



WEBINAR SUMMARY

Gender Based Violence: How Can Field Leadership Make a Difference?

31 May 2017 & 13 June 2017

Gender Based Violence (GBV) depicts any harmful act that is perpetrated against women, girls, boys, and men that is based on socially ascribed differences between males and females. It includes acts that inflict physical, sexual or mental harm and suffering, threats of such acts, and other deprivations of liberty. GBV comprises of a variety of human rights violation including sexual violence, exploitation, and abuse (including by humanitarians). Humanitarian Coordinators (HCs) and Humanitarian Country Teams (HCTs) have a responsibility to prevent and address GBV, as one of the four mandatory areas highlighted in their recently released Terms of Reference. There is room for improvement concerning collective leadership on GBV prevention and response by HCs and HCTs, and more should be done to strengthen the operationalisation of GBV response at the global and field level. This is a summary of the webinar on GBV (Part 1 and Part 2).

Panellists

Part 1

Babatunde Osotimehin

Under Secretary General and Executive Director of the United Nations Population Fund (UNFPA)

Peter Lundberg

Deputy Humanitarian Coordinator, Nigeria

Part 2

Kate Moger

Deputy Regional Director for West Africa, International Rescue Committee (IRC)

Neil Buhne

Resident and Humanitarian Coordinator, Pakistan



Babatunde Osotimehin

Under Secretary General and Executive Director of the United Nations Population Fund (UNFPA)

Why is collective leadership by the Humanitarian Coordinator and Humanitarian Country Team critical for ensuring effective response to Gender Based Violence in field operations?

GBV is a part of the IASC Principals' Centrality of Protection in Humanitarian Action. GBV is not solely the responsibility of one agency or one cluster/sub-cluster; it is one of the four mandatory priorities of the HC and HCT. Collective leadership is essential to not only ensure survivors have life-saving care, but also to galvanise action across the humanitarian community to prevent and mitigate risks of GBV. Leadership can support the GBV response through **advocacy**, giving **visibility** to the issue, and promoting mutual **accountability**.

Advocacy

- Organise advocacy meetings to increase funding of GBV activities. In 2015, the HC in Somalia hosted a roundtable with donors.
- Push for the inclusion of GBV in UN-led appeals (Strategic Response Plans, CERF, Pooled Funds, Flash Appeals, etc.).
- Raise the most important concerns regarding GBV with influential stakeholders and link to the HCT Protection Strategy.

Visibility

- Give space to GBV priorities and concerns at the HCT. In South Sudan the HC endorsed the GBV sub-cluster strategy and provided a forum for its presentation.
- Make GBV visible in assessments and response planning (HNO/HRP), and ensure it is consistently mainstreamed through all clusters. The DRC and Libya HNO were able to include specific GBV indicators.
- Include GBV as a standing item on the agenda of the HCT.

Accountability

- Include commitments to GBV prevention, mitigation, and response in the HCT Compact, strategies, and work plans to encourage leaders to hold themselves and each other accountable.

How can the GBV Sub-Cluster work with the Humanitarian Country Team?

The GBV sub-cluster is an inter-agency network of technical actors who set the strategic vision and define actions for GBV prevention and response in a given context. Sub-cluster coordinators and members should raise relevant issues through the HCT that require engagement of leadership to gain traction, for example in prioritising GBV protection concerns across the Humanitarian Programme Cycle or demanding cross-sectoral action to mitigate GBV risks. It is important for GBV to be a standing item on the agenda of the HCT, as the HC/HCT has specific roles and responsibilities towards GBV that cannot be delegated to the sub-cluster.

What can Humanitarian Coordinators and Humanitarian Country Teams do to address popular misconceptions concerning Gender Based Violence prevention and response?

Assume GBV is happening. There is often too much focus on the need for data or 'proof' that GBV is happening in order to justify a response. Preventative and response activities are always required.



Documenting GBV incidents is challenging even in stable contexts. In all contexts impacted by a crisis, leadership must assume that GBV is taking place, and support actions that can mitigate risk and reduce further harm, suffering, and loss of life to survivors.

Prioritise GBV as life-saving activities. There can be criticism that GBV is not a priority compared to other sectors.



GBV actions are included as life-saving criteria for CERF funding in emergencies. This includes not only providing critical health response in cases of rape or other physical abuse, but also to engage in GBV prevention and risk mitigation actions. Actions such as lighting pathways to latrines in camps and distributing dignity kits to women and girls can make the difference between life and death.

Reinforce GBV prevention and response as the responsibility of all humanitarians, especially senior leadership. There is sometimes a perception that GBV prevention and response can only be done by GBV specialists.



All humanitarian personnel have the responsibility to assume GBV is taking place, to treat it as a serious and life-threatening protection issue, and to take action to minimise GBV risk through their interventions. For example, in the Yemen HNO all sectors included a paragraph on protection needs describing gender specific vulnerabilities and GBV risks.

How can we address Gender Based Violence in cases where data is not available?

Lack of robust data is not only a problem for the GBV response; it is a major issue that both humanitarian and development actors face when planning, prioritising, and programming a response. Lack of data is certainly critical for the GBV sector: if there are no information, planning cannot target with certainty vulnerable and affected groups, meaning that the response cannot provide exactly what is needed. Nonetheless, it is crucial to plan a response with the assumption that GBV is taking place, and use lessons learned from other contexts to approximate a response. UNFPA seeks to collect data from the onset of a crisis and ensures that this information is fed to humanitarian and development actors in charge of planning the response.



Mr. Peter Lundberg

Deputy Humanitarian Coordinator, Nigeria

As a Deputy Humanitarian Coordinator, what concrete steps have you and the Humanitarian Country Team taken to address Gender Based Violence across the response?

The humanitarian crisis in North East Nigeria is a Protection crisis. Women and children, especially those who have been forced to flee their homes and who are internally displaced, are very vulnerable. The conflict makes them particularly at risk of gender-based violence and they have limited access to reproductive health care and emergency response services. That is why we believe that a major cornerstone of the effectiveness of our assistance in northeast Nigeria is the protection and provision of services to women and girls. In my capacity as a DHC, together with the HC, some concrete steps I have put forward include:

1. Promoting GBV integration at all levels of the response, including by working closely with government bodies and engaging in capacity-building activities
2. Advocating for investment in GBV response to scale up and address needs in this field. I have called particularly for a stronger protection presence and capacity to monitor and report protection needs, violations, and abuse. For example, we prioritised protection in the strategic funding allocations (NHF).

The Humanitarian Country Team further recognised the prevalence and risk of GBV, and prioritised promoting gender equality and addressing GBV from the onset of the scale-up of the response in 2015 (following the activation of internal L3s by many IASC operational agencies).

The GBV Sub-Sector (part of the Protection Sector) was established that year (in 2015) and is functional in all states highly affected by the conflict (Borno, Adamawa, Yobe, Gombe) as well as in the policy and strategic hub in Abuja. To ensure Government leadership in GBV, it is chaired by the Federal Ministry of Women Affairs and Social Development, with UNFPA co-leading. The sub-sector brings together about 25 partners, including UN agencies, national and international NGOs.

We also **placed a strong emphasis on enhancing accountability** through the response. For example, GBV partners work closely with the police and key actors in the judicial system such as FIDA, the Nigeria Bar Association (NBA), Nigeria Human Rights Commission, and the Ministry of Justice to provide legal aid for survivors and facilitate prosecution of perpetrators. Since January, 8 GBV cases have been successfully prosecuted in Adamawa state and the perpetrators were convicted.

At the broader level:

UN Agencies, the Government, and NGOs are working together with joint, integrated, and collective action approaches to establish life-saving interventions by providing psychosocial support and GBV case management, as well as critical material and clinical assistance. UNFPA is working closely with the Ministry of Health to procure and distribute reproductive health kits -- including rape treatment kits -- to over 140 health facilities in the 3 states in the Northeast affected by the conflict. Additionally, various NGOs (IRC, PUI, ALIMA, MSF, IMC and FHI360) are providing clinical management of rape and sexual violence. UNICEF and UNFPA, in collaboration with the Ministry of Health and WHO, are also facilitating trainings for health workers on clinical management of rape, medical rehabilitation such as fistula repairs, referrals for legal assistance.

Community Protection systems are being strengthened to respond to GBV cases within conflict-affected communities, enhance accountability and promote reintegration by, for example, setting up child protection committees/networks, protection action groups, and supporting community-based systems such as watch programmes, security patrols etc.

Skills-building and livelihood support initiatives (including start-up grants) are being provided to vulnerable women and adolescent girls in all three most-affected states in the Northeast. In Damasak, UNHCR has established a livelihood centre with a grinding mill and also supports fish farming for female-headed households. Additionally, UNICEF is providing social economic re-integration for women and girls affected by conflict related sexual violence.

The capacity of frontline service providers is being enhanced in areas such as clinical management of rape, minimum initial service packages, psychosocial support, and case management, among others).

Frameworks for Protection against Sexual Exploitation and Abuse (PSEA) are being strengthened through, for example, inter-agency community-based complaints and feedback mechanisms to address, track and report cases, creation of a task force, training of agency PSEA focal-points etc.

What steps have you taken to ensure Gender Based Violence is integrated across all sectors?

Appoint GBV Focal Points in sectors: Comprehensive GBV response is cross-cutting, therefore focal points have been appointed in various sectors (Health, Food Security, Child Protection, and more). They are responsible for gender- and GBV-mainstreaming. The GBV sector has also developed several useful mainstreaming tools, such as sector-specific guidelines and easy-to-use toolkits on how to mitigate GBV during programme activities, and how activities can be entry points for information on GBV.

- a) In the food security sector, based on evidence of increasing cases of sexual exploitation and abuse of women/girls associated with the communal distributions, the GBV sub-sector advocated to transition food distributions from communal to household distributions.
- b) In the protection sector is engaging with the military and police to provide protection for women when they go long distances to collect water or firewood. Military escorts are currently being provided for firewood collection in Bama, Banki and Ngala. In February 2017, in Maiduguri, the GBV sector members worked closely with the Office of the Commissioner of Police in response to the increasing number of brothel-like structures that were targeting young girls for prostitution.
- c) Following recent complaints and concerns on sexual exploitation and abuse in schools and education-related premises, the education sector started working closely with the GBV sub-sector to ensure Governmental engagement and high levels of accountability.

Provide trainings on GBV mainstreaming: Humanitarian staff (UN and partners) are trained on how to mainstream gender and mitigate GBV. IOM trained staff on gender and GBV prevention in Camp management/planning and Mental Health and Psychosocial Support programmes, while UNHCR trained staff on gender-sensitive cash based programming.

Implementation of GBV prevention and mitigation strategies: Referral pathways, Standard Operational Procedures for GBV response and prevention have been developed and shared with partners, and harmonised guidelines including information sharing protocols are being developed (for management of referrals, case management, establishing and operating women friendly spaces, among others).

Building resilience through community-based systems: Strong emphasis is placed on communication, community outreach, dialogues with local and traditional leaders on GBV prevention and mitigation. There is close work with traditional and religious leaders to enhance their understanding of GBV and the need for protection of women, girls, and at-risk males. As a result, some cultural leaders have become key allies in the fight against GBV and take proactive roles in stopping practices such as child marriages.

Supporting local and national capacity to establish lasting solutions: The leadership of government counterparts and our collaboration with them has been instrumental in strengthening GBV response and national/local ownership of the processes. Within the Government-led humanitarian coordination structure, the understanding of gender and protection (initially considered in terms of physical security only and placed under the Ministry of Internal Affairs) has greatly improved.

What about including men and boys in the Gender Based Violence strategy?

Men and boys, as survivors of GBV, should always be included and have access to facilities (medical, psycho-social support...) as women and girls. Regarding prevention and mitigation, it is very important to engage with them on sensitisation and awareness-raising. It is often positive to include them as active actors on GBV prevention towards other men and boys, and include them in mixed activities regarding GBV; but women sometimes need women-only places or focus groups. In these cases, it is important to communicate with local communities and to understand local gender dynamics.

How does Gender Based Violence fit into the New Way of Working?

GBV clearly does not take place only in emergency contexts. Often, GBV is often a pre-existing phenomenon in a society that is amplified when a crisis strikes. Other times, the protracted nature of crises makes vulnerable groups even more vulnerable. GBV needs to be addressed from the very early stages of a response so that pre-existing cycles of GBV are not perpetuated and that vulnerable groups aren't put in more danger. Moving forward from relief to development, it is necessary to engage with local and national community leaders who have a good understanding of the need to address GBV. Funding for long-term GBV problems can also be sought from the World Bank and other development oriented banks. For greater sustainability, it is important to support the integration of GBV risk-reduction strategies into national and local development policies and plans, as well as support the revision and adoption of national and local laws and policies (including customary laws and policies) that promote and protect the rights of women, girls and other at-risk groups.



Kate Moger

Deputy Regional Director for West Africa, International Rescue Committee (IRC)

What steps has IRC taken to institutionalise GBV prevention and response?

Prioritise gender and GBV in institutional policies: IRC's Gender Equality commitment states that "we will ensure our programs narrow the gap in outcomes between women and men, girls and boys" and that "we also will ensure our organisation enables women at all levels to fulfil their potential".

- The Gender Equality commitment is part of the IRC Strategy 2020 defining outcome IRC aims to achieve.
- IRC built an Outcomes and Evidence Framework to build evidence around 26 outcomes, each examining necessary conditions for reducing gender gap. This translates to six countries in West Africa, the Sahel, and Central Africa prioritising GBV in their strategies. For example, in Liberia the prioritisation of protection and response to GBV in health continues to drive programming, even in the rapidly evolving post-Ebola health and funding contexts.
- IRC strengthens gender equality in its programming by embedding Gender Equality Advisors in all technical units so as to ensure gender is integrated into program design and implementation. In Chad, IRC is working to ensure that Gender Equality is integrated in all aspects of programming and operations, including through development of a "Women at Work" group.
- IRC focuses on the treatment, promotion, and support of female staff worldwide.

Provide GBV survivors with lifesaving services: IRC addresses women’s and girls’ needs by providing specialised GBV services and ensuring that GBV survivors have access to clinical and post rape care, individual case management including counselling and follow-up, safe spaces and psychosocial activities, referral pathways and cross-sector coordination, and experts on the ground to establish services and advocate for women and girls.

Build GBV sector capacity to enhance response when crisis hits: IRC has a commitment to build the capacity of the GBV sector and has scaled up its investments in local community-based organisations, particularly women’s organisations. Local organisations are recognised as being the first responders on the ground when a crisis strikes. They often know the community and already have established trust with its members, and as such they often do not face the same security/movement restrictions as international actors. A starting point of a GBV response should be to promote these organisations’ roles and capacities prior to a crisis. Since 2010, IRC has trained more than 400 first responders to prevent and respond to GBV in 20 countries.

Ensure GBV is prioritised in the global advocacy agenda: The ‘Call to Action on Protection from Gender Based Violence in Emergencies’ was a commitment made by 66 partners during the World Humanitarian Summit with core commitments on women and girls. It is our responsibility to make sure that high level commitments actually reach GBV survivors in the field. Through various IRC research it is possible to see that funding for GBV emergency response – although it has increased thanks to these global efforts and high level commitments – is far from meeting the scale of the need. Strong and continued advocacy at global, regional, and country level is still needed to ensure that GBV is being prioritised in bilateral and common pooled funds, that women and girls are at the heart of efforts to reform the humanitarian system, including the World Humanitarian Summit and the Grand Bargain, and that GBV is included in HCs and HCT strategies and action plans.

What can Non-Governmental Organisations’ country representatives do to prioritise GBV prevention and response across collective humanitarian efforts?

Advocate to ensure humanitarian leadership is accountable for implementing commitments. After strong advocacy efforts, the humanitarian community is finally taking GBV emergency response seriously by developing a number of joint efforts to build accountability and develop policy and practices. It is by engaging in these joint efforts and platforms that we help ensure the coordinated action necessary to address the funding, coordination, and implementation/programming gaps we see in the GBV field and that we advocate for the implementation of high level commitments. These include:

- **Real-Time Accountability Partnership:** The RTAP Action Framework guides leaders across the humanitarian system, including donors, HCs, HCTs, coordinating bodies, and implementing agencies, on the steps needed to ensure that GBV is prioritised, integrated, and coordinated across the humanitarian response. Steps include HCs and HCTs including commitments to GBV prevention, mitigation, and response in the HC-Emergency Relief Coordinator and HCT Compact; donors including GBV risk/vulnerability assessments in the funding proposal criteria; and agencies with a responsibility to mainstream GBV to require that relevant, contextualised activities and indicators from the GBV Guidelines are integrated into cluster plans.
- **GBV coordination bodies in the field and globally for advocacy:** The GBV Working Groups in the field and the global GBV Area of Responsibility should be used as advocacy platforms to call for attention to GBV in all emergencies, to ensure funding and emergency response gaps on GBV are highlighted, and to inform field implementation and country plans with commitments made at high level efforts.
- **Call to Action on Protection from GBV in Emergencies:** IRC is a Call to Action member and is one of the funding partners and global coordinator for the Real-Time Accountability Partnership (RTAP), which translates high-level commitments to concrete guidance for leadership on how to prioritise GBV during each phase of the humanitarian program cycle.

Implement existing minimum standards for reducing the risks of GBV in emergencies. GBV is the responsibility of all humanitarian clusters/sectors and agencies – not just protection or organisations with a focus on women and girls. The recently updated IASC GBV Guidelines are being rolled out in different field locations and it is the responsibility of all organisations, UN agencies, and HCTs to ensure they are implemented in all emergency responses. Reducing women’s and girls’ risks to GBV is lifesaving, and risk reduction activities that must be implemented by all humanitarian actors - not just those who are GBV responders.

How can a GBV response ensure that the needs of men and boys are also being considered?

Sexual Gender Based Violence (SGBV) is not only relevant for women and girls; sexual violence against men and boys has been reported in over 25 conflict-affected countries. SGBV against men and boys is often less understood and/or acknowledged, albeit being a recurrent protection concern in situations of conflict, natural disasters, and displacement. In responding to the needs of men and boys, humanitarian workers need to be doubly aware of local contextual and cultural particularities. IRC works with UNICEF and the Inter Agency Case Management Guideline to develop tools to work with child survivors, including a specific section about working with male survivors affected by GBV. The Guideline also has a section about working with LGBT survivors, a group often overlooked in GBV responses.

Why is it important to include gender considerations in a GBV response?

It is important to consider gender in all humanitarian action, not just in relation to GBV. A gendered analysis of different contexts, of different roles of men and women, of different effects of crises on men and women, and of different impacts of humanitarian interventions on women and men, is necessary to ensure effectiveness and appropriateness of a response. However, it is important not to conflate having a gendered response with a GBV response. GBV is particularly about preventing and responding to violence against women, girls, men, and boys, while a gendered approach ensures all survivors have access to the same assistance. Both approaches are necessary and contribute to each other.



Neil Buhne
Resident and Humanitarian Coordinator, Pakistan

What steps have you and the Humanitarian Country Team taken in Pakistan to prioritise GBV prevention, response and mitigation?

- A GBV section was included in the Humanitarian Strategic Plan in Pakistan since 2014.
- Links between clusters were built to enhance information sharing on preventing, mitigating, and referral of GBV cases. A good example is the response to the abuse of boy children in Pakistan, which wouldn't have happened if the Education and Health clusters weren't sharing their information.
- Gender & GBV trainings were provided to all clusters.
- GBV was included in preparedness measures taken in Pakistan, in collaboration with the Gender and Child Cell of the National Disaster Management Agency of the Pakistani government.
- GBV concerns were raised in donor briefs.
- Cultural norms and local traditions were respected throughout the GBV response. Gaining community elders' support for protection work, while at the same time abiding by humanitarian principles, can be useful in relations with the community.
- The hiring of female staff was promoted and the mandatory 30% female staff members during missions was respected. Having trained local female staff for data collection, field missions, implementation directly with affected women and for monitoring and reporting builds greater community confidence and trust. Moreover, disaggregating data by sex of respondent and asking targeted question to draw out vulnerability and needs, guides how services should be designed – in this way, Sex and Age disaggregated data (SADD) collection for assessments and analysis make a difference in a response.

What lessons could be helpful for other operations in terms of addressing cultural challenges?

- **Contextualise:** Culture and context do not need to be barriers to GBV work. Although sometimes cultural values can help perpetrate GBV, there are often other sets of values in the community that humanitarian workers can appeal to in order to engage locals in the GBV response.
- **Adapt implementation:** Mix hard and soft activities in culturally sensitive and appropriate manner by, for example, providing hygiene kits and at the same time providing education of GBV. Additionally, build sustainability through local committees where men and women define their own protection and empowerment solutions.
- **Build quantitative & qualitative assessment** capacity for GBV analysis, adapted activities, and monitoring.
- **Ensure male and female staff balance** in the field and in the office.
- **Utilise the humanitarian development nexus** to capture good practices and address problems in transition programming.

What are the factors that prevent having a 50% representation of female staff in mission teams?

As the UN often at least partly reflects the environment it works in, in Pakistan, the lack of women is due to the male-dominated culture that can sometimes be dangerous for women. One way we tried to get around the lack of senior female staff, is to provide junior staff with special training on how to participate in those missions and how to ask questions to GBV survivors in an appropriate manner. In this way, we were able to at least have a 30% participation of women.

How does GBV fit into the New Way of Working?

The physical and psychological impact that GBV have on survivors can last for a long time and it is thus important to develop a long term plan for a GBV response. In Pakistan, in response to the 2010-11 floods that displaced millions of people and put women and children in vulnerable circumstances, the development side of the GBV response was crucial and GBV was included in the preparedness plan. GBV is now also a mandatory area of the new HC/HCT Terms of Reference, making it compulsory for HCs and HCTs to address it through the nexus.