girls may become dependent on and trapped in abusive relationships, be forced or coerced into prostitution, or enter harmful work environments in the informal economy.

In the KDRDIP focus communities, where there is a dearth of formal jobs, many women supplement meager family incomes made through agro-pastoralism with work in the informal economy (e.g., collecting and selling firewood, charcoal, or grass for fodder; running small-goods kiosks; and selling milk). These activities, in addition to creating the double burden of market and household work, sometimes force women and girls to travel through unsafe areas or during dangerous times of the day or night, including through refugee settlements and surrounding areas where there is a demand for informal services such as domestic work. Women and children are also put at risk of exploitation, harassment, and abuse from customers, suppliers, and market administrators, especially in unregulated markets and when they must borrow money, negotiate prices, or manage a shop alone.

If effectively designed, livelihood programs can mitigate risks that women and girls are exposed to in small-scale business. Programs that include built-in protective mechanisms to monitor and address potential risk factors can help to reduce participants' exposure to violence and exploitation, and empowering them with skills training and social and financial capital. Such programs can:

- ✓ Provide women and female youth with safe alternatives for generating income.
- ✓ Enhance their knowledge and skills base regarding micro-enterprise, financial management, natural resource management and leadership;
- ✓ Empower and facilitate their independence, which may enhance their ability to leave exploitative situations;
- ✓ Foster the economic, physical, and psychological well-being of individuals, families, and communities through leadership development and peer-to-peer support;
- ✓ Promote a positive appreciation of women's economic empowerment, which may mitigate household-level violence;
- ✓ Raise awareness about GBV, gender norms, and power imbalances in the family and community, and do so in a culturally sensitive way;
- ✓ Improve the management of natural resources and thereby support more sustainable or alternative livelihoods; and
- ✓ Support longer-term development goals because an economically empowered woman is more likely to invest in her family's health, nutrition, and education than their male counterparts.

Recognizing the value of supporting female leadership and participation in livelihood programming, the KDRDIP seeks a target of 50 percent female participation in community livelihood groups. However, introducing livelihood programming without taking gender and cultural norms into account can create backlash and inadvertently heighten the risk of violence against participants, particularly females. For example, domestic violence can increase if partners or family members feel threatened by or resentful of women's economic independence. As such, economic empowerment interventions must include provisions that support women's safety as well as components aimed at changing social norms and behaviors to reduce the acceptability of GBV. Interventions that financially empower women and decrease the risk of intimate partner violence must include engagement with partners through gender dialogue groups that discuss subjects such as healthy relationships and nonviolent conflict resolution and at the same time provide information on the economic empowerment intervention.

Addressing GBV in Livelihoods Subprojects Throughout the Project Cycle

Community Mobilization and Village-level Community Development Plans

During the initial phase of project planning, outreach teams helping communities identify priority needs and draft community development plans must explore the specific concerns of women and girls linked to any subprojects, community investments, and social mobilization efforts to ensure their consideration in any plan. If women and female youth are not part of community consultations, their particular issues may not surface, and even when they do participate, sociocultural norms may limit the extent to which GBV issues are discussed. Teams should be sensitive to these challenges, deploying community consultation methods that sensitize community members, including local traditional and religious leaders, about the importance of understanding the specific concerns of women and girls, while creating an enabling environment to ensure the active leadership and participation of women and female youth. At minimum, this means that outreach teams must be trained and experienced in facilitating discussions on sensitive topics like GBV issues with community members.¹ This also requires that community outreach teams include women who can lead separate consultations with female community leaders and with a range of age cohorts as necessary. Teams should understand and be able to provide referrals to survivors as well as those at risk in case the need arises during consultations.

The initial consultations about potential livelihood priorities and options for women and female youth in the community offers an important opportunity to explore in greater depth how the engagement in various types of livelihoods (e.g., pastoralism, agro-pastoralism, agriculture, and trade) and the expansion and commercialization of livelihood activities can impact women and girls. Table 6.1 offers relevant assessment question prompts.

Aggregation and Subproject Prioritization and Appraisal

During the KDRDIP subproject aggregation, prioritization, and appraisal phase, when the community development plans are aggregated at the ward level and proposals are finalized for project implementation, the ward level committee, subcounty coordinator, county coordinator, and project reviewers are responsible for ensuring that project descriptions and budgets adequately account for the rights, needs, and roles of women and girls linked to livelihood interventions, with specific attention to their risks of GBV.

Women must be equally engaged in finalizing community development plans, which should be reviewed by KDRDIP's social development and social safeguards specialists in county integrated project implementation units and the national project implementation unit to ensure contextually relevant interventions at the county level and consistency of safe and ethical practices across all project interventions, including the establishment of standard referral pathways for care and support of GBV survivors.

Community facilitators and project reviewers should consider the following:

- ✓ Does the community development plan illustrate that women and female youth were consulted separately from men and boys as to which occupations would be safe for them, especially if females do not traditionally participate in these activities?
- ✓ Have market surveys identified livelihood activities that are profitable and empowering for women and female youth?
- ✓ Does the proposal articulate the GBV-related safety risks, protection needs, and rights of women and female youth engaged in the proposed livelihood activities?
- ✓ Are risks for specific forms of GBV (e.g., sexual assault, sexual exploitation, harassment, intimate partner violence, and other forms of domestic violence) described and analyzed, or is there only a broader reference made to gender-based violence?

1. See Ellsberg and Heise (2005) for a useful tool.

Table 6.1. Question Prompts to Assess GBV-related Issues in Livelihood Projects

Norms and practices linked to livelihoods	Types of livelihoods
<ol style="list-style-type: none"> 1. What cultural barriers do women and female youth face in accessing markets, livelihood activities, livestock management strategies, and financial services (e.g., gender norms that exclude females from certain types of work and discrimination against women in the workplace and marketplace)? 2. What are the preferences and cultural habits to consider before determining types of livelihood activities, locations, services, and goods? <ul style="list-style-type: none"> • What are the roles of women, girls, men, and boys regarding livestock ownership, control, care, and management? • What kinds of activities are forbidden to women or men by local custom? • What is the balance of power between women and men in accessing and controlling productive assets? • What are the risks of backlash associated with women and female youth engaged in economic programs at the community level and by intimate partners and/or family members? • Does limited access to livelihood assets force women and other at-risk groups to adopt unsafe survival strategies? If so, what are they? What might help mitigate the risk of their engaging in these survival strategies? 	<ol style="list-style-type: none"> 5. Are there particular types of livelihood programs that risk perpetuating unequal gender norms (e.g., by placing women solely in caretaking and childcare-related jobs, by hiring men for jobs traditionally held by them—such as guards or mechanical maintenance personnel, or by delivering skills training programs that reinforce stereotypes)? <ul style="list-style-type: none"> • Do livelihood activities shift additional burdens onto women and female youth participating in the activities? 6. In which manner might particular livelihood programs place women and girls at greater risk of violence? For example: <ul style="list-style-type: none"> • Do project activities require women to travel to insecure and/or remote areas or in contexts where their mobility is culturally constrained? • Is the project encouraging women to enter nontraditional markets or value chains that could, in turn, increase their risk of being exposed to violence? • How might women's increased access to employment and resources (e.g., earnings, loans, land, and grants) challenge existing gender dynamics, thus increasing the likelihood of violence against women and girls at the community level and within households? 7. When community livelihoods are affected by drought or other crises (particularly in pastoralist communities), are there any harmful psychological, physical, or social impacts regarding changes in livelihoods among women and female youth, for example, shifting from livestock management to selling firewood? How do crises shift livestock management strategies and access to safe livelihood activities—particularly for females?
Structural and contextual challenges and barriers	
<ol style="list-style-type: none"> 2. What physical, logistical, or educational issues prevent women and female youth from accessing livelihood opportunities and/or sustain gendered divisions in income-generating activities (e.g., mobility or transportation issues, childcare and other domestic responsibilities, disabilities, illiteracy, and lack of training)? 3. Are there institutional or legal barriers that women face to freely engage in labor markets and enterprise development? For example, under the customary systems of the KDRDIP counties, is a woman legally able to open a bank account, obtain a loan, sign documentation without her partner's permission, inherit land and property, own productive assets, or create a will? 4. What are the GBV-related risks faced by women and female youth when earning a living in this setting? <ul style="list-style-type: none"> • Which logistical and environmental issues increase the risk of sexual assault, harassment, or exploitation (e.g., borrowing money, getting stopped by police, selling goods from house to house, travelling at night, travelling through unsafe areas, and working alone in a shop)? • Which livelihood relationships increase the risk of sexual assault, harassment, or exploitation, and which provide safety (e.g., customers, suppliers, market administrators, and intimate partners)? Who orchestrates, encourages, permits, or colludes in the perpetration of violence? 	

- ✓ Is there a clear description of how the livelihood program will reduce the risks of GBV for participants (e.g., the location and design of programs, strategies for mitigating backlash within the community and in homes, and the engagement of male community leaders to support the economic empowerment of women)?
- ✓ Is there a strategy and funding allocated for preparing and providing training for government, county integrated project implementation unit teams, common interest and community groups, women's groups, and community members engaged in livelihood work on the design and implementation of livelihood programming that mitigates the risk of GBV? For understanding processes for facilitating safe and ethical referrals to care and support for female survivors who may be identified by livelihood staff?
- ✓ Where applicable and feasible, do the activities provide opportunities for women and female youth to engage in non-gender-stereotyped occupations that may be of higher income and status than traditionally female occupations? Is there a provision for how women engaged in nontraditional work will receive the support of other females and will be able to report any risks that arise so that they can be addressed in a timely manner?
- ✓ Is there an explanation of how the livelihood intervention will contribute to sustainable strategies that promote access to and control over resources, as well as the empowerment, safety, and economic well-being of women and girls at risk of GBV and to long-term efforts to reduce specific types of GBV?
- ✓ Does the intervention recognize and support the goal of gender equality, including through interventions that combine economic empowerment with life skills and leadership development, as well as peer-to-peer support?
- ✓ Does the community development plan reflect a commitment to working with the community to ensure sustainability? Are there provisions for ensuring cooperation and collaboration between host and refugee communities?
- ✓ Are local leaders and government partners involved as active participants in the process of enhancing the sustainability of subprojects?

Subproject Implementation

During the first and subsequent phases of KDRDIP subproject implementation, as part of the social safeguards screening process, facilitators and technical staff should take into account the GBV-related issues raised in the preliminary community consultations. If the issues are not clearly expressed in the community development plans or if they require elaboration, technical staff should use the question prompts in table 6.1 for further analysis. Technical staff should not assume that because attention to GBV is absent from the plan and project proposals that no concerns exist. To address questions and concerns, technical staff should link with experts and local leaders working on GBV in the community as well as social development and social safeguards experts in the county integrated project implementation unit and the national project implementation unit. While the livelihoods subproject is being implemented, always keep in mind the rights, needs, and resources of the community, and make efforts to:

- ✓ Involve women and female youth as staff and leaders in livelihood programming using due caution if doing so poses a potential security risk or increases the risk of GBV. This includes ensuring female leadership and representation in the common interest and community groups, with provisions for separate female groups as advisable, and producer organizations, as well as in the nongovernmental organizations tasked with providing support to the livelihood project.
 - Strive for 50 percent representation of women and female youth within nongovernmental organization livelihood capacity-building program staff. Provide women with formal and on-the-job training as well as targeted support to assume leadership positions.
 - Ensure that 50 percent of the community groups formed under the livelihoods subprojects comprise women and female youth.
 - Ensure that mixed groups have 50 percent membership of women and female youth.
- ✓ In consultation with women, girls, men, and boys, implement livelihood programs that are accessible to women and girls, particularly those who are typically most marginalized in the community and/or excluded from livelihood support.
 - Address logistical obstacles that prevent women and female youth from participating in planning meetings and livelihood activities. Work with community members to identify locations and times for community meetings that are appropriate for women and female youth who have family-related responsibilities. Provide childcare for program participants, not only at community meetings but also at or near worksites.

- Address cultural obstacles that prevent women and female youth from participating in livelihood programming by undertaking community outreach initiatives to address gender and cultural norms that prohibit females and other at-risk groups from certain kinds of work. Ensure that these initiatives are age-, gender-, and culturally sensitive.
- Support local organizations, community groups, and businesses in providing women and female youth engaged in different types of livelihood programs with the opportunity to connect with each other in a safe space, to share resources and skills, and to communicate about important livelihood-related issues—a particular priority for females engaged in mixed-sex common interest and community groups. Consider community exchange visits within the subcounty and between subcounties so community groups can interact and learn from one other.
- Provide training and technical support on the legal constraints affecting women entrepreneurs for key personnel offering financial and entrepreneurship services to women, such as loan officers, local tax collectors, market authorities, extension workers, and microfinance and/or bank personnel.
- ✓ In consultation with women, girls, men and boys, implement livelihood programs that minimize potential GBV-related risks resulting from participation.
 - Ensure that provisions are made in the livelihood selection process and business plan development to situate livelihood activities in safe locations and schedule them during times of the day and week that minimize the risk of GBV. Ensure participants are not unnecessarily exposed to risky situations (e.g., getting stopped by police, selling goods from house to house, working in a shop alone, and travelling after dark).
 - Work with local authorities and communities to enhance the safety of participants. Coordinated strategies include establishing safety patrols, escort systems, or police and community surveillance systems along routes to work while also providing solar lanterns or installing adequate lighting along the routes.
 - Conduct ongoing analysis and consultation through the social audit committees and other mechanisms, and with both females and males in the community, about how the economic empowerment of women and female youth may increase tensions within families or communities. Put strategies in place to mitigate backlash and other negative effects on participants, including ongoing sensitization of communities around gender, GBV, and women's rights. Also put in place mechanisms that enable women to report potential negative impacts of the project on household dynamics or inappropriate conduct at the community level.
- Take GBV risks related to seasonality into account for women and girls by, for example, coordinating insurance plans or risk-transfer mechanisms to ameliorate losses during cyclical droughts or floods.
- ✓ Promote the economic and professional empowerment of female participants through ongoing business development, agricultural training, value-chain integration, vocational skills training, capacity building, and education. Promote the active participation of women in the expansion and diversification of livelihoods and businesses.
- ✓ Implement strategies that allow participants to control their assets in ways that mitigate the risk of theft or financial exploitation.
 - Transfer grants or loans directly to banks or mobile money accounts/M-pesa rather than distributing cash, and develop strategies for safely storing earned income.
 - Regularly consult with female recipients to ensure that their livelihoods are not increasing their poverty levels.
- ✓ Implement all livelihood programs within the framework of building sustainable livelihoods aimed at shifting gender norms in support of gender equality.
 - Support the creation of women's business associations, lobbying groups, and enterprises.
 - Support reforms in the law and the transformation of customs to strengthen the recognition of women's economic rights, including property, inheritance, and marital rights.
- ✓ Consult with GBV specialists to identify safe, confidential, and appropriate systems of care (i.e., referral pathways) for survivors, and ensure livelihood staff and leaders of common interest and community groups have the basic skills to provide information about where they can obtain support.
- ✓ Incorporate GBV messages into livelihood-related community outreach and awareness-raising activities.

Monitoring Subprojects

Ongoing livelihoods subproject implementation must include an analysis of progress toward intended outcomes, including measures taken to ensure that livelihood programs are designed to reduce the risk of exposure to GBV among women and girls and to promote the empowerment of women by ensuring their leadership and participation in livelihood programs as staff and community leaders. This also includes an analysis of how increased income affects the safety and well-being of women and female youth engaged in livelihood activities.

Table 6.2 presents sample indicators that can be used to assess GBV-related issues in livelihood projects during monitoring and for the purposes of redesign. Ideally, targets are set at the outset of project implementation and adjusted based on findings, especially when bringing the initial livelihood pilot project to scale in target communities. Rather than introducing separate monitoring mechanisms, projects should identify several indicators that can be integrated into the KDRDIP's existing assessment, monitoring, and evaluation processes, such as participatory processes to engage women and girls in the target communities. These indicators should be contextualized to ensure they support and are in line with relevant national and subnational standards and guidelines.

Table 6.2. Indicators to Monitor GBV-related Issues in Livelihood Projects

Indicator	Indicator Definition	Possible Data Sources	Target
Female participation in livelihood programs	<p><i>Quantitative:</i> Percentage of affected persons who participate in livelihood programs who are female</p> <p><i>Qualitative:</i> How do women and girls perceive their level of participation in livelihood programs? What enhances the participation of women and girls? What are barriers to female participation?</p>	Site management reports, focus group discussions, key informant interviews	50%
Female staff in livelihood programs	Percentage of livelihood staff who participate in livelihood programs who are female	Organizational records	50%
Risk factors of GBV when participating in livelihood programs	<p><i>Quantitative:</i> Percentage of affected persons who report concerns about experiencing GBV when asked about participation in livelihood programs</p> <p><i>Qualitative:</i> Do affected persons feel safe from GBV when participating in livelihood programs? What types of safety concerns do the affected population describe in livelihood programs?</p>	Survey, focus group discussions, key informant interviews, participatory community mapping	0%
Income support for affected population (disaggregate by age and male- and female-headed household)	Percentage of households in need of income support that are participating in a livelihood program. Note: If income is replacing income previously generated through survival sex or exploitative work, a change in income may not be indicated.	Survey	Determine in the field
Change in net income of livelihood recipients (disaggregate by sex)	Endline income of livelihood recipients minus baseline income of livelihood recipients	Survey	Determine in the field

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