

# UNICEF • Oxfam • CARE

## gender-based violence risk mitigation collaboration, 2020–21



### LEARNING BRIEF 2:

#### ENGAGING WITH COMMUNITIES AND CONSULTING WITH WOMEN AND GIRLS

## 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](#)<sup>1</sup> 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.

<sup>1</sup> Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action. Knowledge Hub. <https://gbvguidelines.org/en/knowledgehub/>



## LEARNING BRIEF 2

This is the second brief developed as part of the learning from this [project](#).<sup>2</sup> The aim of this brief is to help fill evidence gaps by highlighting how engaging with communities – including consulting with women and girls – increases their agency and gives humanitarians across sectors a better understanding of issues, barriers, concerns and solutions when it comes to GBV risk mitigation.

**Engaging with communities** allows humanitarians to understand and act on the needs or issues of communities, helping to achieve positive change. Working with a wide range of people affected by the crisis strengthens the capacity to identify, prevent and mitigate GBV risks. Engaging must include active listening on the part of the humanitarians.

**Consulting with women and girls** is a part of this engagement, and it is arguably the most important step in identifying and addressing GBV-related risks and mitigation measures. While everyone suffers in a crisis, women and girls often face structural gender inequalities that create obstacles to them reaching their full potential and leading safe, healthy and dignified lives. Consulting meaningfully with women and girls fosters their agency and prevents their capacity and knowledge from being overlooked.

<sup>2</sup> GBV Risk Mitigation Operational Partnerships Global Learning Events. <https://gbvguidelines.org/en/gbv-risk-mitigation-operational-partnerships-global-learning-events/>



## 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 <sup>3</sup>	CARE	Oxfam, APSUD, AFL, OFCA, ACDA	Oxfam, COM, UnY-Phil Women, IDEALS	CARE, KRC
Overall coordination and technical support overseen by UNICEF				

<sup>3</sup> Full names of the 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 Organizers Multiversity; UnY-Phil Women – United Youth of the Philippines-Women; IDEALS – Initiatives for Dialogue and Empowerment through Alternative Legal Services; and KRC – Kabarole Research and Resource Centre.

Note: Full descriptions of the projects can be found in Learning Brief 1: UNICEF, Oxfam and CARE (2021), [Learning Brief 1: Overview of the Initiative and Common Themes Across Contexts](https://gbvguidelines.org/wp/wp-content/uploads/2021/04/UNICEF_Oxfam_CARE-GBV-RM-learning-brief-1-ENG.pdf). [https://gbvguidelines.org/wp/wp-content/uploads/2021/04/UNICEF\\_Oxfam\\_CARE-GBV-RM-learning-brief-1-ENG.pdf](https://gbvguidelines.org/wp/wp-content/uploads/2021/04/UNICEF_Oxfam_CARE-GBV-RM-learning-brief-1-ENG.pdf)

## ENGAGING WITH COMMUNITIES AND CONSULTING WITH WOMEN AND GIRLS

### STAKEHOLDERS

Armed groups (CAR), local authorities or government structures and legislators (Uganda, the Philippines), the media (Uganda), host communities (Uganda, the Philippines), local and/or religious leaders (CAR, Uganda, the Philippines, Bangladesh), husbands (Uganda, Bangladesh, CAR, the Philippines), women's saving groups (CAR), internally displaced populations (the Philippines), and young girls (Uganda, the Philippines).

### ACTIVITIES

Community sensitization (Uganda, Bangladesh, CAR, the Philippines), focus group discussions (Uganda, Bangladesh, CAR, the Philippines), radio and television spots (Uganda, CAR), training sessions (Uganda, Bangladesh, CAR, the Philippines), informal story gathering (the Philippines), consultations with women and girls (Uganda, Bangladesh, CAR, the Philippines), and support to women's economic activities and/or livelihoods (CAR, the Philippines).

## POSITIVE OUTCOMES RELATED TO ENGAGEMENT AND CONSULTATIONS

### INCREASED COMMUNITY TRUST AND CONFIDENCE

#### **The Philippines:**

- Including women and girls in community-based structures increased their participation in decision making, specifically when determining context-appropriate assistance and safety measures during the delivery of food and livelihoods support to indigenous and non-indigenous internally displaced persons (IDPs) in evacuation areas. Their participation meant they were more than passive recipients of aid. Women and girls acted as co-implementers and resource persons.

*'In the Philippines we have a gender and development budget, a budget launched within the local government. This means they have to allocate a minimum of 5% of their budget for gender and development. As a result of our engagement, the local authorities, particularly in the municipality where we are operating, utilized the 5% to scale up the gender/GBV orientation and referral pathway orientation. A much broader and larger audience in different Barangays (areas) that we are not covering are also covered by that awareness raising. We did not anticipate that this would happen, and as such it was an unexpected entry point. It was a result of our work that resulted in utilizing the budget of government and scaling up, covering a much wider number of people for GBV risk mitigation.'*

Oxfam – the Philippines

- Because Oxfam and its partners centered their work on the respect of rights, capacities and the contribution of IDPs, especially women and girls, trust in the work increased. This, in turn, facilitated partnerships with the relevant ministries in the Bangsamoro Autonomous Region of Muslim Mindanao (e.g. the Ministry of Social Services and Development and the Bangsamoro Commission on Women), other local government officials, and the United Nations Population Fund.

### **Bangladesh:**

- Engaging community and religious leaders (mahjis or block leaders in the refugee camps), for example through consultations or sensitization sessions, provided the team with more opportunities to get buy-in from the entire community and to raise awareness of GBV risk mitigation. In return, the enhanced awareness of WASH-related GBV risks in the community led to more active individual and collective participation from the community in programmes. For instance, members of community resource groups, women, and adolescent girls who were involved in GBV risk mitigation training became actively engaged in routine and/or monthly meetings, shared ongoing feedback on gaps and challenges with the project team, and volunteered to contribute to in-depth action planning.

### **Uganda:**

- Through consultations with the target population as well as the host community, both population groups became more aware of GBV risks and also took their own measures to mitigate them. For instance, beyond the co-created strategy to provide and train women on the use of energy-efficient stoves to reduce the number and distance of firewood collection trips, the community also suggested additional activities to mitigate the identified GBV risks: training community structures on GBV risk identification and mitigation, awareness raising on GBV risks and natural resources through radio talk shows, and community dialogues. On a day-to-day basis, the community translated its increased sensitization on GBV risks into initiatives to encourage women to travel in groups to collect firewood.

On using media to amplify information on GBV risks identified by women and girls: *'We managed to have an arrangement of working with the media to integrate GBV risk mitigation into programming. The media personalities were briefed about GBV risk mitigation and they provided information on radio stations about risk mitigation, especially regarding energy and natural resource management. That information is passed to the community, [and] they are able to understand the risks and to mitigate. Women and girls have adopted the model of walking in groups to collect firewood. So they are more aware of the risks and they are able to come up with their own initiatives to see how to mitigate.'*

CARE – Uganda

- The project team also noted that engaging men – to cultivate their support in implementing GBV risk mitigation – was a recommendation raised by women during community consultations. For instance, following community-based dialogues involving men, a number of them became more aware of the increased GBV risks women and girls face when collecting firewood and offered to accompany them.



**WALKING IN A GROUP CAN HELP TO PROTECT YOU**

**CAR:**

- Oxfam’s Saving for Change groups were created with the intention of improving women’s access to credit and income-generating activities. During consultations with women, the team learned that women’s income and access to capital was an aggravating factor when it came to domestic violence, and that men feared that the economic empowerment of women would lead to the couple’s separation. As a result, women asked that their husbands be engaged in validating community sensitization tools.
- When husbands participated in awareness-raising activities, they were more actively involved and supportive of their wives’ participation in these groups. Through this and other activities aimed at increasing understanding of GBV, encouraging the sharing of unpaid care responsibilities, and ensuring joint decision making on household finances, women involved in the project reported reductions in intimate partner violence. The inclusion of community leaders who have influence as well as the integration of the ‘community engagement approach’ helped to build or strengthen community ownership of the design and application of risk mitigation measures.

**IDENTIFICATION OF PROGRAMMING SOLUTIONS TO MITIGATE RISKS**

**Uganda:**

- Consultations revealed the specific types of risks that women and girls faced when collecting firewood. Specifically, through participatory consultations with women and girls, the project staff identified two key GBV risks related to firewood collection.

First, women and girls shared their collective experiences in traveling long distances to and from forests while collecting firewood, exacerbating risks of GBV. Second, intercommunal violence due to tensions between host communities and refugee communities was increasingly targeted at girls, often when collecting firewood, posing clear GBV risks.

- In further consultation with women and girls, subsequent measures to integrate GBV risk mitigation into programming were implemented to alleviate these risks. Specific measures identified included the distribution of energy-saving stoves and training groups of women from both the refugee and host communities on manufacturing biomass briquettes as an alternative to firewood.

### **The Philippines:**

- Many of the recommendations made by women and girls during consultations and orientation sessions were carried out during the project.
- Distributing food support in two tranches given it was difficult for women to carry one sack of rice plus other food items, and because they feared the local transportation would charge higher fees for multiple heavy items.
- Prioritizing people with disabilities ahead of the regular distribution schedule.
- Mapping of livelihood skills and orientation to help women who are IDPs continue with their livelihood activities and identify alternative livelihood options while they are displaced.
- Conducting an assembly for pregnant women to provide information on women's health, health and babies, childbirth spacing, nutritious food for pregnant women and lactating mothers, etc. This was a complimentary activity to the mobile health missions conducted by the response team.
- Conducting community 'kwentuhan' (story sharing/telling), which is an unstructured and informal way of providing psychological support to IDPs while in displacement. This approach helped determine perceptions of safety and levels of understanding on GBV, protection against sexual exploitation and abuse, gender and care work.

### **Bangladesh:**

- Women and girls indicated that they did not feel safe travelling to and entering latrines and bathing cubicles, but they also identified possible solutions that would make them feel safer. These solutions included infrastructural improvements like rehabilitating bathing cubicles and latrines for enhanced privacy, upgrading latrines for menstrual hygiene management needs, opening new and rehabilitated latrines to mitigate crowding at facilities, and installing lighting to help users feel safer in the dark. The team noted that it was helpful to approach women and girls on GBV risk mitigation work based on



these pre-existing relationships of trust. Further monitoring visits by the MEAL team found that women and girls felt safe and confident to engage and share solutions in this manner.

**CAR:**

- During consultations, women and girls indicated they sometimes had difficulty accessing products and services from Oxfam and other humanitarian actors because suppliers did not treat them fairly and did not provide them with the products they were entitled to in exchange for the project vouchers. After the consultations, the team trained the suppliers on Oxfam's code of conduct (CoC) and had them sign the CoC agreements.

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*'Women who go to the market, who sometimes go a long distance to buy things for income-generating activities, face violence en route by armed groups. We decided to work with our protection team and hold meetings with the leaders of these groups. This was very difficult. The protection team spoke to them about our project, and what we were trying to accomplish. They talked to them about guiding principles of humanitarian action, etc. and about GBV that was committed by their groups. They asked how we could address these risks and ensure the men who committed abuses were punished or denounced.'*

Oxfam – CAR

## **IMPROVED SUPPORT AND FEEDBACK MECHANISMS**

### **The Philippines:**

- Strong partnerships and ongoing engagement with the community helped the project team develop mechanisms to gather feedback on the situation of displaced families. This, in turn, resulted in increased safety for women, girls, the elderly and people with disabilities during the distribution of aid and response activities, and increased awareness of gender issues among duty bearers, religious leaders and men in the community.

- Sensitization sessions on gender and GBV increased IDPs' and local authorities' awareness of GBV risks and enabled the re-activation of violence against women and their children (VAWC) desks to assist survivors of GBV in the community.

### **Bangladesh:**

- Community discussion sessions with women and girls to get their feedback on WASH infrastructure helped identify changes they would like to see. This enabled a rapid and open feedback loop to help the project team act on identified issues immediately.

*'At the beginning of the influx it was difficult for us to engage local leaders. In each project that we did since the onset, we engaged Rohingya leaders. Based on this we could build capacity of the local leaders. In some areas we engaged with all the leaders and religious leaders and they received many trainings. This was a key part. As a result, now each block or sub-block in the camps has a WASH committee where people have been trained and where women are now engaged. These committees also take decisions on where new WASH facilities will be constructed and how they are designed. But engaging with leaders is not a one-off thing, we really need to change their mind [transform thinking] which is a continuous dialogue. We have also engaged the community through various activities and also cultural programmes such as writing, photography and drama. So, we have engaged the community over a long period of time to involve them in different ways and to build capacity.'*

CARE – Bangladesh

### **Uganda:**

- The use of participatory approaches during dialogues with communities helped identify specific risks that were then ranked to identify the highest and most urgent risks related to natural resources.
- Working with both the refugee and host communities allowed the team to reduce the tensions existing between them, for example by identifying common risks such as GBV during the collection of firewood. With the Kyegegwa District host community and Kyaka II refugee settlement, separate training and engagement sessions followed by joint events with the respective leaders provided an opportunity to develop joint mitigation strategies.

### **CAR:**

- As a result of the sensitization activities and consultations with communities, women and girls are more aware that any humanitarian aid they receive is free and that no one should demand money or sexual favors from them, claiming, for example, that their names can only be included on targeting lists if they meet the criteria.
- Consultations, workshops and community sensitization with local and religious leaders led to strengthened engagement of community members in implementing GBV risk

mitigation measures. Consultations also allowed Oxfam to understand which reporting channels women and girls consider to be the safest and most preferred if cases of GBV are disclosed during programme implementation.

*'We also have the targeting lists prepared by the community. Once we receive them we try to integrate risk mitigation activities, including GBV risks. We work with the targeting committee, grievance management committee, and leaders who become messengers in the communities. They can particularly help us before we launch an intervention. We try to get local authorities involved, in particular with risk analysis, and we conducted analysis with the community. We also do risk analysis with the staff working on the ground. We then work closely with leaders and communities for the analysis and implementation of measures too.'*

Oxfam – CAR

## CONCLUSIONS AND RECOMMENDATIONS

Engaging with communities and consulting with women and girls on GBV risk and mitigation measures reduces barriers to accessing services and helps women and girls feel safer. Meaningful engagement with communities – including women and girls – means building trust and listening closely to communities. This requires an ongoing presence of partners, staff or volunteers to understand and incorporate community-led solutions into humanitarian activities.

Building trust is the key. This requires an ongoing presence and interaction at the community level. Humanitarians must be there to actively listen and adapt.

1. **Financial and human resources:** Incorporating community engagement and meaningful consultations with women and girls requires a shift in how we think about staffing and funding requirements. This type of work may sometimes require a smaller percentage of the activity budget than other areas, but greater support in terms of GBV risk mitigation personnel, training budget, and time to interact with communities. Sectoral colleagues might also require more time to engage, collaborate, understand risks, implement mitigation activities, etc. An increase in investment for human resources is needed, particularly at field level and with greater emphasis on gender balance, aiming for female representation at all levels.
2. **Diversity of perspectives:** Project activities are more likely to be appropriate and safe for a wider range of individuals if those who are typically under-represented or overlooked, such as adolescent girls, have a voice. Meaningful engagement means understanding the power dynamics at play in communities and recognizing that these often span across the different stages of life.

3. **Capacity building and strengthening:** Organizations and agencies must plan to build and strengthen the capacities of staff, partners, enumerators and volunteers on gender and GBV risk mitigation. This allows for better understanding of the issues and greater support to those conducting outreach, focus group discussions and interviews.
4. **Cross-sectoral approach:** Multiple sectors (gender, protection, food security, natural resource management, WASH, etc.) working together allows for increased harmonization of GBV risk mitigation efforts across a project and increased buy-in from the communities due to improved presence and the approach building on existing trust in the communities. This leads to stronger, better humanitarian responses.
5. **Consultations with women and girls:** Project teams must build in consultations throughout the lifespan of the project and the programme cycle. Consistent and systematic integration of ongoing opportunities for consultation, feedback and joint discussions regarding project adaptations, for example, is needed to mitigate risks, and has direct benefits for communities.



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