

Swiss Agency for Development and Cooperation SDC

GBV ProgrammingA Toolkit for SDC staff

Imprint

Editor Swiss Agency for Development and Cooperation

SDC

Peace, Governance and Equality Section

Address www.shareweb.ch/site/PGE/Gender/Pages/

Priorities.aspx

Current version May 2023

Authors Barbara Weyermann, Paro Chaujar

Contact Deza-pge@eda.admin.ch

Language versions available English, French

Contents

Why this toolkit?	4
Who is this toolkit for?	4
How to use this toolkit?	5
List of abbreviations	5
Understanding common terms	6
The SDC's approach to addressing gender-based violence	13
The SDC's theory of change on ending GBV	17
Outcome 1: GBV survivors are safe, with improved agency and well-being	19
Outcome 2: Men, women, boys and girls take action to promote gender equality and prevent GBV in private and public spaces	21
Outcome 3: Governments at all levels adopt and implement policies and budgets for GBV prevention and response and the promotion of gender equality	23
Engagement with the Call to Action on Protection from GBV in emergencies	25
Tip sheet 1: Multisectoral GBV response	27
Tip sheet 2: GBV prevention – critical reflection and collective action	38
Tip sheet 3: Integrating economic interventions with GBV prevention and response	49
Tip sheet 4: Supporting women's organisations	56
Tip sheet 5: Sexual violence against men and boys and members of the LGBTIQ+ community	62

Why this toolkit?

One in three women across the world have experienced physical and sexual gender-based violence (GBV) at some point in their life. In humanitarian contexts, GBV is the most widespread human rights violation and affects up to 70% of women and girls. Especially, but not exclusively, in conflict areas, men, boys and members of the LGBTIQ+community are also subjected to sexual violence. The root cause of GBV is gender inequality and the enforcement of gender norms.

Hence, prevention of and response to gender-based violence (GBV) is a priority for the SDC.

- Combating GBV is an important pillar of Switzerland's National Action Plan on Women, Peace and Security.
- GBV prevention and response is an integral part of the gender equality objective in Switzerland's International Cooperation Strategy 2021–2024.
- GBV prevention and response is a priority of protection in Swiss humanitarian action.
- Switzerland has made global commitments to addressing GBV, including for the Call to Action on Protection from GBV in Emergencies 2021–2025.

Who is this toolkit for?

Staff of the SDC who are involved in:

- Project cycle management (PCM) of GBV programmes design, contract, monitoring and evaluation of projects.
- Policy influencing GBV is an important element of any gender-related policy dialogue with governments and multilateral actors.
- Political empowerment of women GBV negatively affects women's activism and leadership in politics. Women's voice and representation is essential for progress of the gender equality agenda, including the fight against GBV.
- Governance protection policies, services and budgeting related to GBV must be integrated at all levels of government.
- Economic empowerment/livelihood/vocational skills development GBV hinders women's empowerment and participation and affects family well-being/progress.
 Economic empowerment is important to meet immediate needs for GBV survivors and to help them move out of abusive situations. It reduces family distress and related risks of GBV.

How to use this toolkit?

This toolkit comprises two parts:

Part 1: Background information on GBV, the SDC's theory of change (ToC) on ending GBV with a basic results framework.

Part 2: Set of tip sheets that elaborate on the thematic areas of the ToC and provide checklists of essential questions that must be asked when reviewing proposals and monitoring projects; the tip sheets include examples, links and references for further reading.

At the heart of this toolkit are the **Theory of Change** and the **Outcomes**. All **documents are interconnected**, tip sheets can be referred to **as standalone guidance** and hyperlinks are provided to support navigation from one element to another.

Let us know if you are interested to know more about a specific topic. It may merit an additional tip sheet. The toolkit is a work in progress and more tip sheets will be added over time.

List of abbreviations

CBO Community-based organisation

CRSV Conflict-related sexual violence

GBV Gender-based violence

IASC Inter-Agency Standing Committee

IPV Intimate partner violence

LGBTIQ+ Lesbian, gay, bisexual, transgender, intersex, queer, + = all of the gender

identities and sexual orientations that letters and words cannot yet fully

describe.

PSEAH Prevention of sexual exploitation, abuse and sexual harassment

PSS Psychosocial support

SEAH Sexual exploitation, abuse and sexual harassment

SGBV Sexual and gender-based violence

TOC Theory of Change

WGSS Women and girls safe space

Understanding common terms

Gender-based violence: The SDC defines gender-based violence 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".(...) The term 'GBV' is most commonly used to underscore how systemic inequality between males and females – which exists in every society in the world – acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls".¹ The term 'gender-based violence' is also increasingly used by some actors to highlight the gendered dimensions of certain forms of violence against men and boys—particularly some forms of sexual violence committed with the explicit purpose of reinforcing gender inequitable norms of masculinity and femininity (e.g. sexual violence committed by conflict parties aimed at humiliating the enemy).²

LGBTIQ+: In alignment with evolving terminology used in most international guidelines on GBV, in this document, the term LGBTIQ+ is used to refer to persons of non-conforming gender identities, expressions and sexualities. In many societies, people who identify as lesbian, gay, bisexual, transgender, intersex or queer and other non-conforming gender identities and sexualities are subject to violence with the explicit purpose of reinforcing gender inequitable norms of masculinity and femininity.

Why GBV and not SGBV?

SDC now uses the term GBV. The term SGBV which is included in most of the older SDC/FDFA policy papers emphasised the specific importance of sexual violence and especially conflict-related sexual violence. Conflict-related sexual violence is a form of gendered violence, whether it is committed against women or men. In the interest of emphasising the continuum of gendered violence that reflects the steep increase in all forms of gender-based violence during crises and conflicts, it makes sense to not single out sexual violence specifically.

Types of GBV: Gender-based violence is prevalent in many forms, including physical, sexual, emotional and economic violence – when these forms of violence occur among intimate partners it is called "intimate partner violence" (IPV) and when it is committed by intimate partners and/or other members of the survivor's family, it is also called "domestic violence". GBV also includes inter-generational violence against daughters/daughters-in-law, child marriage, dowry, female genital mutilation/cutting, trafficking and so-called 'honour' crimes. When GBV is committed by staff of development or humanitarian actors, it is called SEAH (sexual exploitation, sexual abuse and sexual harassment). Conflict-related sexual violence (CRSV) such as rape, sexual slavery,

GBV Programming: A Toolkit for SDC staff

IASC (Inter-Agency Standing Committee). 2015. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action. Reducing risk, promoting resilience and aiding recovery.
 Ibid.

enforced prostitution and enforced sterilisation are also types of GBV committed upon women, men and LGBTIQ+ persons. Tech-facilitated or cyber violence is yet another form of highly prevalent GBV, which includes online gender and sexual harassment, cyberstalking, image-based sexual abuse, use of technology to commit or procure sexual assault or abuse, use of technology to locate survivors and hate speech.

Who experiences GBV?

Women and girls are disproportionately affected by gender-based violence because of systematic inequality between males and females in every society.

Men and boys also experience GBV. This violence against males is based on socially constructed ideas of what it means to be a man and to exercise male power.

LGBTIQ+: lesbian, gay, bisexual, transgender, intersex or queer and other (+) non-conforming gender identities and sexualities are at risk of persecution, discrimination and violence as a result of their real or perceived sexual orientation, gender identity or gender expression.

Women and girls with disabilities are far more likely to face abuse than women without disabilities due to stigma and discrimination.

Other intersecting forms of discrimination: across genders and sexuality, those marginalised on account of race/caste/ethnicity or class are particularly vulnerable to GBV.

The FDFA promotes an inclusive and intersectional approach to GBV response: all individuals, regardless of their gender identity or sexual orientation, can be victims of GBV and have a right to adequate services.

Conflict-related sexual violence: "Conflict-related sexual violence refers to incidents or patterns of sexual violence against women, men, girls or boys occurring in a conflict or post-conflict setting that have direct or indirect links with the conflict itself or that occur in other situations of concern such as in the context of political repression". (...) Conflict-related sexual violence takes multiple forms such as, rape, forced pregnancy, forced sterilisation, forced abortion, forced prostitution, sexual exploitation, trafficking, sexual enslavement, forced circumcision, castration, forced nudity or any other form of sexual violence of comparable gravity. Depending on the circumstances, it could constitute a war crime, a crime against humanity, genocide, torture or other gross violations of human rights (...) The right to an effective remedy is enshrined in international human rights law and humanitarian law as established in various international and regional instruments."³

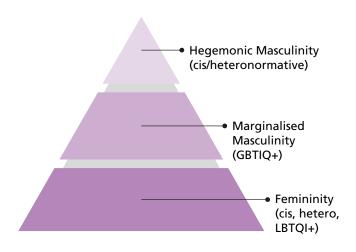
³ UN (2014). <u>Guidance Note</u> of the Secretary-General. Reparations for conflict-related sexual violence, p. 3–4.

Survivors of CRSV need the same services as survivors of sexual violence committed by a perpetrator not connected to conflict parties. No hierarchy of survivors should be created; defending the right to remedy for all survivors of all forms of GBV is important.

She/her/they/theirs: Recognising that women and girls are disproportionately affected by GBV while acknowledging the diversity of survivors that include LGBTIQ+ persons and men and boys, in this toolkit the pronouns "she/her/they/theirs" is used to refer to survivors.

Patriarchal social norms:

Patriarchy literally means rule of men – patriarchal social norms are rules and expectations of behaviour as per a gender hierarchy whereby men, and cis-hetero men in particular, are at the top of the hierarchy, have privileges and entitlements, and women and girls and those with diverse gender and sexual identities are at the bottom. These social norms have created dominant



and hegemonic social constructions of male entitlement and masculinity, which then perpetuate violence against women and girls. Across the world, GBV is predominantly committed by men upon women, girls and LGBTIQ+ communities; GBV against men and boys is also largely committed by men.

Continuum: As GBV is an expression of gender inequitable norms, it is highly prevalent in all contexts and usually increases during conflicts and other humanitarian crisis. The violence during armed conflicts often includes sexual violence as a weapon of war aimed at destroying the individual survivor as well as her/their family and community; however sexual violence also increases because of a breakdown in protective structures. The destruction and trauma of any kind of crisis and involuntary displacement disrupts relationships in families and in communities, leading to an increase in intimate partner violence, domestic violence and other forms of GBV, such as forced prostitution, trafficking, early and forced marriage etc.

Nexus: The SDC regards interventions for the prevention of and response to gender-based violence as crucial in humanitarian and development contexts. In humanitarian contexts, it is important to consider that GBV was prevalent before the crisis and will be prevalent for many decades to come; hence, interventions should be structured from the beginning with a long-term perspective, investing in strengthening local professional capacity and the voices of women-led organisations. In the often long transition from the acute crisis to a development context, the SDC promotes the anchoring of GBV services in local and national government frameworks, policies and budgets at the earliest possible point in time. The nexus also works in the other direction: a GBV programme in a development context should be prepared to respond to increased prevalence of GBV after a crisis, e.g. a natural disaster.

Problem statement: causes and consequences of GBV

Magnitude of the problem: Gender-based violence disproportionately affects women and girls, and it is endemic in every country and culture. Intimate partner violence is by far the most prevalent form of violence against women globally. One in three women across the world have experienced physical and sexual gender-based violence at some point in their life. Women and girls with disabilities are up to ten times more likely to face GBV. One in five girls is married before she turns 18. In humanitarian contexts, GBV is the most widespread human rights violation and affects up to 70% of women and girls. Technology-assisted GBV affects between 65 and 90% of women, adolescents and LGBTIQ+ persons. Members of the LGBTIQ+ communities experience violence on account of their non-conforming gender and sexual identities. Men and boys are also subjected to sexual violence that is rooted in gender norms, in order to discipline or punish gender non-conforming men and/or to shame men and boys from enemy groups.

Lack of services: GBV and child protection services are generally under-resourced across the world, including in resource rich countries. However, these services are even less resourced in countries with a history of colonisation and those living with prolonged civil and political conflicts, including armed conflicts.

Low quality of services: Formal GBV service providers often themselves have harmful notions of gender and GBV, blaming survivors and not providing quality care, which becomes an additional obstacle for survivors seeking help (from the police, courts, healthcare facilities and social welfare officers). GBV service providers are frequently not qualified to provide survivor-centred GBV services, including gender-specific response services.

Women's organisations overlooked in international action on GBV: Change in attitudes of individuals and communities and changes in policies and government actions to promote gender equality and eliminate GBV have to a large extent been brought about through grassroots and national women's organisations and networks. Global attention for promotion of women's rights, gender equality and ending discrimination and violence against women has been spearheaded by women's rights movements across the world. Women's informal and formal organisations have also been at the forefront of providing services and support to GBV survivors. However, funding for women's organisations, especially in humanitarian crises, has been overlooked and especially in international humanitarian action to address GBV, women's organisations are not prioritised.

Causes of GBV – the global perspective

Gender-based violence is a feature of gender inequality and is rooted in patriarchal social norms that are prevalent across the world. Gender norms are deeply internalised and manifest in interpersonal relationships; male privilege and entitlement have historically been protected by socio-economic and political structures and systems (policies, institutions and law). Gender-based violence is used to maintain and reinforce the subordinate position of women, girls and LGBTIQ+ persons in their homes, communities and other public spaces.

GBV, harmful practices and gender inequality are codified in socio-economic and political systems and institutions. GBV is structurally enabled by policies and laws that promote/maintain gender inequality. For instance, discriminatory laws on marriage, property ownership, inheritance and on violence against women are linked to a higher prevalence of GBV and low access to GBV response services. In most low-resource countries overall socio-economic and political developments that characterise countries with higher gender parity, have been delayed by decades of colonisation, and in some cases prolonged humanitarian crisis. Higher prevalence of GBV is linked to poor education, health and public participation outcomes for women and girls, which in turn are a result of discriminatory policies. Ending GBV is therefore not simply a matter of changing individual bad behaviour and attitudes but the (patriarchal) structures that enable it. GBV interventions must be linked to initiatives to promote gender equality, women's economic development, women's political empowerment and health.

Multiple factors exacerbate GBV: poverty, childhood experience of violence and abuse, living in armed conflict, displacement, contexts of natural disasters. We find a higher prevalence of GBV where these factors are present. Studies show that experience of childhood trauma, experience of war, and frustrations stemming from socio-economic and political situations can exacerbate GBV.

Consequences of GBV – the global perspective

Trauma from GBV affects survivors physically (body), psychologically (mind), socially (relationships in family and community) economically (access to income) and politically (access to decision-making and leadership). All types of GBV affect survivors as well as their families and communities. Online GBV has comparable effects on survivors as offline violence. Here are some of the consequences of intimate partner violence, domestic violence and (conflict-related) sexual violence.

Effect of GBV on survivors:

- The experience of violence, whether it is physical, emotional, sexual or economic violence, is an experience of powerlessness, of being totally at the mercy of the perpetrator, of zero agency. In the recovery process, survivors will need to regain a sense of control over their lives.
- Physical injuries after sexual violence and for some women unwanted pregnancies

 may cause the survivor's relationship with their own body to change. They may
 perceive their bodies as contaminated and devalued, feelings of rejection of the body
 might appear. Survivors will have to be supported to regain control over their body.
- In addition to sickness and injuries, survivors usually experience extreme fear, continuous stress and the feeling of shame and even guilt. They often suffer from psychosomatic illnesses (manifested as stomach aches, headaches and so on) and depressive states (despair, loss of interest in one's surroundings, loss of appetite, lack of self-esteem, suicidal tendencies). Survivors may share such complaints not necessarily with a GBV case manager but with health workers, community outreach workers or other service providers.
- In all forms of GBV, survivors could lose contact with their usual source of social support families and friends when their mobility is restricted (e.g. in IPV, child marriage) or when they are stigmatised by their family and wider community (e.g. non-partner GBV, CRSV).

- In the aftermath of violence, particularly non-partner GBV, survivors often face stigma and rejection by their families and communities and can be isolated. Being rejected by their families and the groups that they were part of is deeply hurtful and traumatic.
- GBV affects the ability of survivors to earn and many survivors lose their livelihoods in the aftermath of gender-based violence.
- GBV survivors who have been active in the public and political sphere may feel intimidated and may limit their activism or withdraw from it. Conversely, GBV in public and political spheres (e.g. against elected women and representatives) serve to further marginalise women from political leadership.
- It is not a matter of personal failing when survivors decide to remain in abusive situations or to return to their violent circumstances. To leave their situation, they need the kind of strength and self-esteem that has often been largely destroyed in them by terror and abuse. Their apparent tolerance of violent and exploitative conditions corresponds to their basic feelings of hopelessness. GBV case workers must not judge women survivors of intimate partner violence, for instance, for remaining in or returning to abusive situations through direct or indirect messaging. Instead, they should remain patient and supportive.

Effect of GBV on families:

- Intimate partner violence can affect the survivor's relationship with other members
 of their family, including their natal families and their children. Trauma affects how
 a survivor is able to communicate and form bonds, and the way family members
 respond to the violence contributes to the perpetration or to the recovery of
 the survivor.
- Non-partner violence often impacts the entire family psychosocially they might
 react with support to the survivor or with hostility and rejection. Expected to be the
 protector, men come under social and personal pressure. They fear being judged
 for not having protected their wives or other women of the family; they may feel
 shame and may try to prove their masculinity by rejecting or even punishing the
 survivor and in so doing to comply with the expectation of family members and
 neighbours. Families often support such rejection of the victim in order to maintain
 their social status.
- Children of all ages are affected by violence against their mother. When the violence is perpetrated by someone from outside the family, the mother's trauma and stigma affects children. In case of intimate partner violence, perpetrators are often also violent against children. In addition, women who have suffered violence often turn violent towards their children. Witnessing or experiencing violence can lead to anxiety, depression, withdrawal, violent behaviour and can affect children's physical health and nutritional status. Child health and nutrition suffers because the children feel the pain of the mother and react to it, often with the inability to properly integrate food or with sickness.
- Children born of rape/conflict-related sexual violence very often face violence and rejection from their families and communities.

Effect of GBV on communities:

- When gender-based violence occurs at a community level, for instance, rape and sexual violence against all/large numbers of women and/or girls and/or men and boys as part of conflict/war and/or oppression of certain groups on account of caste, ethnicity, race or religion, entire communities may be traumatised, including those who were not direct victims of the violence.
- Targeted rape and sexual violence against specific groups within communities can
 deeply fragment the community along the lines of those who support or reject the
 survivors. If persons from the same community were involved in perpetrating the
 violence, community life can be further antagonised.

GBV forms, causes and effects are context specific

- Some types of GBV are common across contexts (e.g. IPV, rape, child sexual abuse), whereas other forms might be specific to certain contexts (FGM, early marriage, CRSV, domestic violence by in-laws). It is important to consult with different members of the community to identify the various forms of GBV and their extent.
- GBV may be understood and experienced differently by women and men and differently across contexts. It is important to understand the perceptions and explanations of all genders of the causes and effects of GBV in each location.
- In different contexts, different sources of support might be available/used by survivors local faith bodies, existing community based groups, influential persons in the communities (e.g. teachers, health workers, human rights defenders, informal/formal leaders). It is important to identify supporters and advocates for survivors within their communities; understand what motivates them to support survivors and what is their influence on public opinion.

References

WHO (2021): Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. Executive summary.

UNFPA (2021): Technology-facilitated Gender-based Violence: Making All Spaces Safe.

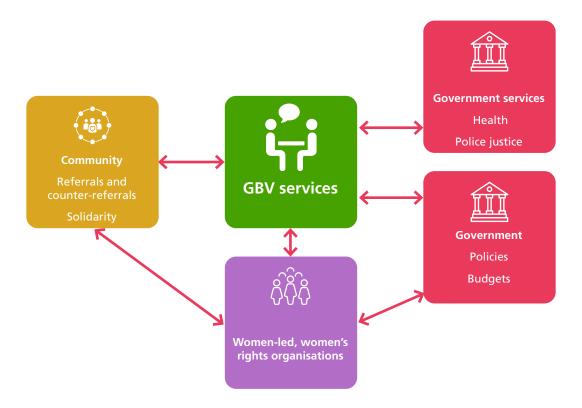
UNICEF (2018): Child Marriage: Latest trends and future prospects.

The SDC's approach to addressing gender-based violence

The SDC believes that interventions to address GBV must take an ecosystem approach (also called socio-ecological approach) – which means, in addition to addressing GBV at individual, interpersonal relationship and community levels, SDC funded projects must also address GBV at the institutional level (law, policy, market, faith) and organisational level (government agencies, service providers, NGOs etc). All SDC-funded GBV projects must address:

- Consequences of GBV at the level of survivors, their families, communities Outcome 1
- Root causes and contributing factors of GBV at the level of individuals, families, communities – Outcome 2
- Policies, laws and systems for enabling structural and long-term changes Outcome 3

Ecosystem for GBV prevention and response



The SDC promotes an **empowerment approach** to working with GBV survivors

Empowering survivors of GBV is crucial if they are to bring about changes in their lives. It is the path to their healing. Recognition of "power within", improves their sense of agency and self-worth, ultimately increasing their ability to make strategic choices and exercise influence in their relationships within the family and community. GBV response services in particular must acknowledge survivors' suffering and help them to understand their situation, e.g. through counselling, and if appropriate, through group reflections; the survivors are subsequently supported to regain control over their body and circumstances and develop the capacity to positively transform their relationships, including parenting. A crucial element of empowerment is mobilising collectives ("power with") – not only do they lend (peer) support to individual women/girls/LGBTIQ+ persons and male survivors, they are also crucial to bringing about change at a structural/ social level.

The SDC promotes a **psychosocial approach** to GBV prevention and response

Trauma is a process. What a person has experienced before the abuse and how they are cared for and treated after the abuse is highly important for the healing process. Hence, the recovery of the survivors is closely interlinked with the response of family and community to the violence. And their response in turn, is influenced by prevalent social/gender norms as well as the psychosocial distress and trauma of individuals and, in some contexts, entire communities.

A psychosocial understanding of change

'Psycho' refers to the psyche or the 'soul' of a person. It has to do with the inner world – with feelings, thoughts, desires, beliefs and values and how we perceive ourselves and others. 'Social' refers to the relationships and environment of an individual. It includes the social and cultural context in which people live, ranging from the intricate network of their relationships and cultural expressions through to the community and the state. The inner world (psycho) and the outer world (social) influence each other. A psychosocial approach to prevention of GBV recognises that individual and collective traumatic experiences create suffering and disempowerment and severely affect the way people relate to each other. By acknowledging the suffering and by creating an understanding of how it affects all relationships, including gender relations, individuals can be encouraged and empowered to change.

Source: Gender, Conflict Transformation and the Psychosocial Approach

Displacement, poverty, discrimination against and oppression of communities on account of their ethnicities, race, caste and national identity manifest in similar and different ways for men and women, boys and girls. One such manifestation could be increased violence by men on women. Natural disasters, displacement, conflict and occupation also cause community-wide trauma. Therefore, when working on prevention of GBV, it is important to recognise and factor in traumatic processes and

the disempowerment they create at individual and group/community levels. While addressing gender norms and gender inequality as root causes of GBV, SDC-funded GBV projects must also simultaneously support families and communities to understand how the traumatic experiences/histories have disempowered individuals and entire communities. Acknowledging the suffering and supporting the understanding of how this has affected relationships can be healing and empowering. It is an important step towards changing oppressive and violent behaviour towards women and girls.

Such interventions take time and persistent engagement as has been demonstrated by the SDC's community-based psychosocial programme in the Great Lakes. The SDC promotes long-term vision in project design.

The SDC promotes a **gender-transformative approach** to GBV prevention and response

The SDC believes that GBV prevention and response interventions must seek to transform gender relations by transforming social norms, underlying social structures and policies. Such transformation is possible through critical examination of inequalities and gender roles, norms, and dynamics by affected populations, by service providers and by governments. For examples and techniques, see Tip sheet 2: *GBV prevention – critical reflection and collective action*.

Women-led organisations

It is of utmost importance that local/national humanitarian actors lead, participate in and are adequately funded for humanitarian response, as they are the ones who know the situation on the ground best and often have better access to people in need than international humanitarian organisations.

Source: Grand Bargain Caucus Outcome Document on 'The Role of Intermediaries in Supporting Locally-led Humanitarian Action'. Endorsed by the SDC in August 2022.

The SDC promotes GBV prevention and response led by **national** and **sub-national** actors

The SDC believes that local state as well as non-state actors must meaningfully and equitably engage in development, humanitarian, and peacebuilding programs. SDC-funded GBV projects must work to empower local systems by supporting development and implementing policies, legislation and budgets that promote gender equality and GBV prevention and response. SDC-funded projects must support women-led women's rights organisations to work on GBV prevention and response and to advocate at the level of governments/authorities and communities. Women-led organisations' leadership in setting international development/humanitarian priorities in relation to GBV must be encouraged (see Tip Sheet 4).

The SDC promotes **close linkages** between GBV projects and interventions for gender equality.

Because gender inequality in the socio-economic and political arena is closely related to the prevalence of GBV, the SDC promotes close linkages between GBV interventions and existing (SDC-funded) initiatives that seek to improve gender equality. SDC-funded GBV projects should meaningfully interact with initiatives to improve gender equality policies and framework conditions and with projects for women's empowerment in public and political space.

The SDC promotes the **integration of GBV prevention** in health and economic programmes

It is important to overcome the silos between projects. GBV can be easily addressed as additional elements, for example, in health programmes (sexual and reproductive health and rights, mother and child health, nutrition) and income generation or vocational skills skills development programmes (see Tip sheet 3).

The SDC promotes **GBV risk mitigation** in all sectors

Since GBV occurs in all contexts at all times, including among affected communities in SDC projects on other thematic areas such as livelihoods, WASH, health and so on, it is important that GBV risk mitigation is mainstreamed in all SDC projects. Thematic guidance on how to mitigate GBV risks in each sector are provided by the IASC GBV Guidelines. For GBV risk mitigation in Cash and Voucher Assistance, see the SDC co-funded UNFPA tool.

The SDC promotes close collaboration between GBV projects and **PSEAH measures**

Since GBV is prevalent in all contexts, we have to assume that sexual exploitation, abuse and sexual harassment (SEAH) committed by humanitarian and development staff is widespread as it is also rooted in unequal gender norms and power asymmetries. Engaging with partner organisations on <u>PSEAH</u> is a must. SDC-funded GBV projects should be a resource for the support of SEAH affected persons. They should also know what to do in case a person discloses that she/they has suffered SEAH.

The SDC's theory of change on ending GBV

This results framework can be used as a guide for SDC-supported GBV projects and programmes. It is however important that a context-specific theory of change is created. GBV interventions must be linked with other initiatives on the ground and specifically with projects/initiatives for women's economic empowerment and any kind of livelihood initiatives, but also women's political empowerment or health.

Economic development initiatives

Provide skills training and mentorship opportunities for employment of women and small sustainable business creation

Provide resources needed to establish small and micro-businesses

Adopt family approach involving men and other members of the family in skills development

Integrate critical reflections on gender relations and GBV with participants and their family members

All forms of GBV are eliminated (SDG 5)

GBV survivors are safe, with improved agency and well-being

Men, women, boys and girls take action to prevent GBV in private and public spaces and promote gender equality

Governments at all levels adopt and implement policies and budgets for GBV prevention and response and the promotion of gender equality

Quality multisectoral, survivorcentered services are accessed by GBV survivors Women and girls acquire knowledge, skills and confidence to claim their rights and participate in decision-making Women and girls, men and boys have critically reflected on gender relations and causes and consequences of GBV Organisations of women/girls/ GBV survivors have improved capacities to advocate for GBV prevention and response and for gender equality Government's resolve and capacities strengthened to develop policies, allocate resources for GBV prevention and response and gender equality

Provide survivor-centered

- medical services,
- quality case management and PSS
- shelter,
- legal support
- CVA if appropriate

AND: Strengthen capacities of local actors to provide survivor-centered multi-sectoral services

Strengthen guidelines, protocols, referral/coordination mechanisms, documentation

Ensure close follow-up/support of survivors where they live through community-based persons of confidence

Link survivors of GBV/families at risk of GBV with economic empowerment interventions

Facilitate solidarity and collectives among survivors

Facilitate solidarity with survivors in communities ("Healing together")

Create safe spaces for women and girls, provide access to information and opportunities for recreation and for building self-confidence, self-esteem and leadership skills

Facilitate critical reflections on inequalities, gender roles, norms, and dynamics as well as on underlying social structures and policies through:

- Critical reflections on gender norms and gender relations with groups of men, boys, women, girls, separate or mixed, depending on the context and the methods:
- Couple dialogue/family dialogue, including with extended family members; working on gender relations;
- Discussions in existing community-based groups/ organisations on gender relations;
- Critical reflections with community groups according to the "Healing together" approach
- Dialogue with influential persons in the community (elected, religious, traditional)

Make meaningful linkages with ongoing economic interventions and discussions on women's political empowerment; GBV at the workplace/SEAH, and on GBV in political organisations and the media.

Support women's organisations through:

- Core funding, technical skills for advocacy with governments and international actors
- Contracting as direct/indirect fund recipients for both prevention and response components
- Advocacy for women's organisations increased influence in international development/ humanitarian decision making and allocations
- Investing in developing professional pool of trainers/mentors

Support governments at all levels through:

- Technical assistance to government for institutionalisation of GBV response and gender equality through policy and law
- Support civil society advocacy for better policy, legislations and budgetary allocations
- Dialogue with senior decision-makers and political leaders for critical reflection on social/ gender norms

Policy influencing by Switzerland at national and global level for greater investment and effectiveness in GBV prevention and response across humanitarian and development contexts

GBV Programming: A Toolkit for SDC staff

Monitoring

Indicators must be context specific. How do local service providers and survivors define safety and well-being? Which norms should be changed and how do community members define the change?

An often used indicator for the quality of services is the survivors' satisfaction or lack of it. Do not use the perception of survivors as the only indicator for the quality of services. Survivors are usually not aware of how a quality service should look like.

Research and Learning

- Ensure regular critical reflections on what works/what does not work and the reasons for it. Encourage partner organisations to report failures and help them analyse them thoroughly.
- Collaborate with research institutes/local universities for a regular analysis of the indicators and the effect of specific activities. Ensure that the intervention strategy is adjusted to the findings.

Include research about the effectiveness of the intervention in your budget.

GBV Programming: A Toolkit for SDC staff

Outcome 1: GBV survivors are safe, with improved agency and well-being

The SDC's theory of change

When capable GBV service providers provide timely, gender-transformative, coordinated and survivor-centred services, including case management and psycho-social care, as well as medical, legal, shelter/safety and financial support services as required, AND

if empowering spaces and solidarity collectives are created in the communities that also ensure a strong link between services and communities AND

if survivors acquire knowledge, skills, and confidence to claim their rights and participate in decision making in their homes and communities,

then safety, agency and well-being of survivors can be improved.

What results should look like

Every adult, adolescent and child survivor who comes into contact with SDC-supported GBV response services must ideally experience (as relevant to their age):

- **Safety**: As a minimum, survivors should experience no repeated acts of violence and a self-reported sense of improved safety. Safety refers to both physical safety and security and to a sense of psychological and emotional safety. It refers to safety and security of the survivor, her/their children and other family members, and those assisting her/them.
- **Improved agency**: Survivors begin to experience more control over their bodies and lives, are able to make strategic choices and decisions; they feel heard and that their wishes are respected by GBV service providers; they experience increased participation in decision-making in their homes.
- **Well-being**: can be defined in terms of material well-being (e.g. cash, food, shelter), relational well-being (e.g. love, trust, respect, dignity) and subjective well-being (extent to which a person believes or feels that her/their life is going well). Subjective well-being is a critical component of well-being and allows survivors to determine how they define their well-being and how they measure it.

In order to facilitate these 3 results for survivors, SDC-funded GBV projects must ensure that:

1.1. Quality multisectoral, survivor-centred services are accessed by GBV survivors

Types of interventions:

- Establish and provide gender-specific survivor-centred, quality case management and psychosocial (PSS) services as well as shelter, legal, medical services to survivors; provide cash and voucher assistance when appropriate; support for survivor's or their children's education.
- Ensure close follow-up/support of survivors where they live through community-based persons of confidence
- Facilitate integration of GBV survivors and families with livelihood/ economic support interventions
- Create safe spaces, solidarity, empowerment and leadership among survivors; create community groups for healing together (see Tip sheet 2 for "Healing together" and Women and Girls Safe Spaces)
- Strengthen capacities and capacity-building system of local actors (state and non-state)
 - to provide survivor-centred, quality multi-sectoral services (strengthen knowledge, skills and capacities through training, mentoring and supervision)
 - on gender transformative approaches to service provision (including critical reflection with service providers)
- Strengthen guidelines, protocols, referral/coordination mechanisms, documentation.

See Tip sheet 1: Multisectoral GBV response for more information and tips.

Outcome 2: Men, women, boys and girls take action to promote gender equality and prevent GBV in private and public spaces

The SDC's theory of change

If gender inequality as the root cause of GBV and other contributing factors to the violence are understood and values of compassion and equal/shared power in interpersonal relationships are appreciated, AND

if girls and women are empowered to stand up for themselves

then individuals, families and communities will not engage in violent behaviours towards women, girls and members of the LGBTIQ+ community and will take action to protect at-risk persons and GBV survivors from violence at home and in public spaces and will support more equal gender relations.

What results should look like

Participants in SDC projects must take action on and/or demonstrate the ability to take individual and collective action for:

- Prevention of GBV at home, in the public spaces (including at the workplace⁴): men and women demonstrate ability for critical examination of gender relations at home and in public (actions, language and beliefs); men and women both break the silence on GBV; women and men both become allies and offer support to women and girls who resist oppressive norms; women and men both seek help.
- Greater gender equality at home and in the public spaces: for example, men and boys take on more responsibility for unpaid care work (household and childcare responsibilities); more equality in education of boys and girls; greater decision-making by women in personal and household matters; greater representation of women in community matters and in political and economic processes, etc.

⁴ For sexual exploitation, abuse and sexual harassment, see Tip sheet 6.

In order to facilitate these two results for survivors, SDC-supported interventions must deliver the following:

2.1 Women and girls, men and boys have critically reflected on gender relations and causes and consequences of GBV

Types of interventions:

- Gender transformative critical reflections in group discussion/reflection sessions with men, boys, women, girls
- Family dialogue, including with extended family members, for a transformation of gender relations
- Dialogue with influential persons in the community (elected, religious, traditional)
- Dialogue with media and political organisations
- Discussions on gender relations and GBV in existing community-based groups/organisations
- "Healing together" the psychosocial approach for community groups (see box in Tip sheet 2)
- Integration of critical reflection on gender norms with trainings in other sectors, e.g. on economic empowerment/livelihood, health, etc.
- Critical reflections in organisations and at the workplace (see tip sheet on PSEAH)

See Tip sheet 2: *GBV prevention – critical reflection and collective action*, for examples and tips.

2.2 Women and girls acquire knowledge, skills and confidence to claim their rights and participate in decision-making

Types of interventions:

- Create safe spaces for women and girls to gather, facilitate women/ girls in determining activities, provide them with information and opportunities for recreation.
- Facilitate solidarity/collectives of women, girls, LGBTIQ+ communities where feasible, facilitate women and girls in identifying their primary concerns and developing collective action plans and executing them.
- Provide opportunities for building self-confidence, self-esteem, e.g. by gaining life skills, leadership skills and so on. Link women with other service providers, support as needed, including for GBV.
- Integrate with other interventions to promote critical reflections on social/gender norms.

Outcome 3: Governments at all levels adopt and implement policies and budgets for GBV prevention and response and the promotion of gender equality

The SDC's theory of change

If national and sub-national women's organisations lead advocacy for GBV prevention and response and hold their governments and the development and humanitarian organisations to account for the implementation of measures to promote gender equality, AND

if national and sub-national governments have the will and the capacity to implement policies and services for the prevention of and response to GBV and the promotion of gender equality and non-discrimination.

then GBV prevention and response as well as women's and girl's equitable access to social-political and economic resources and opportunities will be institutionalised through appropriate policy, legislative and budgetary measures.

What results should look like

SDC-funded projects addressing GBV should work towards empowering local systems such that:

- Sub-national and national women's organisations and networks are leading design and delivery of GBV prevention and response projects; advocating with governments at different levels and influencing development/humanitarian/ peace sector at sub-national and national levels. Where possible, include LGBTIQ+ organisations in the advocacy drive.
- **Policy, laws and budgets are developed** for prevention and response to GBV, if possible linked with the change of gender-discriminatory civil and criminal laws and the promotion of gender equitable outcomes for women, girls and members of LGBTIQ+ communities.

In order to facilitate Outcome 3, SDC-funded interventions must deliver the following:

3.1 Organisations of women/girls/GBV survivors have improved capacities to advocate for GBV prevention and response and for gender equality

Types of interventions:

- Provide core funding support to and share technical skills with local women's/ survivors' organisations to increase their influence and ability to advocate with governments and in international development and humanitarian action.
- Contract women's organisations as direct/indirect fund recipients for both prevention and response components; where possible extend the support to LGBTIQ+ organisations
- Advocate for and support women's organisations in increased influence in international development/humanitarian decision-making and allocations.
- Invest in developing a professional pool of trainers/mentors for GBV response services and individual/community interventions.

See Tip sheet 4: Supporting women's organisations for examples and tips.

3.2 Government's resolve and capacities strengthened to develop policies, allocate resources for GBV prevention and response

Types of interventions:

- Offer technical assistance to government agencies for institutionalisation of GBV prevention and response services through appropriate policy and legislative measures.
- Link with other initiatives that offer technical assistance to government agencies on policy and budget allocations promoting gender equality through policies, legislation and budget allocations.
- Support existing advocacy initiatives of local civil society in demanding better policy, legislation and budgetary allocations.
- Dialogue with senior decision-makers and political leaders at all levels of governments and government agencies for critical reflection on social/ gender norms.
- Switzerland engages in policy influencing at national and global level for greater investment and effectiveness in GBV prevention and response across humanitarian and development contexts.

Engagement with the Call to Action on Protection from GBV in emergencies

One example of how Switzerland promotes stronger programming on GBV prevention and response is through the Call to Action on Protection from GBV in Emergencies. This global initiative, currently comprising 100 members – governments and donors, international organisations (IOs) and non-governmental organisations (NGOs) – aims to foster accountability from the humanitarian system to address GBV from the earliest phases of a crisis. Switzerland has been a member of the platform since the beginning in 2013 and was a member of the steering committee 2019–2021.

The objective of the Call to Action is to ensure that specialised GBV services and programmes are accessible to GBV survivors at all stages of an emergency, that GBV risk mitigation is integrated in all sectors of the humanitarian response, and that gender equality and empowerment of women and girls is mainstreamed throughout humanitarian action.

Every five years, the Call to Action decides on a Road Map on how to achieve its objectives. The members make commitments and report on those commitments every year. The Swiss commitments for 2021–2025 are as follows:

- Switzerland commits to continue implementing its policies and guidance on gender equality and gender-based violence and to firmly anchor <u>PSEAH</u> systems in the organisation.
 - 80% of bilateral humanitarian programmes are gender significant.
 - <u>PSEAH</u> systems are in place in Swiss representations with an international cooperation mandate.
- Switzerland will increase annual funding allocations to GBV prevention and response in humanitarian contexts.
 - Annually until to 2025, CHF 10–12 million allocated for GBV programming in humanitarian contexts.
- Switzerland will invest in the strengthening of locally owned systems to address GBV and provide funding to national and local actors, particularly women-led organisations.
 - At least 10% of SDC/HA GBV programme funding is channelled directly to local actors (without any intermediary) and at least 50% with only one intermediary.
 - 60% of GBV projects funded by the SDC/HA invest in institutional capacitybuilding for local actors, particularly women-led organisations and government agencies.
 - 80% of GBV projects/programmes receiving SDC/HA funds are of a duration of 2 years or more.
- Switzerland will advocate for sufficient, flexible, multi-year funding for GBV and gender equality work during every phase of a humanitarian response.
 - Advocacy interventions vis-a-vis multilateral partners at global, regional and country level.

- Multilateral partners supported to strengthen gender equality and GBV programming.
- Switzerland will support the integration of GBV risk mitigation actions as a standard component of humanitarian programme design and implementation across all sectors.
 - Partner organisations supported to integrate GBV risk mitigation as a standard component of programming.
 - Advocacy for and funding of technical support for GBV risk mitigation in CVA programming intensified.



Multisectoral GBV response

All survivors of GBV, regardless of their gender and sexual orientation, rarely report incidences of violence, and frequently do so when their physical wounds require urgent intervention. All, regardless of gender and sexual orientation, face physical, psychological and social consequences of the violence. And all require survivor-centred, multi-service responses consisting of medical, psychosocial, legal and economic support.

SDC-funded projects must ensure that multisectoral services are available; all or most services are either provided through One Stop Centres or through a well-linked and integrated referral system.

- Low threshold entry point: a survivor should have easy access to a service point and be able to first assess whether the service is trustworthy to disclose the experience of violence, e.g. a health post/clinic, a women and girl safe space, a community centre, a community-based first responder, etc.
- Medical treatment and healthcare: this includes provision of adequate clinical care
 for GBV survivors, including clinical management of rape and specialised services for
 pregnant women and girls, adolescent survivors, survivors with a disability, survivors
 from the LGBTIQ+ community, male or child survivors. For cases involving legal
 interventions, health services also include provision of medico-legal documents for
 survivors.
- Case management: GBV case management is a structured method for providing help to a survivor where one service provider takes responsibility for ensuring that survivors are informed of all the options available to them and that different issues and problems facing a survivor and their family are identified and followed up in a coordinated way, while providing the survivor with emotional support throughout the process.
- **Psychosocial support and mental health care**: this includes a range of services, from psychological first aid (basic emotional support), to more specialised psychosocial counselling or mental health care interventions to support survivors.
- **Safety and shelter**: this includes services such as safety planning for survivors in their current location/home, arranging alternative accommodation such as in shelters/ safe houses, and/or police protection or even relocation.
- Access to justice: this includes providing information and support to survivors as
 they navigate law enforcement agencies/mechanisms. Service providers typically assist
 survivors in making a decision about pursuing formal justice mechanisms, e.g. police
 and legal redress. Survivors are then supported with documentation, provided with
 legal aid, and physically accompanied to police stations, courts, etc. When states
 are unwilling or unable to establish reparation programmes for survivors of conflictrelated sexual violence, connect with and consult organisations that have expertise
 with implementing survivor-centred interim reparative measures.
- **Economic support**: some survivors might need assistance to access livelihood/ economic support services and/or education/training to enable their independent survival or improve their family's livelihood (see Tip sheet 3: *Integrating economic interventions with GBV prevention and response*). Some survivors may need cash and voucher assistance (CVA) to meet their immediate emergency needs.

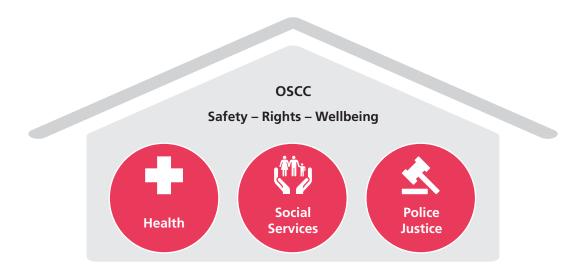
Helplines: also called Hotlines, these are telephone and internet-based services that
typically provide information, counselling, referral and support for survivors. Many
face-to-face GBV service providers also offer some services remotely, over the phone
or through the internet. During the COVID-19 crisis, this became a widely used mode
of GBV service delivery.

One Stop Crisis Center (OSCC)

The One Stop Crisis Centre (OSCC) is typically set up under three types of institutions: medical or health facilities (most common), police stations, and women's centres. The SDC supports this model in many contexts. Many OSCCs offer several, but not all, services at their location; survivors are referred to other providers from the OSCC. For example, a hospital-based OSCC provides medical care as well as psychosocial support by psychologists, while for social and economic support, the survivors are referred to other agencies.

While the model makes sense, OSCCs often have a number of weaknesses:

- a) a low number of survivors or mainly one type of cases (i.e. only sexual violence or only child survivors of sexual violence) access these services.
- b) survivors do not return after they have been medically treated; survivors see no added value in coming back for psychosocial support.
- c) lack of linkages with the communities.



? Essential questions to ask while reviewing the response component of a GBV project

The IASC Minimum Standards for Gender-Based Violence in Emergencies Programming explain the basic requirement for each component of the multisectoral response. When you design a project or check a proposal, be aware of what standards will be followed and whether adaptations are planned to challenges in the local context.

In addition and based on reviews of SDC-funded GBV projects, the following questions are essential:

1 — How is the GBV response linked with health facilities?

- For an OSCC based at the health center or hospital, check the following:
- Does every member of staff in the hospital know how to screen a patient for GBV and how to refer her/them to the OSCC? In other words, does the OSCC have a "whole-of-facility" approach?
- Do the hospital staff know what to do with a survivor if the OSCC is closed (OSCCs are sometimes closed at night or during the weekend)
- Is the OSCC integrated in the hospital in such a way that the survivor does not have to repeat her/their story at each point of the referral path (inside and outside the hospital)
- Are all health facilities in the catchment area of the OSCC well informed how to identify and refer a GBV survivor to the OSCC?

For a GBV response service **not based at the health center** or hospital:

Experience has shown that referrals to GBV services have gone up sharply when staff of health facilities were well trained in GBV. Trained doctors or nurses are able to understand that a woman who presents with a headache or a broken arm may actually be a survivor of GBV, they are able to ethically screen for GBV and provide appropriate information and care to the survivors, as well as refer her/them to specialised services as required. Because of easier access to health facilities and comparatively less stigma associated with accessing health services, many GBV actors work closely with the health sector as a key referral partner. In addition, integration in health services is also relevant because medication included in the PEP kit can be integrated in the list of essential medicines.

Check the following:

- Does the GBV response service collaborate with the health sector at the very least as part of its referral pathway?
- Are all doctors and nurses in all health facilities well informed on how to identify and refer survivors of GBV to specialised services? Does the health facility provide clinical management of rape or is there a need to provide additional training?
- Do the health staff that work in the community know how to integrate GBV awareness in health sessions with different groups in the community?

Disclosure in health facilities

According to a report on GBV experienced by Rohingya refugees, "survivors of conflict-related sexual violence routinely disclosed experiences of sexual violence while seeking care for other health concerns, including acute injuries, pregnancy-related care, and psychosocial support".

Source: Green, L., McHale, T., Mishori, R. et al. "Most of the cases are very similar.": Documenting and corroborating conflict-related sexual violence affecting Rohingya refugees. BMC Public Health 22, 700 (2022).

2 — How is the GBV service/OSCC linked to the community?

A big part of the follow-up support for a survivor needs to be provided in the community. One of the biggest weaknesses of centre-based GBV services is their unsystematic or non-existent link to the communities they serve. As a result, there is insufficient knowledge about and trust in the service; only few survivors will access the centre/safe space/OSCC. Furthermore, the follow-up of survivors and solidarity-building within the community is hard if the links between the community and service centres are not institutionalised. And even if the service at the OSCC is very good, survivors will not come back for support as the travel from their home might be too long and too expensive.

One way to fix this gap is through appointing qualified outreach workers and community-based staff. Outreach workers are typically employed by the OSCC or another GBV service center. They are qualified in providing case management and psychosocial support and make regular visits to the survivors or call them to a suitable place close to the survivor's location. Complementing the role of outreach workers, community-based first responders play an important role in maintaining linkages with the service center. They live in the communities of affected population, they have the unique advantages of familiarity, access and networks. They identify survivors, provide psychosocial first aid (PFA) and refer survivors to the visiting outreach worker/OSSC/ other services. Since community based staff come from the same communities where they are working, they may also be at risk of hostility from men and others in the community who might perceive them as a threat – it is important to address any such hostility. In addition to outreach workers and community-based staff, existing CBOs in the community can be mobilised for outreach and to be first responders.

\odot

To ensure sufficient community anchorage of the response service, check the following:

- Does the OSCC/GBV response service include **qualified outreach staff**, staff that spend the greatest part of their time in the communities?
 - Are these outreach workers trained in case management and psychosocial support?

- Do they have basic knowledge of and skills to facilitate transformative family dialogues (not reinforcing gender power hierarchy in the households)
- Do they have the capacity to guide less trained staff such as the community-based first responders or facilitators of solidarity groups?
- Are community-based first responders institutionally linked to the OSCC/GBV response service?
 - Are they trained in listening skills, psychosocial first aid and have knowledge about the referral pathway?
 - Are they regularly supervised and guided by the outreach workers and the staff of the OSCC/GBV response service?
 - Are they paid? First responders are often women who are asked to volunteer.
 The project must make sure they receive adequate financial compensation so as not to add to their unpaid care burden.

Community-based first responders can also be facilitators of group discussions for prevention of GBV or of groups that are formed or strengthened to support persons affected by GBV.

3 — How are OSCCs/GBV response services linked with GBV prevention?

GBV survivors typically continue to live in their communities whilst receiving GBV response services and their situation will not improve by the provision of GBV services alone. Their situation will improve if, in addition to providing GBV services, the stigma associated with being a GBV survivor is addressed, family dynamics improve, norms around acceptability of violence are changed and the prevalence of violence is ultimately reduced. GBV response projects that are not integrated with adequate prevention interventions should not be funded. See Tip sheet 2: GBV prevention – critical reflection and collective action. Although the components of GBV response and GBV prevention are developed under two separate outcomes, they are closely linked. In some SDC funded projects, healing and prevention have been successfully combined. See "Healing Together" in Tip sheet 2.

Check the following:

- Are staff members of the OSCC/GBV response service playing an active part in the prevention interventions?
- Are the community-based first responders involved in the prevention interventions and are they trained to facilitate critical reflections with individuals, families and groups?
- Do the prevention intervention facilitators understand what to do when a person discloses GBV?

Linking services to the community

Nepal: In 2022, the One Stop Crisis Centers supported by SDC engaged with 115 community-based psychosocial workers (CPSWs). The CPSWs identified 4,477 GBV survivors in the communities and referred them to different types of GBV services. They additionally reached 40,219 people across all 19 targeted municipalities with awareness raising activities on GBV and GBV services.

Source: UNFPA Nepal, GBV Prevention and Response project, Phase II, Annual Report 2022.

Burundi: To prevent delays in the treatment of rape survivors, the Centre Seruka employs a liaison officer who engages in social mobilisation activities in the communities. The liaison officer is in close contact with community facilitators who reflect with groups on GBV and its causes and effects. This close contact with the communities allows Seruka to ensure timely referrals and counter-referrals and to adjust its communication to the realities and circumstances of the violence in the communities, including very remote ones.

Source: Centre Seruka, Bujumbura.

4 — How well are the staff trained?

The capacity of staff is the absolute centrepiece of every successful GBV project. Especially in humanitarian contexts, project staff and service providers often get a hotchpotch of training from different providers. Furthermore, all service providers, whether they are women or men, are products of the same society and influenced by prevalent social norms. They all need to develop a critical understanding of the root causes of GBV and transform their own attitudes and possible traumatic experiences related to gender, sexuality and GBV before they can provide good quality, gender-specific, response services to victims/survivors.

Check the following:

- Are qualified case workers (e.g. social workers/psychologists) hired for the project?
- Does the project have a systematic training plan for each category of staff?
 - Is training provided to all staff in the service, not just to the professionals all staff
 in a facility who are in contact with survivors need to understand how to address
 and support them.
 - Does the training of psychologists/psychosocial counsellors include addressing sexual violence against children? Sexual violence against men?
 - Do the staff receive regular supervision to help them understand the cases as well as their own feelings towards the survivor, their own limits and vulnerabilities?
 - Is the team regularly coached and supported in the transformation of team internal conflicts, which are common and cause stress and burnout?

- Does the training include reflection on staff's own experience and the effects of the traumatic situation in which the work is taking place (conflict, displacement, disasters, etc.)?
 - Does staff engage in its own gender transformative process?
 - Does the staff reflect on own prejudice related to survivors, including male/ LGBTIQ+ survivors?
 - International partner organisations of the SDC should commit to providing technical oversight, mentoring and backstopping from their regional/head offices to projects in countries where they have limited staff/capabilities.
- Is the security of staff members properly addressed and a genuine concern of the organisation implementing the project?
- Is there an adequate budget for all the above?

Sexual violence against children

In some countries, the number of children brought to the GBV service is higher than that of adult survivors. The community is shocked by the child abuse and children are less stigmatized by the crime. The stigma and shame for adult survivors, however, is often so strong that they do not access services.

Service providers in the Great Lakes region have found that parents, especially mothers, are strongly affected by the sexual violence against their children and must be included in the psychological treatment. A common reaction by the adults is anger, anxiety and often violence, even against the abused child. If parents can process what happened and can direct their anger at the perpetrators rather than the child, the outcome for the child is much better. The fathers' engagement in the treatment and his positive attitude and support for the child was found to have a significant impact on the child's psychological development.

Source: Dr Aziza Aziz-Suleyman, Coordinator of the Regional Psychosocial Programme, Burundi.

5 — How does the project assist survivors with law enforcement agencies?

There is a widespread lack of trust in law enforcement agencies among GBV survivors, which is possibly the reason why they are amongst the least used GBV service providers by survivors across the world. Evidence and experience indicate that the police, for instance, do not respond adequately to survivors of GBV, and in many countries there are reports of rampant corruption in the police force, judicial offices and courts in dealing with GBV cases. Also, IPV survivors are often reluctant to approach the police, fearing criminal proceedings against their partners. Legal systems and laws in many countries are not survivor-centred and in many contexts GBV is either not criminalised or legal provisions are poorly enforced. Law enforcement and law enforcement agencies

are heavily influenced by and perpetuate patriarchal gender norms in their design and delivery. The legal process mostly takes long (years) and entails costs, including for travel to courts and lawyers, which often leads survivors to withdraw their complaints or not file a complaint. Additionally, criminalisation of same sex relationships in many countries ends up criminalising men, boys and LGBTIQ+ survivors of GBV instead of protecting them.

Critical engagement with law enforcement agencies on GBV

Some GBV projects supported by the SDC have found strategic ways to critically engage with law enforcement in favour of a survivor-centred approach, for instance by providing gender sensitisation training to police officers and establishing women's and children's service centres within police stations, training legal officers and judges on gender and on accurately reading and interpreting laws in favour of survivors. Even in severely restricted contexts, such as Gaza, SDC-supported projects have worked with Sharia judges for progressive interpretations of Sharia laws in favour of women: such as on laws related to custody of children, maintenance of wives and inheritance rights for women.

Sources: Chaujar, P. 2018. Mid-term Review GBV Prevention and Response Project in Nepal. UNFPA Kathmandu.

Chaujar, P and B. Weyermann, 2022. Light-touch review of SDC-funded GBViE projects in MENA region. SDC Bern.



If your project includes a component on access to justice, check the following:

- Does the project ensure that the survivor can make an informed choice about pursuing legal action?
- Does the project respect the decision of the survivor NOT to take legal action?
- Does the project provide legal aid if a survivor wants to take legal action; does the project accompany her/them throughout the process, including with psychosocial support and financial support to meet costs of often prolonged legal process?
- Make sure that the number of legal proceedings or percentage of survivors who take legal action is not considered an indicator of success for the project/survivor (as this can lead to the organisation pressurising survivors into initiating legal proceedings)
- Does the project engage in advocacy for transformation of laws and the legal system?
- How will the project mitigate risks associated with legal sanctions against same sex relationships affecting GBV survivors among men, LGBTIQ+ communities?

CRSV is a war crime. If CRSV against women, men and/or LGBTIQ+ communities is prevalent in your context, explore with your partners whether these violations are properly documented, following the principles of the Murad Code. Under international law, survivors of CRSV have a right to remedy and reparations. The SDC supports the

<u>Global Survivor Fund</u> which advocates for survivor-centric reparations and interim reparative measures.

Ensure that no hierarchy of survivors is created between survivors of CRSV and survivors of other forms of GBV in relation of access to services. All survivors have a right to a high-quality response.

6 — Have shelter services been carefully planned?

Shelters are a critical, often life-saving, service which must be offered as part of any response to GBV. However, very few women opt for shelters. One main challenge is that shelter support is offered only temporarily, usually for very short periods of time, with poor prospects for what happens to the survivors after their time at the shelter is up. Often, they return to the same abusive situation (e.g. their home) or they are moved from one safe space to another with different service providers. Another key challenge is the right location – women often are only able to spend the night outside their home if they stay in a place that is acceptable to the community. Furthermore, shelters are not always planned for or equipped to support the children who accompany the survivors.

If you support a shelter, check the following:

- Have women's organisations been consulted to ensure the shelter is in a location that is acceptable to the community?
- How safe is the accommodation? Make sure the location and/or the shelter is not publicly advertised.
- How well are the shelter staff trained?
- Does the shelter provide psychosocial support and help the survivor to make a good decision about the way forward? How is the survivor supported, if she wants to return to her family? How is the survivor supported, if she wants to find an alternative location to live?
- How does the shelter address the fear, trauma and schooling of accompanying children?
- Does the shelter have links to the communities it serves? This will allow follow-up in case the survivor wants to return.
- Does the shelter have good links to experienced skills and business development partners to support survivors when they want to improve their financial situation and/or live independently?
- How does the shelter deal with survivors who cannot find a solution within the time that is allowed for a stay at the shelter?

7 — How does the project address immediate economic needs of survivors?

GBV survivors are often in need of immediate assistance to meet their basic needs and/ or to secure their safety. Cash and Voucher Assistance (CVA) must be integrated as part of a structured GBV case management process. Providing CVA as part of a survivors "case action plan" can serve as a complementary action to reduce the risk of GBV and/or to support recovery. CVA offers discretion and flexibility and can provide GBV survivors with emergency and life-saving assistance as well as medium to longer-term support for recovery and healing. The SDC recommends that cash be made available as an option in every case management programme and follow-up to challenges that survivors may face.

While reviewing the CVA component of projects, check if:

- Cash is made available as an option to survivors as part of a case management process.
- Cash is made available without restrictions and conditions on the survivor (e.g. that she/they must leave her/their abusive partner).
- Potential risks are identified and discussed, including those related to the use of particular cash delivery mechanisms; a safety plan specific to the use of cash is developed.

See this link for more information on the use of CVA for GBV outcomes.

8 — What is the role of women's organisations in GBV response projects?

Women's organisations are best suited to lead and implement solutions for GBV in their contexts. A whole range of women's organisations, from informal community-based organisations to national level organisations, as well as feminist leaders and activists have always been at the forefront of providing support to GBV survivors and advocating for changes in social/gender norms and systemic inequality. A GBV project design must be informed by the lived experience and expertise of such women's organisations and other national/sub-national organisations that have been addressing GBV in their contexts.

Check the following:

- Are there any women's organisations in the area where the project works?
- What role do they play in the design and implementation of the project?

For more details, see Tip sheet 4: Supporting women's organisations.

9 — How can GBV response services become sustainable?

GBV will exist many decades from today, and hence programmes need to be designed for the long term, even if specific project support is for short durations. For long-term changes and sustainability, GBV response services need to be anchored in government policy and legislation so governments can be held accountable for GBV response services, including for adequate funding allocations, and for promoting gender equality. Governments at all levels must be part of the stakeholders engaged in SDC-funded GBV projects. While governments at national level are key stakeholders in the development and funding of national policies, legislation and programmes, governments at the local level/local authorities are entrusted with implementation of policies and could provide financial and other support to GBV projects. Working closely with local authorities and governments contributes to building political and administrative will to invest in local GBV service provision.



The following questions should be asked:

- How is the project strengthening government commitment and capacity to promote gender equality and GBV prevention and response? Explore potential for co-financing from the beginning of the project.
- To what extent are government services from different ministries coordinated to provide care?
- To what extent do government services at all levels ensure coordination of GBV actors? What skills do they need to ensure this coordination at all levels? (Mapping, data, supervision of centres offering services, database, negotiations, etc)
- Is the project building technical capacities in design and delivery of multisectoral GBV response services by state funded and supported GBV actors (e.g. hospitals, law enforcement, welfare offices, local organisations)?
- Is there a plan for handing over GBV service supported by the project to local actors (civil and/or state) does the project provide hand-holding and capacity support during transition?
- Does the project invest in building a cadre of professionals in-country who can train and mentor others: psychologists, medical doctors and social workers who consolidate and further develop solid experience on GBV (e.g. through investment in specific programmes in universities, colleges, training institutes)?
- Is the project duration sufficient to work towards future sustainability? SDC-funded GBV projects must be designed for at least two 3-year cycles, plus, if possible, an inception phase for necessary preparatory work.

References and further readings

The full package of guidelines for integrated essential services for GBV survivors can be found here: Essential Services Package for Women and Girls Subject to Violence.

For more information on case management read <u>Inter-Agency GBV Case Management</u> Guidelines.

UNFPA (2019). The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming

GBV AoR (2021): Responding to violence against women based on their diverse sexual orientations, gender identities and expressions – an annotated bibliography of resources.

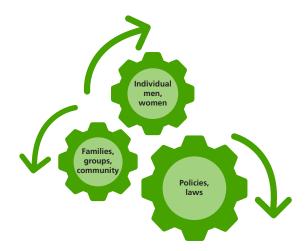
Jill Keesbury, W., Onyango-Ouma, Chi-Chi Undie, Catherine Maternowska, Frederick Mugisha, Emmy Kahega, Ian Askew. 2012. A Review and Evaluation of Multi-Sectoral Response Services ("One-Stop Centers") for Gender-Based Violence in Kenya and Zambia. Population Council: Nairobi, Kenya.



GBV prevention – critical reflection and collective action

- Preventing GBV means stopping violence before it starts (primary prevention)
 or reducing the frequency and severity of new episodes of abuse (secondary
 prevention). Evidence shows that prevention of GBV is possible; reduction in
 the levels of violence against women has been reported after a few years of
 implementation.
- Addressing the underlying causes is crucial for preventing GBV. Both social
 norms and social structure/systems must change to bring about gender equality and
 end gender-based violence. Individual behaviours are influenced as much by social
 norms as by the social structure and systems that maintain the social norms. SDC
 projects must address both (outcomes 2 and 3 of the GBV results framework):
 without complementary change at structural and systemic level, social norm change
 will not be sustained.

Critical reflection and action on norms at all three levels



Social/gender norms change when individuals, groups and society as a whole
engage in critical reflection on deeply internalised norms. Subsequently, this leads
to individual and collective action being taken to change expected behaviours (norm),
actual behaviours and advocate for changes in social structures and systems. The
SDC does not support one-off awareness sessions because they are neither
effective nor appropriate. Social/gender norms do not change by simply telling
people how to behave.

- Design of social norms interventions must acknowledge and build upon the following:
 - social/gender norms are not static, they are fluid, they have changed before, and they will change again.
 - norms are not uniform within a context, there are contradictions and opposition/resistance to norms within the same communities.
 - changing social norms (and behaviours) is not a linear process, progressive change can revert to harmful norms (classic case is Afghanistan where gender norms pertaining to women's mobility have transformed many times with successive regimes, humanitarian crises).

Psychosocial approach to prevention

Acknowledging traumatic experiences and promoting protective factors at individual, relationship and community levels – such as empathy, communication skills, emotional regulation, and nurturing family environments – has been shown to be effective in reducing forms of GBV, such as intimate partner violence and domestic violence.

Source: SDC 2006. Gender, conflict transformation and the psychosocial approach.

GBV intersects with community-wide distress and trauma caused by the specific context of the affected community: humanitarian crises, violence, poverty, discrimination against and oppression of entire communities on account of their ethnicity, race, caste, national identity. Such factors contribute to an increase of GBV.

Mobilising individuals and collectives (families, groups, communities) to reflect and change is a highly skilled intervention. Facilitators need to understand how the inner world of individuals, i.e. the psychological (feelings, thoughts, beliefs) and the outer world, i.e. the social (socio-economic situation, political environment) influence each other. The facilitators have to:

- Support individuals/families/groups to interrogate the norms that justify how women and girls are treated and the beliefs of how a man or a woman should act. The vulnerabilities and injury caused by the enforcement of such norms must be explored by participants;
- Support individuals/groups/families to analyse the connection between their histories

 personal and collective and how these affect their behaviour including the use of violence;
- Acknowledge the vulnerabilities of all members of a discussion group; support all of them to explore and develop their "power within";
- Identify with individuals/families/groups how to collectively address issues that cause these vulnerabilities and to develop their "power with others" to work towards change.

Models of GBV prevention interventions. Many GBV actors have successfully piloted and scaled community-wide interventions on GBV prevention and transformation of gender relations. In this tip sheet, approaches are emphasized that focus on building critical awareness of the emotional and social reality of participants and on working towards change at individual and collective level. One of the most radical approaches is "Healing together" which has been practiced by the SDC in the Great Lakes region. It combines the support for GBV survivors with GBV prevention.

"Healing together" – a psychosocial approach that combines GBV response and prevention

"Healing together" was developed by Prof Simon Gasibirege of the African Institute of Integral Psychology in Rwanda. It is an approach that changes the paradigm of addressing GBV. It acknowledges that by every crime against one person, many others are affected: the family members, relatives, neighbours, the care givers, even the perpetrator. GBV is defined as a set of dysfunctional and disruptive relationships based on internalised social and gender inequalities. It is an individual act that takes place between the perpetrator and the "victim", but also reflects a social relationship based on patriarchal attitudes and practices that are internalised by men and women. As a result, violence creates individual wounds in the lives of survivors and has wider consequences, including relationships of mistrust, disruption of families and communities by the rejection of the 'victimised' person and the transmission of violence from one generation to another. Therefore, healing cannot be achieved only at the individual level, but must include all those affected by the violence.

"Wounds of life" (*les blessures de la vie*) is a non-pathologising term that describes psychological and social suffering after experiences of violence such as GBV, abandonment, stigmatization but also for example the rejection by parents, the humiliation of discrimination and wounds created by restrictive gender norms for men and women. It is these wounds – suffered and caused to others in a vicious circle – that affect trust and relationships in families, groups and communities. Healing is an individual and a social process.

In community groups, facilitators who have themselves undergone a transformative process support citizens to explore their "wounds of life" and to better understand how these experiences together with social norms influence interpersonal behaviour and how participants can be empowered to change their relationships and behaviours. In a series of 5 workshops of 4–5 days, participants listen to each other's experience, they grieve together and slowly regain their confidence and self-esteem. The healing process also includes the questioning of social and gender norms and the will to change them.

The group process is always accompanied by multi-sectoral individual support for survivors as per their need.

"Healing together" has been implemented in the SDC-funded regional programme to address GBV in the Great Lakes region since 2011. This programme in its present form closes at the end of 2023. But the approach is integrated in other interventions in the region and is being adapted by the SDC in Mali and other countries of West Africa.

Adapted from: Simone Lindorfer (2023). Standards minimaux de qualité de l'approche psychosociale communautaire « Guérir ensemble », DDC Bujumbura.

- ? Essential questions to ask when reviewing GBV prevention interventions
- 1— Who is engaged in the gender norms change and GBV prevention process?

The SDC promotes community-wide critical reflections as part of efforts to prevent GBV. Typically, these take the form of regularly held small group meetings and events organised in different locations/neighbourhoods – often organised by age and gender and, depending on the context, in mixed gender and mixed age groups. Mobilising individuals, families, groups and entire communities for community wide action are key elements of social norm change interventions. While the exact tipping point for change in a community has not been scientifically established, it needs a critical mass of people to adopt new ideas and behaviour for norms to change. The "Healing together" in the box above and SASA! which is presented in the box below are both documented as successful approaches for initiating community wide change.

SASA! A community wide approach to prevention of GBV

SASA! is a holistic community mobilisation approach to preventing violence against women. "SASA!" means "NOW!" in Kiswahili, emphasising the urgent need to prevent GBV. SASA! is also an acronym for the four phases of the process:

Start: Community activists, community leaders and institutional allies are identified, spend time exploring community norms about GBV, begin their journey of **deepening their power within** to make changes in their own lives, and start engaging others in the community.

Awareness: Activists, leaders, and allies – through their respective strategies of Local Activism, Community Leadership, and Institutional Strengthening – use a variety of provocative and interactive activities to encourage a critical analysis of men's power over women and the community's silence about this. Every person who joins these activities goes through a reflection process to develop 'the power within'.

Support: More and more people engage with activists, leaders and allies who are learning new skills and joining their **power with others** to support women experiencing violence, couples trying to change, and activists speaking out and holding men who use violence accountable.

Action: Activists, leaders and allies lead efforts to support community members' power to take action and sustain that change for years to come – solidifying new norms in which GBV is never acceptable and women can live safe, fulfilling and dignified lives.

Source: Raising Voices (2020) SASA! Together: An activist approach for prevention violence against women, Kampala, Uganda.

When reviewing projects that include prevention as an outcome, check for the following:

- Are interventions planned for the entire community: are women, men, girls and boys engaged in critical reflections through various entry points such as community groups and spaces, families, schools, existing community-based initiatives?
- Does the intervention include:
 - Collective reflection (in gender/age specific groups and mixed groups)?
 - Collective action (by women and girls and by mixed groups)?
 - Building solidarity, allyship (among women and girls, men, boys and also mixed groups)?
- How are participants for the critical reflection groups selected and how does the project connect with and create access for the most marginalised?

How are curriculum and strategies for critical reflections on gender/social norms designed and developed?

While patriarchal norms at the heart of gender-based violence are universal across the world, manifestations are unique to the context. For instance, in conflict/post-conflict contexts, conflict/displacement-related trauma is closely linked to intimate partner violence and needs to be addressed in prevention efforts. Likewise, economic deprivation or ethnic/caste-based oppression intersects with gender-based violence and needs to be addressed as part of prevention interventions.

The manifestations of gender inequality, the contributing factors to GBV as well as the perception of causes and effects of GBV held by women and men must be understood by those who formulate the prevention strategy and the group discussion curriculum.

When reviewing projects, assess the following:

- Is the curriculum/strategy based on the knowledge and experience of local actors? Curriculum and strategies designed by international actors (individuals or agencies) must be avoided unless they have been assessed by local experts and adapted to the specific context by national/sub-national actors?
- Is the project period sufficient for the development, testing and adjustment
 of methodologies as required, training and mentoring of local facilitators,
 implementation, follow-up, hand-holding and participatory assessment of results?
 - Do not fund abridged versions of methods and curriculum because of shortage of time or funds. Abridged versions don't allow for sufficient time to develop the change process
 - Allow for piloting of initiatives, if required, and/or an inception phase
- How will facilitators for critical reflection sessions be selected? Facilitators need to be trusted by communities, be well respected by their peers and they need to model gender equitable, respectful behaviours.

 Facilitators are also influenced by deeply internalised norms and need to first undergo a process of transformative critical self-reflection on gender, sexuality, power and so on, before they can facilitate similar critical reflections with others.
 Ask how the project will provide such training of facilitators. Ensure they include ongoing mentoring support for facilitators.

Features of effective discussion for critical reflection on gender/social

- Held in segregated and/or mixed gender groups;
- Curriculum developed for and tested in the specific context; curriculum for different cohorts tailored to their gender and age (women, girls, men, boys, family members, couples);
- Topics include discussions that promote critical understanding of how inner and outer worlds of individuals (psycho-social) interact and influence one another to create norms about masculinities and femininities, gender socialisation, power imbalances, structural and systemic causes of GBV
- Curriculum includes strategies for helping participants to listen to each other, to better understand their emotions and to manage conflict;
- Curriculum takes a rights-based approach;
- Involves collective reflection and individual/collective planning and action for change (e.g. as homework, practical application);
- Curriculum implemented over the course of a few months to a couple of years, through 2–4-hour sessions conducted at regular intervals (weekly, fortnightly);
- Implemented by trained facilitators, men and women from the affected communities;
- Usually implemented as stand-alone interventions, but often more effective when part of a package of training/workshops related to economic or health or mental health interventions.

3 — How are girls and women involved in prevention efforts?

Women, girls and LGBTIQ+ communities are disproportionately affected by gender-based violence and they must be at the centre of prevention efforts. In addition to engaging with them in critical reflections on gender inequality and the causes and consequences of GBV, SDC-funded projects must also provide them with information, skills (life skills, leadership skills, financial/employment/business skills), opportunities for recreation and so on. See also Tip sheet 4: Supporting women's organisations for more information on supporting women's solidarity. Many GBV actors establish formal and informal spaces that are exclusively dedicated to women and girls (Women and Girls Safe Spaces) as an entry point to deliver interventions to them.

SDC projects must ensure inclusion of the most marginalised within the communities. Some women and girls might face specific barriers to participating in activities because of disability, excessive control on mobility by intimate partner/families, childcare responsibilities and so on. Project design must address these barriers, e.g. by establishing

women and girls safe spaces (WGSS), providing for childcare at the site of intervention, providing transport allowance to facilitate participation and actively reaching out, for example, to women with disabilities. Project design must be informed by the schedules and availability of participants, especially those who are hard to reach.



When reviewing projects assess how the project will:

- Foster leadership of women, girls and LGBTIQ+ communities in the design and implementation of prevention interventions. This is indispensable for transformation in their own lives.
- Facilitate solidarity/alliances of women, girls and LGBTIQ+ communities: groups, community-based organisations, and networks for supporting individual survivors and at-risk persons.
- Provide safe referrals to GBV services when survivors disclose their experience with GBV.
- Select, train and mentor facilitators who will work with women and girls.
 - Often women facilitators of GBV projects face hostility from communities. Check how the project will establish credibility of facilitators in the community. What strategies/measures will be put in place for the safety of women/girl facilitators in particular?
- Create a safe environment within the community to enable women's and girls' participation in these interventions (so that any objection/obstructions from family/ community can be addressed)

Women and Girls Safe Spaces (WGSS) as entry point for GBV prevention and response interventions

WGSS are formal or informal physical spaces that are exclusively available for women and girls, where a range of psychosocial services and opportunities are provided.

In both humanitarian and development contexts where women and girls experience severe restrictions on their mobility many SDC partners have found WGSS to be a tried and tested intervention for reaching out to women and girls.

Often case management services are provided at the WGSS, as part of a package of interventions, which should include critical reflections on social norms.

When reviewing WGSS, ensure that activities are not only for leisure (which is important) but that strong efforts are undertaken to support women to engage in/lead community activities and that there is an outreach to the community so women can be addressed who have not been able to visit the WGSS.

It is important to ensure that WGSS are created in consultation with women and girls, that they focus on providing empowering experiences for women and girls, and are not just drop-in centres or distribution centres for supplies (e.g. dignity kits).

Source: Authors' own. See also: <u>UNFPA (2015)</u>. Women and <u>Girls Safe Spaces</u>: A Guidance Note Based on Lessons Learned from the Syrian Crisis.

4 — How will men be reached and motivated to participate in change?

Engaging men and boys is a key strategy for GBV prevention. However, engaging and retaining men's interest in discussions and collective action to change social/gender norms has been challenging for GBV projects, especially when activities are labelled as "GBV interventions". GBV actors report that men are not interested and/or perceive these discussions as "against them". Evidence shows that more interest is generated if critical reflections on gender/social norms in interventions (or combinations of interventions) are integrated, where men/families see a direct benefit to them, i.e. activities to support family well-being or in livelihood projects or projects to improve health/mental health. Particularly promising are interventions that aim to improve family dynamics which do not address the men individually but as part of a family or a couple (see examples on pages 46 and 47). SDC has also developed a guidance sheet for interventions on engaging with men and boys on GBV.

Different types of interventions for engaging with men (and families) on social/gender norm change interventions

- Couples programmes are found to be an effective strategy to engage with men to reduce perpetration of intimate partner violence. These programmes are often labelled as "family wellbeing" programmes. See examples on pages 46 and 46.
- Whole family interventions engaging different members of a family/ household, including extended family members in intergenerational household settings where for instance in-laws (men and women) can also be perpetrators of GBV and where both parents, including the GBV survivor (wife), can be perpetrators of violence against their children have been found effective in preventing/reducing IPV, domestic violence and violence against children.
- Parenting programmes that integrate specific content on gender relations
 have been found effective in reducing both violence against children as well as
 intimate partner violence in addition to improving other parenting and health
 outcomes.
- Interventions designed to improve the mental health of entire communities in both a humanitarian and development setting is a good strategy to engage with men on GBV prevention. See "Healing together" in the Great Lakes and an intervention called Living Peace developed in DRC and adapted in many diverse contexts such as Lebanon, Brazil, etc.
- Economic/livelihoods support interventions where both men and women from a household are engaged, including couples and other family members (see also Tip sheet 3: Integrating economic interventions with GBV prevention and response for more information and examples).

In many projects, the work with men and boys is superficial and limited to disseminating messages on positive masculinity. It is important that men (and boys) undergo a process of critical reflection on gender/social norms through structured interventions that are carried over a period of time. One-off media campaigns, one-off street theatre or one-off sports events with men and boys are not appropriate models for changing social norms, although they could be part of a comprehensive community-based intervention.



When reviewing projects that seek to engage with men and boys, ask the following:

- How is men's engagement addressing men's and boys' distinct needs, recognising them as stakeholders and beneficiaries?
 - Are men's and boys' own issues taken up in the discussions on gender and GBV? Are their reflections on their own vulnerabilities and experience with gender norms part of the discussion?
 - Are their concerns related to economic survival addressed? For example, by connecting the reflection on GBV to an existing income generation programme?
- Are men addressed as part of a family/community whose well-being they want to contribute to? Is the reflection on gender-norms and GBV part of a couple's programme, a family economic programme, a parenting programme or a couple's health/mental health programme?
- Who facilitates sessions with men? What kind of preparation, training, self-reflection is provided to facilitators?

Example of curriculum used with couples in interventions to address social norms and intrafamilial dynamics influencing GBV

Indashyikirwa (Agents of Change), Rwanda, Great Lakes Region and now in Syria

Developed by CARE Rwanda in partnership with two Rwandese NGOs: Rwanda Men's Resource Centre and Rwanda Women's Network. Has also been implemented successfully in the SDC project in the Great Lakes Region since 2012. Presently being adapted by the FCDO for implementation in Syria.

Curriculum includes 21 sessions with couples conducted over 5 months:

- 1. Starting the Journey Together
- 2. It is all about power
- 3. Power in our lives
- 4. G is for Gender
- 5. Rights and Reality
- 6. GBV The Basics
- 7. Understanding power over
- 8. Gender, Power and Sexuality
- 9. Common triggers of GBV
- 10. Posing for reflection
- 11. What makes a healthy relationship

- 12. Building the foundations for a healthy relationship 3hr.
- 13. Managing trigger feelings
- 14. Managing trigger thoughts
- 15. Managing triggers
- 16. Balancing economic power
- 17. Providing an empowering response
- 18. Committing to change
- 19. Reducing excessive use of alcohol
- 20. Reflecting on our journey so far
- 21. Our community, our responsibility

Results: Significant reduction of IPV among couples participating in the curriculum (including economic IPV).

Source: What Works to Prevent Violence (2019) <u>Impact of Indashyikirwa</u>: An innovative programme to reduce partner violence in rural Rwanda. Evidence Brief August 2019.

Example of curriculum used with family members in interventions to address social norms and intrafamilial dynamics influencing GBV

Zindagii Shoista ("Living with Dignity"), Tajikistan

Developed by International Alert, Cesvi and 3 local partners: ATO, Farodis and Zanoni Sharq. Also adapted and implemented as *Sammanit Jeevan* in Nepal.

Curriculum includes **23 sessions** divided into social empowerment and economic empowerment, implemented weekly with women and household members (in-laws, husband, others):

Stage 1: Social Empowerment: discussion on relationships, family health, violence

- 1. Let's communicate
- 2. Men and women
- 3. Relationships
- 4. Peer group meeting
- 5. Family health part 1
- 6. Family health part 2
- 7. Violence in relationships
- 8. Supporting women experiencing violence in relationships
- 9. Changing behaviours
- 10. Being assertive and showing appreciation
- 11. Final peer group meeting

Stage 2: Economic Empowerment: after completing Stage 1

Module 1: Household focus

- 1. Understanding our household inputs and income
- 2. Our household budget and how we spend money
- 3. How we can save money and insure our future
- 4. Peer group meeting

Module 2: Income generating activities focus

- 1. Opportunities for income generating activities (IGAs)
- 2. How to initiate IGAs
- 3. Assessing the market for IGAs
- 4. Planning and budgeting IGAs
- 5. Costing and pricing
- 6. Planning and budgeting IGAs game
- 7. Finalising IGA plans
- 8. Bookkeeping and marketing

Results: At 30 months, VAWG levels had dropped by 50%, and relationship and gender equality indicators had improved. Significant positive changes were seen for all socio-economic status indicators as well as significant positive changes for all health measures, including depression scale and suicidality.

Source: Mastonshoeva, S.; Myrttinen, H.; Chirwa, E.; Shonasimova, S.; Gulyamova, P.; Shai, N. & Jewkes, R. (2020). Evaluation of Zindagii Shoista (Living with Dignity), an intervention to prevent violence against women in Tajikistan: impact after 30 months, What Works to Prevent Violence against Women and Girls.

References and further reading

Training modules used for social norm change

Raising Voices (2020). SASA! Together: An activist approach for preventing violence against women, Kampala, Uganda.

Lindorfer, Simone (2023). Standards minimaux de qualité de l'approche psychosociale communautaire « Guérir ensemble ». DDC Bujumbura.

Zindagii Shoista – Living With Dignity: Workshop Manual Part 1, developed by International Alert and others.

Couples Curriculum Training Module used in <u>Indashyikirwa model</u> developed by CARE in Rwanda and others.

Program Implementation Manual Economic And Social Empowerment (Ea\$E) model developed by IRC.

Impact assessments of economic interventions integrated with GBV Prevention and Response

Mastonshoeva, S.; Myrttinen, H.; Chirwa, E.; Shonasimova, S.; Gulyamova, P.; Shai, N. & Jewkes, R. (2020). <u>Evaluation</u> of Zindagii Shoista (Living with Dignity), an intervention to prevent violence against women in Tajikistan: impact after 30 months, What Works to Prevent Violence against Women and Girls.

Evidence on impact of EA\$E model of IRC in Burundi: IRC (2011): Getting down to business: Women's economic and social empowerment in Burundi.

What Works to Prevent Violence against Women and Girls (2019). <u>Impact of Indashyikirwa</u>: An innovative programme to reduce partner violence in rural Rwanda. Evidence Brief August 2019.



Integrating economic interventions with GBV prevention and response

- Economic deprivation is linked to gender-based violence in many ways, including:
 - Poverty of GBV survivors can exacerbate trauma and impact recovery:
 Persons experiencing gender-based violence are also often experiencing economic deprivation, which can exacerbate trauma, limit support and prevent access to services. GBV also impacts survivors' ability to earn.
 - Economic deprivation makes women, girls and boys especially vulnerable to GBV, including intimate partner violence and other forms of GBV such as commercial sexual exploitation, trafficking, early marriage.
 - Economic stress is known to be a key risk factor for Intimate Partner
 Violence (IPV). Unemployment and other economic deprivation increase the
 stress in a household which often manifests in increased violence by men against
 their women intimate partners.
 - Changing economic status of women can increase IPV. Violence against women can increase when traditional gender norms that men are primary breadwinners and women are meant to be financially dependent on men in their families are threatened. (For instance, in many displaced households, women are compelled to work outside of their homes for the first time and men may not find satisfactory employment and this could exacerbate violence).

GBV must be understood in the economic context of the survivors

Most of the humanitarian and development contexts that the SDC works in involve low-income communities with severe underemployment. Although economic deprivation might manifest differently for women, men, children, young people and old people, entire households are affected. And poverty and economic stress in households is exacerbated through political and economic crisis, and in conflict and post-conflict settings.

- Linking GBV survivors with economic opportunities supports empowerment and resilience
- Addressing economic deprivation is an important part of GBV prevention and response efforts.
 - Promote the economic well-being of households. While focusing on improving women's economic well-being, consider addressing economic well-being of entire households in consultation with women. Sometimes providing economic opportunities only to women and not their spouses can have adverse effects on women, with IPV increasing.

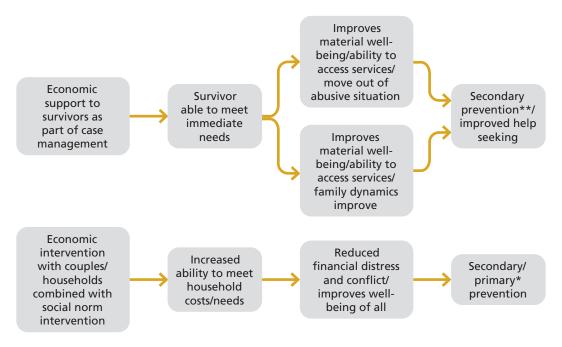
Economic interventions with entire households can reduce gender-based violence.

- When women have an equal say in decisions on the type of economic project (business, enterprise, etc.) and on the use of income that is generated.
- When economic interventions are accompanied by critical reflections among participants on gender inequality, norms and family dynamics.

Economic interventions are an effective entry point for engaging with men on GBV

Engaging and retaining men's interest in discussions on gender norms and violence has been challenging for GBV projects. Facilitators report that men are not interested and/or perceive these discussions as "against them"; even if they are open to discussions, they often focus on economic problems in their lives. Some GBV actors therefore looked at ways in which men's own concerns might be addressed as an end in itself, as well as a means to engage with them on social norm change. These projects have had success with mobilizing and retaining men's interest and show encouraging potential for reducing GBV.

Evidence shows pathways on how economic interventions can reduce gender-based violence



^{*}Primary prevention: preventing violence before it occurs

Source: Adapted from Julienne Corboz' presentation at the SDC, December 2022.

^{**}Secondary prevention: preventing recurrence of violence

- ? Essential questions to ask when integrating economic and GBV prevention and response interventions
- 1 How is critical reflection on social/gender norms integrated in the economic intervention?

Emerging evidence indicates that where economic interventions are accompanied by facilitation of critical reflections on social/gender norms and family dynamics, gender-based violence can be reduced. Some GBV actors have developed curricula for such reflections as part of their training programmes for the economic intervention. For example, a training session on financial management with men and women can include an analysis of management of household finances and unpaid care work – who manages, who controls, who contributes? Such reflections with male and female participants can also be included in skills development training courses, for example as part of the life skills component. These discussions can be effective entry points to facilitate reflections on discrimination and inequality. Some organisations have now tested such interventions with encouraging results.

While reviewing the social component of economic development projects, check if:

- Sufficient time is allocated for the intervention to show results although the
 training sessions on economic components and social norms last from a couple
 of weeks to a year, a project cycle of 2 years as a minimum should be calculated,
 including preparatory time for training of facilitators and hand-holding support after
 training is completed.
- Social interventions involving intimate partners/households is labeled appropriately
 it is recommended that the intervention be packaged as "family well-being" sessions
 or other such non-threatening label.
- The curriculum has been tested, evaluated and adapted for the context with feedback from women's organisations.
- Sufficient attention is paid to training and mentoring of local facilitators.

Example of working with couples in economic project to address GBV

Indashyikirwa (Agents of Change), Rwanda, Great Lakes Region and now in Syria

Developed by CARE Rwanda in partnership with two Rwandese NGOs: Rwanda Men's Resource Centre and Rwanda Women's Network. Has also been implemented successfully in the SDC project in the Great Lakes Region since 2012. Presently being adapted by the FCDO for implementation in Syria.

Context: IPV, conflict, post conflict

Interventions: with women, couples, community

- Village Savings and Loans Associations (VSLAs) for adult women, now used as entry point for GBV intervention
- Curriculum (21 sessions, over 5 months) with couples to support gender equitable, non-violent relationships emphasis on power (power over, power to, power within, power with), critical reflection, and moving from knowledge to attitudes to skills to action. Includes content on sources of triggers of IPV (e.g. disagreements about money, jealousy, men's use of alcohol)
- Community activism subset of couples trained to support community activism (drawing from SASA!) over two years
- Women's safe spaces for GBV support, referrals for survivors and training for income generation
- Training and engaging opinion leaders to support an enabling environment for IPV prevention and response

Results: Significant reduction of IPV among couples participating in the curriculum (including economic IPV).

Source: What Works to Prevent Violence against Women and Girls (2019). Impact of Indashyikirwa: An innovative programme to reduce partner violence in rural Rwanda. Evidence Brief August 2019.

Example of working with in-laws in economic development project to address GBV

Zindagii Shoista ("Living with Dignity"), Tajikistan

Developed by International Alert, Cesvi and 3 local partners: ATO, Farodis and Zanoni Sharq. Adapted from the Stepping Stones and Creating Futures intervention. Also adapted and implemented as Sammanit Jeevan in Nepal.

Context: IPV and domestic violence from in-laws, husbands migrated to Russia

Interventions: with women, in-laws

- Social empowerment 11 curriculum sessions on building gender equity, respect and intra-household communication, and reducing violence
- Economic empowerment 12 sessions to build understanding of women's contribution to household economy, strengthen financial management skills (budgeting, spending, saving), develop a concept for Income Generation Activities (IGA), training in business skills, provision of materials and assets to start IGAs

Results: At 30 months, VAWG levels had dropped by 50%, and relationship and gender equality indicators had improved. Significant positive changes were seen for all socio-economic status indicators as well as significant positive changes for all health measures, including depression scale and suicidality.

Source: Mastonshoeva, S.; Myrttinen, H.; Chirwa, E.; Shonasimova, S.; Gulyamova, P.; Shai, N. & Jewkes, R. (2020). Evaluation of Zindagii Shoista (Living with Dignity), an intervention to prevent violence against women in Tajikistan: impact after 30 months, What Works to Prevent Violence against Women and Girls.

For more information on the content of these training programmes see Tip sheet 2: *GBV prevention – critical reflection and collective action*.

2 — How does the economic intervention include spouses/ partners and other family members?

Emerging evidence shows that including spouses and other members of the household, (such as in-laws in contexts where multi-generational families live together), in economic interventions provides a good opportunity to engage in discussions related to family dynamics. This improves intra-household relationships and ultimately reduces domestic and intimate partner violence. SDC-funded projects that seek to integrate economic interventions with GBV prevention and response should explore a whole family/ household approach in consultation with women/women's organisations. See page 52 for examples of sessions conducted with women, their spouses and family members in such integrated models.

Example of GBV project including family members for economic interventions

In an SDC-funded GBV project implemented by the IRC in Jordan, survivors referred to the IRC's economic development unit were able to make a substantial addition to the household budget from the economic intervention. Seeing the economic benefit of the activities, husbands started to join their wives, the economic activity came to be regarded as "family" business and the project started to encourage such an approach because it positively contributed to a change of family dynamics.

Source: Chaujar, P., Weyermann, B. (2022). Light-touch review of SDC-funded GBViE project in the MENA region. SDC, Berne.



While reviewing economic development/livelihood programmes, ask:

- Does the economic intervention meaningfully improve the financial situation of the survivor/family? Are earnings from the intervention substantially contributing to covering living costs?
- How does the economic intervention include spouse/other family members, such as in-laws, (to influence family dynamics contributing to domestic violence/IPV) and/or other women members of the household in small business development projects?
 - Did the implementing organisation consult with women to understand their specific context and to identify which members of the household should be included in the economic interventions?
 - Will the survivors/their families be able to sustain the income generating activity after the project support ends?
 - Does the project address women's disproportionate household and childcare responsibilities, which can affect their participation in and benefitting from the economic intervention?
 - In an economic project addressing men, check whether it would make sense to include female family members in the business?

Child care for working women

The IASC Gender Handbook for Humanitarian Action lists provision of childcare services as part of humanitarian action as good practice in ensuring that women can participate in and benefit from economic empowerment interventions.

Source: IASC (2018). Gender Handbook for Humanitarian Action.

3 — How does an economic development project ensure that GBV survivors participating in activities have access to GBV response services?

Persons at risk of GBV or persons already experiencing GBV might be among participants of economic interventions. They must have access to GBV response services. SDC-supported projects must link GBV survivors with response services. See Tip sheet 1: *Multisectoral GBV response services*.

Check the following:

- Have GBV service providers in the project locations been identified? How is the project connecting survivors with these services? Do they have a protocol for referrals?
- Does the project keep track of how the GBV services treat the survivor and how she/they benefit from it?
- What does the project intend to do if the quality of the GBV referral services is not sufficient?

Economic development projects can also include a contribution to strengthen GBV response services in project locations by funding a technical agency for capacity support and mentoring, providing financial support to service providers, and working with local authorities to institutionalise funding and technical support for GBV response services.

4 — How does a GBV project link with a project on economic interventions?

GBV survivors must be referred to livelihood support as part of the multi-sectoral response. SDC-supported GBV projects should be linked with existing livelihoods/economic development projects.

While reviewing such linkages, check the following:

- Does the livelihood/economic development project enable participants to gain sufficient income – avoid linking survivors to schemes that are not economically viable?
- How do the two projects collaborate on individual cases of GBV survivors who are referred from one project to the other?

 Does the economic project team understand the specific needs and vulnerabilities of GBV survivors who are/might be participating in their interventions? If not, can they be trained or mentored, to avoid singling out GBV survivors and increasing the risk of stigma, and to ensure confidentiality for the survivors?

References and further readings

Training modules used for social norm change and economic empowerment

Zindagii Shoista – Living With Dignity: Workshop Manual Part 1, developed by International Alert and others.

Couples Curriculum Training Module used in <u>Indashyikirwa model</u> developed by CARE in Rwanda and others.

Program Implementation Manual Economic And Social Empowerment (Ea\$E) model developed by IRC.

Impact assessments of economic interventions integrated with GBV Prevention and Response

Mastonshoeva, S.; Myrttinen, H.; Chirwa, E.; Shonasimova, S.; Gulyamova, P.; Shai, N. & Jewkes, R. (2020). Evaluation of Zindagii Shoista (Living with Dignity), an intervention to prevent violence against women in Tajikistan: impact after 30 months, What Works to Prevent Violence against Women and Girls.

Evidence on impact of EA\$E model of IRC in Burundi: IRC (2011): Getting down to business: Women's economic and social empowerment in Burundi.

What Works to Prevent Violence against Women and Girls (2019). Impact of Indashyikirwa: An innovative programme to reduce partner violence in rural Rwanda. Evidence Brief August 2019.

Good practice compilation of interventions where gender transformative approaches are integrated in economic intervention projects

FAO, IFAD and WFP. 2020. Gender transformative approaches for food security, improved nutrition and sustainable agriculture – A <u>compendium</u> of fifteen good practices. Rome.



Supporting women's organisations

Women-led and women's rights organisations that have a gender transformative approach and work with the explicit purpose of promoting and protecting women's rights, advancing gender equality and women's empowerment should be prioritised for partnerships. The SDC supports national, sub-national, grassroots and women-led women's rights organisations and has an emerging interest in supporting LGBTIQ+ led, LGBTIQ+ rights organisations.

Women's organisations, feminist activists and networks are at the forefront of efforts to address GBV: they mobilise women, communities and advocate with institutions and governments for gender equality and ending GBV, and they provide support and response services to GBV survivors. The difficult work of changing deeply ingrained gender and social norms and structures that promote gender-based violence is a long-term endeavour and has always been carried out by women and collectives of women around the world.

Women's (and LGBTIQ+) organisations have experience, and a wealth of knowledge and skills in addressing GBV in their specific contexts. They have, often at great risk to their lives and selves, resisted oppressive norms, advocated for an egalitarian society, lived their lives differently and emboldened other women to do the same.

It is only fitting and ethical that women, girls (and LGBTIQ+ communities) lead humanitarian/development efforts to address GBV. Those who are most affected by an issue must also lead the solutions to address the issue. In the case of GBV, since it is women, girls (and LGBTIQ+ communities) who are most affected, they and their organisations must lead the efforts on GBV prevention and response. Not just as "implementing" partners but as equal partners in decision-making on project design, strategies and implementation.

SDC commitments to local women's organisations – Call to Action on Protection from GBV in Emergencies 2021–2025

"At least 10% of SDC/Humanitarian Action GBV programme funding is channelled directly to local actors (without any intermediary) and at least 50% with only one intermediary."

"60% of GBV projects funded by the SDC/HA invest in institutional capacity-building for local actors, particularly women-led organisations and government agencies."

Source: Swiss Commitments to the Call to Action.

Barriers to funding for women's organisations

Partner selection of donors, including the SDC's, is based on the organisation's past history of absorbing a certain amount of funding and history of compliance with large donors and funding mechanisms. Technical capacity is judged based on their familiarity with and adherence to international programming standards (e.g. GBViE Minimum Standards). Since women's and LGBTIQ+ organisations have historically not been the direct/indirect recipients of donor funding, they may not be familiar with or have experience of such expectations. But that does not mean that they are not capable and effective. Funding in general and GBV funding specifically is skewed in favour of larger, national level organisations at the expense of smaller organisations.

Women's organisations are under-prioritised and underfunded in international development and humanitarian action on GBV (and so are LGBTIQ+ organisations). Due to the historically patriarchal set-up of humanitarian and development aid, women's organisations form a small proportion of civil society organisations that have been funded for humanitarian and development work in general, including for GBV prevention and response. The GBV sub-clusters in most humanitarian emergencies are dominated by international actors and among national actors, women's organisations are severely under-represented. As a result of this marginalisation, many women's organisations have little experience in partnership with international actors and that is often the biggest barrier to their access to funding. Unless funded specifically, many women's organisations are unable to invest funds or human resources to participate actively in and influence decision-making in international humanitarian processes.

Recent history in the demand for greater resources to women's organisations

The 2016 World Humanitarian Summit and the Grand Bargain Friends of Gender Group, confirmed the need to invest in gender equality and the empowerment of crisis affected women and girls, including the resourcing and participation of women led organisations (WLO) and women rights organisations (WRO).

Although this was inadequately taken up in the original Grand Bargain commitments it was translated in accompanying documents such as Guidance Notes by UN women (e.g. on how to promote gender responsive localisation) as well as the Grand Bargain 2.0 framework with potential indicators including one on "more funding to local actors including local women-led organisations (...)".

According to the Friends of Gender Group there has been some improvement in participation and involvement of WLOs and WROs but, there has been limited overall progress on shifting power, resources and decision making to them. In 2021 there was a global drop in direct funding to local actors overall.

- ? Essential questions to ask when promoting women's organisations
- 1 How can the SDC engage with women's organisations for the work on GBV?

The majority of SDC funding for local women's organisations is currently provided through intermediary organisations such as INGOs. However, there is an increasing emphasis on funding women's organisations directly. Women's and LGBTIQ+ organisations can be engaged in different ways in SDC-funded GBV projects based on their interests, expertise and requirements:

- Implementation of GBV prevention and response work: SDC funding on GBV can be a good opportunity to support national/sub-national and grassroots women's organisations to strengthen and continue the provision of GBV services and prevention interventions.
- Leadership and advocacy on ending GBV and gender equality: Beyond funding for specific projects and actions, the SDC can contribute core fund support to women's organisations for ongoing, long-term endeavours that are crucial to bringing about change at the structural level.
- Leadership in international humanitarian mechanisms and funding decisions on GBV: SDC project funding should support women's organisations working at different levels (national to grassroots and even regional) to enable them to influence decision-making in international humanitarian actions.

Example of the SDC's support to local women's organisations on ending GBV

The SDC has provided direct funding to the Jordanian Arab Women Organisation (AWO) for bringing together small and medium-size women-led organisations from Iraq, Lebanon and Palestine to share their experiences. Together these organisations have drafted a Call to Action on the Protection from GBV in Emergency: Road Map for the MENA region. This document defines the objectives for GBV prevention and response, and the actions required by organisations and by donors to achieve these objectives. The AWO is now also a member of the steering committee of the Call to Action and feeds the perspective of women-led organisations into national and international forums.

Source: Women-led Organizations' proposed Road Map to implement the Call to Action in the MENA Region. Developed by AWO and a network of 52 women in MENA, 2022.



- How can SDC funds contribute to the core costs of the organisation?
- How can SDC funds cover the cost of addressing specific safety and security risks faced by women's organisations?
- How can SDC funds cover costs for organisational development, including development that enables organisations to absorb greater amounts of funds, apply for other funds (administrative, financial management capacities as required)
- Can some of the SDC's administrative requirements be adapted/simplified?
- What are some of the ways in which the SDC can increase effective funding to women's organisations?

There are many administrative challenges to directly funding women's (LGBTIQ+) organisations, especially those organisations set up by women/LGBTIQ+ communities that are further marginalised: based in rural areas, lacking history of direct funding partnerships and so on. The SDC can diversify the funding portfolio for example by funding a mix of "well-established" and "lesser known" women's organisations and by actively reaching out to women's (LGBTIQ+) organisations working at the margins and/ or led by groups of women who face multiple disadvantages on account of ethnicity, disability, displacement and so on. Here are some options that can be explored for funding such women's organisations:

- Collaborate with international and national grant-making organisations that specifically focus on funding women's organisations. For instance, the SDC could fund a local women's fund to enable resources to be routed to women's organisations that cannot directly partner with the SDC.
- Fund a consortium of local women's organisations. This will also support solidarity/ movement-building among women's organisations.
- Use the Small Action modality fund to reach out to women's organisations of marginalised groups and to organisations that work with the LGBTIQ+ community.
 The interaction with these groups will enhance the knowledge of the SDC team about their issues.
- Explore purely finance routing arrangements. Engage with an intermediary that is only responsible for managing financial and administrative arrangements. Control of programmatic decisions remain with the women's organisations (see example on page 52).

Example of financial intermediary used by the SDC.

The East Europe Foundation (EEF) acts as an intermediary for the SDC in Ukraine. The EEF issues grants of CHF 50,000 each to 15 CSOs nominated by the SDC. The EEF invites CSOs to develop and submit project proposals and assists them in developing their proposals. The EEF uses a simplified application process: the applicants submit a two- narrative application in English or Ukrainian and a project budget. The EEF carries out due diligence for grantees who respond, including checking their registration and governance documents and accounts for 2021. The EEF presents all received proposals to the SDC for approval. Once the proposals are approved, the EEF contracts and disburses the funds, collects and reviews reports, carries out regular check-ins with grantees.

Source: SDC credit proposal 2022.



- Does the routing agency (consortium/women's fund) have established links to grassroots women's organisations, links to organisations of women with disabilities, or of other disadvantaged women?
- How will the routing agency share resources equitably with grassroots women's organisations?
- What measures are put in place to ensure an equitable partnership (partners in decision-making rather than merely subcontracting)?

3 — What to consider when women's organisations are subcontracted by an intermediary international organisation (INGO or UN)

Intermediary INGOs are often the direct recipients of SDC funds and they further subcontract local organisations, including women's organisations. For humanitarian contexts, the Grand Bargain called for intermediaries to be held accountable to their local/national partners and for fair partnership between intermediaries and national/local organisations. These concerns are also relevant in development contexts. It is important that in SDC-funded GBV projects with intermediaries, local/national organisations are not treated as de facto employees of intermediary organisations or subordinate to decisions made by intermediary organisations.

When reviewing GBV projects where the primary applicant is an international (intermediary) organisation, check the following:

- How was the women's (LGBTIQ+) organisation identified and selected for this
 project? Check for any conscious/unconscious biases in favour of "larger", more
 well-known organisations.
- Could they be directly funded by the SDC, and the intermediary organisation be subcontracted by the women's organisation for any specific technical support

- or service? For example, in Jordan, the SDC directly funds the Arab Women's Organisation, which in turn subcontracts CARE for technical services.
- What is the role of the women's (LGBTIQ+) organisation? Is it just to implement the project designed by the intermediary or did it have an equal say in the design of the project?
- Is the division of roles and responsibilities cognizant of the expertise and experience of women's (LGBTIQ+) organisations?
- Does the project provide a sufficient percentage of funding for the partner organisation's
 - overhead costs/indirect allowances
 - organisational development
 - core costs?
- Is there transparency in funding and budgets towards subcontracted organisations?
- Are the subcontracted women's organisations engaged in PCM moments?

Additional ways in which the SDC can support women's organisations:

- The SDC can call for safe and enabling environments for women's organisations to operate (especially e.g. in contexts where governments/ de facto authorities restrict women's organisations)
- Engage women's rights organisations in the development of SDC country/regional/GBV strategy development; engaging women's rights organisations/activists as consultants for project design and or evaluations.
- Advocate with the international humanitarian actors for greater representation not only of "local actors" but greater representation of and leadership by women's organisations, including in GBV sub-clusters.
- Advocate with country-based pooled funds to make specific allocations for women's organisations for GBV-specific work.
- Organisations of LGBTIQ+ often do not work explicitly as LGBTIQ+ organisations and may function under different explicit mandates or as loosely formed groups. Make efforts to reach out to activists and informal groups, fund them as part of consortiums, invite them as experts on your panels, project development or evaluation missions and as technical experts for your cooperation office and other partners.
- If you fund an intermediary, make sure that the subcontracted local organisations get fair conditions, as outlined in the Grand Bargain intermediary caucus <u>outcome document</u> that was endorsed by Switzerland in September 2022.



Sexual violence against men and boys and members of the LGBTIQ+ community

Sexual violence against men and boys is a form of gender-based violence. Until recently, international and national treaties and efforts have focused on women and girls as survivors of GBV, with the understanding that gender-based discrimination is at the heart of GBV and it affects women and girls disproportionately. Although global data on the extent of sexual violence experienced by men and boys is scarce, CRSV against men and members of the LGBTIQ+ community is increasingly documented.

Case studies suggest that the prevalence is significant. For instance, 23.6% men in the eastern Democratic Republic of the Congo in 2010 and 32.6% former male combatants in Liberia in 2008 reported having experienced sexual violence. In Yei County of South Sudan, 47% men reported experiencing or witnessing sexual violence against a man (2008). In 2018, the Independent International Commission of Inquiry on the Syrian Arab Republic reported detailed evidence of sexual violence against men and boys in Syria. At the Open Debate on CRSV of the Security Council in April 2021, Pramila Patten, the Special Representative of the UN Secretary-General on CRSV said: "Reports of sexual violence against men and boys were recorded in almost all of the countries examined, with the majority occurring in detention settings".

Social and gender norms with strict binary gender structures are among key drivers of sexual violence against men and a barrier to men survivors seeking help. These norms manifest in the view that "real men" cannot be weak or victims. In Northern Uganda, for example, people perceived men as inexistent after they were raped by government soldiers because of the belief that the rape had 'turned them into women'. The overwhelming shame, humiliation, anger and fear resulting from sexual violence can lead to heightened anxiety, self-harm, depression and drug abuse among men survivors – they sometimes become aggressive towards others, including their family members.

Specific risk factors that affect sexual violence against men and boys include criminalisation of same-sex relations and lack of legal protection for male survivors and discrimination and violence against persons of diverse sexual orientation, gender identity, expression and sex characteristics.

¹ Touquet, Heleen and Chynoweth, Sarah et al. (2020): From It Rarely Happens' to 'It's Worse for Men'. Dispelling Misconceptions about Sexual Violence against Men and Boys in Conflict and Displacement, in: The Journal of Humanitarian Affairs, Vol. 2, Issue 3 (2020), p 25–34.

The SDC's Position on Male Survivors

Gender inequality is anchored in strict definitions of what it means to be a man or a woman, accompanied by a rigid heteronormativity. Many of the reasons for sexual violence against men and boys are rooted in these gender norms, such as conflict-related sexual violence, which aims to defeat and subjugate the men of enemy groups, or sexual violence to discipline or punish gender non-conforming men and boys, including members of the LGBTIQ+ community.

As a result of the sexual violence, many men and boys are not only physically wounded, but they are also traumatised because the crime committed against them is an attack against their gender identities and/or their diverse sexual orientation or gender expression.

Hence, the SDC includes sexual violence against men and boys in its advocacy for the right of everyone to be protected from sexual violence and to receive gender-responsive care.

The SDC advocates for increased funding to address GBV. Services for men, boys and LGBTIQ+ survivors should be funded in addition to, not in competition with, services for girls and women.

Source: SDC 2022. Position paper on sexual violence against men and boys including members of the LGBTIQ+ community.

Types of sexual violence against men and boys include rape or torture targeting the sexual organs, public humiliation by forcing sexual acts, forced marriage, voyeurism, harassment, sexual slavery or trafficking for sexual purposes. In Afghanistan, for example, boys as young as 11, young men and transgender youth are forced to dance and sexually serve their "keepers" who are men associated with armed forces/groups or otherwise influential in their societies.² Abuse of men and particularly boys and young adults is also frequently committed by community members, by employers, by teachers or family members.

Who is committing sexual violence in conflict?

"When Rohingya refugees were asked about sexual violence against men and boys, they exclusively discussed sexual violence perpetrated by Myanmar military forces, whereas service providers reported that the majority of men/boy survivors accessing sexual violence care were boys and young men abused by family or community members."

Source: Touquet, H. et al (2020). From 'It Rarely Happens' to 'It's worse for men' – dispelling misconceptions about sexual violence against men and boys in conflict and displacement.

² ASP & YHDO (2020): AFGHANISTAN – Briefing to the Committee on the Rights of the Child on Conflict-Related Sexual Violence against Boys in Afghanistan, 85th session of CRC, September 2020.

Evidence shows that with appropriate care and a politically and socially supportive environment men and boys, just as women and girls, can heal from trauma of sexual violence and be empowered survivors. Men survivors, just as women, rarely report sexual violence incidents immediately, and tend to do so when the physical wounds require urgent intervention. They, just like women survivors, require a survivor-centred, multi-service response, consisting of medical, psychosocial, legal and economic support.

Men and boys require separate and tailored GBV services. Specialised GBV services for men and boys enable and encourage them to reduce their physical pain, to break through their isolation and to support "the renegotiation of gendered identities". Medical personnel as well as services that can be an entry point for disclosure by survivors must be trained to understand how to respond to men (including transgender) survivors of sexual violence. Detailed guidance on key issues of an adequate multi-sector response for survivors of sexual violence against men and boys is increasingly available (see list of Resources at the end of this Tip sheet).

Services and approaches that are developed to respond to women GBV survivors, such as Women and Girls Safe Spaces and One Stop Crisis Centres located in the maternity section of hospitals are not appropriate for men and boys. One Stop Crisis Centers must however be prepared to respond to boy children who are often brought to this service by parents.

Critical reflection on gender norms, gender inequality and causes and consequences of GBV are relevant to preventing GBV against men and boys and members of the LGBTIQ+ communities, just as they are relevant for women and girls. Increased critical understanding of how unequal gender norms harm women and girls as well as men and boys can change attitudes and reduce violence and stigma.

Potential entry points for reaching out to men and boy survivors of GBV.

For adult males

- Health centres/hospitals
- Services for torture survivors
- MHPSS services (non GBV specific)
- Community centres
- Legal aid clinics
- Peer critical reflection/awareness sessions
- Demobilisation/disarmament Reintegration programmes for former combatants

For boys, adolescents, young adults

- Family members including siblings
- Health centres or hospitals
- Teachers
- Caregivers
- Reintegration services for children associated with armed forces and groups
- Child friendly spaces
- Child helplines
- Child protection case workers
- Youth centres/ youth programmes

Source: GBV AoR (2021): Guidance to Gender-Based Violence Coordinators Addressing the Needs of Male Survivors of Sexual Violence in GBV Coordination.

? Essential questions to ask when addressing sexual violence against men and boys

In addition to the questions shared in Tip sheet 1: *Multisectoral GBV response*, ask the following questions when looking at projects that address men and boy survivors of sexual violence.

1 — How will the project reach out to men and boy survivors of GBV?

Replicating a gender segregated safe space model (such as Women and Girls Safe Spaces or One Stop Crisis Centres for women and girls) is not recommended for men and boys. Evidence suggests that there are more effective options for supporting male survivors' disclosure and access to services. For instance, men-only group psychosocial support, including sessions led by a trained psychologist or mental health professional with experience in supporting male survivors, or peer support models may be considered as a response to male survivors of sexual violence, depending on the context. For boys, it is important that the project collaborates with child protection services and specialised actors.

Ask the following questions:

- What will be the entry points for reaching out to men and boys? It is important to
 consult with men/key informants from the affected community to identify locations
 where adult male sexual violence survivors can safely and routinely access services
 without arousing suspicion or drawing attention to themselves.
- Who will be the outreach workers and what training will they have for safe identification and referrals for adult males and boy survivors?
- How well does the implementing partner organisation know the local experience of male survivors? Avoid application of a service model developed in the Global North without a thorough understanding of the local context.

2 — How will the project address homophobia and transphobia while addressing GBV against men, boys, LGBTIQ+ communities?

Just as discrimination and stigmatisation against women and girl survivors of GBV prevents them from accessing services, men and boy survivors of GBV are also deterred from seeking help and care services. Deep rooted structural and social barriers, including discriminatory laws and policies, such as those that criminalise same-sex relationships, often lead to criminalisation and persecution of men and LGBTIQ+ survivors of GBV. GBV service providers, such as the police, health workers and protection staff, often hold homophobic and transphobic views. While they are able to perceive women, girls and even boy children as victims of GBV, they may not see adolescent boys and adult males as victims of sexual violence. It is important that in GBV projects supported by the SDC, all GBV service providers are sensitised and skilled in addressing GBV against men, boys and members of the LGBTIQ+ communities.



When reviewing projects that address GBV against men and boys check the following:

- How are the project staff and service providers trained? Have they reflected on their own biases against male survivors or LGBTIQ+ persons?
- Has the project considered the risks to men and LGBTIQ+ survivors from law enforcement? How will the project mitigate such risks and support survivors? How does the project protect the survivors from possible persecution where same-sex relationships are criminalised?

References and further reading

SDC Position Paper (2021): Sexual Violence Against Men And Boys, Including Against Members Of The LGBTIQ+ Community.

Chynoweth, S. and D. Busher (2021): Addressing Sexual Violence against Men, Boys, and LGBTIQ+ Persons in Humanitarian Settings. A Field-Friendly Guidance Note by Sector. WRC, 2021.

WRC (2021): Supporting Young Male Refugees and Migrants who are Survivors or at Risk of Sexual Violence. A Field Guide for Frontline Workers in Europe.

GBV AoR (2021): Guidance to Gender-Based Violence Coordinators Addressing the Needs of Male Survivors of Sexual Violence in GBV Coordination.

All Survivors Project (2019): Checklist on preventing and addressing conflict-related sexual violence against men and boys.

Touquet, H. et al. (2020): From 'It Rarely Happens' to 'It's Worse for Men': Dispelling Misconceptions about Sexual Violence against Men and Boys in Conflict and Displacement, in: Journal of Humanitarian Affairs Volume 2, No. 3 (2020), 25–34.

UNHCR (2012): Need to Know Guidance: Working with Men and Boy Survivors of Sexual and Gender-based Violence in Forced Displacement.