LEARNING BRIEF 3:
EVIDENCE-BASED LEARNING ON INTEGRATING GBV RISK MITIGATION ACROSS THE HUMANITARIAN PROGRAMME CYCLE: EXPERIENCES FROM WASH, FOOD SECURITY AND NATURAL RESOURCE MANAGEMENT

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

Humanitarian emergencies present complex safety risks, including gender-based violence (GBV)-related risks. GBV risk mitigation comprises a range of activities within a humanitarian response that aim to first identify GBV risks and then take specific actions to reduce those risks, ensuring that services do not cause harm and are implemented in the safest way possible, with particular consideration for the needs of women and girls.

The GBV Risk Mitigation Operational Partnerships project run by UNICEF, CARE and Oxfam was born out of a commitment to support all humanitarian actors – regardless of mandate or sector – to uphold their responsibility to mitigate GBV risks in programming, as per the IASC GBV Guidelines1, and in keeping with the Centrality of Protection and the principle of Do No Harm. The primary learning objective was to generate evidence to support humanitarian actors and sectors to effectively integrate GBV risk mitigation into non-GBV specialized programmes. The operational partnerships further sought to operationalize and measure the effectiveness of GBV risk mitigation actions throughout an entire humanitarian programme cycle (HPC) and facilitate a learning process, with and for practitioners, on how to implement GBV risk mitigation at each stage of programme design, implementation and monitoring.

UNICEF, CARE and Oxfam collectively implemented this project in four countries across three sectors over 12 to 18 months, with differences in programme duration in each country.

LEARNING BRIEF 3

This is the third brief developed as part of the learning from this project. This learning brief showcases both context-specific and collective learnings emerging from integrating GBV risk mitigation at key junctures across the HPC.

PROJECT OVERVIEWS

The teams in all four project countries integrated GBV risk mitigation actions into new or ongoing programming. Oxfam implemented a project to integrate GBV risk mitigation actions into food security programming in the Philippines and the Central African Republic (CAR) and CARE implemented a project to integrate GBV risk mitigation actions into WASH programming in Bangladesh (Cox’s Bazar) and natural resource management programming in Uganda.

In the Philippines...

The Oxfam Philippines project was implemented in Maguindanao, a province in the southern region of the Philippines where populations have been repeatedly displaced due to conflict and natural disaster. Access to adequate food is a daily challenge for internally displaced persons (IDPs), especially those who have experienced repeated displacement. Oxfam Philippines worked closely with its partners COM, UnYPhil-Women and IDEALS, to operationalize GBV risk mitigation interventions into existing emergency food security and vulnerable livelihoods (EFSVL) programming. These existing programmes target the most vulnerable conflict-affected populations to assist meeting basic food and livelihoods needs through in-kind food distributions and livelihood support.

3 Full names of the local implementing partners are as follows: COM – Community Organizers Multiversity; UnYPhil-Women – United Youth of the Philippines-Women; and IDEALS – Initiatives for Dialogue and Empowerment through Alternative Legal Services.
In CAR…

The Oxfam CAR project was implemented in two sub-prefectures containing several IDP sites. Since 2013, conflict in CAR has displaced an estimated 25% of the population. At the time of implementation, an estimated 2.6 million people (55% of the population) were in need of aid.⁴ Oxfam CAR provided EFSVL programming focused on strengthening the economic capacity of women by supporting the development of income-generating activities, improving access to credit, supporting food security through conditional vouchers and cash- and vouchers-for-work, and promoting financial autonomy through Saving for Change groups.

In Bangladesh…

The CARE Bangladesh project was implemented in Cox’s Bazar.⁵ In 2017, the largest Rohingya refugee influx to date left over 745,000 Rohingya refugees in Cox’s Bazar in need of services. CARE Bangladesh worked in the host community and in two camps to respond to WASH needs during the monsoon season. Over the course of the project, CARE sought to establish safe and accessible latrines and other WASH facilities; install solar lights, boreholes, water access points and tap stands; support menstrual hygiene management; and provide training on hygiene promotion.

In Uganda…

The CARE Uganda project was implemented in two sites in south-west Uganda. Uganda hosts around 1.5 million refugees from neighboring countries.⁶ In spite of the increasing number of refugees, households continue to depend on trees in the forest to collect wood for shelters, poles and firewood. As resources are being depleted, refugees have to go further to collect firewood, exacerbating risks of various forms of violence, including GBV. CARE Uganda worked closely with the Kabarole Research and Resource Centre (KRC) to integrate GBV risk mitigation activities into a project aimed at strengthening community-based organizations to empower citizens by equipping women and youth with assets to take leadership roles in strengthening community resilience.

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⁵ UN OCHA, (2021), Rohingya Refugee Crisis, https://www.unocha.org/rohingya-refugee-crisis
KEY FINDINGS ALONG THE HPC

This section provides an overview of key findings across all sectors, divided by programme cycle stage. Specifically, this section will shed light on key findings during risk assessment and analysis, implementation, and monitoring and evaluation.

1) Laying the Groundwork: Risk Assessment and Analysis

All teams identified key programme-related GBV risks by consulting with communities, specifically women and girls. In all four countries, project teams collaborated with GBV specialists to lead a process to identify key GBV risks. These consultations featured a mixture of participatory assessments and analysis approaches, including baseline surveys, focus group discussions (FGDs) and safety audits.

The Philippines’ risk assessment and analysis plans were initially informed by the results of a recent gender analysis. The team then held consultations with displaced Muslim and indigenous women and girls in Maguindanao, and subsequently synthesized the information and findings in a GBV risk assessment exercise. The project plan was then further informed by a COVID-19 rapid gender and GBV analysis. COVID-19 restrictions delayed the additional consultations and assessments, but the team was able to utilize a combination of phone interviews, online FGDs and face-to-face interactions in small groups to enable consultations with women and girls even when community assemblies were still being regulated by local governments due to COVID-19.

Similarly, the CAR team consulted with women and girls to identify key EFSVL-related GBV risks, working closely with committee members from women’s savings groups. Building on these consultations, and to further facilitate assessment and analysis processes, the project team developed awareness-raising and training materials on GBV risk mitigation, on GBV risks in EFSVL programmes, and on integrating GBV risk mitigation-related indicators into existing monitoring and evaluation tools.

In Bangladesh, the WASH programme team undertook a joint assessment with GBV colleagues and consulted with women and girls to identify WASH-specific GBV risks. The team used participatory assessment tools to conduct safety audits, a risk mapping of new and existing WASH facilities, and FGDs and household surveys with women and adolescent girls on the use of latrines and bathing cubicles. The GBV team also facilitated a WASH staff training session on GBV risk mitigation and identifying GBV risks to ensure that staff were equipped with the necessary knowledge and skills be-

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7 For more information on community engagement and consulting with women and girls, see the specific operational partnerships learning brief: UNICEF, Oxfam and CARE, (2021), Learning Brief 2: Engaging with communities and consulting with women and girls, available on the GBV Guidelines Knowledge Hub at https://gbvguidelines.org/en/knowledgehub/

8 For more information, see the operational partnerships learning brief on community engagement and consulting with women and girls, ibid.
fore consulting with communities and leading implementation. This cross-collaboration between WASH specialists and GBV specialists created a strong foundation for ongoing coordination throughout the project implementation period and strengthened the practical links between WASH and GBV teams in CARE Bangladesh beyond just this project.

In Uganda, the project team undertook an inclusive consultation process to identify and assess GBV risks. Building on information and findings from consultations with women and girls, results from a safety audit and data from a baseline survey, the project team identified a number of GBV risks. This iterative consultation process engaged communities to prioritize key GBV risks to mitigate through forthcoming project activities and drove greater buy-in from affected communities, local authorities and community structures. This process ultimately created the space for community reflection and resulted in other programmes also adopting GBV risk mitigation measures.

Across all four countries, a common challenge emerged in the form of limited existing knowledge on GBV risk mitigation among project staff and partners. Different project teams subsequently took different approaches to address this challenge ahead of risk assessments and analysis, often in close collaboration with GBV specialists. It is critical to note that ongoing engagement and capacity building on GBV risk mitigation and the IASC GBV Guidelines was needed to maximize effectiveness.

Below is a snapshot of the key identified GBV risks by sector identified from across the four locations.

SECTOR SNAPSHOT: KEY IDENTIFIED GBV RISKS

### KEY IDENTIFIED GBV RISKS IN WASH PROGRAMMING (BANGLADESH)

- Women and girls travel long distances to WASH facilities in the dark.
- Long waiting times and crowded WASH facilities challenges women and girls’ safe access to sufficient menstrual hygiene management (MHM) facilities.
- Service providers are not trained on providing safe and ethical responses to GBV disclosures, leading to stigma and survivors not accessing services.
- COVID-19 control measures have created and exacerbated WASH-related GBV risks due to longer waiting times at WASH facilities, mixed-gender handwashing stations, and long lines at gender-segregated communal latrines and bathing cubicles.
KEY IDENTIFIED GBV RISKS IN NATURAL RESOURCE MANAGEMENT PROGRAMMING (UGANDA)

- Women and girls travel long distances to and from forests while collecting firewood.
- Intercommunal violence is targeted at women and girls due to tensions between host communities and refugee communities.

KEY IDENTIFIED GBV RISKS IN EFSVL PROGRAMMING (CAR & THE PHILIPPINES)

- Women and girls travel long distances to activity locations and distribution areas (which are often in remote locations).
- Many women and girls have low education levels, which affects their ability to engage in community activities and increases their vulnerability to GBV, harassment and extortion.
- Women and girls are exposed to GBV when they travel to markets to sell products or buy raw materials for income-generating activities.
- Women and girls often have to negotiate with members of targeting committees in order to be included in beneficiary lists, even though they may meet the established criteria to receive assistance.
- Intra-household tensions related to decision making and the control of income and/or assets are common.

Across all contexts, the risk analyses included critical discussions on identifying activities to mitigate the identified GBV risks, and on tools and indicators needed to measure the effectiveness of these activities. Here, it is important to note that project teams engaged with monitoring and evaluation teams from the very earliest stages of each project and encouraged them to think outside the box. From measuring perceptions of safety to utilizing proxy indicators, setting up the monitoring and evaluation infrastructure early on in each project was a critical enabling step for monitoring progress and
2) Getting into the Weeds: Implementation

Given all of the projects had short project cycles, implementation was quickly started after a series of inception workshops led by UNICEF, CARE and Oxfam staff in each of the respective country offices. While some of the project inception workshops were executed as planned, others required rapid adaptations, including using a mix of remote and in-person modalities, due to the onset of the COVID-19 pandemic. Beyond inception workshops, the country teams were also equipped with programme management and information collection templates in order to document and share learning consistently and allow for cross-contextual comparisons.

GBV Risk Mitigation and COVID-19

The COVID-19 response further illuminated how critical it is to integrate GBV risk mitigation into all humanitarian programmes. It has become increasingly clear that many of the measures deemed necessary to control the spread of the disease (e.g. restriction of movement, reduction in community interaction, closure of businesses and services, etc.) not only increased GBV-related risks and violence against women and girls, but also limited survivors’ ability to distance themselves from their abusers and reduced their ability to access external support. In addition, it is clear from previous epidemics that during health crises, women typically take on additional physical, psychological and time burdens as caregivers. As such, it is critical that all actors involved in efforts to respond to COVID-19 – across all sectors – take GBV into account within their programme planning and implementation. 9

COVID-19 restrictions and other external challenges – such as political turmoil, conflict and election-related insecurity – impacted the implementation timeframes in all four countries, requiring project teams to be flexible and adapt their activities to circumvent emerging challenges. Project timelines were adapted in response to these challenges. Some of the programme design or implementation modifications carried out by programme teams to mitigate the key identified risks are detailed below.¹⁰

The Philippines EFSVL team worked together with GBV, gender and protection colleagues to:

- Create community-based structures that include women and girls in decision making within evacuation sites and displacement areas.
- Provide IDPs with access to information on confidential mechanisms and GBV reporting options.
- Raise awareness on gender issues, GBV and referral pathways among IDPs, local authorities and community leaders (e.g. through gender sensitivity workshops, protection against sexual exploitation and abuse and GBV referral pathways orientation).
- Support women’s livelihoods activities and integrate behavioral skills training to equip women with skills and strategies to address intra-household tensions related to economic stressors.
- Integrate additional safety measures during food distributions, such as providing vehicles to transport participants from remote locations; modifying distribution locations, times and durations; working with IDPs at the sites on marshaling, checking physical distancing and ushering; placing volunteers in the childminding areas; and adding information/help desks and handwashing stations.

The CAR EFSVL team worked together with GBV, gender and protection colleagues to:

- Train community members, suppliers, income-generating activity committees, Savings for Change groups and local leaders on gender issues and GBV, including sexual exploitation and abuse.
- Raise awareness on intimate partner violence, including deconstructing negative social perceptions linked to women’s economic empowerment.
- Develop tools and train community members to challenge the division of roles and tasks between men and women, specifically looking at the dynamics of care work and economic decision making in the household.
- Raise awareness on and encourage women and girls to use the complaints and feedback mechanisms.

¹⁰ Here, it is critical to highlight the importance of consulting with women and girls throughout the HPC to ensure that the integrated GBV risk mitigation interventions are recommended, shaped, and co-created with women and girls, and to consistently ensure that those integrated measures are resulting in the intended effects.
The Bangladesh WASH team worked together with GBV colleagues to:

- Implement infrastructural changes, such as upgrading latrines to meet MHM needs, and construct new facilities.
- Conduct community engagement and outreach activities with local leaders, including women.
- Install solar lights close to latrines and bathing cubicles.
- Distribute dignity kits containing hygiene products to women and adolescent girls.
- Train community action groups on safe GBV referrals.

The Uganda natural resource management team worked together with GBV colleagues to:

- Train community-based structures and partners on GBV risk identification, mitigation and management.
- Conduct awareness-raising events for communities and refugees on the linkages between GBV risk mitigation and natural resource management, through radio talk shows and community dialogue.
- Hold discussions between refugees and host communities.
- Conduct training of trainer sessions on charcoal briquette making.
- Construct 2,000 improved energy-efficient cookstoves.
- Support trainers to train groups of women, men and youth to manufacture briquettes.
- Conduct gender and safety audits in the natural resources sector.

The successful implementation of activities such as those listed above resulted, across all four contexts, in a deeper understanding of mitigating GBV risks in practice, and staff emerged more confident about their skills to integrate GBV risk mitigation activities in sector-specific programming.

Beyond this, additional unanticipated benefits were documented. In CAR and the Philippines, local authorities also gained a better understanding of GBV risks (and mitigating them) over the course of the implementation period. In the Philippines, this directly led to the reactivation of violence against women and their children (VAWC) community desks to assist GBV survivors. In Uganda, the implementation of these activities increased project participants’ awareness of GBV risks related to cooking fuel access and the impact of using briquettes on mitigating GBV risks. In the same vein, the project team in Uganda has led and continues to lead an advocacy effort to push local governments to set standard operating procedures that compel all operating organizations and departments to integrate GBV risk mitigation into operational planning and budgets.
A close and ongoing partnership with GBV specialists enhanced and facilitated the safe and successful implementation of GBV risk mitigation activities. For example, the solid partnership that the CARE Bangladesh WASH team forged with GBV specialists continued to shape and facilitate the successful integration of GBV risk mitigation. WASH colleagues documented benefiting from technical support on GBV risk mitigation and help with onboarding and orienting new staff. At the same time, however, it is important to note that GBV risk mitigation is the responsibility of all humanitarian response sectors, and teams from across the implementation contexts highlighted the importance of their sectors taking ownership of these responsibilities.

3) Monitoring and Evaluation

From utilizing proxy indicators, to developing custom monitoring tools, to enabling rapid and open feedback loops, all project teams used mixed-method approaches to monitor progress and measure results.

In CAR, the project team integrated GBV into monitoring and evaluation processes, data collection tools, and feedback and complaint mechanisms. Over the course of the project, the team leveraged specific monitoring and evaluation guidance from the GBV Guidelines to design indicators and safely and ethically measure the effectiveness of the implemented GBV risk mitigation activities, women and girls’ perceptions of safety, and perceptions of barriers to accessing humanitarian services. Ongoing monitoring in consultation with communities allowed the CAR team to further scale successful GBV risk mitigation activities and adapt others as needed.

Similarly, in the Philippines, the project team integrated GBV into existing monitoring and evaluation tools, including baseline surveys, post-distribution monitoring tools, exit interviews, FGD questionnaires, and rapid assessment tools. All channels featured questions designed to determine the effectiveness of the implemented GBV risk mitigation actions, measure women and girls’ perceptions of safety, monitor identified and emerging GBV risks, and track knowledge on gender issues and GBV. The team also created opportunities for informal, unstructured storytelling to collect additional information on women and girls’ perceptions of safety.

As a result, positive indications of women’s increased knowledge on gender issues and GBV were observed. Creating community-based structures that are inclusive of wom-
en’s participation in evacuation sites and displacement areas enabled the adoption of policy-level recommendations that more sufficiently incorporated the needs and safety of women and girls who are IDPs. Likewise, increased participation of women and young women was observed in the composition of local evacuation area structures, WASH committees, hygiene promoters, and protection monitors.

In Bangladesh, the project team consistently used the results of routine and periodic monitoring to address gaps and improve the quality of the implemented risk mitigation activities. The WASH team worked closely with the monitoring and evaluation team to develop baseline survey tools and endline survey tools. The Bangladesh team also held community engagement sessions to create space for women and girls to provide feedback on WASH infrastructure and identify specific programmatic changes that they would like to see. This enabled a rapid and open feedback loop, allowing the team to act on identified issues immediately.

Improved lighting in latrines contributed to an increase in the number of people perceiving the lighting to be adequate, from 58% at baseline to 92% at endline. Satisfaction levels with latrine privacy also increased throughout the project period (65% at baseline, 86% at endline). Relatedly, the majority of female respondents (83% of female respondents in Camp 15 and 88% of female respondents in Camp 16) reported feeling confident while using the latrines at night after the lights were installed.

In Uganda, the project team similarly deployed a multi-method approach to monitor progress and measure the impacts of the integration of GBV risk mitigation activities into natural resource management programming. As part of this, the Uganda team used proxy outcome indicators to measure the impacts of the integrated GBV risk mitigation activities. The developed outcome indicators captured a number of proxy measures, including women and girls’ safety perceptions while collecting firewood, the frequency of firewood collection trips, and the time spent collecting firewood/cooking fuel.

Relatedly, the Uganda team also developed and rolled out an indicator tracking table (ITT) for tracking project performance at the output level. ITT data was analyzed and reflected on during project team meetings to identify gaps and agree upon actions/decisions to address those gaps. The project team then used these agreed actions to inform the next steps in terms of budget, activities, time and scope. To collect output and process information, the project team adapted training reports, participants’ registers, awareness-raising reports, and monthly and quarterly reports. Working in close collaboration and partnership with women and girls, sample surveys, FGDs, case studies and significant change story techniques were all used to collect outcome-level data. During joint monitoring, strategies to address the identified gaps in implementation
were developed. Progress was jointly tracked by CARE staff, KRC (the local implementing partner), other local organizations implementing distinct components of the broader Uganda natural resource management project, and government officials at the district, sub-county and settlement levels.

While the majority of women and girls living in the project implementation sites in Uganda still reported feeling unsafe while collecting firewood in forests or host community gardens, project endline data indicated improvements in other GBV risk mitigation areas. Following the distribution and use of energy-saving stoves and briquettes and GBV risk mitigation sensitization training, the percentage of women and girls who reported collecting firewood from the forest once a week decreased from 18% at baseline to 9% at endline. On the other side of the same coin, the percentage of women and girls that reported traveling in groups to mitigate identified GBV risks increased from 71% to 78%.

Across all four contexts, the short project implementation timeframe hampered the project monitoring and evaluation teams’ abilities to measure project outcomes, particularly the long-term impact of the activities and the longevity of the results. Although there was some reduction in GBV risks, evidenced by improvements in women and girls’ safety perceptions, there is still a need to develop tools and approaches to capture long-term impacts and monitor longer-term changes to ensure sustainability.

**CONCLUSION**

The operational partnerships project team directly induced cyclical changes to ways of working, contributed to a greater understanding of integrating GBV risk mitigation across the humanitarian programme cycle, and ultimately improved sector-specific outcomes by helping ensure that humanitarian programming, specifically non-GBV specialized programming, is safe for all, including women and girls. As the project draws to an end, UNICEF, CARE and Oxfam are committed to making learnings from this project accessible to the broader humanitarian community. The learning continues, and the team endeavors to continue to share longer-term findings on the institutionalization of GBV risk mitigation and more. 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](http://www.gbvguidelines.org).

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