



Gender-based Violence Programming Tool

For Cowater projects and partners

INTRODUCTION

Gender-based Violence (GBV) is a violation of an individual's rights, undermining their safety, security, health and dignity. GBV also has widespread ramifications for families and communities, and increases pressure on the health, social and justice systems of countries. Furthermore, when justice and social systems fail, either due to limited capacity or deeply entrenched harmful social norms, perpetrators act with impunity, perpetuating cycles of violence and preventing survivors from realising their rights. Individuals who are vulnerable to, or survivors of violence face significant challenges in fulfilling their rights to security, education, health, employment and to actively participating in their communities.

What is gender-based violence and why does it matter?

By definition, GBV encompasses any act of violence perpetrated against an individual because of their sex, gender identity, sexual preference or because of "perceived adherence to socially defined norms of masculinity or femininity".¹ Forms of GBV include physical violence, sexual violence, psychological violence, or economic violence. Examples of types of violence that impact women and girls include domestic violence, female genital mutilation, human trafficking, child, early or forced marriage, early or forced pregnancy, sexual harassment, and sexual exploitation and abuse. In many societies around the world, there remains significant social stigma and victim-blaming related to GBV and so many incidents go unreported. Moreover, GBV prevalence is difficult to measure due to ethical and safety issues related to collecting information from survivors who fear reprisal.

The occurrence of GBV is deeply rooted in these gender inequalities and exacerbated by harmful conceptions of masculinity which come with patriarchal power imbalances embedded in culture, economy and law. In order to effectively reduce violence, a comprehensive approach is needed, addressing structural, economic and social inequality.

Globally, it is estimated that one in three women will experience physical or sexual violence in their lifetimes. The vast majority of GBV perpetrators are men and survivors mostly women and girls. While survivors of GBV are diverse and include women, men, girls and boys, the focus of this tool will remain on women and girls, the impact of violence on this group and lessons from Cowater's experience addressing GBV. Men and boys are also directly affected by GBV and initiatives to recognise and address their experiences are critical. Men and boys should also play central roles in GBV prevention and response. Such initiatives are elaborated further in the section on cross-cutting issues.

GBV affects people of diverse socio-economic backgrounds, ethnicity, culture, age, gender and location, which means that survivors seek support and services through different channels. Support services may be formal, such as healthcare, police and psychosocial services; or informal, through community mechanisms, familial networks or traditional leaders. Global best practice recognises three distinct areas of work for GBV prevention: i) Primary Prevention; ii) Secondary Prevention or response; and iii) Tertiary Prevention – longer-term response aiming to meet the legal and psychosocial needs of survivors. However, in most countries, quality services are unavailable, inadequate or inappropriate, and even when services are available, a range of issues including stigma and social norms may prevent women and girls from accessing these services.

Evidence demonstrates that the most effective approaches to reducing GBV are gender transformative. This means challenging harmful social norms and promoting the status of women more generally, not just attempting to address the attitudes and behaviours of the perpetrators and survivors directly involved.

¹ USAID. https://www.usaid.gov/sites/default/files/documents/2155/GBV_Factsheet.pdf.



PURPOSE OF THIS TOOL

Cowater aims to enhance gender equality across its portfolio of projects and is committed to a Do No Harm approach. This requires actively mitigating and addressing risks such as GBV to women, men, girls and boys. Therefore, the purpose of this programming tool is to support project teams with integrating GBV prevention and response strategies into project designs to ensure a Do No Harm approach across initiatives and proactively mitigate against it. It is designed to be used by those with a range of experience or expertise in GBV programming, since it is not an isolated issue but relevant across workstreams, sectors and projects.

USING THIS TOOL

This tool brings together Cowater's 35 years of experience and expertise with knowledge gained from industry sources as noted in the References and Tools section. It aims to provide a useful and evidence-based resource to support you and your project teams to:

- Be aware of a diverse range of activities that can improve outcomes for GBV survivors;
- Select interventions that are the most relevant to your specific project objectives and context; and,
- Assess feasibility of integrating selected interventions for delivery by your team (time, cost, organizational capacity, safety/risk, regulatory context, local support), as well as the potential for mobilizing, building on, or joining local initiatives that respond to the same objectives.

This tool is organized by thematic chapters as laid out in the table of contents that follows this section. You may choose to refer to specific chapters only, although it is recommended that the Cross-Cutting chapter be reviewed by all readers, as it is relevant to all programming themes.



Table of Contents

INTRODUCTION	2
PURPOSE OF THIS TOOL.....	3
USING THIS TOOL	3
1. CROSS-CUTTING ISSUES.....	6
2. ECONOMIC GROWTH AND TRADE	9
3. GOVERNANCE	11
4. PUBLIC FINANCIAL MANAGEMENT AND TAXATION	13
5. HEALTH, WATER, SANITATION AND HYGIENE	15
6. EDUCATION	17
7. ENVIRONMENT	19
8. CONFLICT AND CRISES.....	21
REFERENCES AND TOOLS	23



Gender-Based Violence Prevention and Response in Projects

ETHICS & PRINCIPLES

Always use the term '**survivor**' in reference to an individual or group of individuals who have experienced violence. It is more empowering than the term 'victim' and recognises the inherent agency individuals have over their own lives. The justice sector continues to use 'victim' because it is a legal term.

Apply a **Do No Harm** approach at all times.

In practice, this means minimizing or avoiding the risk of increased violence, re-victimization and re-traumatization of survivors by²:

1. Ensuring the benefits to participants and communities are greater than the risks.
2. Gathering and documenting information in a manner that minimizes risk, is methodologically sound, and builds on current experience and best practice.
3. Ensuring local access to basic care and support for survivors before commencing any activity that may involve individuals disclosing information about their experiences of GBV. Staff must be equipped to refer survivors to locally available services when requested.
4. Ensuring and continuously monitoring the safety and security of all those involved (participants and project staff). This is of paramount concern.
5. Protecting the confidentiality of individuals who provide information about GBV at all times to prevent risk of further violence.
6. Obtaining informed consent from anyone providing information about GBV before participating in data gathering or project activities.
7. Carefully recruiting project staff, particularly those engaged in data collection, and providing them with relevant and sufficient specialised training and ongoing support.
8. Only including GBV-related questions in surveys designed for other purposes when ethical and methodological requirements can be met.
9. Instituting additional safeguards if children (persons under 18 years of age) are likely to be involved – please consult Cowater's Child Protection Policy.
10. Empowering survivors to drive the design of activities or initiatives intended to benefit them.

Survivor-centred programming seeks to empower the survivor by prioritizing their rights, needs and wishes. It means ensuring that survivors have access to appropriate, accessible and good quality services delivered in non-judgemental and supportive environments.³ A Survivor's rights are:

- To be treated with dignity and respect
- To choose a course of action in dealing with the violence
- To privacy and confidentiality
- To non-discrimination
- To comprehensive information to help make her own decision

² Principles adapted from WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies (2007). <https://www.who.int/reproductivehealth/publications/violence/9789241595681/en/>

³ UNWomen, 2012. Survivor-Centred Approach. <https://www.endvawnow.org/en/articles/1499-survivor-centred-approach.html>



1. CROSS-CUTTING ISSUES

AREAS OF FOCUS	RECOMMENDATIONS
<p>Primary Research</p> <p>Conducting primary research on GBV-related issues requires a sensitive and well-planned approach so as not to retraumatize or revictimize survivors in the process. The WHO Ethical and Safety Recommendations for Research on Domestic Violence Against Women⁴ are considered international best practice and should be consulted before designing any research on GBV related topics. Key recommendations are listed in the next cell.</p>	<ul style="list-style-type: none"> • The safety of respondents and the research team is paramount and should guide all project decisions. • Prevalence studies need to be methodologically sound and to build upon current research experience about how to minimize the under-reporting of violence. • Protecting confidentiality is essential to ensure both women’s safety and also data quality e.g. respondents’ names and other identifying factors should not be kept with information collected on experiences and should be changed to protect their identities when reporting or developing case studies. • All research team members should be carefully selected (through a review process based on the requirements of the research) and receive specialized training and on-going support. • The study design must include actions aimed at reducing any possible distress caused to the participants by the research. • Fieldworkers should be trained to refer women requesting assistance to available local services and sources of support. Where few resources exist, it may be necessary for the study to create short-term support mechanisms. • Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and intervention development. • Violence questions should only be incorporated into surveys designed for other purposes when ethical and methodological requirements can be met.
<p>Monitoring and Evaluation</p> <p>M&E is a critical function to program delivery, not just to track progress and deliver accountability but also to manage risks, including identifying the potential for GBV and mitigating it. Even in programs that do not focus on gender or GBV, it is important to identify when GBV may be a project risk (e.g., increased household income leading to dysfunctional behaviours).</p>	<ul style="list-style-type: none"> • Include GESI-sensitive indicators. • Source or collect data disaggregated by sex, age, disability and other vulnerabilities / marginalization in order to understand the gendered differences in design and delivery of programs and services. • Ensure flexibility in the approach to monitoring to ensure that unintended consequences of programs are captured and, where necessary, addressed and rectified. • Support longer term approaches of government and civil society to collect and analyze sufficient and adequate data for decision-making.
<p>Sexual harassment in the workplace</p> <p>Sexual harassment is any unwelcome sexual advance, request for sexual favors, and other verbal or physical conduct of a sexual nature.</p>	<ul style="list-style-type: none"> • Support governments to develop and implement anti-sexual harassment in the workplace legislation. • Work with private sector to institute anti-sexual harassment workplace policies and roll-out training on the policy to all staff. • Facilitate the establishment of a national or sub-national level sexual harassment ombudsperson.

⁴ WHO. 2001. Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women. World Health Organization. <https://www.who.int/gender/violence/womenfirtseng.pdf>



1. CROSS-CUTTING ISSUES

AREAS OF FOCUS	RECOMMENDATIONS
<p>Sexual exploitation and abuse</p> <p>Sexual exploitation and abuse occurs in all sectors and value chains around the world. It occurs because people are in unequal power relationships through precarious work or socio-economic situations due to a range of intersecting factors, such as gender, poverty, ethnicity, age, disability, conflict etc., making them vulnerable to exploitation and abuse. Sexual exploitation and abuse are human rights violations.</p>	<ul style="list-style-type: none"> • Awareness raising among workers (including sex-workers and informal workers) on their human rights. • Awareness raising among employers and employees on ethical workplace practices and employment. • Engage trade and workers unions to disseminate messages on ethical workplace practices and human rights. • Engage key ministries and government. agencies to develop anti-sexual exploitation policies and legislation and support implementation. • Work with private sector to develop voluntary ethical operating principles. • Support private sector to roll-out anti-sexual exploitation and GBV training for their staff (this is particularly important on mining sites). • Build capacity of employers to respond to allegations of sexual exploitation and abuse in a gender-responsive manner, including providing information on referral pathways and available services (health, legal, psychosocial). • Develop accessible communications materials on referral pathways to be displayed in workplaces.
<p>Gender Equality</p> <p>Gender inequality is the underlying driver of all GBV. By transforming gender relations and social norms around women's and men's roles in society to sustainably increase equality, GBV prevalence will be reduced.</p>	<ul style="list-style-type: none"> • Achieving gender equality requires long-term transformational programming but should also be integrated into all other development programming. Successful models to be considered include: <ul style="list-style-type: none"> • Raising Voices SASA! model. • Bill and Melinda Gates Foundation's Conceptual Model for Women and Girls' Empowerment. • Work with women's organizations and networks to support campaigns and advocacy efforts demanding equal representation of women in leadership and decision-making roles. • Work with partners to ensure the participation and perspectives of vulnerable groups such as persons with disabilities, the elderly, and ethnic minorities are incorporated into decision-making. • Work with women's organizations and networks to address key drivers of GBV and gender inequality e.g. representation in decision-making, access to and control over resources, harmful social norms, conflict, poverty, discriminatory laws, etc. • Strengthen National Gender Machinery (e.g. Ministries of Gender or Women's Affairs, Commissions on the Status of Women etc.) to deliver on national commitments to gender equality, including preventing and responding to GBV. • Collaborate in the global 16 Days of Activism Against Gender-Based Violence, providing support to local events and initiatives to raise awareness of and address GBV.



1. CROSS-CUTTING ISSUES

AREAS OF FOCUS	RECOMMENDATIONS
<p>Engaging men and boys</p> <p>Men and boys are central actors in addressing GBV and gender equality more broadly. By engaging boys and men in discussions on masculinity, relationships, and sexuality, interventions can be successful in ending harmful attitudes and behaviours which prevent gender equality and are the root cause of GBV.</p>	<ul style="list-style-type: none"> Engage men and boys in transformational programming that deconstructs harmful masculinities and social norms that contribute to GBV, men's control of women's sexual and reproductive health, and men's limited involvement in unpaid care work. Work with influential male leaders (religious leaders, youth leaders, sports stars etc.) to have discussions with boys and young men about ideas of masculinity, equality and preventing violence. Design GBV prevention communications campaigns specifically targeting men and boys which emphasises their roles as allies to women and girls and equal partners in promoting healthy, respectful and non-violent relationships. Examples of effective campaigns from around the world include Bell Bajao from India, White Ribbon from Canada, and Somos Diferentes, Somos Iguales Sexto Sentido TV series from Nicaragua. It is important not to reinforce patriarchal stereotypes or structures when engaging men and boys in gender equality and GBV programming. The concept of the need to “protect women” and that men are women’s “saviours” should be avoided. Positive terms and ideas include “equal partners”, “allies” and “gender equality champions”. Use multi-faceted programs which combine skills development, awareness raising, community mobilisation and action research to identify, address and overcome harmful social norms around masculinity, gender inequality and violence. A good example of such an initiative is Instituto Promundo’s Program H. Community mobilisation activities which bring women and men together to discuss power, social norms and how they influence violence can also be effective. A model approach to such community mobilisation is SASA! by Raising Voices.



2. ECONOMIC GROWTH AND TRADE

AREAS OF FOCUS	RECOMMENDATIONS
<p>Sexual harassment and exploitation of women cross-border traders</p> <p>Women cross-border traders are vulnerable to sexual harassment and exploitation because they rely on crossing the border to sell their wares and are therefore at the whim of customs and border officials who may solicit sexual favours in return for permits to cross the border.</p>	<ul style="list-style-type: none"> • GBV awareness training for customs officers. • Code of conduct for customs officers with explicit anti-GBV and sexual harassment clauses. • Awareness raising among women cross-border traders on their human rights. • Establishment of complaints mechanism and grievance redress system. • Institute complaints handling system in line with sexual harassment policy. • Provide access to information on services and GBV referral pathways for complainants.
<p>Women's economic empowerment</p> <p>Women's economic empowerment challenges the gender dynamics and perceptions of gender roles. This can lead to backlash against women as it challenges the power men may have traditionally held over women in the household.</p>	<ul style="list-style-type: none"> • Women's economic empowerment itself can be an effective GBV prevention initiative because it transforms the underlying inequitable gender dynamics/norms which cause GBV. It can also enhance women's bargaining power and ability to leave abusive relationships. However, sufficient understanding of the gender dynamics in a given context must be incorporated into the design to ensure that the initiative doesn't exacerbate existing tensions. • Backlash to women's economic empowerment projects is a common risk. Ensure that the project has a robust risk register and management plan. Approaches to preventing backlash will be informed by the gender analysis and should include community sensitisation, engaging men in supportive roles and working with community leaders. • Ensure the project has a complaint handling system and clear procedure for managing complaints related to GBV e.g. procedure for recording and investigating the complaint; clear trigger points for engaging police in the complaint; redress approach. • Support private sector partners to establish similar systems and procedures. • Ensure project staff are equipped with information to refer any person who discloses that they are survivors of GBV to appropriate, available services (police, health, psychosocial).
<p>Livelihoods</p> <p>Increasing the income of one group or individual changes the power dynamics within communities and/or households. This can lead to increased risk of GBV. GBV includes economic violence, such as withholding or controlling the use of monetary resources in the household by one partner.</p>	<ul style="list-style-type: none"> • Integrate GBV awareness raising into livelihood activities, including engaging women and men in participatory activities such as power analysis, understanding GBV and alternatives to violence, building gender-equitable attitudes and dismantling harmful gender norms. • Equip women with skills in negotiation, savings and financial planning, which can support them in addressing economic violence within the household. • Engage men and boys in challenging traditional notions of gender roles, particularly with respect to access to and control over productive resources.



2. ECONOMIC GROWTH AND TRADE

AREAS OF FOCUS	RECOMMENDATIONS
<p>Trade and investment negotiations</p> <p>Trade and investment negotiations to date have been assumed to be 'gender neutral', that is that they benefit both women and men equally. However, evidence demonstrates that they do not because they operate within the structures of social norms and gender dynamics and can therefore exacerbate existing inequalities that contribute to GBV.</p>	<ul style="list-style-type: none"> • Incorporate gender into economic impact studies to understand the risks of GBV as women engage in trade-related activities. • Advocate for the inclusion of social clauses in trade negotiations to encourage buyers to source from ethical companies and suppliers to meet ethical standards. • Advocate for investment laws and policies that provide for and encourage women's economic empowerment and gender equality. • Engage Ministry of Gender or Women in negotiations preparations and agenda setting. • Ensure that changes in the terms of trade don't reduce government revenue and therefore impact on the country's ability to fund essential services, such as those addressing GBV. If they do, provide support to government to identify alternative revenue streams.



3. GOVERNANCE

AREAS OF FOCUS	RECOMMENDATIONS
<p>Legal and policy frameworks</p> <p>Legal and policy frameworks must be gender-responsive and survivor-centric to ensure that they do not contribute to revictimization, victim-blaming or impunity for perpetrators.</p>	<ul style="list-style-type: none"> • Spearhead or support advocacy campaigns led by women's and GE-focused organizations and networks pressuring government to develop or ratify legislation related to GBV. • Support government to improve existing legislation related to GBV, including legislation that is indirectly linked e.g. legal rights to property, land, inheritance, employment and income, corporal punishment and alcohol taxation. • Often countries already have decent anti-GBV legislation but don't have the capacity or resources to implement it. Bridge the gap between policy and practice by supporting the establishment of accountability mechanisms such as ombudspersons or monitoring agencies such as a Commission on the Status of Women at national and sub-national levels. • Facilitate dialogue between women's organisations and policymakers to ensure that new legislation is gender-responsive and meets the needs of survivors. • Support government to review and update the criminal code so that minimum punishments for GBV-related crimes are proportionate but also serve as sufficient deterrent to potential perpetrators. • Support government to develop GBV national action plans or policies and to incorporate GBV-related objectives into national policy frameworks. • Support government in developing and implementing consultation processes for development of GBV-related legislation and policies with women's and GE-focused organizations and stakeholders.
<p>Judiciary</p> <p>The judiciary is a key function in achieving justice for survivors of GBV and, therefore, must be gender responsive and take a survivor-centric approach.</p>	<ul style="list-style-type: none"> • Work with judiciary at a High/Supreme Court level to advocate for progressive rulings and laws which aim to prevent GBV. • Build capacity of judiciary officials to execute the law in a survivor-centred manner to avoid revictimization. • Develop mechanisms for survivors to give testimony remotely, so that they are not re-traumatised by having to confront their abuser in person. • Institute mobile courts for GBV cases to expedite justice for survivors.



3. GOVERNANCE

AREAS OF FOCUS	RECOMMENDATIONS
<p>Police</p> <p>Police are often the first point of contact a GBV survivor has with the justice system. It is critical, therefore, that they are equipped to investigate claims of GBV in a gender responsive manner which does not victim-blame or re-traumatise the survivor. Police also have a central role to play in violence prevention. Due to power imbalances, police may also be implicated in sexual exploitation and abuse, including sextortion, while carrying out their duties, as well as sexual harassment within the workplace.</p>	<ul style="list-style-type: none"> • Support district or local level police units to hold regular GBV prevention awareness raising sessions in their communities. This should be undertaken in locations where women would typically gather e.g. health facilities, markets, schools etc. • Provide gender equality and GBV sensitisation training to male and female police officers at all levels. • Support the development and implementation of codes of conduct and policies on sexual harassment in the workplace and sexual exploitation and abuse, including sextortion, while carrying out police duties, and raise awareness of them amongst police. • Work with police to establish survivor-centred GBV response protocols. • Support the establishment of gender-responsive Victim Support Units within police stations; this involves having a designated private space for a survivor to make a complaint, specially trained police officers (including women police officers) equipped with referral information to handle the complaint, and access to information on health and psychosocial services. • Support establishment of case management system and database which maintains the privacy and confidentiality of the survivor. • Support the development and implementation of internal and external reporting mechanisms for complaints of sexual harassment and sexual exploitation and abuse.
<p>Women's political participation</p> <p>The more that women occupy political spaces and have voice and agency in those spaces, the more likely issues of GBV and gender inequality are to be addressed, prevented and reduced.</p>	<ul style="list-style-type: none"> • Given that gender inequality is the underlying cause of GBV, improving the equal representation of women in formal decision-making bodies ranging from parliament to issue-focused taskforces to local councils, will have a positive impact on GBV prevalence. • Build capacity within women's parliamentary caucuses to advocate for GBV-related legislative change. • Engage local women's representative organisations as advocates for eliminating GBV. • Support women candidates to run in elections at all levels and drive anti-GBV agendas.



4. PUBLIC FINANCIAL MANAGEMENT AND TAXATION

AREAS OF FOCUS	RECOMMENDATIONS
<p>Funding essential services</p> <p>Essential services are effective channels for communication and dissemination of GBV prevention messages. Healthcare in particular is a key source of information for people regarding GBV and healthcare professionals are often key actors in identifying, treating and referring survivors of GBV.</p>	<ul style="list-style-type: none"> • Essential services, such as health facilities, are key sources of information for people and so represent good channels for dissemination of GBV prevention messages and information, education and communication materials. • Ensuring that essential services such as healthcare, sexual and reproductive health, and psychosocial support are adequately and sustainably financed is critical in effective GBV response. Can revenue for these services be protected? Increased? • Where a government is failing to fund essential services for GBV prevention and response, facilitate donors and projects to provide funding through government systems or through relevant NGOs in the area, and work with government to develop a sustainability plan for funding of essential services beyond the life of the project.
<p>Consumption taxes</p> <p>Consumption taxes impact women and men differently due to their typical consumption patterns. For example, women are often disproportionately negatively affected by consumption tax because they are traditionally the member of the household who makes most purchases for the household (groceries, medicines, etc.), whereas men's consumption patterns are more related to purchases made at an individual level e.g. alcohol and tobacco.</p>	<ul style="list-style-type: none"> • Support government to develop or improve existing alcohol taxation. Alcohol consumption is causally linked to GBV prevalence in all contexts. • When supporting the development of tax policies, consider the gendered impact of consumption taxes on household essentials – it is typically women who purchase essentials for the household and who are therefore disproportionately affected by consumption tax, impacting their financial independence and bargaining power within the relationship. • Support government to reduce consumption taxes on or subsidise the cost of essential health-related items such as contraceptives (including emergency contraceptives), medicines, first aid items etc. • Design a scheme which directs revenue generated by consumption taxes to public health awareness campaigns related to GBV or social safety nets for survivors of GBV.
<p>Gender responsive budgeting</p> <p>When gender analysis informs budgeting, allocations to essential services and infrastructure change to reflect the different needs and priorities of women and men. It is also an effective approach to ensuring that survivors of GBV have access to essential services, such as healthcare, psychosocial support and finance to recover and move on.</p>	<ul style="list-style-type: none"> • Use gender responsive budgeting to ensure sufficient resources are allocated to ministries and departments central to GBV prevention e.g. Ministry of Gender or Women, National Commission on Status of women, Gender Directorate etc. • Use gender responsive budgeting to allocate funding to GBV prevention and awareness campaigns. • Use gender responsive budgeting to ensure sufficient and sustainable resources are allocated to essential services including healthcare and psychosocial support. • Use gender responsive budgeting to fund Victim Support Units within Police stations and/or one stop centres for survivors of GBV in hospitals and health facilities.



4. PUBLIC FINANCIAL MANAGEMENT AND TAXATION

AREAS OF FOCUS	RECOMMENDATIONS
<p>Social Safety Nets</p> <p>Access to social safety nets for women can improve their financial independence and influence whether a woman remains in an abusive relationship. They are also essential for survivors to recover and begin to rebuild their lives. Furthermore, social safety nets can also be considered a preventative initiative because they relieve some financial stress within a household which may otherwise be the cause of violence.</p>	<ul style="list-style-type: none"> • Design and implement pro-poor safety nets in the form of cash or assets transfers, which can relieve poverty to a degree and enable income generation, reducing a stressor commonly known to cause GBV. • Design and implement a social protection scheme which specifically seeks to empower women and combine with gender equality social norm change activities to ensure that the dynamics within households are changed positively. The social norm change work is critical to empowering women, otherwise a change in the financial independence of women within a household can be perceived as a threat to men's power and inadvertently lead to increased GBV. • Design and implement a social safety net scheme which specifically provides cash transfers to GBV survivors to support their recovery such as finding alternative lodgings, paying for healthcare-related costs, supporting children etc. • Design and implement a social safety net scheme which provides assets which enable the survivor to generate income.



5. HEALTH, WATER, SANITATION AND HYGIENE

AREAS OF FOCUS	RECOMMENDATIONS
<p>Sexual and reproductive health services</p> <p>Sexual and reproductive health rights (SRHR) are fundamental for all women, men, girls' and boys' well-being and ability to thrive. Comprehensive SRH services are important channels for individuals to exercise their rights, including preventing and responding to GBV.</p>	<ul style="list-style-type: none"> • Raise awareness of sexual and reproductive health rights among women and men, and adolescent girls and boys. • Train health care providers to discuss SRHR with patients and health seekers in an open and non-judgemental manner, and provide Information, Education and Communication materials to facilitate these discussions. • Support health facilities to host new mothers' groups to support them with neonatal care and discuss other SRHR issues, including GBV, educating women on their rights. • Provide support to develop and raise awareness among health care providers on referral systems for GBV survivors. • Support training for health care providers to encourage the adoption of gender-sensitive attitudes towards GBV survivors.
<p>Policy and program development</p> <p>Health sector strengthening through policy and program development offers an opportunity to ensure SRHR for all and deliver initiatives which challenge drivers of GBV and provide survivor-centred healthcare.</p>	<ul style="list-style-type: none"> • Support national or sub-national ministries of health in developing gender-responsive policies and programs to prevent and respond to GBV, and support to cascade them to the regional and municipal level. • Provide support in developing gender-sensitive human resources policies and complaint mechanisms for sexual harassment and GBV. • Provide support to transform existing referral pathways to become survivor-centred. • Establish GBV recovery centres or units within health facilities which coalesce a range of essential services for survivors in one place, including sexual and reproductive health care, psychosocial support and has linkages to police and advocates.
<p>Mental health and psychosocial support</p> <p>The experience of GBV can be extremely traumatic for a survivor and have long term impacts on their mental and physical health. Immediate mental health and psychosocial support are often equally as important to an individual's recovery as medical assistance.</p>	<ul style="list-style-type: none"> • Facilitate coordination and collaboration between primary health care and social welfare departments at all levels of government to ensure a joined-up approach. • Mental health and psychosocial support services can also be important sources of information and support to potential perpetrators by addressing some of the triggers or factors which may cause an individual to perpetrate violence e.g. drug and alcohol abuse, feelings of worthlessness due to loss of job, low self-esteem etc. • Train traditional leaders or community elders to provide simple counselling support to their communities. Consider the Friendship Bench model from Zimbabwe. • Strengthen the referral pathway to include access to psychosocial support services. • Establish new or expand existing counselling hotlines for survivors. • Train health care staff to conduct simple mental health assessments and refer patients to appropriate psychosocial support services.



5. HEALTH, WATER, SANITATION AND HYGIENE

AREAS OF FOCUS	RECOMMENDATIONS
<p>WASH facility design</p> <p>Women and girls are often at risk when collecting water/firewood, practicing open defecation, or using WASH facilities. Therefore, WASH facility design needs to take into account the security needs of women and girls e.g. distance from shelter, privacy, lighting, etc.</p>	<ul style="list-style-type: none"> • Undertake safety audits during design of projects, using focus groups comprised of women and adolescent girls to identify and respond to potential GBV risks associated with the facility. • Reducing the distance between women and girls' homes and a water point can significantly reduce their risk of sexual harassment or GBV when collecting water. • Ensuring adequate lighting around the WASH facility is important for ensuring the safety of women and girls. • WASH facilities, particularly latrines, must ensure privacy, including screening the entrance to latrines from view.
<p>WASH operations and maintenance</p> <p>In projects promoting gender equality, women taking on traditionally male roles such as operations and maintenance (O&M) and participation in water committees may face sexual harassment or GBV.</p>	<ul style="list-style-type: none"> • Raise awareness of O&M staff of appropriate conduct around WASH facilities, particularly with respect to sex-segregated latrines. • Develop and institute policies and procedures on sexual harassment/GBV and educate all O&M staff on their obligations under the policies. • Develop and institute corresponding reporting and response procedures to sexual harassment/GBV policies, including providing resources on locally available support services for survivors of GBV.



6. EDUCATION

AREAS OF FOCUS	RECOMMENDATIONS
<p>Policies and Programs</p> <p>School environments can be where violence is perpetrated by both teachers and students; however, they can also play a central role in violence prevention and response. Schools can serve as protective spaces for children and facilitate broader social change to end violence both in school and the wider community.⁵</p>	<ul style="list-style-type: none"> • Support national or sub-national ministries of education to develop and implement gender-responsive codes of conduct and policies for prevention and response to sexual harassment and GBV within schools. • Support the development and implementation of programs that address barriers to girls' school enrollment, such as GBV, early pregnancy and access to menstrual hygiene products, to support girls' ongoing education and contribute to the prevention of GBV including child marriage. • There are many models of international best practice which should be considered when doing any violence prevention in schools programming. See: • Evidence review of what works to prevent sexual violence against children conducted by Together for Girls, in partnership with The Equality Institute and the Oak Foundation. • Raising Voices' Good School Toolkit. • UNESCO Global Guidance on School-Related Gender-Based Violence. • Establish and socialise a sexual harassment and GBV reporting and whistleblowing hotline for both teachers and students.
<p>Curricula</p> <p>Global evidence demonstrates that access to Comprehensive Sexuality Education (CSE) for children and adolescents is a significant factor in preventing GBV. In addition, all learning materials should use content that promotes gender equality.</p>	<ul style="list-style-type: none"> • CSE aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives.⁶ UNESCO provides guidance on how to build CSE curricula. • The UN Girls' Education Initiative has developed a program called Connect with Respect for students 11-14 years of age and provides age-appropriate learning activities on important themes and concepts relating to the prevention of gender-based violence and promotion of respectful relationships. • Support the development or revision of curricula to ensure it is exempt of gender stereotypes and promotes gender equality. • CSE curricula should include information and resources for students seeking support as a result of GBV.
<p>Educators</p> <p>Teachers and principals are key interlocutors and sources of information for students. Therefore, it is critical that these adults are equipped to prevent, identify and respond to GBV within their schools in an ethical and survivor-centred manner. Teachers can also be perpetrators of GBV, sexual exploitation and abuse, and sexual harassment.</p>	<ul style="list-style-type: none"> • Pre-and in-service training should include modules on GBV prevention in schools, including providing resources and information on local referral pathways to equip teachers with the knowledge and skills to prevent violence within their classrooms. • Engage teachers' unions to develop, implement, and provide training on professional codes of conduct, including on GBV, sexual harassment, and sexual exploitation and abuse, to which all members must commit. • Teachers should be provided with specialised training on how to identify potential survivors of GBV, how to address the topic with students in an ethical and non-judgemental manner, the reporting process and how to refer the student to necessary support services available locally.

⁵ Together for Girls, 2020. Understanding School-Related Gender-Based Violence.
https://www.togetherforgirls.org/schools/?utm_source=IGWG&utm_campaign=8a94e7eed1

6. EDUCATION	
AREAS OF FOCUS	RECOMMENDATIONS
<p>Students/Community</p> <p>Preventing GBV requires social norm and attitudinal change. Messages promoting gender equality and healthy relationships between girls and boys being taught in schools must be reinforced by parents and the broader community.</p>	<ul style="list-style-type: none"> • Raise awareness of parent-teacher or other school committees in preventing and addressing GBV in schools, emphasising human rights. • Establish or support students' clubs, particularly girls' clubs and facilitate discussions on healthy relationships and sexuality. • Support parent-teacher / school committees to establish GBV reporting mechanisms and handling procedures.
<p>TVET</p> <p>TVET institutions offer an alternate route to livelihoods for many young people and should be held to the same standards of preventing GBV within the institution and surrounding community as schools and other government institutions.</p>	<ul style="list-style-type: none"> • Develop and institute anti-sexual harassment and GBV policy and socialise with TVET institution staff and students to foster a zero-tolerance environment. • Provide orientation on GBV to incoming students as a core introductory module to any training program. • Ensure that any anti-sexual harassment and GBV policy developed is accompanied by a robust reporting and response system, including guidance on referrals and how/when to involve police.

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⁶ UNESCO, 2020. Why Comprehensive Sexuality Education is Important. <https://en.unesco.org/news/why-comprehensive-sexuality-education-important>.



7. ENVIRONMENT

AREAS OF FOCUS	RECOMMENDATIONS
<p>Climate change</p> <p>Climate change effects exacerbate existing gender inequalities, often resulting in more negative impacts for women, including GBV.</p>	<ul style="list-style-type: none"> • Apply a gender-responsive approach to climate resilience-building initiatives to ensure that existing gender inequalities (the primary drivers of GBV) are not exacerbated but are challenged e.g. recognising the multiple roles women play in a community and their situated knowledge as valuable tools for addressing climate change. • The social and psychological impacts of climate change-related loss of income (e.g. in the agriculture sector) is a known aggravator of GBV. Strengthening social safety nets such as unemployment benefits or sector subsidies to minimise loss of income and its impact can contribute to reducing the risk of GBV if a gender-responsive approach is applied. • Women and girls are often responsible for collection of water and firewood in communities; as water and firewood sources become scarcer due to climate change, they will have to travel further distances to collect it. This puts them at increased risk of sexual violence and harassment. Consider the gender impacts of the location and accessibility of water sources when building new water sources to prevent exposure to GBV risks by women. • Young girls are often married off by families (child marriage is a form of GBV) during climate-related crises or disasters. Provide cash transfers, alternative livelihood options and other incentives to keep girls in schools and prevent them from being perceived as an economic burden to their families. • Support government to develop gender-responsive climate change policies and implementation strategies which ensure continuity in essential services for survivors of violence. • Environmental pressure and resource scarcity due to climate change increase the prevalence of GBV. Support government to expand social protection systems to include access to psychosocial services for men and women. • Human trafficking (a form of GBV) is shown to increase by as much as 20-30% along with environmental stressors and disasters. Work with diverse stakeholders (women’s organisations, government, civil society, development partners, private sector) to identify women and children survivors of human trafficking and provide them with essential services. Providing access to social safety nets and alternative livelihoods can also contribute to preventing human trafficking. • Environmental defenders and activists, particularly women activists, are often the targets of violence. Provide support and resources to activists and activist organisations to build protective mechanisms to prevent and respond to violence. Support awareness raising and capacity building of government and communities to reject violence against activists and to provide protection.



7. ENVIRONMENT

AREAS OF FOCUS	RECOMMENDATIONS
<p>Disaster Risk Reduction / Management (DRR/M)</p> <p>Global evidence shows that GBV increases during and after natural disasters, and that gains in development are eroded. Therefore, effective DRR/M can contribute to GBV prevention.</p>	<ul style="list-style-type: none"> • Build capacity of national disaster management offices and other humanitarian stakeholders to intervene effectively to prevent violence, while also protecting and rescuing people affected by the disaster. • Ensure that DRR/M plans for temporary shelter include provisions for additional protection of women and children who are particularly vulnerable to sexual violence in temporary shelter situations. • Ensure that sex-disaggregated data is collected at all stages of DRM (mitigation, prevention, response, rehabilitation/reconstruction). • Support implementation of gender sensitive early warning systems. • Ensure that women and vulnerable populations are included in decisions related to reconstruction. • Support women’s economic empowerment initiatives to protect their livelihoods in disaster situations and aid rapid recovery. • Build capacity of disaster risk management stakeholders to use gender indicators to improve disaster risk management plans. • Global experience shows government services such as police and health services are less effective following disasters, due to overworked staff and strained resources, as well as damage to critical infrastructure, which means there is often nowhere for survivors to seek help. Consider including GBV referral pathways and recovery of related essential services in government DRR/M plans or strategies. • Strengthen the GBV referral pathway and capacity of key actors in the pathway to respond to GBV during disasters and develop contingency plans for disaster scenarios.



8. CONFLICT AND CRISES

AREAS OF FOCUS	RECOMMENDATIONS
<p>Conflict</p> <p>Global evidence demonstrates that levels of GBV are higher during and after armed conflict. Sexual violence can be used as a tactic of war by security forces or militias during violent conflicts. GBV often does not subside post-conflict.⁷</p>	<ul style="list-style-type: none"> • UNFPA’s Minimum Standards for Prevention and Response to GBV in Emergencies (GBViE) promote the safety and well-being of women and girls in emergencies and provide practical guidance on how to mitigate and prevent gender-based violence in emergencies and facilitate access to multi-sector services for survivors. • Support governments to develop and implement national action plans aligned with the Women, Peace and Security Agenda (UN Security Council Resolution 1325 and related resolutions), a key component of which is preventing and responding to sexual violence in conflict situations. • Support parties to a conflict and peacekeeper-contributing nations in developing, implementing, training and raising awareness of policies, codes of conduct, and reporting mechanisms on GBV, sexual exploitation and abuse, and sexual harassment amongst security force personnel. • Support security sector reform during or after conflict that incorporates a gender perspective within policies and programming and establishes mechanisms and processes to prevent and respond to sexual harassment, sexual exploitation and abuse, and GBV. • Work with government, civil society and other development partners to ensure that survivors are still able to access essential services (healthcare, psychosocial support) despite a resource-constrained setting. • In the absence of functional policing due to conflict, work with local civil society organisations engaged in GBV response to build or strengthen case management systems. • Support state security actors to develop and implement complaint mechanisms for sexual harassment and sexual exploitation and abuse by security forces.
<p>Pandemics and health crises</p> <p>Health crises impact women and men differently, as demonstrated during the COVID-19 pandemic.</p> <p>Confinement and lock-down due to COVID-19 is likely to result in increased intimate partner and other forms of domestic violence against women and girls due to heightened economic and social tensions within the household. Women’s primary roles in procuring food can also put them at greater risk inside and outside the home, and economic pressures can expose women and children to sexual exploitation and abuse, including through transactional sex. LGBTQI individuals, persons with disabilities and the elderly are also at greater risk of GBV.</p> <p>See Cowater’s COVID-19 GESI Response Tool for more detail and recommendations.</p>	<ul style="list-style-type: none"> • Support government and civil society partners, including women’s organizations, to: <ul style="list-style-type: none"> • Incorporate into preparedness and response strategies the risk of increased GBV and identify those at higher risk such as women and girls, LGBTQI individuals, persons with disabilities and the elderly. • Collect data related to increases and types of GBV to inform the development of prevention and response mechanisms. • Develop, disseminate and promote messaging to address the risk of increased GBV. • Support government and civil society partners, including women’s organizations, to: <ul style="list-style-type: none"> • Establish/expand hotlines for reporting of GBV. • Increase women’s access to shelters and address mobility constraints; consider the need for separate spaces for GBV survivors infected with COVID-19. • Allocate adequate resources to GBV response services within government budgets. • Develop, disseminate and promote messaging to provide information on accessing GBV response services. • Update and disseminate to key partners accurate GBV referral pathways to reflect evolving availability of services. • Build awareness among project teams of local GBV referral systems so they can provide accurate guidance and access to GBV survivors.



8. CONFLICT AND CRISES

AREAS OF FOCUS	RECOMMENDATIONS
<p>First responders</p> <p>First responders may respond to situations of GBV associated with or exacerbated by a pandemic or other health crisis.</p>	<ul style="list-style-type: none"> • Train first responders to convey messages of anti-GBV and gender equality to the communities they serve. • Support government and civil society partners, including women’s organizations, in training first responders on: <ul style="list-style-type: none"> • Basic skills on handling disclosures of GBV associated with or exacerbated by the epidemic in a compassionate and non-judgmental manner. • Understanding to whom they can make referrals for further care or bring into treatment centres to provide care. • Where they can access psychosocial support.
<p>Continuity of essential services</p> <p>Care and support to GBV survivors (e.g. clinical management of rape /abuse; mental health and psycho-social support) may be disrupted when health service providers are overburdened by a health crisis.</p>	<ul style="list-style-type: none"> • Support government and civil society partners, including women’s organizations, to: <ul style="list-style-type: none"> • Identify and mitigate disruptions to GBV response services such as police reporting, healthcare, psychosocial support, and legal support to ensure that services remain accessible to survivors amid the crisis. • Ensure GBV referral pathways are updated to reflect the changing context, including for women’s shelters, and communicated to all service providers • Consider and adapt alternative formats for psychosocial, health and legal support to ensure continuity of service to survivors, including those affected by the emergency e.g. counselling hotlines.

⁷ GSDRC, 2014. Links between gender-based violence and outbreaks of violent conflict. Governance and Social Development Resources Centre. <https://gsdrc.org/publications/links-between-gender-based-violence-and-outbreaks-of-violent-conflict/#:~:text=Throughout%20history%2C%20and%20during%20conflicts,strategies%20during%20in%20violent%20conflicts.>



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