UNICEF • Oxfam • CARE

gender-based violence risk mitigation collaboration, 2020–21

LEARNING BRIEF 1:
OVERVIEW OF THE INITIATIVE AND COMMON THEMES ACROSS CONTEXTS

DOCUMENT SUMMARY

This brief provides an overview of lessons from a UNICEF • Oxfam • CARE partnership on gender-based violence (GBV) risk mitigation that was implemented in 2020–21. The partners worked together to apply and contextualise the *IASC Guidelines on Integrating Gender-based Violence Interventions in Humanitarian Action* (known as the 'GBV Guidelines') across all elements of the humanitarian programme cycle in four countries: Bangladesh, the Central African Republic, the Philippines and Uganda. The collaboration was made possible by the generous support of the US Bureau of Population, Refugees and Migration through their 'Safe from the Start' initiative.

What is GBV risk mitigation?

The GBV risk mitigation approach aims to proactively identify and address GBV-related risks across all sectors of humanitarian programming. It is distinct from, but complementary to, GBV-specialised programming that focuses on prevention and providing response services to survivors. The foundational resource on GBV risk mitigation is the *IASC Guidelines on Integrating Gender-based Violence Interventions in Humanitarian Action*.

BACKGROUND

Since the launch of the revised GBV Guidelines in 2015, the humanitarian system has made significant progress on institutionalising GBV risk mitigation, for example: incorporating GBV risk mitigation into global clusters' core guidance, trainings and tools; including specific activities and indicators on GBV risk mitigation in country-level humanitarian response plans; and implementing risk mitigation programming across multiple sectors and contexts.

To continue building the global knowledge base on GBV risk mitigation in practice, CARE, Oxfam and UNICEF established a common project framework ('operational partnerships') to implement GBV risk mitigation in multiple contexts across the full programme cycle, with a particular focus on monitoring, evaluation and learning (MEAL). The objectives of the collaboration were to:

- Document field-based examples of integrating GBV risk mitigation across the entire programme cycle;
- Centre the voices and leadership of communities, especially women and girls, in making humanitarian programming safer and more accessible;
- Facilitate a learning process with and for humanitarian practitioners on how to implement GBV risk mitigation in multiple sectors; and
- Better understand how GBV risk mitigation can contribute to programme outcomes and increased safety for women and girls.

PROJECT OVERVIEWS

The collaboration targeted four humanitarian contexts and three sectors:

Humanitarian context	Bangladesh	Central African Republic	Philippines	Uganda
Sectors	WASH	Food security	Food security	Natural resource management
Partners[1]	CARE	Oxfam, APSUD, AFL, OFCA, ACDA	Oxfam, COM, UnY-Phil Women, IDEALS	CARE, KRC
Overall coordination and technical support overseen by UNICEF				

WASH in Cox's Bazar, Bangladesh

The original programme focused on latrine construction; establishing boreholes and other water access points; menstrual hygiene management; and hygiene promotion with the community and community leaders. As a result of the risk mitigation collaboration, the team improved the safety and accessibility of the programme for women and girls by incorporating:

- safety audits of new and existing WASH facilities;
- upgrading latrines to better meet users' menstrual hygiene needs;
- installation of lighting; and
- training of community action groups on GBV referrals.

1 Full names of local implementing partners are as follows: APSUD- Action for Population and Sustainable Development; AFL- Association des femmes Leaders; OFCA- Organisation des Femmes de la Centrafrique; ACDA- Central Agency for Agricultural Development; COM: Community Organisers Multiversity; UnY-Phil Women- United Youth of the Philippines-Women; IDEALS- Initiatives for Dialogue and Empowerment through Alternative Legal Services; KRC – Kabarole Research and Resource Centre.

Food Security in Central African Republic

This programme focused on strengthening women's financial autonomy through income-generating activities and increased access to credit. Some of the key GBV risk mitigation interventions included:

- discussions with couples about financial decision making and the division of household chores;
- working with women and girls to identify GBV-related risks in the community; and
- strengthening GBV risk analysis skills among project staff, partner organizations, suppliers and communities.

Food Security in Maguindanao, Philippines

This programme consisted of in-kind food distributions and livelihood support targeting the most vulnerable conflict-affected populations. GBV risk mitigation interventions introduced included:

- incorporating GBV-related risks into beneficiary targeting and prioritisation criteria;
- adapting community decision-making structures to make them more inclusive of displaced women and girls;
- using GBV risk analysis to make distributions safer; and
- supporting women's participation in economic activities to reduce household tensions around insufficient incomes.

Natural Resource Management in Uganda

This programme was initiated because an influx of refugees had increased demand for wood from nearby forests. Depletion of these resources forced refugees to walk further and further distances. Women and girls – who are generally the custodians of household energy – were the most impacted, including being directly targeted with intercommunal violence. GBV risk mitigation interventions included:

- training women in the construction of energy-efficient cookstoves and briquette-making (to reduce demand for firewood);
- hosting radio talk shows and community dialogues on how to identify and mitigate GBV-related risks linked to natural resource management; and
- conducting gender safety audits tailored to the sector and context.

KEYS TO SUCCESS

1. **Ensure adequate resources and support are available to effectively implement GBV risk mitigation.** Colleagues in all four locations found that incorporating GBV risk mitigation added value to their programming. However, knowledge and experience of how to do this varied across project sites. Colleagues directly involved in implementation highlighted the importance of: dedicating enough time and budget for training and ongoing coaching on risk mitigation; and setting aside time and space for the team to thoroughly analyse potential risks and identify appropriate options to address them. Teams in some contexts flagged that adapting community engagement tools (e.g. for use with low-literacy audiences) required more time and resources than expected.

2. **Sectors must 'own' GBV risk mitigation, while collaborating closely with GBV specialists.** Teams in all four project locations demonstrated strong ownership of GBV risk mitigation by systematically integrating risk analysis and tracking measures into existing sectoral assessment tools, implementation plans and organizational systems. For example, in Uganda the team developed a GBV risk mitigation indicator tracking table that was updated and reviewed in project meetings. There were also multiple examples of strategic collaboration between the targeted sectors and GBV specialists; for example, in Bangladesh, WASH and GBV colleagues conducted joint safety audits. In CAR, food security and livelihood teams collaborated with gender and protection specialists to develop a context-specific plan for responding to survivor disclosures. As these examples demonstrate, although GBV risk mitigation is the responsibility of everyone in the humanitarian system, GBV specialists have a critical role to play in supporting colleagues in other sectors, particularly around safe and ethical assessments, GBV risk analysis, and strengthening capacity on responding to survivor disclosures.

3. **Include colleagues from functional areas beyond programming in risk mitigation planning and implementation.** Although the bulk of guidance on GBV risk mitigation targets programming staff, the four projects implemented under this collaboration demonstrate the added value of bringing colleagues who perform other functions into the process. In all four sites, MEAL staff were engaged from the launch of the project throughout implementation to help design data-collection tools, capture learning, and address gaps in programme delivery. In Bangladesh, joint monitoring visits involving WASH, GBV and MEAL colleagues helped the team immediately identify and address GBV-related risks in project implementation sites. The teams in CAR and the Philip-

pines described how this project's cross-sectoral cooperation increased overall buy-in for the original project and has spilled over into other programmatic interventions and technical teams.

4. **Consult with women and girls.** The involvement of women and girls from the affected communities was crucial to success, particularly when it was incorporated throughout the programme cycle – not just as part of initial needs assessments – as this allowed for continual adaptations to programmes as needed. All four project teams highlighted the importance of collaborating with women and girls in the affected community to identify and/or confirm the risks that needed to be addressed, and to understand the actual effectiveness of interventions. Teams also noted that direct feedback from communities increased the sense of accountability among duty bearers and greater trust between affected communities and the organisations implementing the project. In the Philippines, the team highlighted how the process of conducting these consultations also helped create more space for women in other decision-making forums.

UNANTICIPATED BENEFITS

1. **Wider-reaching effects for institutionalising GBV risk mitigation.** While each project created valuable learning through their planning and implementation, wider institutional benefits also emerged. For example, in Uganda the local partner KRC began incorporating a GBV risk assessment into every intervention they implement. The CARE Uganda team has incorporated GBV risk mitigation into their country-level feedback mechanism, which cuts across all programmatic sectors. In CAR, the project improved collaboration between food security, gender and protection staff, and compliance and safeguarding specialists. This allowed them to further integrate GBV risk mitigation, including strengthening PSEA, across multiple elements of humanitarian programming, such as budgeting, and beyond the original locations targeted under this collaboration.

2. **New space for conducting advocacy and advancing related programming.** Across all contexts, the GBV risk mitigation interventions created unanticipated advocacy opportunities for Oxfam, CARE and their implementing partners. For example, in the Phil-

ippines, partners leveraged this project to increase local authorities' understanding of GBV, which led to the reactivation of community desks for violence against women and children, one of the main entry points for GBV survivors to access response services. Furthermore, local authorities allocated a dedicated budget line to scale up GBV referral pathway orientations. In Uganda, media personnel were trained on GBV risk mitigation and ethical GBV reporting, which strengthened opportunities for further advocacy beyond the project end date.

3. **Positive impacts on community empowerment and leadership.** In addition to staff and partners' strengthening their understanding and capacity around GBV risk mitigation, all country teams mentioned that the communities they work with also demonstrated increased awareness, often suggesting their own solutions for mitigating GBV risks. This also helped community-based organizations, by empowering women and youth to take leadership roles in strengthening community resilience. In CAR, community members reached through the project reported that the interventions helped reduce household tensions around the management of financial resources. When faced with the constraints imposed by COVID-19 restrictions, the team in the Philippines adapted their project monitoring systems to include phone outreach as a way to ensure the views of particularly vulnerable members of the affected population were not excluded.

4. **Upholding the principle of 'leave no one behind'.** The COVID-19 pandemic and other challenges – such as insecurity, election violence and the presence of armed actors –limited the number, size and quality of in-person MEAL activities that could be completed. As a result, all teams had to develop novel solutions within their MEAL systems to conduct community consultations. For example, the Philippines team used remote consultations where possible and with people vulnerable to COVID-19 (e.g. pregnant women and older people), and only used in-person consultations when there was no other option (e.g. in areas without mobile phone coverage). Such adaptations to MEAL have important implications for strengthening all humanitarian programming.

5. **Creative triangulation and analysis of data sources, including proxy indicators.** Measuring the effectiveness of GBV risk mitigation interventions is one of the most challenging elements of this area of work, partly because of the lack of a counterfactual (i.e. what would or could have happened had the risk mitigation interventions not been in place?). In addition, while the overall goal of risk mitigation is to reduce the occurrence of GBV, incidence data (i.e. the number of reported cases) cannot provide an accurate indication of the effectiveness of risk mitigation.[2] In response to these challenges, the project teams identified innovative approaches for compiling and analysing data on GBV risks. For example, in Uganda, the team developed multiple proxy indicators linked to risk factors that had been previously identified through community consultations – e.g. frequency of trips, number of trips and total time spent collecting firewood – which were then triangulated with feedback from focus group discussions and "significant change story" techniques.

2 For more information on the limitations of GBV incidence data, see: UNICEF. (2020). *Moving Beyond the Numbers: What the COVID-19 pandemic means for the safety of women and girls.* https://www.corecommitments.unicef.org/kp/moving-beyond-the-numbers-2.pdf (last accessed April 2021)

OTHER OBSERVATIONS

1. **COVID-19 highlighted the importance of flexibility in all elements of programme delivery, including budgeting.** The COVID-19 pandemic highlighted the need for rapid, agile programming shifts, which in many cases required extra staff time and investment in unanticipated supplies, such as personal protective equipment. As mentioned, modalities for conducting consultations and other forms of programme monitoring also needed to be adapted. Such changes were made possible due to the creativity and commitment of colleagues implementing the project; ongoing collaboration between the global interagency team and field-based teams; and, crucially, flexibility in project budgets.

2. **Short timeframes for implementation limited options to measure impact.** Colleagues across all four contexts noted that GBV risks are not static in nature, but constantly evolve. In this regard, one limitation of the collaboration was its relatively short timeframe. At the time of publishing this learning brief, all teams are exploring options for sustaining project gains and monitoring longer-term changes.

NEXT STEPS

UNICEF, Oxfam and CARE are committed to making the lessons from this collaboration available to the wider humanitarian community. Additional learning briefs, examples from the four project locations and information on learning events will be featured on the GBV Guidelines website, www.gbvguidelines.org

For more information, please contact: Christine Heckman, checkman@unicef.org; Julie Lafreniere julie.lafreniere@oxfam.org; or Erin Patrick, erin.patrick@care.org.