

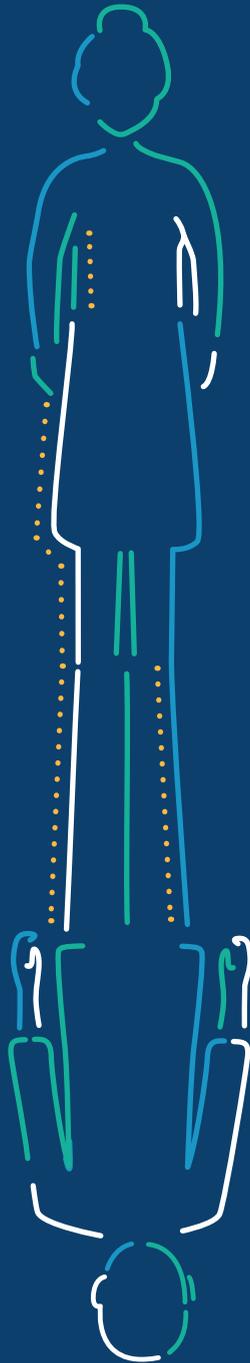
GENDER-BASED VIOLENCE INTERVENTIONS: OPPORTUNITIES FOR INNOVATION

GAP ANALYSIS



Humanitarian
innovation fund

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HIF GAP ANALYSIS RESEARCH ON GENDER-BASED VIOLENCE INTERVENTIONS AND THE OPPORTUNITIES FOR INNOVATION

Elrha's Humanitarian Innovation Fund (HIF) commissioned the Small Arms Survey in 2015 to produce the first ever gap analysis of specific challenges in Gender Based Violence (GBV) humanitarian programming through the lens of humanitarian innovation.

Through such a lens, this in-depth research has generated a series of clearly defined, accessible, and impactful Innovation Challenges, to address gaps in GBV programming. This report offers fresh guidance on tangible innovation areas for GBV practitioners globally to enhance effectiveness and accelerate impact. In doing so, the report aims to engage new actors and new partners from different arenas to overcome enduring GBV challenges.



Elrha's Humanitarian Innovation Fund (HIF) supports organizations and individuals to identify, nurture, and share innovative and scalable solutions to the challenges facing effective humanitarian assistance.

For more information, visit www.elrha.org/hif/home



The Small Arms Survey is a global centre of excellence whose mandate is to generate evidence-based, impartial, and policy-relevant knowledge on all aspects of small arms and armed violence. It is the principal international source of expertise, information, and analysis, and acts as a resource for governments, policy-makers, researchers, and civil society. It is located in Geneva, Switzerland, at the Graduate Institute of International and Development Studies.

For more information, visit <http://smallarmssurvey.org/>

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| | |
|---|----|
| Acknowledgements | 5 |
| Acronyms | 6 |
| Executive Summary | 7 |
| Background and Methodology | 14 |
| A Brief Note on Terminology | 17 |
| Part 1: Innovation in the Context of Humanitarian Gender-Based Violence Interventions | 18 |
| ● Gender-based violence in humanitarian crises | 20 |
| ● The need for innovation in humanitarian GBV | 22 |
| ● Framing gaps as actionable Innovation Challenges | 24 |
| Part 2: Key Considerations for Innovators | 26 |
| ● Key Consideration 1: Involving local stakeholders in problem identification and solving | 29 |
| ● Key Consideration 2: Ensuring GBV services are accessible for target groups and in hard-to-reach areas | 35 |
| Part 3: Challenge Areas | 40 |
| ● Challenge Area 1: Improving monitoring and evaluation | 44 |
| ● Challenge Area 2: Increasing the availability and quality of GBV expertise | 54 |
| ● Challenge Area 3: Improving GBV coordination and prioritization | 66 |
| ● Challenge Area 4: Adapting standards for practical use in a variety of contexts | 80 |

| | |
|---|-----|
| Part 4: Case Study Summaries | 86 |
| ● Honduras | 89 |
| ● Nepal | 95 |
| ● Somalia (Puntland) | 101 |
| Part 5: Conclusions | 106 |
| Annexes | 112 |
| ● Annexe 1: References | 114 |
| ● Annexe 2: Research Methodology | 122 |
| ● Annexe 3: List of institutions and individuals consulted at headquarter level | 127 |

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Science Practice copy edited the report. Powazne Studio designed the final report and its annexes. Alex Potter standardized the style of the three online case studies.

ACRONYMS

| | |
|--------------|--|
| AoR | Area of Responsibility |
| CCCM | Camp Coordination and Camp Management cluster |
| CERAH | Geneva Centre for Education and Research in Humanitarian Action |
| CSO | Civil Society Organization |
| FFS | Female Friendly Spaces |
| FGM/C | Female Genital Mutilation/Cutting |
| GBV | Gender-Based Violence |
| GBV IMS | Gender-Based Violence Information Management System |
| GenCap | Gender Standby Capacity Project |
| HIF | Humanitarian Innovation Fund |
| HREA | Human Rights Education Associates |
| IASC | Inter-Agency Standing Committee |
| ICRC | International Committee of the Red Cross and the Red Crescent |
| IMC | International Medical Corps |
| INAM | National Institute for Women (Instituto Nacional de la Mujer) |
| IPV | Intimate Partner Violence |
| IRC | International Rescue Committee |
| LGBT / LGBTI | Lesbian Gay Bisexual Transgender / Intersex |
| M&E | Monitoring and Evaluation |
| MIRA | Multi-Cluster/Sector Initial Rapid Assessment |
| MSF | Doctors without Borders (Médecins sans Frontières) |
| NGO | Non-governmental Organization |
| NRC | Norwegian Refugee Committee |
| REGA | Regional Emergency GBV Advisors |
| SIDA | Swedish International Development Cooperation Agency |
| SGBV | Sexual and Gender Based Violence |
| UN WOMEN | United Nations Entity for Gender Equality and the Empowerment of Women |
| UNDP | United Nations Development Programme |
| UNFPA | United Nations Population Fund |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund |
| VAWG | Violence Against Women and Girls |
| WASH | Water and Sanitation |
| WFS | Women Friendly Spaces |
| WHRD | Women's Human Rights Defender |

EXECUTIVE SUMMARY

Gender-based violence (GBV) in humanitarian settings is a life-threatening issue. It undermines dignity, causes immense pain, and is a threat to equality and development around the globe. There is a growing recognition that affected populations can experience various forms of GBV during conflict and natural disasters, during displacement, and during and following return. Existing support structures and prevention mechanisms are often compromised, while the risk of abuse and violence of all kinds increases, in particular for women and girls. Despite this, the issue of GBV in emergencies has too often been overlooked during times of crises, or not considered to be a humanitarian need.

International advocacy efforts have sought to change this, and have served to increase the attention paid towards the issue, as organizations seek to put in place prevention and response programmes to help those affected by GBV in emergency contexts. Recently updated guidelines to address prevention, mitigation and response to GBV from the Inter-Agency Standing Committee (IASC) highlight these efforts. Despite initiatives over the past ten years to implement GBV programs in emergencies, the practical difficulties remain complex and context specific.

In recent years, the role of innovation has generated significant attention across the humanitarian sector.¹ Innovation lies in doing something differently with the aim of improvement at a system or sector level, where adaptation and invention require a uniquely iterative process. Successful innovations are those that result in real and measurable improvements in efficiency, effectiveness, quality, or social outcomes/impacts of humanitarian action.

Approaching problems from the perspective of innovation offers the potential to find new ways to tackle problems, and use new ideas, technologies and relationships to drive solutions. Innovations in humanitarian practice can be more inclusive, extending a service to a wider range of people. Critically, innovative practices do not need to be 'brand-new' – they can also include approaches that may have already emerged as good practice elsewhere, but which are novel to a particular context or means of implementation. As a result of this same novelty, innovative practices also carry with them a certain degree of intrinsic risk and uncertainty in their implementation (see ALNAP, 2016). However, successful innovative

practices should ultimately be able to show a demonstrable impact, as evidenced by clear data generated through rigorous monitoring and evaluation.

Since 2011, the HIF has played a leading role in this agenda, supporting organizations and individuals to identify, nurture, and share innovative and scalable solutions to challenges facing effective humanitarian assistance. To support this process, it provides funding for innovations at different stages in their development, and works to improve conditions for innovation in the humanitarian system. It does this by building and supporting partnerships and relationships between organizations and creating opportunities for the sharing of ideas. As part of this mission, the HIF is permanently seeking to improve the research and evidence base for innovation and its contribution to humanitarian performance.

WHAT DOES THE HIF MEAN BY INNOVATION?

The following report adapts the HIF's definition of innovation as:

The dynamic processes that focus on the creation and implementation of new or improved products and services, processes, positions, and paradigms.

For more information, visit < <http://www.elrha.org/hif/innovation-resource-hub/innovation-links/alnap-study/> >

In 2015, the HIF has launched an ambitious initiative funded by the Swedish International Development Cooperation Agency (SIDA), focused on GBV programming. The initiative aims to investigate approaches and efforts to best address the significant remaining challenges in this area and stimulate tangible innovations. The origin of this report lies in the recognition of synergies between these two important conversations growing within the humanitarian sector. The combination of respective knowledge and experience from the GBV and the Innovation arenas has been anticipated as likely to provide powerful and complementary insights.

Given the complexity of the problem of GBV programming in humanitarian emergencies, innovation will not be the only answer. Even in cases where innovation

can help, it is unrealistic to expect solutions to have a significant impact in the immediate to short term. However, innovation in all its forms can be a part of prevention work or work that improves the delivery of GBV services. The benefit that an innovation lens can bring goes beyond any individual project. Such an approach can help people from different sectors connect, inspire action, and raise awareness of problems, allowing projects to become more than the sum of their parts.

In this context, the HIF commissioned the Small Arms Survey to carry out a Gap Analysis to 'explore the specific gaps and challenges of GBV programming in humanitarian contexts and the potential to guide and stimulate innovation processes'.

By building on a broad spectrum of opinions, the research presented in this report addresses current problems and opportunities, and opens up the scanning to practices outside the humanitarian sector. The findings of the report will enable the HIF to make considerate and informed decisions about future innovation, challenges, and funding around GBV in emergencies, while making best use of limited resources.

More broadly, the report seeks to offer a novel contribution to the growing literature around humanitarian GBV. Many of the gaps and emerging good practice opportunities discussed below are already recognized by the humanitarian GBV community. However, by drawing on this current thinking to generate a series of clearly defined, accessible, and impactful Innovation Challenges, the report offers fresh guidance on tangible innovation areas for GBV practitioners globally to enhance effectiveness and accelerate impact. In doing so, the report aims to engage new actors and new partners from different arenas to overcome enduring GBV challenges.

The Small Arms Survey, in consultation with GBV experts and the HIF, carried out the research for this report. The methodology included a literature review, key informant interviews with more than 35 practitioners and subject-matter experts at the global or headquarter level, and an online survey of 353 practitioners. In addition, three case studies involving key informant interviews and focus group discussions with local and international non-governmental organizations (NGOs) and government officials, explored field-level perceptions in Honduras, Nepal, and Somalia (Puntland).

The gaps identified by the research were translated into actionable Innovation Challenges by Science Practice, with ongoing feedback from the Small Arms Survey. A more detailed overview of the research methodology is provided in the following *Background and Methodology* section. *Part 1* of the report introduces the topic of GBV in emergencies, articulates the need for innovation in the field, and provides an overview of the process of defining actionable Innovation Challenges.

From the research, two Key Considerations were identified and articulated as essential requirements for implementing an effective GBV programme in an emergency. These are:

1. **Involving local stakeholders in problem identification and solving;**
2. **Ensuring GBV services are accessible for target groups and in hard-to-reach areas.**

These two Key Considerations emerged from the research as overarching limitations of existing GBV programming. To ensure that future initiatives are inclusive, accessible, and designed with users and their needs at the forefront, the Key Considerations are outlined in *Part 2* of the report. Each Key Consideration includes a *Problem statement* and examples of *Emerging good practice* that were highlighted through the research or in the focus groups.

The remaining gaps and limitations identified by the research were grouped into four Challenge Areas. These are areas in which innovation can help combat GBV in emergency situations. Similarly to the Key Considerations, each Challenge Area includes a *Problem statement*, examples of *Emerging good practice*, but also a number of actionable **Innovation Challenges**. **These are defined as calls for innovators to put forward solutions towards a specific goal.** Each Innovation Challenge includes a description of the problem that needs solving, the criteria that initiatives should aim to address, and likely skills or capabilities that will be needed in developing solutions.

Within each of the four Challenge Areas, there was a noted distinction between Innovation Challenges that are systemic in nature, and those that are operational. For the purpose of this report, systemic challenges refer to areas that would require changes to the structure, organization, or policies within the wider humanitarian system in order to generate a significant improvement. Operational challenges target a specific area within the GBV community that would benefit from particular, or individual innovations. It is important to note that the distinction

between operational and systemic challenges is not a firm one, nor is it a reflection of the level of difficulty of a challenge.

The four Challenge Areas and their component Innovation Challenges are detailed in *Part 3* of the report, and summarised in the table below (Table 1).

Table 1: Overview of the four Challenge Areas and their Innovation Challenges.

| CHALLENGE AREA | INNOVATION CHALLENGES |
|---|---|
| 1. Improving monitoring and evaluation | <p>1.1 Measure the impact of GBV programmes (Operational challenge): <i>Evaluate the impact and quality of existing or new GBV programmes by developing and implementing different assessment processes and tools, and identifying and monitoring relevant metrics.</i></p> <p>1.2 Develop real-time monitoring tools (Operational challenge): <i>Develop tools that easily integrate into the humanitarian system and enable the real-time collection of GBV data during an emergency. The data collected should be reliable and support GBV decision-making and the design of GBV programmes.</i></p> |
| 2. Increasing the availability and quality of GBV expertise | <p>2.1 Create context-specific skills-building opportunities for GBV in emergencies specialists (Operational challenge): <i>Build on existing initiatives to develop relevant, engaging, context-specific, and sufficient GBV skills-building opportunities that lead to a competent and locally-available pool of GBV in emergencies specialists.</i></p> <p>2.2 Develop a transparent and tailored recruitment process for GBV practitioners (Systemic challenge): <i>Enhance the visibility of vacancies for GBV specialists and the transparency of the recruitment process so that competent GBV experts with a strong understanding of the local culture and context fill available opportunities.</i></p> <p>2.3 Reduce turnover of GBV practitioners (Systemic challenge): <i>Reduce turnover of GBV practitioners by improving the work requirements, schedule, and environment in which they are expected to perform.</i></p> |

| CHALLENGE AREA | INNOVATION CHALLENGES |
|--|---|
| 3. Improving GBV coordination and prioritization | 3.1 Enable a better coordination among GBV practitioners (Operational challenge): <i>Design knowledge sharing opportunities that connect GBV practitioners from across the world according to concrete needs, and result in new collaborations and cross-fertilizations.</i> |
| | 3.2 Strengthen advocacy skills of local GBV actors (Operational challenge): <i>Help key actors within the GBV sector, such as practitioners and local women's groups, to accurately identify local GBV priorities and effectively communicate them to relevant decision-makers.</i> |
| | 3.3 Encourage collaborations between humanitarian and development actors (Systemic challenge): <i>Develop opportunities for humanitarian and development actors to work together towards developing a more integrated and sustainable approach to offering GBV services in an emergency.</i> |
| | 3.4 Ensure a more stable flow of donor funding (Systemic challenge): <i>Help ensure a more stable flow of funding for effective GBV programming during emergencies by sensitising donors on the link between humanitarian and development funding.</i> |
| 4. Adapting standards for practical use in a variety of contexts | 4.1 Develop context-specific roadmaps to help practitioners meet GBV minimum standards (Operational challenge): <i>Building on existing work around GBV minimum standards, work together with local communities to successfully develop and disseminate context-specific, engaging, and accessible materials to help practitioners meet GBV minimum standards in emergencies.</i> |

The ambition for these Innovation Challenges is to clearly set out specific targets or tasks that need to be addressed in order to improve the state of GBV programming in emergencies. Their role, together with that of the Gap Analysis, is to enable the HIF to make informed decisions about future targeted innovation, challenges, and funding around GBV in emergencies.

Part 4 of the report outlines the summaries of the three case studies that were carried out in Honduras, Nepal, and Somalia (Puntland). *Part 5* offers an overview of the findings of the Gap Analysis and some concluding remarks.

Annexes to the report include a list of references (Annexe 1), details about the research methodology used (Annexe 2), and names of key informants and institutions consulted (Annexe 3). The complete three case study reports are available online on the HIF website. The full results of the online survey, as well as the focus group guide and the key informant interview questionnaire are also available online on the HIF website at <<http://www.elrha.org/gbv-gap-analysis>>.

BACKGROUND AND METHODOLOGY

The HIF commissioned the Small Arms Survey to carry out a Gap Analysis that will explore the specific gaps and challenges of GBV programming in humanitarian contexts and the potential to guide and stimulate innovation processes. This research component is meant to form a solid baseline for future HIF challenge processes and funding.

As part of its global monitoring of small arms and armed violence, the Small Arms Survey possesses extensive experience analysing the gendered nature of violence, the different roles played by men and women, and the differing nature of their victimisation. Its analysis has also repeatedly stressed the need for monitoring and evaluation systems to demonstrate the effectiveness of violence reduction initiatives, especially in areas affected by conflict, crime, and violence.² Through its robust methodological practices, the Small Arms Survey brings objectivity and an outside – although informed – view to this subject.

The research team was tasked with investigating the GBV community of practice. Insights and views from both inside and outside the community were sought, including the development and peacebuilding sectors, as well as donors and innovation specialists. This research aimed to identify gaps and opportunities in humanitarian GBV programming that could be set as a direction or objective for innovation in the sector. It was meant to:

- Focus on gaps and challenges in GBV programming, investigating approaches and efforts to prevent, mitigate risks, and respond to GBV in humanitarian contexts.
- Consider the full-spectrum of gendered violence in humanitarian contexts that stems from and perpetuates gender inequality (including intimate partner violence, sexual exploitation and harassment, sexual violence, and female genital mutilation/cutting [FGM/C]).
- Focus on violence against women and girls while opening up the scanning to GBV programmes for men and boys (perpetrators and survivors).

Throughout the project, the Small Arms Survey sought to directly engage in primary research and mobilize partner institutions in a large number of locations. It reached out to experts in GBV in humanitarian emergencies at the global level, and to a wide range of practitioners working in the field for international organizations, government agencies, and local NGOs. In addition, interviews with key informants from other humanitarian fields, the development and peacebuilding sectors, as well as donors and innovation specialists, allowed for the integration of outside perspectives.

The research draws on four mutually informing research pillars designed to capture the complexity of GBV programming in emergencies – a literature review, an online survey of around 353 practitioners, about 40 key informant interviews, and three case studies centred around focus groups that were carried out in Honduras, Nepal, and Somalia (Puntland). These tools provide complementary quantitative and qualitative insights into the nature and extent of the challenge of GBV in humanitarian emergencies. They further allowed the researchers to triangulate findings, identify areas of consensus, and better understand the sources of ongoing debate.

The limitations and examples of emerging good practice highlighted in this report draw from the inputs of practitioners and stakeholders working on GBV at very different levels, ranging from global support, to field-based service delivery. It is important to note that interpretations of key concepts sometimes differed widely depending on the key informants' background and role. For instance, while local practitioners considered some programmes as new and promising in their area of operation, global-level experts at times had more critical assessments of the same interventions based on their knowledge of previous experiences elsewhere. In such cases, and especially where empirical evaluations were not available, the report notes stakeholders' different perspectives with the rationale that what does not work in one setting may in fact be meritorious in another situation.

Further details about the research methodology are available in *Annexe 2*, while the names of key informants and institutions consulted are included in *Annexe 3*. The complete three case study reports are available online on the HIF website. The full results of the online survey, as well as the focus group guide, and the key informant interview questionnaire are also available online on the HIF website at <http://www.elrha.org/gbv-gap-analysis>.

FRAMING GAPS AS ACTIONABLE INNOVATION CHALLENGES

The gaps and limitations identified by the research were translated into actionable Innovation Challenges with the support of research and design company Science Practice. This process involved reviewing the research materials produced by the Small Arms Survey and developing proposals for how the gaps and limitations identified could be grouped into discrete Key Considerations and Challenge Areas. Once the four Challenge Areas were defined, Science Practice developed proposals for specific and actionable Innovation Challenges within each of the four Areas. These were then tested with the Small Arms Survey, the HIF, and experts from their GBV Advisory Board. More information about the process and criteria used to define the four Challenge Areas and the specific Innovation Challenges is included in the body of the report.

A BRIEF NOTE ON TERMINOLOGY

This report uses the definition of GBV proposed in the 2015 edition of the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (thereafter the IASC GBV Guidelines). Building upon a broad-based consultation of GBV actors, the IASC definition advocates for an inclusive understanding of GBV as

an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private. (IASC, 2015, p. 5).

While this definition is inclusive of all categories of GBV survivors, the guidelines also stress that

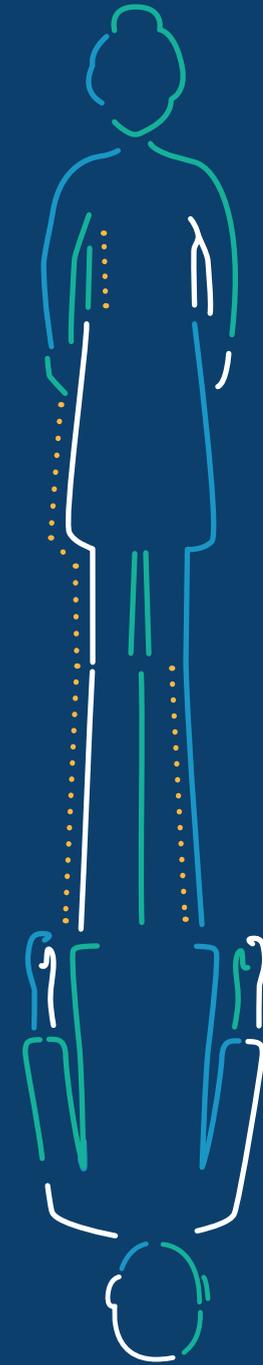
special attention should be given to females due to their documented greater vulnerabilities to GBV, the overarching discrimination they experience, and their lack of safe and equitable access to humanitarian assistance (p. 6).³

Although debates around the definition of GBV have not fully subsided,⁴ the majority of informants appeared to accept the IASC definition as a useful tool they can work with. Moreover, online survey respondents identified the 'lack of a clear definition of what GBV is' as one of the top two areas where realistic improvement in the GBV sector could be achieved in the short term. This seems to suggest confidence that the roll out of the IASC GBV guidelines, which began in early 2016, will help achieve compromise on this definition.

Key informants underlined the importance of being pragmatic in the approach – using GBV as an overall definition but being able to respond to different needs on the ground and to the organization's mandate (which may focus on specific forms of violence). Indeed, the case study research illustrated that while local practitioners are generally aware of and understand the IASC or similarly inclusive definitions of GBV, they also face strong local cultural norms that can limit the nature and scope of their interventions.

PART 1:

INNOVATION IN THE CONTEXT OF HUMANITARIAN GENDER-BASED VIOLENCE INTERVENTIONS



GENDER-BASED VIOLENCE IN HUMANITARIAN CRISES

Gender-based violence (GBV) in humanitarian emergencies is a life-threatening issue. GBV impacts survivors' immediate sexual, physical, and psychological health, and increases the risks of longer-term health problems and social stigma. The available evidence points to the aggravation of many forms of GBV during episodes of armed conflict and natural disasters, and highlights the particular importance of effective response in such settings (IASC, 2015, p. 7, 9).

There has been increased attention on the issue of GBV, in particular on sexual violence, since the adoption of *UN Security Council Resolution 1325 on Women, Peace and Security* in 2000, and subsequent resolutions. The women's rights and GBV in humanitarian emergencies community of actors have worked tirelessly to encourage humanitarian organizations to more systematically address GBV interventions in emergency contexts. In the past five years, there has been a high-level uptake of the issue of sexual violence in humanitarian contexts, culminating in the June 2014 *Global Summit to End Sexual Violence in Conflict*. Governments, international organizations, and NGOs recently elaborated an action plan and roadmap to implement their *Call to Action on Protection from GBV in Emergencies*⁵ for 2016–2020, illustrating the growing political momentum around this issue.

Yet it remains debatable whether this attention has trickled down to field operations, whether there has been a commensurate increase in funding, and whether GBV prevention and response in emergencies have become a normalised method of practice for humanitarian actors. As the *Call for Action Roadmap* notes, 'prevention of and response to GBV is still not treated as a priority from the earliest stages of emergencies and humanitarian responses lack sufficient mechanisms – funding, policy, and systems – to ensure that the issue is comprehensively addressed' (*Call to Action Roadmap 2016–2020*, p. 3).

Areas experiencing protracted instability or high rates of criminal violence pose further challenges as they represent settings where the distinction between humanitarian and development contexts is an increasingly difficult one to make. In these cases, it becomes even more challenging to establish responsibility, raise funding, and carry out effective and timely GBV programming.

THE NEED FOR INNOVATION IN HUMANITARIAN GBV

In this context, the following report seeks to contribute to existing efforts by framing such gaps in GBV programming as actionable ‘Innovation Challenges’. In recent years, the role of innovation has generated significant attention across the humanitarian sector.⁶ Innovation lies in doing something differently with the aim of improvement at a system or sector level, where adaptation and invention require a uniquely iterative process. Successful innovations are those that result in real and measurable improvements in efficiency, effectiveness, quality, or social outcomes/impacts of humanitarian action.

Approaching problems from the perspective of innovation offers the potential to find new ways to tackle problems, and use new ideas, technologies and relationships to drive solutions. Innovations in humanitarian practice can be more inclusive, extending a service to a wider range of people. Critically, innovative practices do not need to be ‘brand-new’ – they can also include approaches that may have already emerged as good practice elsewhere, but which are novel to a particular context or means of implementation. As a result of this same novelty, innovative practices also carry with them a certain degree of intrinsic risk and uncertainty in their implementation (see ALNAP, 2016). However, successful innovative practices should ultimately be able to show a demonstrable impact, as evidenced by clear data generated through rigorous monitoring and evaluation.

Since 2011, the HIF has played a leading role in this agenda, supporting organizations and individuals to identify, nurture, and share innovative and scalable solutions to challenges facing effective humanitarian assistance. To support this process, it provides funding for innovations at different stages in their development, and works to improve conditions for innovation in the humanitarian system. It does this by building and supporting partnerships and relationships between organizations and creating opportunities for the sharing of ideas. As part of this

mission, the HIF is permanently seeking to improve the research and evidence base for innovation and its contribution to humanitarian performance.

In 2015, the HIF launched an ambitious initiative funded by the Swedish International Development Cooperation Agency (SIDA), focused on GBV programming. The initiative aims to investigate approaches and efforts to best address the significant remaining challenges in this area and stimulate tangible innovations. The origin of this report lies in the recognition of synergies between these two important conversations growing within the humanitarian sector. The combination of respective knowledge and experience from the GBV and the Innovation arenas has been anticipated as likely to provide powerful and complementary insights.

In this context, the HIF commissioned the Small Arms Survey to carry out a Gap Analysis to ‘explore the specific gaps and challenges of GBV programming in humanitarian contexts and the potential to guide and stimulate innovation processes’.

By building on a broad spectrum of opinions, the research presented in this report addresses current problems and opportunities, and opens up the scanning to practices outside the humanitarian sector. The findings of the report will enable the HIF to make considerate and informed decisions about future innovation, challenges, and funding around GBV in emergencies, while making best use of limited resources.

More broadly, the report seeks to offer a novel contribution to the growing literature around humanitarian GBV. Many of the gaps and emerging good practice opportunities discussed below are already recognized by the humanitarian GBV community. However, by drawing on this current thinking to generate a series of clearly defined, accessible, and impactful Innovation Challenges, the report offers fresh guidance on tangible innovation areas for GBV practitioners globally to enhance effectiveness and accelerate impact. In doing so, the report aims to engage new actors and new partners from different arenas to overcome enduring GBV challenges.

FRAMING GAPS AS ACTIONABLE INNOVATION CHALLENGES

The process of unpacking the problem of GBV in emergencies meant understanding the Challenge Areas that define it and breaking them down into discrete and actionable Innovation Challenges.

In the context of this report, an 'Innovation Challenge' is seen as a call for action or an opportunity for innovators to develop creative solutions. The role of an Innovation Challenge is not to be prescriptive or ask for specific solutions, but to set a clear goal for innovation.

As detailed above, the aim of the research carried out for this Gap Analysis was to draw on surveys, interviews, and focus groups, to identify existing barriers and gaps in GBV programming in emergencies. Once these barriers were identified, they were grouped into thematic Challenge Areas. The role of these Challenge Areas is to help contextualise the gaps, encourage a broader understanding of the interplay between them, and set a direction for innovation.

In selecting and refining Challenge Areas, the emphasis was on defining areas that would benefit from a push for innovation. Ultimately, the aim was to articulate Challenge Areas that are:

1. Goal-driven – Have a clear, but not prescriptive, goal for innovators to work towards.
2. Discrete – Are sufficiently distinct from other Challenge Areas to allow for independent progress.
3. Significant – Have a goal that is ambitious, but still achievable within the given timeframe.

Using these criteria, the following four Challenge Areas stood out as areas where innovation could lead to improvements in GBV programming in emergencies:

1. Improving monitoring and evaluation of GBV
2. Increasing the availability and quality of GBV expertise
3. Improving GBV coordination and prioritization
4. Adapting GBV standards for practical use in a variety of contexts

Within each area, specific opportunities for innovation were outlined as Innovation Challenges. These will be further detailed in *Part 3* of the report.

In addition to these Challenge Areas, two Key Considerations stood out from the research as overarching limitations of existing GBV programming in humanitarian contexts. To ensure that future initiatives are inclusive, accessible, and designed with users and their needs at the forefront, these two Key Considerations are outlined in the next part of the report.

PART 2:

**KEY CONSIDERATIONS
FOR INNOVATORS**



KEY CONSIDERATIONS FOR INNOVATORS

Before exploring each of the four Challenge Areas, this section provides a detailed overview of two Key Considerations that should be held in mind by anyone looking to develop or implement GBV programmes or initiatives in a humanitarian context. These Key Considerations emerged from the research as remaining barriers or limitations that prevent the effective implementation of GBV programming in emergencies. The two Key Considerations are:

1. Involving local stakeholders in problem identification and solving;
2. Ensuring GBV services are accessible for target groups and in hard-to-reach areas.

While the significance of these Key Considerations is well known in the GBV community, the fact that they repeatedly surfaced as limitations of existing programmes in the research and interviews highlights the fact that additional work is needed to ensure that GBV services are relevant and accessible.

Each Key Consideration includes a *Problem statement* and examples of *Emerging good practice*. These are examples of programmes or approaches that were identified during the research or suggested during the interviews and focus groups. The extent to which these practices were seen as innovative differed depending on the informants' background and role. However, given the scope of this Gap Analysis, these examples are included as an overview of what is currently being trialled in the field. In most of these cases, additional empirical work around validating and assessing the impact of these interventions in specific humanitarian contexts is needed.

Innovators looking to develop GBV solutions are encouraged to be mindful of the limitations raised by these Key Considerations and further explore and build on the presented examples of emerging good practice.

KEY CONSIDERATION 1: INVOLVING LOCAL STAKEHOLDERS IN PROBLEM IDENTIFICATION AND SOLVING

PROBLEM STATEMENT

In a humanitarian emergency, it is essential to ensure that local stakeholders, such as government institutions, community and traditional leaders, NGOs and women's groups, feed into GBV intervention planning and play an active role in identifying and solving problems. Working closely with local experts and organizations allows for a more accurate identification of local cultural barriers to GBV interventions, and supports the timely mapping out of local actors that need to be engaged to mitigate them. It can also lead to the production of outreach materials that are better suited for the given context. Most importantly, involving local stakeholders in the design and implementation of GBV planning helps ensure the long-term effectiveness and continuity of services after a crisis situation.

Despite these benefits, there was widespread agreement among the GBV experts consulted for this report that humanitarian actors' efforts to meaningfully engage local actors are far too limited. Key informants explained that humanitarian actors do not systematically use or rehabilitate existing local services, and instead set up separate services for GBV. In the longer run, this risks undermining the national actors and the sustainability of local capacity to deal with GBV.

Respondents to the online practitioner survey confirmed this perception, both among practitioners directly involved in GBV programming and humanitarian workers who are not. GBV experts felt it was most important to ‘better listen to local affected communities for better adapting services to local needs’ (agreement score of 91 on a 100–point scale). The need to ‘better integrate local partners and service providers to ensure that services are locally adapted’ reached similarly high levels of agreement, particularly among respondents working directly on GBV (score of 90).

Image 1: The highest rated statements related to gaps in GBV interventions (0–100 scale, mean scores).



Source: Online practitioner survey (see <<http://www.elrha.org/gbv-gap-analysis>> for full results)

One of the main reasons given by global-level key informants to explain why local actors are not more involved in GBV programme design is the rapidity with which decisions need to be made during humanitarian emergencies.

Nevertheless, alongside the requirements for timeliness and speedy response, the GBV literature often emphasizes the need for context-adaptable frameworks rather than ‘one-size-fits-all’ approaches, and the importance of considering the long-term needs of local women and girls (IRC, 2011, p. 5). Reports also underscore the importance of thinking locally to grasp the effects of power, of using a rights-based, community-development and a survivor-centred approach, and of implementing a multi-sectoral response (UNFPA, 2012). Engaging local stakeholders in GBV programming design and implementation is essential in meeting these requirements. Therefore, a balance needs to be sought between taking the necessary time to get valuable input from local stakeholders and providing a timely response to those in need of GBV services.

EMERGING GOOD PRACTICE

While the potential for involving local stakeholders in GBV programming will depend, to some extent, on their pre-emergency capacities, the following practices emerged as particularly promising in the research. Although additional studies need to be carried out to assess their impact across different emergency situations, innovators looking to develop solutions to the four Challenge Areas identified are encouraged to further explore these examples, build on them, and potentially integrate them in their proposals.

● USING LOCAL WOMEN'S ORGANIZATIONS TO CARRY OUT RAPID GBV ASSESSMENTS.

Local women’s organizations are ideally placed to identify and conduct needs assessments as the women speak the local language and often have the trust of the community. In Nepal, local women’s groups and NGOs quickly organized themselves after the 2015 earthquake and became key actors in dealing with GBV. For instance, within a week of the earthquake, some women’s organizations drafted a ‘Charter of Demands’ with a view to improve the gender sensitivity of the humanitarian response and to address GBV. Others helped investigate cases of GBV and provided female trekkers to deliver aid in remote areas. Local NGOs also carried out ‘women’s safety audits’ in urban centres, after the earthquake, to examine how public spaces, government policies, and plans impact on the safety of girls and women.

- **CO-DESIGNING APPROACHES TO INVOLVE LOCAL COMMUNITIES IN GBV PREVENTION AND MITIGATION.**

‘Co-design’ approaches may represent an innovative way to meaningfully engage local stakeholders – for instance refugees and internally displaced populations – in identifying GBV-related threats and what context-specific products and measures can be taken to address them.⁷ Co-design first involves ‘creative capacity building’ or training that uses design techniques to build the refugees’ capacity for analysis and problem solving. Co-design workshops of 8–10 days then bring the refugees together with engineers, designers, NGO workers, and health workers to jointly design and produce tools, technologies, and projects to address humanitarian problems faced in the camp. While such intensive consultations may not be suitable during the height of an emergency, implementing them in protracted crises and in the disaster recovery phase has the potential to generate innovative approaches to reducing GBV.

- **ALLOWING LOCAL ACTORS TO TAKE THE LEAD IN THE DESIGN AND IMPLEMENTATION OF GBV RESPONSE DURING EMERGENCIES.**

Local civil society organizations – particularly local women’s organizations – are well placed to advocate for and provide GBV response as these services are largely lacking globally. In Africa, Asia, and Europe, few governments have meaningfully integrated GBV or even gender into either disaster response planning or humanitarian response to conflict. In Latin America, however, governments and local NGOs are the main actors in GBV response during humanitarian emergencies, with international actors providing mainly a technical support role. This is the case in Honduras, for instance, where the National Institute for Women (INAM) leads a national working group that coordinates work on GBV by the relevant government and civil society actors.

- **SUPPORTING AND ENGAGING WITH PEER SUPPORT GROUPS REPRESENTING ALL CATEGORIES OF GBV SURVIVORS SUCH AS WOMEN’S, LESBIAN GAY BISEXUAL TRANSGENDER INTERSEX (LGBTI) OR MEN’S GROUPS.**

A 2016 assessment by the Women’s Refugee Commission found that local LGBTI organizations could potentially play a variety of roles in the protection of urban LGBTI refugees and other GBV survivors. Such organizations’ ability to support humanitarian response will vary depending on the context, but can include

sharing information related to LGBTI protection (e.g. safe neighbourhoods, landlords, or job placements for LGBTI refugees), serving as referrals, or providing services to LGBTI refugees (WRC, 2016, p. 20).

- **USING ADVOCACY, TRAINING AND ACCOUNTABILITY TO TARGET NON-STATE ARMED GROUPS.**

Geneva Call, a Swiss-based NGO, directly engages with armed non-state actors ‘to reduce the threat of conflict-related sexual violence, to eliminate gender discrimination and to promote greater participation of women in decision-making processes.’⁸ While Geneva Call’s work on GBV is relatively recent, it has an established track record of engaging armed groups on other humanitarian norms (including the antipersonnel mine ban and child protection). Furthermore, it is among the few existing initiatives that attempt to prevent GBV in humanitarian settings through advocacy, training, and accountability measures targeting armed groups.

- **ENGAGING IN SOCIAL NORM CHANGE.**

Stakeholders underscored initiatives that engage local actors in GBV prevention and social norm change in humanitarian settings as newly emerging and innovative. United Nations Children’s Fund (UNICEF) is piloting such approaches in South Sudan and Somalia, but results were not yet available at the time of writing.

The Puntland case study revealed the importance of engaging with local stakeholders to overcome particularly strong social norms that are unfavourable to GBV interventions. These norms included the acceptance of certain forms of GBV, particularly intimate partner violence (IPV), and the social stigma associated with being a GBV survivor. Key informants and focus group participants felt that working with traditional elders and religious leaders was crucial to gain acceptance of GBV services by communities and to design interventions that would take into account traditional power and justice structures.

In Honduras, respondents stressed the need for interventions that seek to change socio-cultural norms and behaviour towards GBV, and underscored a need to engage with broader spectrums of society – including men, women, boys, and girls, as well as the family unit – in doing so. While there is increasing work on social norm change in development settings,⁹ it remains exploratory in the humanitarian field.

- SENSITISING DONORS TO THE LINKAGES BETWEEN DEVELOPMENT AND HUMANITARIAN PROGRAMMES.

International NGOs often lead the provision of services during humanitarian emergencies, as government structures can be weak or inexistent. As affected countries transition towards post-emergency and development phases, humanitarian actors can still play important, yet evolving roles. Their aim becomes that of encouraging local governments and civil society to assume greater responsibility for GBV response, through capacity-building, supporting local networks, advocacy for legislative reform, and holding governments accountable (SDC, 2016). The Nepal case study suggests that integrating gender considerations into governments' disaster preparedness plans has the potential to lead to a more effective GBV response during emergencies.¹⁰

KEY CONSIDERATION 2: ENSURING GBV SERVICES ARE ACCESSIBLE FOR TARGET GROUPS AND IN HARD-TO-REACH AREAS

PROBLEM STATEMENT

While GBV services are, in theory, open to all categories of GBV survivors, in practice, issues of security, availability of personnel, cost, and cultural barriers hinder access among some of the target populations.¹¹

Most key informants interviewed for this research saw the coverage of GBV needs in rural and insecure areas as inadequate. Specific groups can be more challenging to provide appropriate support to, including dispersed urban refugees, adolescent girls, men and boys, and particularly stigmatized groups of survivors such as people affected by GBV due to their sexual orientation or gender identity. Consulted practitioners considered extending the reach of GBV interventions in humanitarian emergencies beyond the usual comfort zones – such as large urban centres and camp settings – a recurring challenge. This is due to the small number of agencies able to provide such care and the lack of funding.



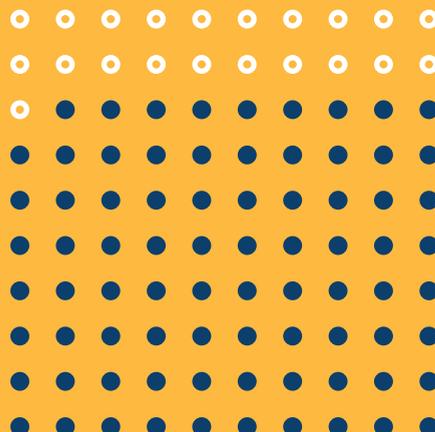
60 %

of respondents thought coverage of health care services was insufficient or non-existent.



79%

of respondents thought coverage of legal/justice assistance was insufficient or non-existent.



Source: Online practitioner survey (see <<http://www.elrha.org/gbv-gap-analysis>> for full results)

Online survey results confirmed the perceived poor coverage of GBV interventions among humanitarian workers. Regardless of the sector of intervention (i.e. health care, safety/security assistance, mental health and psychosocial support, and legal/justice support), the majority of respondents thought services were either insufficient in reaching survivors and at-risk groups, or totally non-existent. Relatively speaking, while the coverage of health care services was rated the highest, 60 per cent of respondents still felt it was insufficient or non-existent. Legal/justice assistance was the most poorly rated sector in terms of coverage, with 79 per cent of respondents selecting insufficient or nonexistent.

The case study research confirmed the existence of gaps in coverage. In Puntland, there was a strong sense that programmes focused on urban settings and IDP camps, but largely excluded rural areas due to transport, security, and cultural constraints. While stakeholders recognized that women were the primary GBV survivors, there was also a sense that more could be done to reach out to male survivors of sexual violence. Similarly, in Honduras, services are mainly available in major urban centres such as Tegucigalpa and San Pedro Sula.

In addition to the challenges of working under known humanitarian constraints – limited time, funding, and available skills – access to services for rural dwellers and indigenous populations is often hampered by the cost of transport and strong cultural norms that lean towards acceptance of GBV, particularly IPV. In Nepal, after the earthquake, humanitarian assistance in general and GBV response more specifically, was provided primarily in urban areas and other locations accessible by road.

The lack of knowledge about where vulnerable people are and how to reach them was often quoted as another barrier in delivering timely and targeted GBV services in an emergency. While collaborating and actively engaging with local organizations to answer these questions and help provide services is essential, the time constraints of a humanitarian response often hinder this process. In addition to this, the potential risk associated with involving locals and sending them to remote areas needs to be carefully assessed. For example, the security of Women's human rights defenders (WHRDs), LGBT support groups, and activists are a severe challenge in the Honduran context: between 2012 and 2014, 318 attacks against WHRDs were registered in Honduras, including seven homicides (AWID, 2016).

EMERGING GOOD PRACTICE

While recognizing the difficulties and heightened risks involved with extending GBV services, in particular to insecure areas, the research noted that a number of approaches could assist in tackling this challenge. Again, the impact and effectiveness of these emerging practices needs to be further tested in the field, but they represent valuable starting points or considerations to bear in mind when developing solutions to the four challenge areas identified by the Gap Analysis.

- **CREATING INITIATIVES THAT ARE FLEXIBLE WITH RESPECT TO LOCATION AND TIME.**

Initiatives that make it easier for survivors to access GBV services such as mobile services, 24-7 centres, one-stop centres, and hotlines were suggested in the focus groups. A concrete example were the 'GBV Mobile Vans' set up by police in the Kathmandu Valley in Nepal as a rapid GBV response unit. In La Ceiba, Honduras, the United Nations Population Fund (UNFPA) piloted a 'one stop' approach whereby survivors can report a case to a single group of officials representing all the relevant agencies (i.e. judiciary, police, social workers, doctors, and psychologists), thereby reducing the administrative requirements. Designing services that are similarly flexible and reduce the time and cost required from survivors to access services was seen as an effective way to increase the coverage of GBV interventions. Nevertheless, when developing such programmes, particular attention must be paid to ensuring that initiatives do not stigmatize GBV survivors or put them at greater risk of experiencing GBV.

- **EMPOWERING LOCAL ORGANIZATIONS TO DELIVER SERVICES TO SURVIVORS IN HARD-TO-REACH AREAS.**

There are a number of examples of locally led initiatives to deliver medical aid to stranded civilians, or empower the populations themselves to provide minimal caregiving.¹² WHRDs, as well as survivor peer support groups, appear well placed to reach hard-to-access populations and may be more systematically engaged towards this end. However, as mentioned above, the security risks associated with such an approach need to be carefully considered.

- **DEVELOPING TECHNOLOGICAL INNOVATIONS FOR DISSEMINATING GBV-RELATED MESSAGES AND RAISING AWARENESS.**

The case study research highlighted the potential role of technologies in disseminating GBV-related messages and raising awareness about the availability of GBV services among hard-to-reach populations and areas. For instance, such a service could be provided via text messaging on a mobile phone. An example of a promising initiative – the Rape Crisis Counseling App to Help Survivors Get Medical Care – is proposing the innovative use of new technologies to 'digitize the training that rape crisis counsellors receive to become volunteer emergency room advocates for sexual violence survivors.'¹³

PART 3:

CHALLENGE AREAS



CHALLENGE AREAS

After outlining two Key Considerations for innovators to keep in mind when developing GBV initiatives, this section introduces the four Challenge Areas derived from the research. Similar in structure to the Key Considerations, each Challenge Area includes a short *Problem statement* that introduces the key limitations and gaps, and an overview of *Emerging good practice*. In addition to this, each area concludes with a number of suggested Innovation Challenges.

Innovation Challenges are concrete calls for action. Their goal is to clearly set out specific targets or tasks that need to be addressed in order to improve the state of GBV programming in emergencies.

In order to be effective at achieving this role, the Innovation Challenges were designed to meet the following principles:

- **Simple to understand and articulate** – While a challenge is by nature difficult to solve, in order to generate interest it has to be able to be explained in a succinct and clear way.
- **Genuine** – It should target the causes of a problem, not the symptoms.
- **Community-centred** – Regardless of whether it is governments, humanitarian organizations, or individuals, a good challenge will galvanise a community of people who have been thinking about the problem for a while.
- **Solvable** – A challenge has to be ambitious, yet attainable. If the challenge is too broad or involves too many variables, it becomes difficult for innovators to grasp a starting point.
- **Not solved already** – It is often the case, especially in the humanitarian sector, for challenges to arise not because solutions do not exist, but because they are not adequately resourced in a crisis situation. In order to avoid duplicating efforts, challenges should acknowledge and build on existing efforts.

SYSTEMIC AND OPERATIONAL CHALLENGES

Within each of the four Challenge Areas, there was a noted distinction between Innovation Challenges that are systemic in nature, and those that are operational. For the purpose of this report, systemic challenges refer to areas that would

require changes to the structure, organization, or policies within the wider humanitarian system in order to generate a significant improvement. Operational challenges target a specific area within the GBV community that would benefit from particular, or individual innovations.

This distinction is in no way meant to be a means of simplifying or quantifying the level of difficulty in addressing each challenge. There is no expectation that any of the challenges, neither systemic nor operational, are likely to be solved by a single intervention or call for innovation. The distinction between systemic and operational is meant to be a way of drawing attention to the fact that systemic challenges are more likely to require longer time frames and sustained interventions before generating a measurable impact. What organizations like the HIF can do is raise awareness of the complexities involved and try to support a number of processes that are innovative in nature in order to trigger impactful positive change.

CHALLENGE AREA 1: IMPROVING MONITORING AND EVALUATION

Develop clear and easy to implement monitoring and evaluation processes and technologies to help gather real-time data on the nature of GBV in emergencies and on the impact of GBV interventions.

PROBLEM STATEMENT

The IASC GBV guidelines state that collecting data on the prevalence of GBV should not be a pre-requisite to establishing urgently-needed services, and note that ‘all humanitarian personnel ought to assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening problem; and take actions based on sector recommendations’ (IASC, 2015, p. 2). While gathering reliable information on the extent and nature of GBV is challenging in any setting, the specific contexts of humanitarian emergencies further complicate the collection and analysis of such data. Staff often lack the necessary training to engage affected populations on this particularly sensitive topic. Despite repeated advocacy by gender and GBV advocates, survey teams can still fail to deploy female interviewers which limits their ability to capture information on women’s needs (SNAP, 2013). In conflicts and emergencies, displaced people often move into urban settings rather than camps making data about this ‘hidden population’ scarce (IDS, 2014).

The research carried out for this report underscores a gap in the availability of data that can help assess the quality of services, and that can contribute to improving the monitoring and evaluation of programmes. In fact, online survey respondents overwhelmingly supported the idea that measurements of both the overall problem of GBV and of the impact of GBV interventions should be improved. Respondents were asked to rate their level of agreement to a series of statements, two of which are relevant to this topic:

- there is a ‘need to better measure the problem of GBV during emergencies in order to understand the true extent of the problem’: GBV practitioners had a mean agreement score of 76 on a 0–100 scale, compared with 85 among other humanitarian workers;
- there is a ‘need to better measure the impact of GBV interventions’: GBV practitioners had a mean agreement score of 85, compared with 90 among other humanitarian workers.

Image 2: Practitioner agreement levels on statements related to the value of monitoring and evaluation in GBV programming (0–100 scale, mean scores).



Source: Online practitioner survey (see <<http://www.elrha.org/gbv-gap-analysis>> for full results)

This data suggests that those directly involved with GBV work are possibly more sceptical than other humanitarian workers of data and the need for monitoring and evaluation (M&E) of GBV interventions.

Calls for better M&E also reflect concerns and questions about the quality of the services being delivered. There was an overall perception among the key informants interviewed that current M&E of GBV interventions focuses on outputs, while little is known about the quality of the services provided, as well as the outcomes and impacts of programmes. Survey respondents assessed the quality of programmes rather critically. While health care response received the best quality ratings (38 per cent of respondents¹⁴ felt these services were adequate or even good), a large majority of practitioners (62 per cent) still qualified them as ‘inadequate.’ Safety / security provision and legal / justice assistance received the lowest quality ratings, with only 17 and 18 per cent, respectively, assessing these services as adequate or good.

Existing literature highlights the need for GBV interventions to be followed up not just with impact evaluations but also with in-depth analyses of the mechanisms for success or failure (WRC, 2009; Spangaro et al., 2013; UNFPA, 2013; Spangaro et al., 2015).¹⁵ This would allow for a better understanding of scalability, viability and impact of contextual factors, including program implementation (expertise, human resources, etc.), buy-in from donors, local leaders and the affected populations (IRC, 2014). How success is understood and reported is also problematic. Over-reliance on either quantitative or qualitative indicators alone can obscure performance issues (GBV AoR, 2011; UNFPA, 2012; Vukovic, 2013). Selecting the right mixture of indicators and continuous data collection processes require time, expertise, personnel, and sustained investment. Too often prevalence research is considered to have prohibitive costs or take up too much staff time (Holmes and Bhuvanendra, 2015).

Moreover, scholars underline that GBV interventions must also include components that monitor and evaluate effects on vulnerable sub-groups, such as women of different caste or ethnicity, adolescent girls, LGBTI, or people with disabilities (DFID, 2013; UNFPA, 2013; van der Gaag, 2013; IRC, 2014; WhatWorks, 2015), a conclusion echoed by evaluations of GBV interventions in development settings (Temmerman, 2014; Arango et al., 2014; Ellsberg et al., 2015). Finally, existing evaluations highlight a need to overcome the competitive and insular nature of interventions. One assessment of the humanitarian response in Pakistan in 2011 found that some outcomes were diluted by the competitiveness between key actors (GBV AoR Pakistan, 2011).¹⁶

The case study research illustrated specific challenges in collecting GBV data and performing M&E of interventions. In Honduras, while a variety of government and civil society actors collect rather elaborate data on GBV, there is a widespread

perception that the majority of cases go unreported. Informants stressed the absence of national surveys that could provide alternate sources of information, and the need for community-level data in order to more effectively monitor and evaluate interventions.

Lack of access to information and data on GBV in the Puntland context was also mentioned as a concern for multiple actors. There, the GBV Information Management System (GBV IMS) provides basic incident tracking data, but, due to the sensitivity of data, more in-depth information on root causes and triggers of GBV could not be shared with all stakeholders. Information on the outcomes and impacts of existing programs – in particular those focusing on livelihood support activities – was also seen as limited, irregular and not systematic enough to demonstrate linkages between services, referral pathways and outcomes.

In Nepal, local NGOs explained that the lack of robust data meant that perceptions of the changing nature and scope of GBV during the humanitarian emergency could not be verified, and as a result interventions could not necessarily adjust to the evolving situation, in spite of the 2011 roll out of the GBV IMS.¹⁷

EMERGING GOOD PRACTICE

While GBV has been increasingly included in organizations’ assessment tools, the literature stresses the need for coordination and data sharing to avoid duplication of efforts and to protect respondents and enumerators (UNFPA GBV AoR, 2013). The GBV IMS was created around 10 years ago to respond to concerns around collecting, managing and employing data on GBV in humanitarian settings (ISG, 2014). The GBV IMS provides a number of tools that help standardize GBV-related definitions and the reporting of incidents. However, it does not alone make it possible to monitor variations in the overall prevalence of GBV and, by extension, assess the impact of interventions. Nevertheless, innovation specialists highlighted the value of impact assessments that employ a mix of quantitative and qualitative methods (e.g. randomized controlled trials, user surveys, and micro-narratives), and of real time information mechanisms and quicker learning cycles.

There was strong support among stakeholders for encouraging the sharing of lessons learned in M&E across humanitarian sectors, but also with other challenging fields such as peacebuilding and development. A number of studies have suggested breaking silos, and learning how GBV interventions can benefit from

lessons learned from other sectors. A lesson learned from the implementation of food security programmes in development settings was the need to take into account the non-monetary costs of activities and the potential negative effects of economic or development interventions on women and GBV (WFP, 2014). Multi-disciplinary research on successful interventions has also been encouraged within the field of violence against women and girls (VAWG) (Jeweke, 2015) and the humanitarian field more broadly (Ramalingman et al., 2015). A number of studies have underscored the need for a harmonization of interventions across development, conflict and humanitarian settings, to avoid creating parallel or hierarchical support systems (IDS, 2014).

While some GBV experts saw the cost and time required to gather quantitative data as prohibitive in an emergency situation, innovation experts in other fields such as peacebuilding noted that the new technologies – for instance the use of mobile devices for surveying – had dramatically reduced the resources necessary for generating policy-relevant data, even in challenging situations. The latter add that situations of protracted conflict render this type of regular data collection more relevant and important, as trends should be monitored over the medium- to long-term. In fact, some GBV actors are beginning to work with mobile technologies. In Latin America and the Caribbean, for instance, UNFPA is building a mobile-ready, web-based and geo-referenced application that will be available for UNFPA and its partners to gather and deploy socio-demographic data in real-time during humanitarian situations.¹⁸ UNFPA envisions adapting these guidelines into a global online tool that may prove useful in mapping GBV vulnerabilities in a broader range of settings. Other relevant use of technology may include crowd-mapping, surveying using electronic devices, and applications or use of text messaging to facilitate survivors' access to medical care.

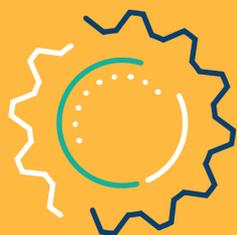
INNOVATION CHALLENGES

Based on the above research findings, this section puts forward two specific Innovation Challenges for improving monitoring and evaluation of GBV programmes. Their role is to guide innovation in the sector by specifying criteria and setting concrete goals to work towards.

Both of the defined Innovation Challenges for this Challenge Area are operational challenges. The distinction between operational and systemic challenges is meant as an indicator of the fact that some challenges (in particular the systemic

ones) will require a more comprehensive set of actions and initiatives to generate meaningful change. It is important to note that the distinction between operational and systemic challenges is not a firm one, nor is it a reflection of the level of difficulty of a challenge.

The first Innovation Challenge focuses on gathering crucial information about the effectiveness of different GBV interventions in an emergency setting. This knowledge is key to advancing the GBV community and establishing best practices that can be replicated across humanitarian contexts. The second Innovation Challenge revolves around the need to develop better tools to gather real-time data on the nature of GBV in emergencies. This data is essential in developing a strong understanding of the problem, informing policies, and designing evidence-based programmes.



OPERATIONAL CHALLENGE

INNOVATION CHALLENGE 1.1: MEASURE THE IMPACT OF GBV PROGRAMMES

PROBLEM STATEMENT

The scope and diversity of GBV programmes in emergency contexts is steadily on the rise. However, monitoring and evaluation of GBV interventions mainly focuses on outputs, with little information about the quality of the services or the impact of programmes provided. Evaluating impact is often seen as a challenging process due to constraints in terms of time, funding and skills, but also because there is no clear framework for measuring impact.

Having more and better data on the impact of GBV interventions can provide a strong evidence base for GBV programming and support replication at scale. While knowing whether a GBV programme was successful is valuable, the development of real-time evaluations should also be encouraged as this gives programme coordinators the ability to adapt and improve their service while still on the ground.

CHALLENGE STATEMENT

Evaluate the impact and quality of existing or new GBV programmes by developing and implementing different assessment processes and tools, and identifying and monitoring relevant metrics.

CRITERIA

- **Easy to implement:** The evaluation process should be integrated within the overall GBV programme and roles and responsibilities for carrying out the assessment clearly defined. Protocols for evaluating the impact of GBV programmes shouldn't represent a burden for humanitarian staff or affect the provision of services.

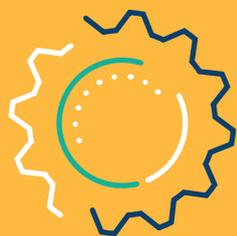
- **Replicable and adaptable:** The proposed assessment approach should allow for contextual or cultural adaptation in order to enable replication and the comparison of effectiveness of similar GBV programmes across different contexts.
- **Include co-design opportunities:** To ensure that the proposed evaluation method is suitable for the given context and culture, it should be designed in collaboration with local affected people.
- **Allow for rapid evaluations and iterations:** Impact evaluations should provide those running programmes with rapid and actionable information on user satisfaction and impact. Real time evaluation would be a significant achievement. The information should allow GBV agents to make improvements to the programme while still on the ground
- **Inform decision-making:** The outcomes of the evaluation need to be presented in a way that is accessible to the wider GBV community. They should inform the community and support decision-making about how to effectively implement a GBV programme and monitor its progress in a given context.

INNOVATORS

Below are suggestions of potential fields and domains of expertise outside the sector that may offer new perspectives and help engage a collective effort to address the above Innovation Challenge.



- Behaviour change
- Co-design
- Field testing
- Impact evaluation
- Monitoring and evaluation



OPERATIONAL CHALLENGE

INNOVATION CHALLENGE 1.2: DEVELOP REAL-TIME MONITORING TOOLS

PROBLEM STATEMENT

Data on the nature of GBV in emergencies is essential to help develop a robust understanding of the problem, inform policies and design evidence-based programmes. However, because of the resource constraints of an emergency situation, the limited availability of monitoring and evaluation expertise, and cultural barriers to admitting or reporting the issue, information about GBV incidence and prevalence is lacking.

Existing data is often incomplete or unreliable because of the lack of standardisation of GBV terminology and incident classification, lack of uniformity in how and what data is collected, and human error in recording and manually compiling data. Existing solutions are also insufficient as they require significant funding in order to ensure adequate training and uptake, they fail to capture data over time, and the resulting data is difficult to access by global teams who would need it to support fundraising and global advocacy. Developing tools that can support the real-time collection of GBV data in the field can allow for a better identification of GBV vulnerabilities and support the development of more tailored and contextually relevant support programmes.

CHALLENGE STATEMENT

Develop tools that easily integrate into the humanitarian system and enable the real-time collection of GBV data during an emergency. The data collected should be reliable and support GBV decision-making and the design of GBV programmes.

CRITERIA

- **Integrate with wider data collection processes:** Development should take into account the specific resources, infrastructure, and skills available in the context

the data collection tool will be used. In addition to this, cultural considerations that might have a direct impact on how the data is collected, who would be providing the data and in what context, should be taken into account in the design.

- **Adaptable to multiple settings:** The proposed tool would allow for contextual or cultural adaptation in order to ensure its uptake across different humanitarian emergency settings, and for different target groups.
- **Produce reliable data:** The tool should allow for the gathering of data that is accurate, reliable and precise. This minimum standard of data quality is important to ensure that the data collected is relevant and can be used as a basis for informing decision-making.
- **Produce real-time data:** The tool should be able to present data as it is acquired from the field. In an emergency, delivering up-to-date information is essential in identifying GBV vulnerabilities and developing timely responses. Also, being able to track data over time and monitor trends can support those designing and implementing programmes to more effectively evaluate the impact of their programmes.
- **Support service delivery and decision-making:** The type of data collected and the way in which data is presented back to local staff has to be accessible and support them in making decisions about service delivery and wider GBV programming. This means that available skills and time resources need to be carefully considered in the design of the tool.
- **Data security:** The tool should acknowledge the sensitive nature of the data collected and ensure that ethical and safety precautions are taken into account, as well as making sure that client consent is an integral part of the tool.

INNOVATORS

Below are suggestions of potential fields and domains of expertise outside the sector that may offer new perspectives and help engage a collective effort to address the above Innovation Challenge.



- Anthropology
- Co-design
- Data science
- Monitoring and evaluation
- Tech development

CHALLENGE AREA 2: INCREASING THE AVAILABILITY AND QUALITY OF GBV EXPERTISE

Ensure that GBV specialists have access to relevant and engaging GBV skills-building opportunities, and encourage initiatives aimed at improving the recruitment and retention of GBV practitioners.

PROBLEM STATEMENT

The issue of inadequate human resources to coordinate and support GBV interventions in humanitarian emergencies was a recurring concern among the stakeholders consulted. Key informants felt that there continues to be a shortage of GBV experts able to deploy to emergencies, with ongoing reliance on junior, inexperienced programme managers or coordinators. In addition, there is a strong feeling that non-specialists who deal indirectly with GBV – including humanitarian staff from other sectors, the personnel of national government institutions and service providers, and local volunteers – lack sufficient GBV training. Results from the online practitioner survey underscore the significance of this challenge: ‘lack of trained and adequately equipped service providers’ was the most frequently cited ‘top’ challenge for GBV interventions (38 per cent of respondents), while ‘insufficient or lack of trained humanitarian staff’ ranked fifth (25 per cent of respondents).

In 2014, the GBV Area of Responsibility (AoR) through the Learning Task Team commissioned a comprehensive review of existing GBV response capacities. The review identified the following gaps in relation to human resources (GBV AoR, 2014, p. 3):

- GBV coordination and programming remain ad hoc, poorly staffed and funded;
- There are limited numbers of international experts with experience and ability to deploy to emergencies;



Top five responses to the question ‘In your current or most recent experience, what is the relative importance of these challenges?’

CHALLENGES

PERCENTAGE OF RESPONDENTS INDICATING THE CHALLENGE AS ‘ONE OF THE TOP’

Lack of trained and adequately equipped service providers



38 %

Lack of common understanding of GBV response being a lifesaving or critical issue in emergencies



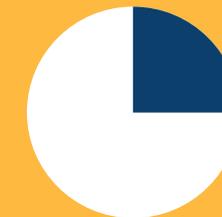
35 %

Lack of finances/adequate funding



27 %

Lack of (or inadequate) inclusion of GBV in needs assessments



25 %

Insufficient or lack of trained humanitarian staff



25 %

Source: Online practitioner survey (see <<http://www.elrha.org/gbv-gap-analysis>> for full results)

- Existing rosters of experts are difficult to maintain and do not appear to be used regularly;
- There is a lack of transparent hiring practices in UN agencies, poor communication around job opportunities, and challenges associated with short-term contract modalities;
- Unclear pathways to move national staff into international positions, and the lack of family duty stations act as barriers to employment as a GBV specialist;
- Training and capacity-building for new and existing staff are often one-off and not sustained;
- Funding is unpredictable.

In addition, the report noted that many GBV course applicants were interested in gaining GBV programme management skills, while the trainings that were on offer, focused on GBV coordination. The availability and diversity of eLearning options was also deemed insufficient (GBV AoR, 2014). Overall, there seemed to be no clear 'pathway' for interested humanitarian actors to become GBV specialists.

The literature stresses the negative impact that these shortcomings have had on the success of interventions (Humphries, 2013). Promoting long-term and sustainable capacity building remains a key challenge in the absence of a more robust 'GBV surge' capacity that would be able to provide additional emergency support (UNFPA, 2015, p. 13).

The case studies further underscored concerns with human resources in GBV interventions in humanitarian emergencies. Budgetary constraints in Honduras mean that relevant government agencies scarcely put in place capacity-building and training plans for personnel. Moreover, government agencies face strong turnover of personnel, who are assigned to 'gender issues' for a time, and then rotated. This makes such capacity building plans rather complex to implement. In Nepal, the research suggested both a lack of training for new humanitarian workers, and a lack of gender-sensitivity among the more experienced personnel. In Puntland, the research highlighted the difficulties for GBV personnel to engage with local leaders, as well as male survivors of GBV.

Reports of sexual exploitation and abuse by aid workers are another disturbing aspect of this challenge. Close to 30 per cent of the practitioners who responded to the online survey said sexual exploitation by aid workers was a frequent practice where they worked. The Nepal case study suggested that some local humanitarian

volunteers were involved in such abuses, and that individuals posing as humanitarians reportedly engaged in trafficking or attempted trafficking. While there is growing international scrutiny of sexual exploitation perpetrated by peacekeeping forces, research carried out for this report suggests similar efforts are also needed to tackle abuse by aid workers.

EMERGING GOOD PRACTICE

There appears to be a strong consensus among GBV practitioners on the need for more trained GBV specialists and humanitarian workers.¹⁹ Agencies have taken steps in the last nine years to address the human resources challenge in the form of online or in person courses, the development of a curriculum for GBV response in humanitarian settings, and investment in capacity-building seminars (GBV AoR, 2014, pp. 4–10).²⁰ UNFPA, for instance, has developed region- and country-specific GBV in emergency training courses that integrate GBV programme management and coordination, as well as created e-learning courses on 'Managing Gender-Based Violence Programs in Emergencies.'²¹ However, the demand still outstrips supply and GBV experts stress the need for systematic annual global trainings.²² Overall, while a variety of training modules exist and have the potential to cover a variety of needs among GBV practitioners, professionals from other humanitarian sectors as well as government and NGO personnel, resources to support a comprehensive capacity-building strategy are lacking.

Furthermore, humanitarian actors have sought to put in place rosters and teams of GBV experts that can be deployed as 'surge' capacity, in cases of emergencies. In 2007, the IASC in collaboration with the Norwegian Refugee Council (NRC) initiated the Gender Standby Capacity Project (GenCap) 'to facilitate and strengthen capacity and leadership of humanitarians to undertake and promote gender-sensitive programming'.²³ In 2012, the GenCap roster was expanded to include a 'GBV Window.' In 2015, the GBV AoR established the deployment of Regional Emergency GBV Advisors (REGA) in regional UNFPA offices in West Africa, Central Africa, the Middle East, and Asia-Pacific to improve regional coordination of GBV interventions (UNFPA, 2015). However, a decision was taken in 2015 to limit this pool to gender experts and GBV specialists are no longer funded through GenCap. Funding to fill REGA positions has also proved challenging to secure. UNFPA has also developed a roster of internal and external GBV in emergency surge support. By the end of 2016, the UNFPA anticipates there will be 100 GBV in emergency surge experts available for deployment in the areas of GBV Co-ordination, GBV Programme Management, and GBV Information Management.

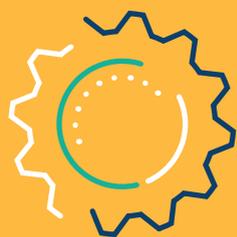
Despite these advances, there is scepticism that this is a challenge that can be rapidly solved. Only 26 per cent of online survey respondents identified ‘insufficient or lack of trained humanitarian staff’ as a challenge that could be addressed in the short term (see full results online at <<http://www.elrha.org/gbv-gap-analysis>>).

Key informant interviews highlighted a strong potential for finding people interested in working on GBV in the affected regions/countries. However, this suggests a need for strengthening skills and competences at the regional and country level. UNFPA has conducted a GBV in emergency capacity development in Latin America, Asia, and the Middle East, providing training and technical assistance to UNFPA country offices and the relevant national ministries. UNFPA’s Country Office in Kenya funded a program on GBV in Emergencies with the University of Nairobi in order to create a larger community of people from the region with the required skills for GBV prevention/reduction. However, these types of activities often run into funding issues, as they are considered to be development rather than humanitarian issues.

Stakeholders also stressed the need to recruit people with expertise in the multiple forms of GBV being tackled, and with familiarity and access to the various groups of survivors. Other innovative capacity building approaches identified during the research included ‘twinning’ programmes, whereby junior staff are co-deployed to the field with senior experts as part of their mentoring. UNFPA is continuing this effort with DFID and will start a fellowship program to develop P2/P3 level ‘emerging’ specialists through headquarters and field mentorship.

INNOVATION CHALLENGES

This section puts forward three specific Innovation Challenges for increasing the availability and quality of GBV expertise. The Innovation Challenges target the lack of a clear pathway for becoming a GBV specialist and thus focus on the whole chain, from training, to recruitment, and ensuring opportunities for personal and professional development. While the first Innovation Challenge is more operational in nature given the specific envisioned outputs, the latter two are categorised as systemic because of the diversity of initiatives required to generate a significant improvement in these areas.



OPERATIONAL CHALLENGE

INNOVATION CHALLENGE 2.1: CREATE CONTEXT-SPECIFIC SKILLS-BUILDING OPPORTUNITIES FOR GBV IN EMERGENCIES SPECIALISTS

PROBLEM STATEMENT

The demand for specialist GBV training currently outstrips supply. In addition to this, the content of existing training is often not in line with the specific skills required in the field.

There is a growing need to integrate monitoring and evaluation as a core component of GBV training programmes to better understand what works, and to develop a curriculum focused specifically on the challenges posed by GBV programming in humanitarian contexts.

CHALLENGE STATEMENT

Build on existing initiatives to develop relevant, engaging, context-specific and sufficient GBV skills-building opportunities that lead to a competent and locally-available pool of GBV in emergencies specialists.

CRITERIA

- **Context-specific, engaging, and relevant training content:** Proposed initiatives should be developed in collaboration with local GBV agents, experts and stakeholders to ensure they address the challenges and needs of that particular area. They should be engaging and reflective of local skills and literacy. Co-designing courses in collaboration with locals should allow for a better tailoring of materials to the needs, skills and resources available on the ground.
- **Available at a local/regional level:** Proposed initiatives should be available and accessible to people interested in working on GBV in the affected regions or countries. Ideally, initiatives should not be restrictive in terms of location, necessary funding or availability of places.

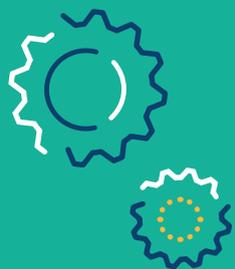
- **Focus on the emergency phase:** Materials should prioritize the GBV challenges faced by IDPs or refugees in the case of an emergency. Emergency GBV programming has specific characteristics, challenges and priorities that should be central to the education of a GBV specialist. The content should also reflect the additional challenges of offering GBV services in an emergency to people in hard-to-reach areas or who are a part of other vulnerable sub-groups such as adolescent girls, LGBTI, or people with disabilities.
- **Build on existing initiatives:** There is already a variety of training courses, curriculums and materials available for GBV training. Initiatives looking at developing context-specific, engaging and accessible materials should build on previous initiatives and learn from their strengths and challenges encountered.
- **Feedback loops for improvement:** Proposed initiatives should have integrated feedback loops that allow for iterations to be made on the content of the training based on feedback from users. The extent to which the proposed training successfully translates into useful GBV skills and successful GBV programmes should also be demonstrated.
- **Include as part of a sustained effort:** Opportunities for practitioners to build their GBV skills should not be provided as a one-off, but should become an integral part of day-to-day efforts.

INNOVATORS

Below are suggestions of potential fields and domains of expertise outside the sector that may offer new perspectives and help engage a collective effort to address the above Innovation Challenge.



- Anthropology
- Behaviour change
- Co-design
- E-learning
- Training and educational programmes



SYSTEMIC CHALLENGE

INNOVATION CHALLENGE 2.2: DEVELOP A TRANSPARENT AND TAILORED RECRUITMENT PROCESS FOR GBV PRACTITIONERS

PROBLEM STATEMENT

The lack of a transparent recruitment process and poor communication around job opportunities makes recruiting skilled GBV specialists a challenge. This is an even greater challenge in the case of an emergency as time constraints put additional pressures on finding the right people, fast. While some organizations advertise GBV vacancies on their websites, there is a need for initiatives that offer a more timely and targeted approach to emergency GBV recruitment.

CHALLENGE STATEMENT

Enhance the visibility of vacancies for GBV specialists and the transparency of the recruitment process so that opportunities are filled by competent GBV experts with a strong understanding of the local culture and context.

CRITERIA

- **Transparent:** Initiatives should enhance visibility of existing vacancies and provide relevant information such as a description of the role, the location, duration of the post, expected skills and salary.
- **Timely and up to date:** Proposed solutions should include a process through which vacancies are announced in a timely way and overall opportunities are kept up to date to reflect current needs.
- **Targeted communication:** Vacancies should be widely advertised, but special attention needs to be allocated to clearly communicating opportunities within the local communities, regions or countries affected by the emergency. When considering this, the language, available skills, relevant networks and key GBV stakeholders should be taken into account.

- **Long-term focus:** The recruitment process should focus on capacity building for the long-term. The availability and suitability of GBV practitioners to carry on providing needed GBV services beyond the emergency phase should be taken into account in order to ensure the sustainability of services.

INNOVATORS

Below are suggestions of potential fields and domains of expertise outside the sector that may offer new perspectives and help engage a collective effort to address the above Innovation Challenge.



- Communications and HR
- Tech development
- User experience and design



SYSTEMIC CHALLENGE

INNOVATION CHALLENGE 2.3: REDUCE TURNOVER OF GBV PRACTITIONERS

PROBLEM STATEMENT

Working as a GBV practitioner in an emergency context is a demanding role. Limited time and resources, frequent assignment rotations, unclear pathways to move national staff into international positions, and the lack of family duty stations act as barriers to employment and retention of GBV staff. A high turnover rate can lead to disruptions, inefficiencies in programme delivery, a weakening of stakeholder relations, and a loss of local expertise. While the nature and context of an emergency cannot be controlled, other initiatives can be taken to reduce turnover.

Improving the pool of skilled local GBV practitioners can play a key role in reducing the burden of work, as well as the frequency and unsustainable speed of rotations. However, additional initiatives taken at a more systemic level can help improve the overall working conditions and environment of a GBV specialist and therefore improve recruitment and retention.

CHALLENGE STATEMENT

Reduce turnover of GBV practitioners by improving the work requirements, schedule and environment in which they are expected to perform.

CRITERIA

- **Improve job security:** Because of limited funding, GBV practitioners often rely on short-term contracts that imply a high level of job insecurity. This limited funding is tied to the perception that GBV services are mainly needed during an emergency phase. Initiatives or programmes that are able to attract a more sustainable stream of funding and emphasize the long-term role of GBV staff should be prioritized.

- **Develop a flexible work environment:** Initiatives or policies looking to increase the flexibility of the work environment for GBV staff, whether this implies the ability to go on leave or the ability to provide family duty stations, should be encouraged. Such initiatives should aim to improve job satisfaction and ensure that the personal needs of GBV staff are taken into account.
- **Develop a clear pathway for career progression:** Currently, there is no defined pathway for interested humanitarian actors to become GBV specialists. There is also little transparency over career progression, for example over how national staff can move to international positions. Proposed initiatives or policies should aim to clearly define the role of a GBV practitioner and emphasize the opportunities for career progression within the profession.
- **Integrate feedback from practitioners:** Initiatives should actively gather feedback from GBV practitioners on the ground, understand their challenges, and the barriers they face when providing services. This feedback should be included in key strategic decisions around GBV programming and capacity development in emergencies.

INNOVATORS

Below are suggestions of potential fields and domains of expertise outside the sector that may offer new perspectives and help engage a collective effort to address the above Innovation Challenge.



- Communications and HR
- Organizational management and psychology
- Tech development
- User experience and design

CHALLENGE AREA 3: IMPROVING GBV COORDINATION AND PRIORITIZATION

Support the development of open spaces for dialogue in the GBV community and encourage collaborations between development and humanitarian agents to ensure the implementation of sustainable humanitarian GBV programming.

PROBLEM STATEMENT

In spite of the global *Call to Action* and the *2015 IASC GBV Guidelines* – which assert that the response to GBV in humanitarian emergencies qualifies as life-saving (IASC, 2015, p. 14) – most stakeholders consulted for this research feel GBV is still often considered as secondary in importance to other humanitarian responses. This would suggest that successes in mobilizing actors and resources at the global level are slow in trickling down to the field level. Results from the online survey underscore this challenge: while 85 per cent of the participating practitioners identified GBV interventions as life-saving, the majority (54 per cent) felt that GBV was treated as less important than others by the humanitarian system. Moreover, 74 per cent of respondents believed that, in the areas where they were deployed, GBV response received insufficient attention and resources.

An added challenge is the increasing difficulty in distinguishing between humanitarian and development contexts. This is particularly true in areas experiencing protracted instability or high rates of criminal violence. In these cases, it becomes even more challenging to prioritize GBV programming, establish responsibility, and raise necessary funding.

GBV experts interviewed for the research thought part of the problem lies in the lack of political will among senior decision-makers. Some mentioned that senior

management are still reluctant to champion the GBV issue. An often-cited manifestation of this neglect is the practice of humanitarian needs assessments, which do not systematically integrate GBV as an issue or GBV experts in the assessment teams. Some donors felt that the GBV AoR was rather isolated from its umbrella, the Global Protection Cluster, and left alone to carry out work that should be seen as much more cross-cutting and taken up by other clusters as well. According to them, the GBV field of practice tends to be left to a small number of specialized actors and professionals, which leads to a lack of engagement among other relevant actors.

Informants further identified global-level coordination challenges, including the limited capacities and resources of the UNFPA- and UNICEF-led GBV AoR.²⁴ While all of the UN agencies are involved in the steering committee of the AoR, technical support to the field has been limited outside of the work of the Regional Emergency GBV Advisors (REGAs). The output of the GBV AoR compared to the Child Protection Working Group and the Global Protection Cluster shows the differences in resources and support. Some of the interviewed GBV experts thought that the AoR lacks the political weight to effectively push for the more systematic integration of GBV across humanitarian sectors and to overcome some of the systemic issues identified.

The case studies undertaken in Honduras, Nepal, and Puntland further confirmed GBV practitioners' perception that their field was under-resourced and not prioritized by outsiders. They highlighted a strong disconnect between practitioners' knowledge and the much narrower perceptions of GBV among non-specialists and the general population, who tend to associate the issue primarily with rape. For instance, in Honduras and Puntland, practitioners explained that non-specialists tend to perceive GBV as a relatively minor problem that is, to some extent, socially accepted in an overall violent environment. This fits with global evidence that many forms of GBV like IPV and early marriage are perceived as normal. In Nepal, disaster preparedness plans were not gender sensitive, which translated into a poor humanitarian response to the surge in GBV following the 2015 earthquake.

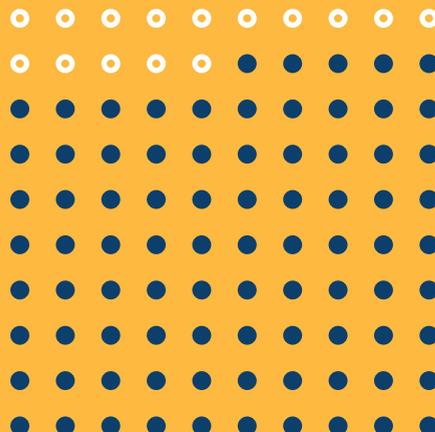
EMERGING GOOD PRACTICE

While there has been increased attention on and political momentum around the issue of GBV, there is also widespread agreement that it has not sufficiently trickled down to field operations. Efforts to do so are not systematic across humanitarian actors. Yet results from the online survey suggest that addressing some



85 %

of respondents identified GBV interventions as life-saving



58%

of respondents felt that GBV was treated as less important than others by the humanitarian system



74 %

Respondents believed that, in the areas where they were deployed, GBV response receives insufficient attention and resources



Source: Online practitioner survey (see <<http://www.elrha.org/gbv-gap-analysis>> for full results)

PART 3: CHALLENGE AREAS

aspects of this challenge area holds particular potential. In fact, survey respondents identified the following among the top opportunities for addressing challenges in the short term:

- The better integration of GBV into needs assessments (45 per cent of respondents)
- Addressing the lack of common understanding of GBV response being a lifesaving or critical issue in emergencies (35 per cent of respondents).

At the same time, relatively fewer respondents felt that in the short term more resources could be mobilized for GBV interventions, suggesting that efforts to address prioritization and coordination issues would need to rely on existing resources.

There is ongoing work to more systematically integrate GBV into other humanitarian sectors, but this remains uneven. For example, some humanitarian actors have developed detailed guidance on how to integrate GBV prevention and mitigation into their operations.²⁵ The *2015 IASC GBV Guidelines* provide extensive guidance for integrating GBV in all other humanitarian sectors, and thus represents an initiative that should support an increased ownership of the issue of GBV. As of early 2016, the *IASC GBV Guidelines* started being rolled out. The extent to which they will succeed in gaining traction across humanitarian sectors remains unclear. While some humanitarian cluster representatives interviewed for the research strongly supported the roll out, others expressed concern at the lack of resources and capacities for implementing the guidelines.

There are also initial attempts to more systematically integrate GBV into needs assessments. For instance, the Myanmar Protection Cluster has integrated guidance on the gender of enumerators as well as specific focus group discussions with women as a module of the Multi-Cluster/Sector Initial Rapid Assessment (MIRA) tool.²⁶ Systematically incorporating GBV into MIRA in emergency response has the potential to greatly assist in mainstreaming GBV across humanitarian sectors. A more systematic deployment of GBV experts from the GBV AoR's RE-GAs or from the Gender Standby Capacity Project (GenCap) as part of humanitarian assessment teams, and increasing GBV training of humanitarian teams would further assist in embedding response to GBV in all sectors. This, in turn, would lead to an increase in prioritization of GBV service provision in emergencies.

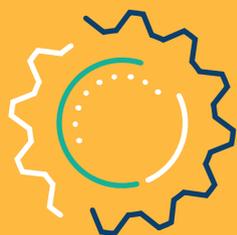
Key informants also highlighted the importance of strengthening accountability mechanisms that require humanitarian actors to integrate GBV in their

programming and reporting. A multiple-agency evaluation of the GBV response in Syria, for instance, found that humanitarian sectors are ‘not held accountable for failing to incorporate the GBV response and minimum standards outlined in the GBV Guidelines.’²⁷ The evaluation found that while many donors hold organizations accountable at the proposal level (i.e. having indicators or references to GBV in the proposals and insisting that GBV is part of assessments), there are no repercussions when the proposals are not implemented in practice. Multiple informants suggested that donors could play an important role in increasing the accountability of agencies. For instance, they could request that specific GBV indicators are integrated into quarterly and annual reporting requirements. Some initiatives, such as the US-led Real Time Accountability Partnership and the EDG’s GBV Champions Initiative, have begun moving in this direction with some of the major agencies.

While systemic coordination and prioritization is not necessarily seen as a primary area for innovation, some global-level informants raised interesting suggestions in this regard. For instance, some stakeholders felt communication professionals may be able to help the GBV sector more effectively communicate its key messages and lobby for GBV support among key decision-makers and funders. One international humanitarian agency also explained how a private consulting firm carried out a pro bono audit of coordination procedures – this included mapping communication gaps, areas of overlap, information exchange, and roles and responsibilities between the Camp Coordination and Camp Management cluster (CCCM) and the GBV AoR. CCCM representatives interviewed for this report felt this process led to a deeper understanding of how collaboration can be operationalized, and of the means by which to establish standard operating procedures and systematize information exchange between CCCM and GBV actors.

INNOVATION CHALLENGES

This section puts forward four specific innovation challenges for improving GBV coordination and prioritization. The two operational challenges focus primarily on improving the coordination and advocacy skills of GBV actors. The two systemic challenges highlight the need for humanitarian and development actors to start working closer together to develop more adequate and sustainable GBV solutions, and similarly, the need to develop initiatives that sensitise donors on the link between humanitarian and development funding.



OPERATIONAL CHALLENGE

INNOVATION CHALLENGE 3.1: ENABLE A BETTER COORDINATION AMONG GBV PRACTITIONERS

PROBLEM STATEMENT

While an increasing number of agencies and guidelines identify GBV as a life-saving issue in humanitarian emergencies, there is an enduring disagreement in the GBV community regarding the nature of GBV, the role of GBV programming, and what should be the next priority areas. To advance the field and ensure that GBV standards are implemented across emergency settings, the GBV community should capitalise on the existing momentum around GBV programming and agree on priorities and set a clear and shared direction.

CHALLENGE STATEMENT

Design knowledge sharing opportunities that connect GBV practitioners from across the world according to concrete needs, and result in new collaborations and cross-fertilizations.

CRITERIA

- Create open spaces for communication: There is a need for spaces or opportunities where GBV practitioners can engage in open and constructive conversations around their work, as well as the nature and language of GBV. To ensure the open nature of these opportunities, the involvement and role of a neutral facilitator should be carefully considered.
- Support knowledge sharing: Opportunities should encourage practitioners from different regions to share knowledge and lessons from the field. This should facilitate the development of a common language around key barriers and limitations of GBV programming in emergencies.
- Reflect different perspectives: These opportunities should aim to engage GBV practitioners from across the world. In doing this, the desire is to ensure that the

needs and perspectives of regional and local GBV practitioners are taken into account and that they play an active role in shaping the direction of the sector.

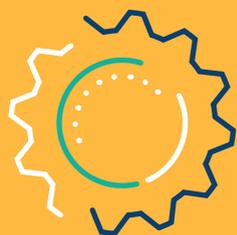
- Prioritize next steps for action: These open spaces should act as opportunities for GBV practitioners to develop and agree upon priority areas that reflect the current opportunities and challenges faced by the sector. Potential topics to be discussed could include the role of innovation in improving GBV programming or how to effectively integrate monitoring and evaluation practices in GBV programming.

INNOVATORS

Below are suggestions of potential fields and domains of expertise outside the sector that may offer new perspectives and help engage a collective effort to address the above Innovation Challenge.



- Coordination
- Effective communication
- Event facilitation
- Knowledge sharing and cross-fertilization



OPERATIONAL CHALLENGE

INNOVATION CHALLENGE 3.2: STRENGTHEN ADVOCACY SKILLS OF LOCAL GBV ACTORS

PROBLEM STATEMENT

In order to ensure that local GBV priorities are heard, understood, and adequately prioritized by key decision-makers, local actors need to be equipped with the necessary skills to effectively identify and communicate them. While international humanitarian actors are often trained to advocate for GBV support among decision-makers, regional or local GBV actors often lack this type of training.

CHALLENGE STATEMENT

Help key actors within the GBV sector, such as practitioners and local women's groups, to accurately identify local GBV priorities and effectively communicate them to relevant decision-makers.

CRITERIA

- **Identify priorities for GBV services:** Initiatives should firstly ensure that local GBV actors have the capacity to quickly develop an accurate understanding of GBV vulnerabilities and resources needed in a local emergency context. This understanding is key and will inform and guide communications with key decision-makers.
- **Improve local advocacy skills:** Initiatives should improve the ability of local GBV agents such as local women's groups to set a clear agenda, communicate it and influence decision-makers. This is essential in ensuring GBV is effectively included in local emergency planning.
- **Include local stakeholders:** Proposed programmes or initiatives should be designed in direct collaboration with local actors. Awareness of key decision makers in the context and best approaches to engage with them are essential in ensuring the success of such initiatives.

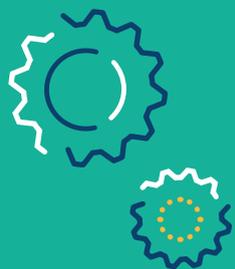
- **Produce measurable impact:** Initiatives should demonstrate the effectiveness of resulting communications and advocacy and the impact on how decision-makers are influenced. Initiatives should contribute to building an evidence base for what type of arguments or advocacy works in which contexts.

INNOVATORS

Below are suggestions of potential fields and domains of expertise outside the sector that may offer new perspectives and help engage a collective effort to address the above Innovation Challenge.



- Advocacy
- Effective communication
- Negotiation
- Problem identification



SYSTEMIC CHALLENGE

INNOVATION CHALLENGE 3.3: ENCOURAGE COLLABORATIONS BETWEEN HUMANITARIAN AND DEVELOPMENT ACTORS

PROBLEM STATEMENT

There is an increasing difficulty in distinguishing between humanitarian and development settings, especially in areas experiencing protracted instability or high rates of criminal violence. Despite this challenge, humanitarian and development actors still operate in silos. This poses challenges for effectively implementing GBV programming in emergencies as development actors rarely include GBV activities in their plans, and humanitarian actors struggle to implement systems that can be sustained beyond the emergency phase. To improve and prioritize GBV programming in emergencies there is a need to rethink the connection between emergency and long-term development.

CHALLENGE STATEMENT

Develop opportunities for humanitarian and development actors to work together towards developing a more integrated and sustainable approach to offering GBV services in an emergency.

CRITERIA

- **Enable collaboration:** Initiatives should enable both development and emergency actors to exchange lessons and local understanding. This should facilitate the co-design and implementation of relevant, effective and sustainable GBV services in an emergency.
- **Prioritize GBV:** Whether the initiative is driven by development actors or by humanitarian ones, GBV needs to be acknowledged as a life-threatening challenge and adequately embedded in proposed disaster-preparedness plans or emergency actions, respectively.

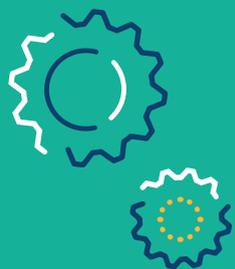
- **Ensure sustainability of services:** Development initiatives need to support the training and capacity building of regional and local actors to generate a larger pool of local GBV experts who can respond in regional emergencies. Similarly, humanitarian actors need to ensure that programmes put in place can be sustained after the emergency phase.
- **Acknowledge ethical considerations:** Working in collaboration to design effective GBV services, both humanitarian and development actors need to consider the ethical consequences of the proposed GBV services. The available resources and extent to which they are sufficient to ensure sustainable GBV support should be assessed in order to avoid exposing survivors and putting them at an even greater risk.
- **Establish accountability:** Initiatives need to help define roles and responsibilities for designing and implementing GBV services in different phases of an emergency. Both development and humanitarian actors should have clear objectives to meet and should be able to demonstrate how and whether their programmes are able to meet these objectives.

INNOVATORS

Below are suggestions of potential fields and domains of expertise outside the sector that may offer new perspectives and help engage a collective effort to address the above Innovation Challenge.



- Coordination and Collaboration
- Effective communication
- Problem identification



SYSTEMIC CHALLENGE

INNOVATION CHALLENGE 3.4: ENSURE A MORE STABLE FLOW OF DONOR FUNDING

PROBLEM STATEMENT

The widespread tendency for humanitarian actors to raise awareness about GBV in an emergency phase, only to fail in providing needed services once this phase has ended, poses both significant risks for survivors and serious ethical considerations for the service providers. This barrier to service provision is often caused by a very narrow understanding of GBV humanitarian funding. Being able to offer effective GBV services in a humanitarian context is dependent on the ability to provide these services beyond the initial emergency phase. However, donors tend to perceive GBV initiatives that sit outside of this period as in need of development rather than humanitarian funding.

CHALLENGE STATEMENT

Help ensure a more stable flow of funding for effective GBV programming during emergencies by sensitising donors on the link between humanitarian and development funding.

CRITERIA

- **Make claims for GBV funding explicit:** Humanitarian agencies should clearly specify the amount of GBV funding needed in an emergency appeal. GBV funding often falls under the general category of 'protection' thus donors lack visibility over how much money is actually needed or finally allocated for GBV programming. Explicit GBV funding requests would ensure the prioritisation of funding and enable donors to hold humanitarian actors accountable.
- **Present a clear scope:** Initiatives should clearly explain the scope of GBV programming in emergencies and what that translates to in terms of funding.

- **Demonstrate sustainability:** Projects should be able to demonstrate the impact additional funding will have on ensuring the sustainability and continuation of GBV services after an emergency.
- **Ensure accountability:** While humanitarian actors would be expected to demonstrate the impact of their programmes, donors could also offer support in terms of setting clear objectives or targets for the programmes to meet or offering guidance regarding appropriate evaluation mechanisms.

INNOVATORS

Below are suggestions of potential fields and domains of expertise outside the sector that may offer new perspectives and help engage a collective effort to address the above Innovation Challenge.



- Communication
- Humanitarian and development funding
- Problem identification

CHALLENGE AREA 4: ADAPTING STANDARDS FOR PRACTICAL USE IN A VARIETY OF CONTEXTS

Build on existing work to develop clear and easy to implement GBV minimum standards and develop a comprehensive roadmap for meeting them.

PROBLEM STATEMENT

As the case study research for this report demonstrates, the prevalence and forms of GBV can vary greatly depending on the local context and type of emergency. Local socio-cultural norms also impact practitioners' ability to address certain forms of GBV and reach certain categories of survivors. Faced with a heavily context-specific issue, GBV experts expressed a need for short, practical tools to help practitioners more easily implement international GBV guidelines in their domain of intervention and under field constraints.

Representatives of humanitarian sectors such as CCCM, for instance, identified a dire need to provide such practical guidance to 'last resort service providers.' The latter refer to camp managers and other humanitarian workers who operate in extremely remote areas with few resources. They often serve as the only source of humanitarian aid and counsel for local populations. As such, they are not equipped to provide comprehensive support and services to GBV survivors, but would benefit from practical, minimal guidance on how to mitigate GBV or respond to GBV survivors in such situations. This involves taking into consideration do-no-harm concerns, and in particular the ethical considerations associated with raising awareness about GBV while being unable to provide the services needed by survivors.

The research also suggested the existence of gaps in translating and adapting international standards to local situations so that they can be better owned and used by local stakeholders. In Nepal, UNFPA translated the 2005 version of the IASC GBV Guidelines into Nepali in 2009 and reprinted them in 2011. Together with the United Nations High Commissioner for Refugees (UNHCR) and UNICEF, UNFPA also trained Nepalese in the use of the guidelines in 2011 (ECHO, 2011). Yet, Nepali NGOs working on GBV in the post-earthquake environment and who were consulted for the case study research displayed little if any knowledge of the guidelines, illustrating the challenge of disseminating standards across the board and in sustainable ways. GBV experts also highlighted challenges in disseminating and raising awareness about standards in contexts with high rates of illiteracy.

EMERGING GOOD PRACTICE

Apart from the 2015 IASC GBV Guidelines, a number of tools, trainings and handbooks for GBV practitioners have been developed. They include:

- The IASC Gender Handbook and Training Toolkit;
- The UNHCR Guidelines for Prevention and Response (2003);
- WHO Clinical Management of Rape, Caring for Survivors training package;
- Caring for Child Sexual Assault Survivors training package;
- USAID's Monitoring and Evaluation toolkit;
- The GBV Coordination Handbook;²⁸
- UNFPA's Minimum Standards for Prevention and Response to GBViE (2015).

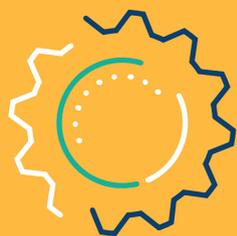
In addition, several humanitarian agencies and NGOs consulted for this report explained they were developing their own internal guidance notes on how to implement the IASC GBV Guidelines and other relevant standards.

GBV experts note, however, that the community still lacks a set of 'minimum standards' of the kind developed by the Child Protection Working Group, which strives to standardize approaches across NGOs and UN agencies and specifically addresses what a child protection program should contain.²⁹ The Child Protection in Emergencies Minimum Standards are available in summary and contextualized form, and benefits from a diverse set of outreach materials including YouTube introduction and 'how to use' videos, a roll-out pack, and summaries in various languages. While the UNFPA has developed and published their '*Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies*,' they have not been endorsed by other agencies (UNFPA, 2015b).³⁰

Pushing for the adoption of a set of minimum GBV standards has the potential to assist field-based practitioners in prioritizing their efforts in the face of strong, context-specific socio-cultural norms. This could include developing and using visual materials, videos and other 'text-light' tools to communicate information to a broader array of stakeholders. Stakeholders also suggested involving local actors working on gender and GBV issues in the local adaptation and dissemination of the guidelines.

INNOVATION CHALLENGE

A clear Innovation Challenge stood out from the above analysis – the need to develop context-specific roadmaps to help practitioners meet GBV minimum standards. While the phrasing and motivation of the challenge is clear and succinct, developing engaging, effective, and supportive roadmaps is a significant task.



OPERATIONAL CHALLENGE

INNOVATION CHALLENGE 4.1: DEVELOP CONTEXT-SPECIFIC ROADMAPS TO HELP PRACTITIONERS MEET GBV MINIMUM STANDARDS

PROBLEM STATEMENT

The past couple of years have seen an increased effort to develop GBV guidelines, tools, trainings, and handbooks for GBV practitioners. The UNFPA has also written and published a document on *Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies*. However, while the strength of these documents tends to be the fact that they represent comprehensive standards, this is also their main limitation as it makes implementing them at a local level a challenge. In order to help practitioners meet GBV minimum standards, there is a need to translate and adapt existing standards and guidelines into practical and engaging tools.

CHALLENGE STATEMENT

Building on existing work around GBV minimum standards, work together with local communities to successfully develop and disseminate context-specific, engaging and accessible materials to help practitioners meet GBV minimum standards in emergencies.

CRITERIA

- **User driven adaptation of standards:** Materials need to reflect the context and challenges faced by local GBV practitioners, as well as match their available resources and skills. Additional consideration should be given to practitioners located in remote areas or engaging with other vulnerable groups such as adolescent girls, LGBTI, or people with disabilities.
- **Engaging and accessible materials:** The format of the materials should be informed by the local culture, available skills, and literacy level. Creating materials in a wider range of formats will ensure that they can be used by a broad array of stakeholders.

- **User driven dissemination:** Ensuring the effective dissemination of guidelines is essential for their uptake. To achieve this, local practitioners as well as local NGOs need to be actively involved from the beginning in shaping the content of the materials and raising awareness about them.
- **Support decision-making:** The materials need to give clear, practical, and actionable guidance on the steps that need to be taken and the people that need to be engaged in order to prioritize efforts and meet minimum GBV standards.
- **Acknowledge ethical considerations:** The materials should consider the case of last resort service providers who often operate in remote areas with few resources. The type of minimum guidance needed by them to mitigate GBV or respond to GBV survivors needs to be carefully designed in order to avoid raising awareness about GBV without being able to provide effective services to survivors.

INNOVATORS

Below are suggestions of potential fields and domains of expertise outside the sector that may offer new perspectives and help engage a collective effort to address the above Innovation Challenge.



- Anthropology
- Co-design
- Communications
- User-centred design
- Tech development

PART 4:

CASE STUDY SUMMARIES



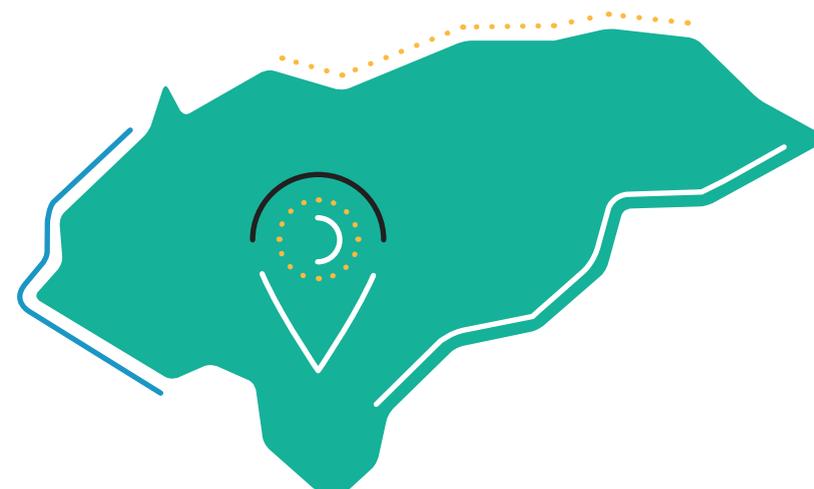
CASE STUDY SUMMARIES

This section presents summaries of the three case studies undertaken in Honduras, Nepal, and Somalia (Puntland). The case studies were purposively selected based on research and logistical criteria, and therefore are intended to be illustrative but not representative of all emergency situations. The Nepal case study most clearly links GBV with a post-humanitarian emergency context. The other cases were chosen to underscore the increasing difficulties in defining the nature of 'humanitarian emergency' (Honduras) and the challenges inherent to a protracted emergency situation (Puntland). As such, this section underscores the context-specific nature of GBV, of the challenges faced by practitioners, and of the opportunities for innovation.

The research teams used standard focus group guides and semi-structured interview questionnaires which they adapted to the local context (see online at <http://www.elrha.org/gbv-gap-analysis>). Participants included representatives of international NGOs and agencies, local organizations, as well as government officials involved in GBV interventions.

This section presents the key findings in each case study using the same structure. After reviewing what is known of the nature of GBV in each context, the case studies identify the main actors involved in GBV prevention and response, and discuss local understandings of GBV. They then succinctly summarize the main gaps, barriers to innovation, and emerging good practice in GBV prevention and response, as identified by the key informants and focus group participants. The full case study reports are available online at <http://www.elrha.org/gbv-gap-analysis>.

HONDURAS



INTRODUCTION TO HUMANITARIAN CONTEXT

In 2012, Honduras was ranked the second most violent place in the world, just behind Syria, and with violence rates higher than those witnessed in Iraq and Afghanistan (Geneva Declaration Secretariat, 2015). Honduras's geographical location, combined with the presence of gangs, drug-trafficking organizations, high levels of corruption, and weak state institutions, explains much of the violence and insecurity wracking the country. The insecurity has triggered internal displacement, as well as a steady flow of migrants—including unaccompanied children—towards the United States. Honduras is also affected by natural disasters that have caused serious humanitarian emergencies. In 1998 Hurricane Mitch struck Central America's Atlantic coast with winds of up to 290 km/h, killing thousands and leaving hundreds of thousands in shelters. In 2015, Honduras also suffered a severe drought due to the El Niño phenomenon, causing malnutrition in affected areas.

NATURE OF GBV

The main forms of GBV in Honduras include IPV (psychological, physical, and sexual), physical violence including murder and femicide, and the targeting of people

due to their sexual orientation and/or gender identity. Although the vast majority of homicide victims in Honduras are men, the country has the second-highest rate of female homicide in the world, just below that of El Salvador (Geneva Declaration Secretariat, 2015). Respondents interviewed during the fieldwork indicated that sexual violence against children and adolescents is severe and receives very little attention. Families displaced by crime, gangs, or violence are particularly vulnerable to GBV.

Respondents explained that during natural disasters—such as Hurricane Mitch or the current drought in the north of the country—the GBV risks are exacerbated by the increased exposure to sexual violence in shelters and camps and worsened economic dependence. Some felt, however, that given the high rates of violence in Honduras, the country is in a constant situation of humanitarian emergency.

ACTORS IN GBV PREVENTION AND RESPONSE

Honduras has a nascent but rather sophisticated group of actors working to address GBV. They belong to diverse sectors including security and justice institutions, human rights organizations, and indigenous groups, all of which are responding to GBV and connected to the national GBV framework in some way. The key Honduran institution that drives responses to GBV is the Instituto Nacional de la Mujer (National Institute for Women, or INAM). INAM is the body in charge of implementing the national policy to address issues relating to gender, and provides related guidelines and protocols to a wide range of institutions. INAM coordinates a multi sectoral working group that includes the police, the judiciary, the Prosecutor's Office, academia, and civil society organizations (CSOs). United Nations agencies (such as the UNFPA) and international NGOs such as Médecins sans Frontières/Médicos sin Fronteras and the International Committee of the Red Cross and Red Crescent are also active in GBV response.

Many respondents indicated that the coordination between INAM and civil society is weak, as that CSOs and the state tend to mistrust each other. As a result, efforts are often duplicated, coordination among organizations addressing similar issues is low, and collaboration with state institutions is extremely limited. Very few organizations focus on LGBT people, and those organizations that exist are not formally included in the overall gender policy framework. There seem to be even fewer programmes and projects that address the masculinities that drive violence and GBV, despite several informants raising the importance of this issue.

LOCAL UNDERSTANDING OF GBV

Research participants in Honduras all had an elaborate vocabulary and discourse on GBV, although many considered GBV to be interchangeable with VAWG. The definitions—guided by the IASC standards, which were well known among respondents—were surprisingly similar across the local and international actors in GBV response. This awareness seems limited to organizations working on the topic, however. Informants stressed that GBV issues are considered as ‘minor’ and virtually as ‘normal’ by a local population under the influence of a strong macho culture.

While there was extensive knowledge of the relevant international instruments, not all the national actors consulted incorporated these standards into their procedures. Respondents felt that the judiciary is the sector that invested the most in GBV response, while the health (there is no emergency contraception, and very limited access to post-exposure prophylaxis) and security (the police are not well prepared and focus more on repression than on community work and prevention) sectors lagged behind.

Data on GBV in Honduras exists and is quite elaborate. Entities such as the Observatory on Violence (IUDPAS), the Centro de Atención y de Protección de los Derechos de las Mujeres (CAPRODEM), the judiciary, the National Police, the UN System, and NGOs and CSOs produce a wealth of information, disaggregated by sex and age, on sexual violence, IPV, as well as homicide/femicide. There is, however, no centralized database for the various sectors. Only the judiciary centralizes data from the Prosecutor's Office, forensic medical analyses, and criminal investigations. The only entities researching and analyzing the existing data are the Centro de Estudios de la Mujer and IUDPAS. However, as in most countries, the data only reflects reported cases, and no national survey or prevalence data exists.

GAPS

- **Limited geographical coverage.** State services are mainly available in major urban centres such as Tegucigalpa and San Pedro Sula. GBV survivors from outside these urban areas need to travel to urban areas to receive services. NGOs also indicate that their work on awareness raising, legal campaigns, and economic incentive programmes are almost all exclusively active in urban areas.
- **Lack of inclusive approaches.** Respondents emphasized the need for GBV interventions—especially in terms of domestic and intra-family forms of GBV—to

engage with the whole family, including women and men who should both receive psychological support to work on changing behaviour patterns. Another identified need was to run programmes that work with children who live in violent homes, because children can reproduce their parents' violent behaviour at later stages.

- **Lack of an integrated multi-sectoral response.** There is a strong disconnect between the judiciary, prosecutors, the police, the health sector, women's rights organizations, and CSOs. In many cases a GBV survivor will have to report and tell their story to each organization/institution (risking retraumatization). GBV cases are not well followed up across institutions and this can lead to mistrials when information is not accurate.
- **Lack of services for the LGBT population.** This population suffers many threats and is often victimized, being targeted because of its members' sexual orientation and gender identity. Although there are now laws to protect sexual rights in Honduras, the police, the judiciary, and NGOs all tend to reproduce discriminative patterns towards this population.
- **Incarcerated populations, both men and women.** There are almost no instances of incarcerated individuals receiving treatment for sexual and physical violence. Gender discrimination is rampant and women in prisons do not receive adequate medical attention or basic hygiene supplies such as sanitary towels. Both men and women in prison are highly vulnerable to sexual violence and find it difficult to access justice should they suffer such violence.
- **Protection of anti-GBV activists.** Attacks against women's human rights defenders (WHRDs) in Honduras are well documented, and have significantly increased since the 2009 military coup. The security of WHRDs and LGBT support groups, and other anti-GBV activists are a severe gap in the Honduran context.

BARRIERS TO INNOVATION

- **Cultural norms.** Participants highlighted behaviour and norms linked to the Honduran masculine acceptance of GBV as detrimental to GBV interventions. Narco and gang culture, for instance, not only objectifies women, but also pressures men and boys to join such groups, who are perpetrators of sexual violence and femicide. Rural areas and indigenous populations in particular also appear to have traditional social norms that accept and even promote some forms of GBV. Work in such areas, and with indigenous populations that use informal and traditional justice mechanisms, for example, is extremely difficult, and changing norms and behaviour is a slow and difficult enterprise.

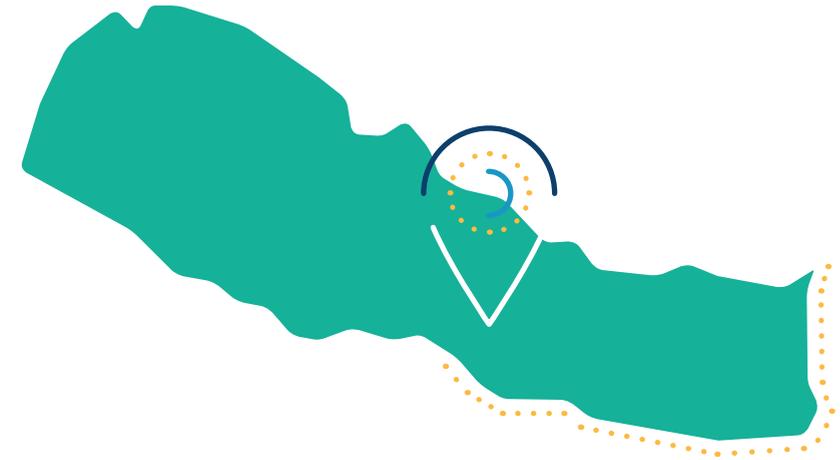
- **Severe budgetary constraints.** The Honduran state has not devoted sufficient resources to effectively implement the strategies and needs that have been identified. This leads to organizations and institutions competing for funding, and many organizations lack the resources needed to properly implement their interventions. This constraint also limits the geographical coverage of services. Honduras experiences an enormous gap between the country's existing legal framework, and the budget and resources assigned to implement the corresponding GBV-related services.
- **Lack of adequate capacity.** Only a few instances exist where a capacity-building and training plan exists for staff. Respondents indicated that the funding constraints (as well as the lack of an integrated response) are clearly linked to a lack of political leadership on GBV-related issues. Although INAM is the national institution in charge of GBV-related issues, it lacks the necessary power to push agendas and budgetary lines for proper work to be done.
- **M&E and quality of implementation.** Few institutions actually conduct regular M&E of their programmes, and there is little to no auditing and evaluation of state institutions and policies. Hence there is little knowledge in Honduras and among respondents regarding what works, which interventions have had promising results, and where and why they should be replicated.

EMERGING GOOD PRACTICE

- **Integrated multi-sectoral responses.** UNFPA has piloted a multi-sectoral project in La Ceiba and is considering replicating it in San Pedro Sula, Tegucigalpa, and Santa Rosa del Copán. This approach integrates the health, judiciary, prosecution, and police sectors. The model proposes that a survivor can report a case to a special group composed of various agencies. These groups make it possible for survivors to face only a single interlocutor for filing declarations and reports.
- **Inclusive prevention strategies.** There is a strong feeling among the actors consulted in Honduras that awareness/behavioural change programmes targeting men, women, boys, and girls together are essential for tackling GBV. Recommendations included incorporating gender-awareness courses in school curricula; including the whole family when undertaking psycho-social interventions on GBV; promoting community-led prevention programmes and interventions; masculinity workshops at both the institutional and community levels; and psycho-social and behavioural treatment as part of sentences imposed on convicted GBV perpetrators.

- **Engaging the private sector in GBV prevention and response.** GBV is prevalent in businesses, e.g. men and superiors often molest and sexually abuse women in *maquilas* (factories). Therefore, raising awareness among women working in businesses about their rights and working with business owners to improve the work environment are key to incorporating clear protocols and guidelines on GBV. This is important because during humanitarian emergencies, displaced women have even less protection in private sector jobs.

NEPAL



INTRODUCTION TO HUMANITARIAN CONTEXT

Nepal falls into the category of ‘complex humanitarian emergencies’. The 7.9 magnitude earthquake in 2015 occurred against a background of deep political instability in a post-civil conflict environment plagued by criminality and armed group activity. The country is also cyclically beset by other natural disasters, including floods and landslides during the monsoon season – the 2015 and 2012 floods were the deadliest to date.

NATURE OF GBV

The various forms of GBV before the earthquake identified by interlocutors in Nepal included physical violence, sexual violence, and sex trafficking. Interlocutors generally felt that IPV, including domestic violence, is the most widespread form of GBV. Culturally motivated forms of GBV in Nepal include female infanticide, child marriage, dowry deaths, and seclusion during menstruation. In addition, factors such as caste and socioeconomic status, age, marital status, sexual orientation, and mental or physical disability were seen as exacerbating discrimination against women and increasing the risk of GBV.

Although prevalence data to demonstrate this trend is lacking, the local and international actors consulted felt the magnitude of the above listed forms of GBV—especially trafficking of women and girls, sexual assault and rape, physical violence, and child marriage—increased after the earthquake. It also became clear that GBV and discrimination affected not just women but also men and boys as well as LGBT populations.

ACTORS IN GBV PREVENTION AND RESPONSE

While before the earthquake a number of GBV services existed in Nepal, they were weak, under-resourced, unorganized, and often inaccessible to survivors. In the post-earthquake period, GBV response in Nepal was better coordinated. The government implemented a ‘one door policy’ which ensured that all relief efforts and programmes, including those focusing on GBV, were channeled through and overseen by the government. In Nepal the Protection Cluster coordinates GBV response; it is chaired by the Department of Women and Children of the Ministry of Women and Children and Social Welfare, and co-chaired by UNICEF and UNFPA. A National Sub-cluster for GBV, co-chaired by UNFPA and UNICEF, and with support from the REGA for Asia-Pacific, was also established. At the district level the response was coordinated by the local Ministry of Women and Children offices.

Many local CSOs did not have the resources or capacity to respond after the earthquake; thus international non-governmental organizations (INGOs) bore the brunt of the work. There are plenty of INGOs working on GBV, many of which are part of the Gender Working Group and the GBV Sub-cluster in Nepal. Three GenCap advisors were also working in the country.

LOCAL UNDERSTANDING OF GBV

GBV has been on Nepal’s political agenda since at least the mid-1990s.³¹ Yet the legal and policy framework to reduce and prevent GBV and tackle discrimination against women in the country was only developed in 2010, two years after the civil war ended, when the National Action Plan against GBV was developed. This has affected the way in which GBV is understood in the country by the various stakeholders working on the issue.

Local NGOs mostly saw GBV in the broad sense of discrimination against women and girls, although ethnic minorities and the LGBT community were mentioned.

Local CSOs focused on the recognition of these ‘vulnerable groups’ into society and decision-making processes rather than addressing them as GBV survivors. Conversely, many international NGOs took a narrow approach to GBV, and tended to focus on the various forms of physical violence against women and girls, trafficking, rape and sexual assault, physical violence and IPV. Humanitarian aid workers focused on vulnerable groups such as pregnant and lactating women, as well as adolescent girls. On the other hand, development-oriented organizations such as United Nations Development Programme (UNDP) and CARE Nepal are moving away from the view that GBV is only violence against women and girls, and instead also take into account violence committed against men and boys and the LGBT community, while relying on these groups as potential agents of change for tackling GBV in Nepal.

However, there is a disconnect between how the above institutions and the local population understand GBV. The research suggests that the various forms of GBV and the services that are (or should be) available to deal with them are rarely understood by the local population. The problem seems to be especially prevalent in more rural and geographically hard-to-reach places where there is a lack of state presence, and where NGOs and INGOs have few programmes. For this reason, some UN agencies—such as UNFPA, UNICEF, UN Women, and UNDP—as well as media outlets have implemented awareness-raising campaigns to inform the local population about the ‘spectrum’ of GBV, that GBV is a violation of rights, and about the availability of services for dealing with and/or reporting GBV.

GAPS

- **Lack of gender sensitivity prior to the earthquake.** Disaster preparedness plans developed prior to the earthquake were not gender sensitive and did not address GBV. This affected the humanitarian response to the earthquake, which overall was unprepared for responding to the surge in GBV.
- **Legal provisions not implemented in practice.** While legal provisions to combat gender-based discrimination and GBV in Nepal are relatively advanced, the extent to which these provisions actually changed knowledge, attitudes, and practices regarding GBV is unclear.
- **Lack of a sustainable GBV response.** Most GBV interventions and programmes are quick fixes that are trying to react to GBV in the emergency context. They also tend to focus on awareness-raising rather than services to survivors.

- **Lack of understanding of international humanitarian guidelines.** Despite efforts to translate into Nepali and disseminate the IASC GBV guidelines since 2009, these standards were generally unknown among the local stakeholders consulted for this research.
- **Gender-inequitable distribution of assistance.** In Nepal the international standard of prioritizing female-headed households when distributing aid was not applied. Reasons cited by respondents included lack of training, differing priorities after the earthquake, the lack of female enumerators and gender-sensitive programmes, and insufficient data on female-headed households.
- **Humanitarian response limited to urban areas.** Much of the humanitarian response was provided in urban areas and areas accessible by road. Many rural and remote communities were therefore excluded. Some organizations (local and international) used the provision of humanitarian assistance—dignity kits (menstruation supplies), and also food and water—to raise awareness of GBV services and make referrals.
- **Lack of data.** While a number of organizations collected their own GBV data, it proved difficult to coordinate all data collection efforts and obtain an overview of the situation. This was compounded by the inability to implement the GBV IMS fully after the earthquake. A few service providers did collect data on GBV at the local level, but the earthquake seriously affected these efforts.

BARRIERS TO INNOVATION

- **Government emergency response.** Interlocutors expressed the view that immediately after the earthquake, the government seemed reluctant to respond to GBV. Reasons cited for this may include lack of preparation and motivation, lack of state presence in the more remote earthquake-affected areas, and the limited attention the issue was given in disaster preparedness and response plans.
- **Lack of GBV preparedness of NGOs.** The lack of time and capacity to train humanitarian volunteers and staff on GBV issues, best practices, and guidelines was raised a number of times. This resulted in the aid distribution and relief effort being side-tracked at times, and there were even complaints of sexual exploitation and abuse being committed by humanitarian volunteers. There was little in place in Nepal to address or report such cases of sexual exploitation and abuse in the post-earthquake period. Few NGOs—whether local or international—have the capacity, resources, or mandates to effectively respond to GBV (and even less to implement long-term GBV prevention programmes).

This highlights the limited attention to GBV (and gender issues more broadly) within broader disaster preparedness and response efforts, and the lack of sustainability of the 2011 GBV capacity-building and training efforts.

EMERGING GOOD PRACTICE

- **Inclusion of local women's organizations in GBV prevention and response.** Local women groups and NGOs joined forces quickly after the earthquake and became key stakeholders in dealing with GBV. For instance, some of the main women's organizations joined forces within a week of the earthquake and drafted a set of demands for the government and others involved in the relief efforts. The 'Charter of Demands' was seen as an unusual, concrete, and tangible way of bringing women's voices to the often gender-blind humanitarian response.
- **Female friendly/women friendly spaces (FFS/WFS).** Although relatively standard in other emergencies, WFS were new in Nepal and initially designed to respond to GBV by providing women and girls who had experienced GBV with a safe place to come to and receive services such as psycho-social support, health care, and skills development training. Yet some WFS went beyond this, for instance by offering lodging for adolescent girls who had to travel to write their exams. More generally, respondents felt that the introduction of WFS prompted the government's recognition of the challenges faced by women and girls beyond the emergency context.
- **Use of media for awareness raising.** The media—print, radio, and television—were identified as a key actor in addressing the knowledge gap on GBV among the population. The media were also used as a tool for putting political pressure on the government and NGOs to improve their response.
- **Engaging men and boys in GBV programming.** Engaging men to tackle gender-related issues is an emerging theme in Nepal. Respondents often cited the UNDP's Nepal programme, which was created in consultation with Men Engage Alliance, Save the Children, UNICEF, and UNFPA, and focuses on men, youth, and leaders as key advocates for change.
- **Gender-training for the security forces.** The positive role of the security forces in the disaster relief efforts and prevention of GBV was repeatedly highlighted. The police in particular received training and were encouraged to implement UN Security Council Resolutions 1325 and 1820. It also implemented a number of initiatives to help tackle GBV in general and in the post-earthquake period more specifically, including the GBV Mobile Van and the pocket book on GBV guidelines.

- **Women's safety audits.** The CSO DidiBahini, for instance, undertakes 'women's safety audits' in affected communities that look into how public spaces, government policies and plans impact on the safety of girls and women. Audits were carried out in two municipalities in the Kathmandu Valley in the post-earthquake period. Women safety audits are relatively standard practice with leading international NGOs; the adoption of this practice by a local CSO is innovative, however.

SOMALIA (PUNTLAND)



INTRODUCTION TO HUMANITARIAN CONTEXT

Puntland is a semi-autonomous state located in the north-eastern corner of Somalia. Unlike southern Somalia, Puntland has remained relatively peaceful, and advances in stability and development have been made in the past decade. Despite such progress, Puntland continues to be a fragile state that is vulnerable to external and environmental shocks. The context itself can be seen as a complex and protracted emergency characterized by long-term drought, severe food insecurity, the widespread and continued displacement of people, and the continued threat of violence and conflict, together with under-resourced formal institutions.

NATURE OF GBV

GBV prevention and response initiatives in Puntland cover multiple forms of GBV, including female genital mutilation, rape, sexual and physical assault, and IPV. The research indicated that rape was the key concern for most actors in GBV response.

Many cases of GBV, specifically rape, occur in IDP settings, as women carry out day-to-day activities such as collecting firewood. Also, institutionally marginalized groups such as minority clans, female-headed households, and young women are at high risk of experiencing GBV due to a lack of networks or clan protection. Harmful traditional practices such as female genital mutilation/cutting (FGM/C) and forced or early marriage were discussed less by informants, except for organizations whose main function was to advocate against FGM/C. This is likely due to FGM/C, as well as young and forced marriage, being widely practiced and accepted forms of GBV in local culture.

ACTORS IN GBV PREVENTION AND RESPONSE

The research identified the multiple actors in GBV prevention in Puntland, including various local and international NGOs, UN organizations, government ministries and departments, and local health-care facilities and clinics. Key international actors include UNICEF, UNFPA, CARE, and Save the Children International. Local actors include the Somali Women's Association (SWA) and PSU Legal Clinic. Health-care facilities include most local and state centres, such as the Garowe General Hospital. The government body in charge of GBV response is the Ministry of Women and Family Affairs. The list of actors is not exhaustive, and focuses on organizations with a visible presence in the areas where the research was conducted.

LOCAL UNDERSTANDING OF GBV

The data collected from actors across the sector through KIs and FGDs indicates a coherent understanding of GBV-related issues and demonstrates a widespread commitment to enhancing the effectiveness of GBV programmes in the Puntland area. The Ministry of Women and Family Affairs defines GBV as 'any harmful act that is perpetuated against another person's will and that is based on socially described gender', indicating a broad and encompassing theoretical understanding of GBV. The practical explanations of GBV focused mainly on women as survivors, with little mention of minority sexual groups or men. Some groups emphasized the need to sensitize men to GBV and build their awareness of the issue, and to expand the understanding of GBV as a process that impacts women and men. As discussed above, FGM/C was scarcely mentioned in discussions in comparison to rape or sexual abuse.

Participants from both local and international NGOs felt that local traditional and cultural understandings made advocating against GBV particularly challenging. GBV-related challenges should not automatically be categorized under the unique umbrella of culture and tradition, since this may lead to relativism or the misinterpretation of cultural norms. Yet respondents felt that actors in GBV response should seek to consider the complexity and fluidity of socio-cultural structures in the region, taking into account the historical, environmental, and political influences affecting the Puntland context.

GAPS

- **Accessibility to and reach of GBV services and activities, with a clear discrepancy between rural and urban areas.** Existing programmes, including GBV interventions, are implemented mainly in urban settings or IDP camps where anti-GBV actors are present, and do not reach rural populations and informal IDP settlements, where important needs exist.
- **Sectoral gaps.** According to the research, the most developed sector is primary health care. On the other hand, resources for mental health assistance and psycho-social support are limited, as are social services staff trained to deal with GBV.
- **Inadequate economic and livelihood assistance programmes for GBV survivors.** The research suggested that existing livelihood support programmes were mainly conceived as short term solutions such as food support, and focused only on female victims of GBV.
- **Lack of access to information and data on GBV.** Existing databases such as the GBV IMS provide basic information in terms of incident tracking, but due to the sensitivity of GBV issues and usability problems the information is not always accessible to stakeholders in Puntland. Some respondents felt this was linked to socio-cultural stigmas surrounding GBV and survivors' reluctance to discuss what they experienced or record the details.
- **Limited information on the outcomes and impacts of existing programmes.** Some respondents suggested that monitoring and outcome evaluations did not occur regularly and did not allow for the necessary in-depth and longitudinal studies that could demonstrate linkages among services, referral pathways, and outcomes. It was suggested that particularly in the livelihood sector more effective monitoring of outcomes was needed.

BARRIERS TO INNOVATION

- **Socio-cultural perceptions and local understandings of GBV.** The acceptance of forms of GBV such as IPV and FGM/C, the social stigma associated with being a GBV survivor, and the overarching legitimacy and power of the traditional justice system in Puntland, were identified as key challenges facing GBV programming. Also, in some organizations cultural perceptions may influence the way in which staff members—particularly men—are able to engage with and talk about GBV-related issues.
- **The influence of informal justice systems.** Almost all informants recognized that a functional formal justice and security system was essential in reducing and addressing cases of GBV, yet the capacity and reach of the existing system posed a considerable challenge. There was a strong emphasis on promoting the formal justice system instead of the customary law system, which respondents claimed did not provide adequate protection or justice to victims. Yet, these statements were coupled with a strong acknowledgment of the legitimacy of the customary system and the part that elders play in Somali communities.
- **Security vacuums.** The lack of a trained and trusted police that provides security across the region was a concern, with many interlocutors stating that general day-to-day security was necessary to reduce GBV. Initiatives such as the UNFPA–UNDP Community Policing programme had made positive impacts, allowing communities to access and hold discussions with police, and establishing trust in the formal rule of law, yet the reach was limited to urban centres.

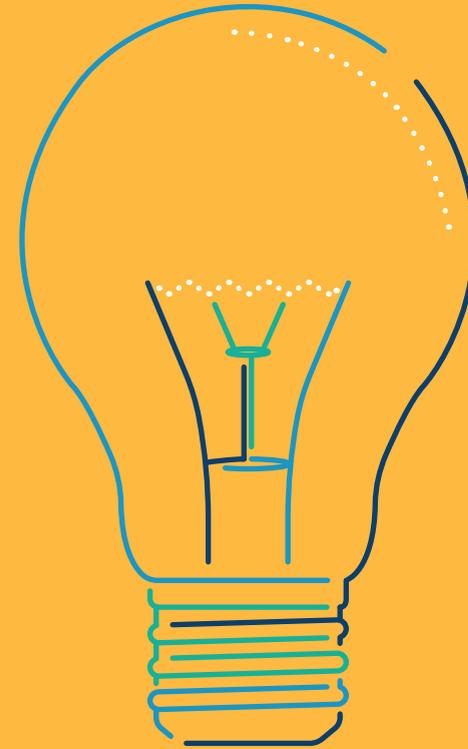
EMERGING GOOD PRACTICE

- **Awareness and behavioural change.** Informants suggested a number of options to address the socio-cultural barriers that are unfavourable to GBV programming in Puntland. They include establishing community gatekeepers and working with traditional elders and religious leaders in awareness-raising initiatives on GBV and gender; increasing awareness of existing GBV services to encourage community access; and building the capacity of local organizations in rural communities where resistance to change and external interventions may be stronger.
- **More inclusive interventions.** Respondents suggested that men and women should be given equal opportunities to access GBV-related services and that the definition of GBV should be increased to include other impacted groups. Respondents' emphasis on including both women and men also reflects their

- **Involving members of the wider community in the process of developing more effective GBV programmatic strategies.** This includes increasing youth participation in GBV awareness and reduction programmes; preventing the activities of or membership of youth gangs through livelihood programmes and social engagement; training the media and local artists to deal sensitively with GBV-related issues and to understand the confidentiality needs of victims; and establishing public–private partnerships with, for example, telecommunications companies in disseminating positive GBV-related messages and information about GBV services.
- **Livelihoods and economic opportunities.** Suggestions included training survivors in small business management skills; engaging the private sector and diaspora business leaders, particularly women, who may be able to assist in the rehabilitation of youth; increasing coordination between GBV response actors and livelihood programmes, including incorporating GBV risk analysis into existing programmes; and longer-term evaluations of livelihoods programmes for women, focusing on the outcomes and impact of interventions.
- **Justice system and the rule of law.** Many informants considered that a key area of innovation is the formal justice system, both in its role in prevention and also in its ability to adequately prosecute perpetrators, thus moving away from a reliance on customary law. A dialogue or synthesis should occur between the various legal systems (customary, sharia, and statutory) and methods should be developed to encourage survivors to utilize the formal justice system rather than the customary system, which provides little justice to individual survivors.
- **Community safety.** Many informants referred to enhancing day-to-day security in communities through a stronger police presence and appropriately trained personnel. According to almost all informants, policing is the least developed of the sectors dealing with GBV due to the lack of institutional capacity in Puntland. Specific recommendations included expanding police reach to rural areas, and also into IDP camps to prevent GBV; and increasing the number of female police and enhancing their roles in security operations, particularly in relation to GBV-related issues.
- **Involving local communities and survivors in problem identification and solving.** Local actors' insights could be key in providing a more in-depth understanding of gaps in and challenges facing GBV interventions, and particularly of the socio-cultural challenges faced by programming. According to informants, this must be coupled with a firm understanding of privacy needs and an organizational awareness of the wider social ramifications of reporting GBV.

PART 5:

CONCLUSIONS



CONCLUSIONS

This report has sought to frame gaps in humanitarian GBV programming as actionable Innovation Challenges. Innovation lies in doing something differently with the aim of improvement at a system or sector level, where adaptation and invention require a uniquely iterative process. Successful innovations are those that result in real and measurable improvements in efficiency, effectiveness, quality, or social outcomes/impacts of humanitarian action.

From this research, two overarching Key Considerations have been identified and articulated as essential requirements for implementing an effective GBV programme in an emergency. These two Key Considerations are:

1. Involving local stakeholders in problem identification and solving;
2. Ensuring GBV services are accessible for target groups and in hard-to-reach areas.

Those looking to improve GBV programming may start by acknowledging these two Key Considerations and including them in the design of their initiatives, thus making sure that their proposed solutions are inclusive, accessible, and designed with users and their needs at the forefront.

Examples of emerging good practice have been given under both Key Considerations. These include involving local women's organizations in carrying out rapid GBV assessments, engaging in social norm change, creating initiatives that are flexible with respect to location and time, or developing technological innovations for disseminating GBV-related messages and raising awareness.

The remaining gaps outlined in the research have been grouped into four specific, actionable, and significant Challenge Areas. Each of these four areas is important and taken together offer avenues for addressing the broader issue of GBV programming in emergencies.

Each Challenge Area has been further broken down into actionable Innovation Challenges. These Innovation Challenges are intended to serve as inspiration for anyone with an interest in improving GBV response and prevention in humanitarian contexts. While the community of GBV practitioners will know most of these challenges, and efforts have already been undertaken towards addressing some of them, the fact that they were still flagged up as recurring challenges indicates

that existing initiatives may not be systematic enough and that the community may benefit from an innovation push.

A distinction has also been made between systemic and operational Innovation Challenges. While systemic Innovation Challenges are likely to require changes to the structure, organization, or policies within the wider humanitarian system in order to generate a significant improvement, operational ones target a specific area within the GBV community that would benefit from particular, or individual innovations. However, this distinction between operational and systemic Innovation Challenges is not a firm one, nor is it a reflection of the level of difficulty of a challenge.

THE FIRST CHALLENGE AREA EMPHASIZES THE NEED TO IMPROVE MONITORING AND EVALUATION OF GBV.

The research has identified two major gaps in available data – data on what kind of GBV programmes work and where, and data on the nature of GBV in emergencies. Both of these types of data are essential in developing a robust understanding of the problem of GBV in emergencies, inform policies, and design evidence-driven programmes. The proposed Innovation Challenges focus on developing the necessary tools and methodologies to gather this missing data:

1.1 MEASURE THE IMPACT OF GBV PROGRAMMES (OPERATIONAL CHALLENGE):

Evaluate the impact and quality of existing or new GBV programmes by developing and implementing different assessment processes and tools, and identifying and monitoring relevant metrics.

1.2 DEVELOP REAL-TIME MONITORING TOOLS (OPERATIONAL CHALLENGE):

Develop tools that easily integrate into the humanitarian system and enable the real-time collection of GBV data during an emergency. The data collected should be reliable and support GBV decision-making and the design of GBV programmes.

THE SECOND CHALLENGE AREA OUTLINES THE NEED TO IMPROVE THE AVAILABILITY AND QUALITY OF GBV EXPERTISE.

The lack of a clear pathway for becoming a GBV specialist is reflected in the fact that there are challenges to be addressed along the whole professional development chain, from training, to recruitment, and retention. The Innovation Challenges outlined in this section focus on these three phases:

2.1 CREATE CONTEXT-SPECIFIC SKILLS-BUILDING OPPORTUNITIES FOR GBV IN EMERGENCIES SPECIALISTS (OPERATIONAL CHALLENGE):

Build on existing initiatives to develop relevant, engaging, context-specific, and sufficient GBV skills-building opportunities that lead to a competent and locally-available pool of GBV in emergencies specialists.

2.2 DEVELOP A TRANSPARENT AND TAILORED RECRUITMENT PROCESS FOR GBV PRACTITIONERS (SYSTEMIC CHALLENGE):

Enhance the visibility of vacancies for GBV specialists and the transparency of the recruitment process so that competent GBV experts with a strong understanding of the local culture and context fill available opportunities.

2.3 REDUCE TURNOVER OF GBV PRACTITIONERS (SYSTEMIC CHALLENGE):

Reduce turnover of GBV practitioners by improving the work requirements, schedule, and environment in which they are expected to perform.

THE THIRD CHALLENGE AREA LOOKS AT IMPROVING GBV COORDINATION AND PRIORITIZATION.

The research has shown that while an increasing number of agencies and guidelines identify GBV as a life-saving issue in humanitarian emergencies, effectively and systematically implementing GBV standards in an emergency remains a challenge. Difficulties around coordination and lack of prioritization by humanitarian and development agents are constraining the implementation of GBV programs in emergencies. The proposed Innovation Challenges are looking for solutions able to:

3.1 ENABLE A BETTER COORDINATION AMONG GBV PRACTITIONERS (OPERATIONAL CHALLENGE):

Design knowledge sharing opportunities that connect GBV practitioners from across the world according to concrete needs, and result in new collaborations and cross-fertilizations.

3.2 STRENGTHEN ADVOCACY SKILLS OF LOCAL GBV ACTORS (OPERATIONAL CHALLENGE):

Help key actors within the GBV sector, such as practitioners and local women's groups, to accurately identify local GBV priorities and effectively communicate them to relevant decision-makers.

3.3 ENCOURAGE COLLABORATIONS BETWEEN HUMANITARIAN AND DEVELOPMENT ACTORS (SYSTEMIC CHALLENGE):

Develop opportunities for humanitarian and development actors to work together towards developing a more integrated and sustainable approach to offering GBV services in an emergency.

3.4 ENSURE A MORE STABLE FLOW OF DONOR FUNDING (SYSTEMIC CHALLENGE):

Help ensure a more stable flow of funding for effective GBV programming during emergencies by sensitising donors on the link between humanitarian and development funding.

THE FOURTH CHALLENGE AREA REITERATES THE NEED TO ADAPT GBV STANDARDS FOR PRACTICAL USE IN A VARIETY OF CONTEXTS.

Recently published guidelines and minimum standards from the IASC and UNFPA represent a step forward in improving GBV prevention and response, however translating them into impactful action on the ground is a process that requires investment. The proposed Innovation Challenge targets this particular goal:

4.1 DEVELOP CONTEXT-SPECIFIC ROADMAPS TO HELP PRACTITIONERS MEET GBV MINIMUM STANDARDS (OPERATIONAL CHALLENGE):

Building on existing work around GBV minimum standards, work together with local communities to successfully develop and disseminate context-specific, engaging, and accessible materials to help practitioners meet GBV minimum standards in emergencies.

The aim for these Innovation Challenges is to clearly set out specific targets or tasks that need to be addressed in order to improve the state of GBV programming in emergencies. Their role, together with that of the whole Gap Analysis, is to enable the HIF to make informed decisions about future HIF targeted innovation, challenges, and funding around GBV in emergencies.

A problem as complex and embedded as GBV in humanitarian emergencies defies easy solutions, and there can be no single 'innovation' to address the diversity of challenges around this issue completely or immediately. Nonetheless, the development of novel practices – and the scaling and transfer of pre-existing good ideas to a new context – can be an integral part of work that improves the delivery of GBV services. Indeed, the benefit that an innovation lens can bring goes beyond any individual project.

This Gap Analysis brought together researchers and designers in the effort to identify and define Innovation Challenges in the humanitarian GBV sector. The ambition for this report is that it continues to inspire and engage new actors from across sectors to collaborate in overcoming enduring GBV challenges.

ANNEXES

ANNEXE 1:

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ANNEXE 2: RESEARCH METHODOLOGY

The following Annexe provides further details about the research methodology used to gather the findings for the present Gap Analysis. The full result tables from the online practitioner survey, as well as guidelines used in the interviews and focus groups are available on the HIF website at <http://www.elrha.org/gbv-gap-analysis>.

LITERATURE REVIEW

The literature review aimed to capture the main theoretical debates surrounding GBV interventions in emergencies, their evolution, and emerging theoretical gaps. The review focused primarily on the issue of GBV in humanitarian settings, although it also sought to include relevant insights from other fields including conflict and armed violence studies, public health, and justice. The research principally examined literature produced since 2008. Data sources included publications from key international stakeholders and networks, as well as academic publications. To the extent possible, the review sought to include research conducted and/or published in English, French, and Spanish. The list of reviewed material is provided in Annexe 1, and key findings are integrated into the narrative section of this report.

ONLINE SURVEY OF PRACTITIONERS

The Small Arms Survey developed an online survey instrument, in consultation with both surveying and GBV in emergency experts. The objective of the survey was to collect quantifiable data on gaps, challenges, and opportunities for innovation in GBV interventions in emergencies.

The survey targeted those individuals 'working in the humanitarian field at least for some time over the past 10 years, regardless if (they) are/were personally involved in programmes directly related to GBV response'. Individuals working in the humanitarian field were defined as 'experts, professionals and aid workers

who work in any area/sector of humanitarian response (i.e. in relief operations in response natural / industrial disasters, armed conflict, other situations of high levels of violence, disease, famine, etc.)'.

In order to reach this group of practitioners, the survey was administered online through Survey Monkey and promoted on several online platforms used by humanitarian professionals (some closed, others open). In addition, direct email invitations were sent to a number of individuals engaged in GBV response or who participated in relevant GBV training. Lastly, survey respondents were requested to suggest additional people they felt should fill the questionnaire (snowball sampling). The survey was available in English, French, and Spanish.

Data collection started on 12 January and ended on 7 February 2016. A total of 396 people accessed the survey. 43 respondents who did not confirm having worked in the humanitarian field over the past 10 years were screened out, leaving 353 qualified responses for the analysis. Not all people finished the questionnaire – the demographic data section at the end of the survey was reached by only 245 respondents. Most respondents came to the web link without being prompted by an invitation email. The survey had 275 such respondents, direct email invitations yielded 32 while snowball invitations brought another 46. Most questionnaires were filled in English (306), with 31 responses in French, and 16 in Spanish.

71 per cent of survey respondents were female, typically in their thirties (38 per cent) or forties (30 per cent).

Most respondents had considerable experience in the humanitarian field: only 12 respondents worked less than a year in this area, while 51 per cent of the respondents have been in the humanitarian field for at least 10 years. On the other hand, 30 per cent of the respondents were not on active duty at the time of the survey ('former humanitarians'). 76 per cent of the survey respondents received some kind of training in GBV response, but several had relatively short experience in the field: almost a quarter of those who worked in GBV response did so for a year or less (23 per cent), and another 35 per cent for 5 years or less. 43 per cent had 6 years or more of GBV experience.

Most respondents were coming from direct humanitarian response (60 per cent) and/or coordination/programming (53 per cent) – categories that overlap. Overall, 46 per cent of the sample has provided direct field support in humanitarian

emergencies, that is, had direct on-location experience. 45 per cent of the respondents indicated that their work focused on area(s) affected by armed conflict and another 16 per cent mentioned response to other situations of high/epidemic violence. 18 per cent worked in missions related to natural / industrial disasters. Less than one in ten worked in other fields, including disease control or famine response.

Geographically speaking, 32 per cent of respondents were working in Africa, 33 per cent in Asia, 15 per cent in the Americas, and 9 per cent in Europe. Respondents of this survey were active in 68 countries, spread across the globe. Countries where most respondents worked were: Switzerland, Nepal, Afghanistan (16), South Sudan (15), Colombia (13), Pakistan (12), Somalia, Dem. Rep. of Congo, Central African Republic (10), USA (8), Syria, Myanmar, Jordan (7), and Sudan (6). 15 per cent said their activity was international / not related to any particular country.

Exactly half the respondents were involved with GBV response as their primary responsibility, 42 per cent only as a secondary duty. Many GBV practitioners surveyed provided direct psychosocial support (46 per cent) and several respondents were involved in the provision of healthcare (39 per cent), legal (26 per cent) and safety services (24 per cent) for GBV survivors. Most respondents said they were involved in GBV prevention (67 per cent), but only 18 per cent mentioned this activity alone. 8 per cent of all respondents were not involved in GBV response in any way.

KEY INFORMANT INTERVIEWS

Using a semi-structured questionnaire, the research team interviewed about 40 global or headquarter-level informants, including a majority of experts in GBV in emergencies. The team reached out to additional informants drawn from other humanitarian fields, the development and peacebuilding sectors, innovation specialists, and donors to benefit from outside perspectives. The full list of global-level informants is provided in Annexe 3. All interviewed informants agreed to their names being listed at the end of the report, and that the Survey could use the information they shared without nominal attribution in the report.

CASE STUDIES

Three case studies were undertaken to gather in-depth insights on gaps, challenges, and innovation in GBV interventions at the operational level. The case studies were purposively selected based on research and logistical criteria, and as such are

intended to be illustrative, but not representative, of all GBV in emergency situations. In consultation with the HIF, the team selected three locations that faced different types of emergencies and covered distinct geographical regions:

- **Honduras:** high levels of interpersonal violence, including femicide, natural disasters (e.g. Hurricane Mitch in 1998), and displacement;
- **Nepal:** post-conflict setting also affected by major natural disasters (e.g. 2015 earthquake, floods);
- **Somalia (Puntland):** situation of protracted conflict and instability, also facing long-term drought and food insecurity.

The Nepal case study clearly illustrates the links between GBV and a post-humanitarian emergency context. The other cases were chosen to underscore the increasing difficulties in defining the nature of ‘humanitarian emergency’ (Honduras) and the challenges inherent to a protracted emergency situation (Puntland). As such, the cases study the context-specific nature of GBV, the challenges faced by practitioners, and the opportunities for innovation.

Focus groups and a series of key informant interviews were carried out in each location. Two focus group discussions targeted, respectively, representatives of international and local NGOs working on GBV response or prevention. The research teams carried out additional interviews with a variety of stakeholders in each location, including representatives of the relevant government institutions. Small Arms Survey researchers worked with local consultants and partners to undertake this research in Honduras and Nepal. In Puntland, the Survey contracted its long-standing partner the Danish Demining Group to carry out the field work. In addition, a Survey researcher carried interviews with relevant international staff in Mogadishu and Nairobi.

A list of the institutions and individuals consulted for the research is available in Annexe 3. The focus group guide and the semi-structured questionnaire used in the research, together with the full result tables are available online on the HIF website.

The full case studies are also available on the HIF website at <http://www.elrha.org/gbv-gap-analysis>.

ANNEXE 3:

LIST OF INSTITUTIONS AND INDIVIDUALS CONSULTED AT HEADQUARTER LEVEL

INTERNATIONAL AGENCIES AND PROGRAMMES

- Catherine Andela, GBV AoR, REGA
- Marina Angeloni, Food Security cluster
- Bruna Bambini, FAO
- Elizabeth Cafferty, WHS Secretariat
- Celine Calve, GBV Information Management System
- Cyril Ferrand, Food Security cluster
- Jessica Gorham, GBV AoR, REGA
- Adwoa Kufuor, OHCHR
- Mendy Marsh, UNICEF
- Claudia Garcia Moreno, WHO
- Unna Mustalampi, FAO
- Nuno Nunes, IOM/Camp Coordination and Camp Management cluster
- Christine Ouellette, Food Security cluster
- Marta Perez del Pulgar, UNFPA LACRO
- Devanna de la Puente, GBV AoR, REGA
- Coline Rapneau, ICRC
- Anna Reichenberg, IOM/Camp Coordination and Camp Management cluster
- Kathy Taylor, Partners for Prevention
- Margriet Veerma, UNHCR

NGOS, TRAINING AND RESEARCH CENTERS

- Vivienne Caetano, Ideas42
- Lise Capet, Rethink Relief
- Domenica Cosentini, Danish Refugee Council, GBV Programme manager Somalia/Puntland
- Chris Dolan, Refugee Law Project
- Christine Knudsen, SPHERE
- Carolin Nehmé, Geneva Call
- Doris Schopper, CERAH
- Hannah Spring, Ideas42
- Martha Thompson, Rethink Relief
- Paul Vermeulen, Handicap International
- Leora Ward, International Rescue Committee

SUBJECT-MATTER EXPERTS

- Lina Abirafeh, GBV consultant
- Sarah House, independent consultant, public health engineer, WASH sector
- Jim Maltby, HIF board / security and military sector
- Erin Patrick, GBV consultant
- Helena Puig Larrauri, new technologies expert
- Sophie Read Hamilton, GBV consultant
- Jeanne Ward, GBV consultant

DONORS

- Sascha Müller, SDC
- Lara Quarterman, DFID

ENDNOTES

1. See the recent ALNAP report commissioned by HIF “More than just luck: Innovation in humanitarian action”. <<http://www.alnap.org/resource/22238.aspx>>
2. See, for instance the research the Small Arms Survey conducted for the Geneva Declaration on Armed Violence and Development. <<http://www.geneva-declaration.org/>>
3. The GBV Information Management System (IMS) Classification Tool further aims to standardize definitions of different forms of GBV. See <<http://www.gbvims.com/gbvims-tools/classification-tool/>>
4. The disagreements among specialists relate to whether humanitarian actors working to address GBV should focus on women and girls, or adopt a broader approach that also includes other categories of survivors of GBV, notably men and boys, as well as lesbian, gay, bisexual, transgender and intersex (LGBTI) populations. Advocates of the more restrictive definitions feel the GBV field is being diverted from its original focus on women and girls. They consider such a focus as justified by the general and structural discrimination faced by women and, more specifically, the scarcity of international resources that are devoted to empowering women. Proponents of the broader definitions argue that all categories of victims of sexual violence need to be equally considered, and that existing efforts tend to overlook some categories of survivors.
5. See <<https://www.womensrefugeecommission.org/gbv/resources/1240-call-to-action>>
6. See the recent ALNAP report commissioned by HIF “More than just luck: Innovation in humanitarian action” <<http://www.alnap.org/resource/22238.aspx>>
7. See for instance, the work of Rethink Relief at <<http://www.rethinkrelief.com/wordpress/>>
8. The engagement includes dialogue, advocacy, training, as well as the Deed of Commitment for the Prohibition of Sexual Violence in Situations of Armed Conflict and towards the Elimination of Gender Discrimination—a mechanism that allows signatory armed groups to undertake to respect international standards related to GBV. See <<http://www.genevacall.org/what-we-do/gender-issues/>>
9. See the work of Partners for Prevention in the Asia Pacific region, for instance <<http://www.partners4prevention.org>>
10. See also the regional workshop on ‘Disaster prevention, preparedness and response in South and Southeast Asia: maximizing a gender-inclusive approach’ organised in Manila in November 2014 by the Asian Disaster Preparedness Center at <<http://www.adpc.net/igo/contents/blogs/iBlogs.asp?pid=691>>

11. For instance, many GBV services are offered through OB/GYN clinics in hospitals, which would make them inaccessible to men.
12. See, for instance, the following initiatives in Myanmar and Colombia <<http://www.core77.com/posts/23788/risking-their-lives-to-provide-relief-burmas-backpack-medics-23788>> <<https://www.changemakers.com/morehealth/entries/no-doctor-village-health-promoter-practitioners>>
13. See <<http://www.awid.org/get-involved/crowdfunding-campaign-rape-crisis-counseling-app-help-survivors-get-medical-care>>
14. Expressed as percentage of those who confirmed that the particular service was available at the location of deployment.
15. For instance, a study of single component communication campaigns designed to change attitudes towards GBV in India, DRC and South Africa found little impact (Fulu, 2014).
16. The report of the Humanitarian Innovation Ecosystem Research Project underscored the negative implications of the ‘insular, individualistic and competitive nature of humanitarian responders’ as well as a change-resisting organizational culture more prone to ‘give prominence to existing operating procedures’ (Ramalingma et al., 2015).
17. Local NGOs emphasized that pre-earthquake, GBV affected primarily women in the form of IPV, while cases of men and LGBTI survivors appeared to become more prominent after the earthquake. Interviewees also expected that levels of GBV had increased after the earthquake but lacked the data to back up this perceived trend.
18. The system merges the online Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations indicator calculator, alongside the Guidelines for the Collection and Analysis of Socio-demographic Data in Humanitarian Crisis Situations in Latin America and the Caribbean.
19. 80 per cent of online survey respondents working primarily on GBV agreed that there is a need for more trained GBV specialists, and 82 per cent agreed there is a need for training for better humanitarian personnel in specific GBV response.
20. For instance, in 2007, technical experts working in partnership with UNFPA developed the GBV Coordination Course, which was held annually in Ghent (until 2011), and trained 82 professionals working in 30 countries between 2007 and 2011. The International Rescue Committee (IRC) has also provided training and has placed all of their training materials online (see <www.gbvresponders.org>). There is a new US-funded three-year Global Capacity Building Initiative led by UNFPA in partnership with International Medical Corps (IMC)

and Human Rights Education Associates (HREA). The initiative seeks to train a new pool of emerging GBV specialists to increase the number of individuals able to capably work on GBV in emergency settings while also establishing a global community of practice that seeks to address these gaps. The Geneva Centre for Education and Research in Humanitarian Action (CERAH) provides 3 times a year a one-week training course on sexual violence in humanitarian emergencies (course developed in collaboration with Handicap International, ICRC, MSF, UNHCR).

21. See <<http://www.unfpa.org/publications/managing-gender-based-violence-programmes-emergencies>>
22. The IMC, for instance, received almost 500 applications for its course on 'Managing gender-based violence in emergencies', with only 20 available spots (GBV AoR, 2014, p. 12).
23. See <<https://www.humanitarianresponse.info/en/coordination/gencap/gencap-who-we-are>>
24. Although UNFPA has a larger number of GBV specialists than any agency and is investing in GBV as corporate priority, it remains relatively small in size and with fewer resources compared with major UN humanitarian actors like UNICEF and UNHCR who lead the Child Protection Working Group and the Global Protection Cluster respectively. UN Women has expressed enthusiasm to be involved, but their capacity to take a leadership position is constrained by its extremely limited ability to engage in humanitarian work.
25. See, for instance, the 'Violence, gender and WASH practitioner toolkit' (House et al, 2014).
26. See <https://docs.unocha.org/sites/dms/Documents/mira_final_version2012.pdf>
27. See p.6 of the Evaluation Report, available at <<http://reliefweb.int/sites/reliefweb.int/files/resources/Evaluation%20of%20implementation%20of%202005%20iaSC%20Guidelines%20Gender-based%20violence.pdf>>
28. See also the 'Core Toolbox' recommended by the GBV AoR at <<http://gbvaor.net/tools-resources/>>
29. See <<http://cpwg.net/minimum-standards/>>
30. UNFPA indicated it plans to launch a process for developing an inter-agency version of their Minimum Standards.
31. Gender equality was one of the main issues raised by the Maoist insurgency during the decade-long armed conflict (1996–2006).



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