A FRAMEWORK FOR ADDRESSING GENDER-BASED VIOLENCE IN EMERGENCIES

Taking action is a choice. It is a choice: whether or not we stop violence against women; whether or not we create a positive masculinity which promotes gender equality, in times of peace and in times of war. It is a choice whether or not to support a woman; whether or not to protect her; whether or not to defend her rights; whether or not to fight on her side in countries ravaged by conflict. [1]

Denis Mukwege, Nobel Peace Prize Laureate. Acceptance speech, Oslo, 10 December 2018

Worldwide, during times of crises, the prevalence of GBV increases due to the multiple risk factors created by emergencies as well as the ways in which existing gender inequalities are exacerbated by the chaos and tensions within households, communities and society. Potential types of GBV in emergencies may include increased levels of intimate partner violence (IPV), including marital rape and other types of physical and emotional violence; rape as a tactic of war; sexual assault or exploitation during displacement; and girls being married off as a coping strategy by households that do not have the resources to support them or a means to protect their and/or their family's 'honour'. To this list we must also add GBV that emerges as a result of the humanitarian response, including sexual exploitation and abuse by local, national and international aid workers, peace-keepers and security forces.

For over two decades, CARE has been implementing development and humanitarian programmes to prevent and respond to GBV. These programmes include transforming unequal gender power relations within households and communities; working with communities to shift social norms that subordinate women and girls and condone violence as a means to control them; engaging men and boys in addressing GBV; responding to the immediate and long-term needs of GBV survivors including their sexual and reproductive health (SRH) needs and developing livelihoods opportunities; and supporting governments to develop and implement policies, legislation and commitments to end the violence.

Much of CARE's work on addressing GBV is in the area of primary prevention **(See Box 1)**, which aims to stop violence before it occurs by promoting respectful, non-violent relationships. CARE has distinguished itself in this area of work, which includes our broader work to address gender inequality such as approaches to social change, including for example Social Analysis and Action and Village Savings and Loan Associations. This work is now being taken into our GBV work. In response to and recognition of CARE's experience in addressing the root causes of GBV, a [Strategic Focus] document produced by the Life Free From Violence (LFFV) Working Group in 2017 proposed a focus on the prevention of domestic violence, including intimate partner violence (IPV)[2], as well as harmful practices such as early marriage, in both development and humanitarian contexts. In October 2018,

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[1] This quotation is included to emphasise that, from the very outset of a crisis, our organisational and collective effort to address GBV in emergencies is a deliberate choice we make. The reference to violence against women and girls (VAWG) here is not to suggest that VAWG is interchangeable with GBV, which affects all genders – though women and girls are affected disproportionately – nor does it suggest a focus on conflict in this Framework and ToC as opposed to all types of emergencies, including natural disasters, displacement and public health emergencies.

[2] In relation to IPV in humanitarian contexts, in *Interventions for Prevention of Intimate Partner Violence Against Women in Humanitarian Settings: A Protocol for a Systematic Review*, the authors note that "Despite the increasing number of refugee and displaced population following humanitarian emergencies, and the high level of different types of GBV in these settings, including IPV, there is a lack of evidence about IPV-related intervention and their effectiveness in humanitarian settings. Also, notwithstanding growing attention to IPV globally, systematic evaluation of evidence for IPV prevention remains limited, particularly after humanitarian emergencies". Delkhosh, Marian et al, PMC Version 1. PLoS Curr. 2017 July 12; 9 at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5553713/

CARE's LFFV Working Group produced the *Prevention and Mitigation of Gender-based Violence in Development and Humanitarian Contexts: CARE's Theory of Change,* which reflects this focus.

Box 1: Primary and Secondary Prevention of GBV

Primary prevention action aims the whole community to stop GBV before the violence occurs. This prevention action does this by addressing the root causes of violence. Examples of primary prevention include:

- Public information and awareness-raising in mass media, workplaces and communities
- Educational/awareness programmes in schools, workplaces, etc.
- Government policy establishing frameworks and standards for preventing GBV and promoting gender equality.

Secondary prevention focuses on preventing GBV from continuing or escalating. Secondary prevention is aimed at individuals and groups at risk of violence and/or perpetrators of violence. People who have survived violence and perpetrators also benefit from secondary prevention. Examples of secondary prevention include:

- Home visits from social workers for new mothers at risk of violence
- Behavioural change programmes for men with anger management problems.

The purpose of this paper is to unpack CARE's specific Theory of Change and framework for addressing GBV in emergencies (GBViE) from the broader LFFV Theory of Change (October 2018). It also seeks to establish GBViE as a manifestation of gender inequality and discrimination and, therefore, to site a response to GBViE within our overall work on addressing gender in emergencies.

While this framework addresses *all* forms of GBV that occur and puts forward strategies to prevent, mitigate and respond to such violence, in alignment with the LFFV Theory of Change, CARE will put a particular focus on GBViE prevention, domestic violence and early marriage in humanitarian action, advocacy and research.

CARE'S GENDER IN EMERGENCIES APPROACH: OUR FOUNDATION FOR ADDRESSING GBViE

> "Research and experience have demonstrated how the failure to address the gendered impacts of crises, including sexual and reproductive health and gender-based violence, is one of the biggest weaknesses and recurrent gaps in disaster responses".
>
> Joint statement by humanitarian agencies at the World Humanitarian Summit calling for a pledge to empower women

In the 2020 Program Strategy, CARE defined an overarching approach for all our programmes: to tackle the underlying causes of poverty and social injustice to bring lasting change to the lives of poor and vulnerable people. This is achieved in the following ways: strengthening gender equality and women's voice; promoting inclusive governance; and increasing resilience. Consequently, CARE aligned its approach to gender in emergencies with four-steps that include the following tools and actions:

1. **Rapid Gender Analysis:** Use [CARE's RGA Toolkit](#) to analyse the different needs and capacities of women, men, boys and girls during a humanitarian response, including their specific risks for, experiences of, coping strategies and response needs for gender-based violence (GBV).

2. **Minimum Standards/Commitments:** Using [CARE's 'Minimum Commitments'](#)[3], as well as the [IASC Gender Handbook](#) and the [IASC GBV Guidelines](#), including the 'Cash & Voucher Assistance and Gender-Based Violence Compendium: Practical Guidance for Humanitarian Practitioners' (forthcoming May 2019)[4] mainstream gender and GBV risk mitigation in all response sectors (Food Security, Nutrition & Livelihoods; Shelter & Settlements; sexual and reproductive health (SRH) in emergencies (SRH-E) and water, sanitation and hygiene (WASH) and modalities (cash and voucher programming).

3. **Women Lead in Emergencies:** Ensure women and girls' voices count in planning and decision-making.

4. **Life Free from Violence:** Prevent, mitigate and respond to GBV, including domestic violence[5], in humanitarian crises.

   This step demonstrates clearly that CARE's approach to addressing GBViE is founded on our overall approach to gender in emergencies. **This Framework, therefore, unpacks and elaborates this fourth step on GBV mitigation, prevention and response in emergencies.**

The [CARE 2020 Program Strategy on the Right to a Life Free From Violence](#) refers to a two-pronged approach to *preventing* GBV; focused - or **standalone** – programming; and **integration** across all programming **(See Box 2)**.

Box 2: What do we mean by 'integration', as in 'integrating GBV prevention and risk mitigation', and what is the distinction between mainstreaming and integrating activities?

In GiE and GBViE, the concepts of 'mainstreaming' and 'integrating' prevention and risk mitigation are often used interchangeably. In this framework, a clear distinction is made **(See also Annex 1)**:

Mainstreaming GBV actions focuses on modifying the way that CARE conducts activities to ensure that they recognise and address the different needs, capacities and vulnerabilities of people of different genders/ages. For example, in Shelter & Settlement programming, ensure equal and impartial distribution of shelter materials by establishing clear, consistent and transparent distribution systems and ensuring that at-risk groups have the same access to the materials.

Integrating GBV measures involves including explicit objectives, activities and indicators on gender, diversity and GBV prevention and risk mitigation in all sectorial and multi-sectorial activities. Include a specific objective with indicator(s) around the active participation of women in Shelter & Settlement-related committees, including specific measures if necessary for training, creating space for them to participate in all decision-making processes, etc.

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[3] CARE has adopted and adapted the work of the Global WASH Cluster's *Minimum Commitments for the Safety and Dignity of Affected People* as the primary approach to mainstreaming gender and diversity into its WASH programming. Minimum Commitments for the Food Security & Livelihoods and Sexual and Reproductive Health (SRH) sectors have also been developed and will soon be available at this link.

[4] The *Cash & Voucher Assistance and Gender-Based Violence Compendium: Practical Guidance for Humanitarian Practitioners – Companion Guide to the IASC GBV Guidelines* will be available in May 2019. In the interim, a draft can be found at https://www.dropbox.com/s/1y89cklpffi0no5/GBV-cash-compendium.proof-5.pdf?dl=0

[5] CARE defines domestic violence as including intimate partner violence (IPV) that is physical, sexual and/or psychological in nature; early, forced and child marriage; honour killings and other honour crimes; and widow disinheritance and abandonment. (CARE's LFFV Theory of Change, 2018).

> It is important to note that both mainstreaming and integration activities, like standalone activities, require the explicit inclusion of financial and human resources necessary to ensure that they are implemented fully.
>
> Therefore, central to CARE's framework for preventing, mitigating and responding to GBViE is the strategy of including three distinct types of actions: mainstreaming and integration across all sectorial and multi-sectorial programming; and standalone programming.

So far, this paper has referred to GBV prevention, risk mitigation and response and has described mainstreaming, integration and standalone programming approaches. The table below - **Box 3** - demonstrates the intersections of these types of actions and approaches and who is responsible for each.

Mainstreaming, integrating and standalone GBV programming in prevention, risk mitigation and response work

CARE's work to address GBViE is informed by a **Rapid Gender Analysis (RGA)** with a focus on GBV.

The actions of **prevention, risk mitigation** and referrals to specialised services are addressed through mainstreaming and integration approaches. Everyone on the programme team is responsible for ensuring that GBV prevention, risk mitigation and referrals are carefully and deliberately mainstreamed and/or integrated, as appropriate, into all programming.

GBV response is a standalone programme. Such programming may include a comprehensive GBV response programme that comprises health, psychosocial and legal services, engagement with all segments of the community to understand the consequences of GBV on individuals, their family and the community, and IEC activities; or operating SRH facilities and 'Safe Spaces'. Such programming should only be implemented where there is GBV, SRH and/or protection expertise within the team.

Evidence-based evaluations of our programmes and activities within programmes to address GBViE are documented so that they **inform learning, adaptation and scale up of our work as well as advocacy** to influence national, regional and global changes in humanitarian processes, practices, policies and programming.

Box 3: Mainstreaming, integration and standalone actions on GBV prevention, mitigation and response

Rapid Gender Analysis with focus on GBV informs…

ACTION	APPROACH/SECTOR	RESPONSIBLE
Prevention (interventions that address root causes to prevent GBV from first occurring)	Mainstreaming	All sectors
	Integration	
Mitigation (interventions that address contributing factors to reduce the risk of exposure to GBV)	Mainstreaming	
	Integration	
Response	Standalone programming	GBViE experts

…informs learning, adaptation, scale-up and advocacy

CARE'S GBViE FRAMEWORK: SIX KEY PROGRAMMING PRIORITIES TO ADDRESS GBVIE

> **Box 4: CARE's Key GBViE Programming Priorities**
>
> Based on the strategic objective and work on Life Free from Violence and based on existing organisational expertise and knowledge, CARE has defined six programming priorities that make up its framework to address GBViE:
>
> 1. Ensure the routine inclusion, resourcing and monitoring of GBV risk mitigation measures across all technical programming, including Food Security, Nutrition & Livelihoods, WASH, Shelter & Settlements and SRH, and modalities (e.g. cash and voucher assistance, services and in-kind).
> 2. Work with communities to shift patriarchal social norms and address the root causes, exacerbating factors and impacts of GBV in crisis contexts.
> 3. Create and manage 'Safe Spaces for Women and Girls'/'Women and Girl-Friendly Spaces.
> 4. Provide appropriate gender and age-sensitive sexual and reproductive health in emergency (SRH-E) services including, where possible, the clinical management of rape (CMR). This programming priority addresses the need to enhance the consistent and robust integration of CARE's GBViE and SRH-E programming.
> 5. Engage men and boys to prevent and address GBV.
> 6. Inform learning, adaptation and scale-up of CARE's work and advocacy to influence changes in humanitarian processes, practices, policies and programming to address GBViE.

The six programming priorities are presented as components of the GBViE framework rather than individual steps for a number of important reasons: We acknowledge that mainstreaming and integrating GBViE risk mitigation measures are essential across all of our technical programming; that in any particular context, there may be overlaps between the six interventions, e.g. the provision of or referral to SRH services within 'Safe Spaces'; engaging men and boys in work with communities on shifting patriarchal norms and addressing the root causes of GBViE, etc.; and that, in some contexts, some of the components may already being put into action by development colleagues or partners and, therefore, will require careful collaboration and adaption rather than start-up.

1. **Mainstreaming and integrating GBV risk mitigation and prevention (See Box 5) measures across all sector and multi-sector programmes**

Based on CARE's commitments to and engagement with global processes, including the [Call to Action on Protection from GBV in Emergencies](#) and the [Real-time Accountability Partnership (RTAP)](#), including the [IASC GBV Guidelines 2015](#), CARE aims to establish itself as the 'go-to' operational agency for GBV risk mitigation and prevention in emergencies. CARE will achieve this by focusing efforts on the following:

> **Box 5: 'Mitigation' and 'Prevention' of GBV**
>
> Prevention generally refers to taking action to stop GBV from occurring (e.g. scaling up activities that promote gender equality; working with communities to address practices that contribute to GBV) while mitigation refers to reducing the risk of exposure to GBV (e.g. ensuring that reports of 'hot spots' are immediately addressed through risk-reduction strategies; ensuring lighting and security patrols are in place from the onset of establishing displacement camps).
>
> Adapted from the IASC GBV Guidelines 2015

- Developing staff and partners' understanding of and capacity to mainstream and integrate GBV risk mitigation measures across all programming.
- Ensuring the application of minimum commitments to mainstreaming GBV risk mitigation across all sector and multi-sector programmes/activities, including cash and voucher assistance and market-based approaches.
- Including specific objective(s) with associated activities, indicators and resources (integration) on GBV risk mitigation and prevention for each sector.
- Monitoring tools across sector programming to better account for changes in perceptions of safety, proxy indicators, etc.
- Developing, informing and drawing, as relevant, on the evidence base on what works in GBV risk mitigation and prevention mainstreaming and integration.
- Advocating local, national and global stakeholders, including donors, for systematic GBV risk mitigation and prevention, including explicit funding.

2. **Working with communities to change harmful patriarchal social norms and address the root causes, exacerbating factors and impacts of GBV in crisis contexts** –

CARE recognises the interlinking issues of **agency** – a person's own aspirations and capabilities; **structures** - the legal and institutional environment, including harmful social and gender norms, that surrounds and conditions a person's choices; and **relations** - the power relations, including harmful social and gender norms, through which crisis-affected people negotiate their path – that together prevent harmful patriarchal social norms from occurring.

CARE's strategy is to work with crisis-affected communities to design and implement interventions and strategies that address these factors simultaneously. CARE's experience and research have shown that women have strategies and organise themselves to prevent and respond to GBV in emergencies and we acknowledge the importance of recognising, building on and/or supporting this. In this regard, wherever possible and relevant, CARE will draw on our work in the development sphere. This intervention also speaks to CARE's work on Women Lead in Emergencies and partnership and localisation[6], as well as its role as the co-convener of the Grand Bargain sub-working group on Gender and Cash and CARE"s role as co-chair of the AOR's [Task Team on Localisation](#). We will deliberately bring the learning and momentum from these initiatives to our work to address GBViE in recognition of the critical and proactive role that individual women, as well as women-led and women's rights organisations, play in preventing and responding to GBV even before international organisations arrive and after they depart[7,8].

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[6] For an example of CARE's research and work partnership and localisation as it relates to gender and GBV in emergencies, see *Gender & Localising Aid: The potential of partnerships to deliver*, CARE International Secretariat, October 2017 at https://reliefweb.int/sites/reliefweb.int/files/resources/Gender_and_Localizing_Aid_high_res.pdf

[7] In November 2018, CARE International UK concluded research on *Women responders: Placing local action at the centre of humanitarian protection programming*. The report found that "…women responders also make diverse contributions to humanitarian programming, extending beyond protection outcomes to contribute to a more contextualised and effective humanitarian response overall. The research identifies six core ways in which women responders are able to contribute to more contextualised and effective humanitarian protection interventions": 1. The access they may have that permit them to act as first responders and to support more marginalised populations: 2. The contextual understanding they bring to the needs and realities of different groups, of how to engage with key stakeholders and their ability to respond creatively to barriers: 3. Their ability to use social capital and networks to reach other women: 4. Their ability to provide a space for and raise women's voices and support women's leadership: 5. Their ability to provide solidarity to other women and girls in day-to-day spaces and activism: 6. Their contribution to interventions being gender transformative and potentially more sustainable.

[8] This effort to engage proactively and equally with local women's organisations reflects CARE's commitment to localisation and participation of communities, especially women and girls, as agents of the response. The new version of the *Minimum Standards for Prevention and Response to Gender-based Violence in Emergencies* (UNFPA, pending 2019) provide a standard on involving local women and girls' rights actors and supporting their efforts and leadership in the development of community-based strategies and mechanisms to provide protection for those at risk of GBV and to strengthen accountability to the needs of women and girls.

3. Safe Spaces for Women and Girls

The establishment of Safe Spaces for Women and Girls[9] (SSWG) has emerged as a key strategy for supporting the protection and empowerment of crisis-affected women and girls **(See Box 6)**. The objective of SSWGs is to provide a space and platform where women and girls can:

- Socialise and re-build their social and community support networks
- Access safe multi-sectorial GBV response services (psychosocial, legal and medical)
- Access information and seek referrals on SRH topics and services, including healthy timing and spacing of pregnancies and family planning; sexually transmitted infections (STIs); danger signs in pregnancy; and the clinical management of rape (CMR) services
- Where available, access direct SRH service provision through visits to appropriate permanent or rotational/mobile services or visits from a health professional
- Acquire contextually relevant skills
- Explore, define and work on context-specific and community-based priorities and solutions to their own needs and issues.

> **Box 6: Safe Spaces for Women and Girls**
>
> A safe space is a place where women and girls feel physically and emotionally safe, free of violence, the fear of violence and abuse; free to express themselves without fear of judgment or harm; and able to work together in solidarity, to mobilise and find their voices and space/forums to raise them.

Working closely with both include working with local/grassroots women's groups[10] and gender/GBV/protection, shelter and site planning, cash and voucher assistance and WASH colleagues, and based on standards developed by the sector, CARE commits to establishing and operating SSWGs in emergency contexts as a central intervention of its overall GBViE framework.

An inter-agency toolkit is scheduled to be released in mid-2019 and will be circulated through the GBV Area of Responsibility, of which CARE is an active member. CARE will build on this material and will foster learning and adaptation throughout the organisation by continuing to document its experiences in the establishment and management of SSWGs and to adapt good practices, such as *The Women's Space Facilitators' Training Module*, (CARE Rwanda and the Rwanda Women's Network, 2018) in order to inform its on-going work in this area; and through research that seeks to understand the impact of different models of SSWGs on the prevention of and response to GBV in affected communities. Consequently, through the use of evaluation of the use of the interagency tool and evidence-based advocacy, CARE will seek to promote safe spaces as standard in all humanitarian contexts.

4. More deliberate and systematic linkages between SRH-E and GBViE in practice and policy

One of CARE's core sector areas is SRH and the organisation has established considerable skills, experience and reputation in this area. Because most forms of GBV lead to negative health and psychosocial outcomes, the CARE SRH outcome area has developed expertise in ensuring women

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[9] The information here is adapted largely from UNFPA's guidance note on 'Women and Girl Safe Spaces' (2015), which was based on their experiences and those of their partners in Jordan, Lebanon, Iraq, Syria and Turkey.

[10] Based on existing experience and lessons from CARE's implementation of the Safe from the Start (US State Dept.) project in DRC, South Sudan, Jordan and Afghanistan, partnership with local women's organisations to address GBV in emergencies includes such activities as conducting GBV audits or community mapping of protection/GBV risks; conducting joint analyses; and promoting local women's organisations' engagement in humanitarian coordination forums in order to promote women's voice and meaningful participation.

and girls can access clinical services in emergencies, including the clinical management of rape (CMR) and psychosocial support services (PSS). The SRH-E team has expertise in building skills of healthcare providers in CMR and PSS using international standards; training community volunteers to increase awareness, identifying and referring cases and providing PSS to those in need; and collecting and analysing data collected to make programmatic decision that are appropriate for communities we serve. Moreover, in line with the Minimum Initial Service Package for SRH in Crisis-Settings, the global guidance on life-saving priorities on SRH in acute emergencies, CARE is committed to (i) ensuring that response efforts are informed by coordination between the GBV sub-cluster and the SRH sub-working group; (ii) ensuring that CMR and referrals to other supportive services are available for survivors (even if we are not able to directly provide these services ourselves); and, (iii) putting in place confidential and safe space in health facilities to receive and provide survivors of sexual violence with appropriate clinical care and referral.[11] Therefore, as a priority area of programming, CARE will establish and enhance more deliberate and systematic linkages between SRH-E and GBViE in practice and policy. Note: SRH and GBV are bi-directional: that is, standalone GBV programming must include SRH considerations and *vice-versa* (see standalone component on SRH/GBV in Annex 1.

5. Engaging men and boys (EMB)

CARE is committed to engaging with men and boys to mitigate GBV; to foster positive masculinities and promote gender equality to prevent the perpetration of GBV before it happens. CARE believes that it is critical to discuss issues around masculinity, including the hierarches of power that exist between and held by men, which place some men in position of power and others who hold intersecting identities in vulnerable positions, while at the same time holding certain spaces power that privilege them over women and children; and challenging aggressive stereotypes of masculinity. CARE will take measures to engage men and boys in GBV awareness and behaviour-changing initiatives and ensure that GBV prevention work also seeks to educate men and boys about women's rights, as well as the benefits to them, their households and communities of gender equality, dignity and respect for women. Again, this intervention will draw on CARE's work in the development sphere, where relevant.

6. Advocacy and influence for structural change

CARE draws on our programme experience to support advocacy aimed at advancing effective policies, practices, plans and programmes at the international and regional levels; and to ensure adequate GBV response in Humanitarian Response Plans (HRPs) and/or national response strategies at the national level. All advocacy efforts on GBViE are in line with CARE's Humanitarian, LFFV and SRHRiE Advocacy goals and objectives[12], which include a focus on the following:

1. Increasing policy support and funding for GBV prevention and risk mitigation and ensuring increased recognition, support and funding for domestic violence and child marriage in emergencies.
2. Supporting women and local women-led groups to participate meaningfully in decision-making, project implementation and accountability efforts on GBV prevention and response humanitarian assistance and protection, disaster risk reduction (DRR) and peace-building policies and programmes.

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[11] MISP Objective 2 on GBV: http://iawg.net/wp-content/uploads/2019/01/IAFM-10-GBV.pdf
[12] CARE's GBViE advocacy goals and objectives can be found in the CARE Global Advocacy Roadmap (revised in October 2018) and accompanying strategies for GiE and LFFV.

3. Securing support and funding for provision of the Minimum Initial Service Package (MISP), including the clinical management of rape.

CARE also participates in a number of forums to support, advocate and influence the global agenda on GBViE. These forums include the Call to Action on Protection from GBV in Emergencies (CARE USA represents CARE international); co-chair of the GBV Area of Responsibility's Policy & Advocacy Reference Group (CARE USA); co-chair of the GBV Area of Responsibility's Task Team on GBV and Localisation (CARE UK and CARE USA); the Equality Institute-New York (now called VOICE), UNICEF, IRC and the University of Denver Advisory Group for a study to determine the level of investment by major donors into combating violence against women and girls (VAWG) (CARE International); the GBV Guidelines inter-agency Advisory Reference Group; the Real Time Accountability Partnership (RTAP) Steering Committee Steering Committee (CARE USA and CARE International); the Inter-Agency Working Group on Reproductive Health in Crisis -IAWG (CARE USA); and co-convener of the Grand Bargain sub-working group on Gender and Cash. In this latter regard, at the time of writing, CARE is developing a *Cash & Voucher Assistance and Gender-Based Violence Compendium: Practical Guidance for Humanitarian Practitioners* (pending 2019)[13], which should inform the implementation of all cash transfer programming.

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[13] The Compendium will be available in May 2019. In the interim, a draft can be found at https://www.dropbox.com/s/1y89cklpffi0no5/GBV-cash-compendium.proof-5.pdf?dl=0. The Compendium is aimed to support: field-based humanitarian practitioners across all sectors of humanitarian response who use cash or vouchers in their programmes; GBV Specialists who are considering using CVA in their programming; members of the Humanitarian Country Teams (HCTs); and Humanitarian Coordinators (HCs) and donors who advise and monitor teams and partners on GBV mainstreaming/integration.

A FRAMEWORK FOR ADDRESSING GBV IN EMERGENCIES – THEORY OF CHANGE - 2019 - 2020

LFFV **CARE'S IMPACT STRATEGY GOAL**	By 2020, 12 million people of all genders exercise their right to a life free from violence, where dignity, security, freedom and diversity are celebrated.
GBVIE **CARE'S IMPACT STRATEGY GOAL**	By 2020, 2 million people of all genders engage in and are impacted by CARE's GBV prevention, mitigation or response initiatives either directly through sector and multi-sector programming or indirectly through advocacy initiatives.
OBJECTIVES[14]	• **Strengthen capacity**: Strengthen CARE's capacity to address GBViE by identifying, implementing, measuring and resourcing GBV risk mitigation mainstreaming and integration measures and, where expertise and resources exist, standalone programming. • **Strengthen individual and collective voice**: Support women's organisations' participation in national, regional and global GBViE coordination mechanisms to ensure that their contribution is amplified and the collective response to GBViE functions in an effective, integrated and accountable manner. • **Transform social norms**: Engage and support women's organisations and, wherever possible, engage men and boys, in meaningful dialogue, reflection, action and coordination to promote gender equality and transform the harmful gender and social norms that underpin the perpetration of GBViE. • **Build accountability**: Strengthen CARE, its partners, the broader humanitarian community and local women's organisations' approach – include community approaches - to address GBViE through the adoption, funding and implementation of policies, programmes and advocacy initiatives aimed to prevent, mitigate and respond to GBViE, with a particular focus in prevention and response on sexual and domestic violence and early marriage. • **Build evidence**: Continue to engage in field-based research that examines the impact of Safe Spaces for women and girls in humanitarian contexts; the use of cash and voucher assistance (CVA) in case-management; the impact of mainstreaming of GBV prevention and mitigation in all CVA and market-based approaches, with a particular focus on multipurpose cash transfers; and how to support local women's leadership and influence in humanitarian decision-making.

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[14] These objectives reflect but adapt the objectives in the LFFV Theory of Change, which in turn reflect the four key objectives identified in the GBV Strategy, March 2015 (i.e. strengthen individual voice; promote healthy relationships; transform social norms; and build accountability).

DOMAINS OF CHANGE[15]	- All CARE staff have the **knowledge (e.g., evidence), capacity and resources** and are accountable to organise collectively, coordinate, strengthen and implement policies and programmes to prevent and reduce the risk of GBViE. - CARE lobbies governments and donors to **make budgets available** to effectively prevent, mitigate and respond to GBViE and to ensure increased accountability to those affected by GBViE. - CARE lobbies governments and the broader humanitarian community to build on local women and youth groups' existing relationships, work and commitment to addressing GBViE in any particular context. - CARE contributes proactively to **mechanisms and measures to prevent and mitigate GBViE**, including services and facilities offered by government, humanitarian coordination forums and private sector actors to function in an effective, integrated and accountable manner. - People of all genders affected by crises have **increased autonomy and leadership to make decisions** over their bodies and their lives. - People of all genders affected by crises demonstrate healthy relationships, positive attitudes, beliefs and practices such that **GBViE is condemned at individual, household, community and societal levels**. - Individuals and groups, including women-led organisations, are engaged in **meaningful dialogue, reflection and action** to recognise the role of mutual aid and collective care work that happens among people impacted and to transform the harmful gender and social norms that underpin the perpetration of GBViE. - CARE, as an operational leader on GBViE risk mitigation and prevention, and the promotion of the leadership of local women's organisations and the active and meaningful participation of women and adolescent girls in humanitarian responses, **leads and lobbies for the required change** across the humanitarian system.
CARE'S INTERVENTIONS TO ADDRESS GBViE[16]	**Support effective partnerships** with government, civil society organisations, including women's organisations, and the private sector to ensure access to quality, sustainable and integrated GBV services. **Strengthen institutional capacity, laws and policies** that prevent and mitigate GBV and implementation of the same, for government, non-government and private sector actors. - Through its engagement with regional and global processes and platforms such as the Call to Action, the GBV Area of Responsibility, RTAP, etc., **advocate and influence change** by governments, donors and humanitarian in humanitarian action, including for increased allocation of resources and budgets to prevent and mitigate GBV. **Engage with and support women organisations and networks** to engage meaningfully with local, national and global actors and policy development and implementation processes and mobilise for social change. **Challenge social norms through approaches that engage men and boys**; create space for dialogue and reflection around gender and GBV; and

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[15] These domains of change reflect but adapt the domains of change in the LFFV Theory of Change. The final domain is an addition to the LFFV ToC.
[16] These interventions reflect but adapt the interventions in the LFFV Theory of Change. However, the final two have been added to reflect the relevant interventions in the Framework to Address GBViE above.

	support healthy relationships at individual, household, community and societal levels.
	• Through programmes and activities such as Women Lead in Emergencies, Safe Spaces for Women and Girls and Engaging Men and Boys**, support people of all genders to exercise their autonomy, raise their voices, mobilise and claim their rights**.
	• **Ensure that CARE's leadership at global, regional and county office levels prioritise the integration of approaches to prevent, mitigate and respond to GBV** into all CARE globally and avail resources such that all CARE staff have the resources, knowledge, and capacity and decision-making agency to do so.
	• **Develop protocols, Standard Operating Procedures and guidance** on the establishment and management of Safe Spaces for Women and Girls (that can be adapted locally for each emergency context) that address in cash and voucher assistance explicitly. In terms of Safe Spaces, an inter-agency toolkit is scheduled to be released in mid-2019 and will be circulated through the GBV AoR. CARE will build on this material and will foster learning and adaptation throughout the organisation.
	• **Provide appropriate gender and age-sensitive sexual and reproductive health (SRH) services**, including services for adolescent girls.
	• **Build evidence** on the impact of Safe Spaces on women and girls' protection in humanitarian contexts; the use of cash and voucher assistance in case-management; the impact of mainstreaming of GBV prevention and mitigation in all cash and voucher and market-based assistance, with a particular focus on multipurpose cash transfers; and how to support local women's leadership and influence in humanitarian decision-making.
BARRIERS TO ADDRESSING GBViE	• **Dominant social norms** (values, beliefs, attitudes, practices) within crisis-affected communities that support GBViE and create a culture of impunity for perpetrators. • **Dominant cultural views** within the humanitarian community, including donors, that minimise attention and funding to address GBViE. • **Lack of organisational and political will**, inadequate resources in the overall humanitarian response to prevent, mitigate and respond effectively to GBViE. • **Lack of institutional capacity and long-term funding** within CARE and within the broader humanitarian community to respond effectively. • **Stigma against GBV survivors** that inhibits their willingness to speak out and access services and legal redress. • **Under-resourced and diminishing space for civil society actors**, including women's organisations, to prevent, mitigate and respond to GBViE. • **Lack of comprehensive data relating to GBViE** including data relating to how 'successful' GBV prevention and mitigation efforts are. • **Lack of social, legal, economic and political autonomy** for people who face GBV and discrimination, decreasing their ability to claim their rights. • **Disruption to existing GBV response services** in an emergency • **Lack of coordination between development and humanitarian actors** in emergency contexts.
PROBLEM	Emergencies and their aftermath exacerbate gender inequality and discrimination and, as a result, women and adolescent girls' risk of GBV increases and new forms of GBV emerge in the emergency and the associated humanitarian response.

ANNEX 1: GENDER AND GBV RISK MITIGATION *MAINSTREAMING* AND *INTEGRATION* AND *STANDALONE* GBV PREVENTION AND RESPONSE ACTION			
	Gender and Protection/GBV as an APPROACH	**Gender and Protection/GBV as a SECTOR**	
Sectors[17] and Modalities (i.e. Cash & Voucher Assistance)	**MAINSTREAMING - *Must do/core***	**INTEGRATION - *Strive to do where commitment, resources and technical assistance exist***	**STANDALONE - *Only do where CARE has relevant expertise and resources***
SEXUAL AND REPRODUCTIVE HEALTH (SRH)	GBV mainstreaming is the process of incorporating key gender considerations and protection/GBV principles and risk mitigation measures with adequate resourcing into all SRH projects and programmes. *Sources: CARE Minimum Commitments; IASC GBV Guidelines 2015; UNFPA Minimum Standards for Prevention and Response to Gender-based Violence in Emergencies, November 2015 (new version pending); IASC Gender Handbook 2017* *Examples:* • Ensure that health/SRH facilities have sex-segregated latrines, lockable from the inside. • Ensure that health/SRH facilities have private consultancy spaces for sensitive SRH issues • Ensure that health/SRH facilities have adequate same-sex medical and administrative staff and guards.	Integrated SRH/GBV programmes include GBV project/programmes that have specific SRH objectives and SRH projects/programmes that have specific GBV response or prevention objectives. *Sources: CARE Minimum Commitments; IASC GBV Guidelines 2015; UNFPA Minimum Standards for Prevention and Response to Gender-based Violence in Emergencies, November 2015 (new version pending); IASC Gender Handbook 2017; Minimum Initial Services Package.* *Examples:* • At the assessment phase, conduct a safety and accessibility audit of the health/SRH facility to assess safe travel to/from, cost, language, cultural and/or physical barriers, especially for minority groups and PwD. • At health/SRH facilities, implement strategies that maximise the quality of GBV survivor care	Standalone programmes are specialised programmes that involve GBV/SRH specialists and have specific objectives, activities, resources and indicators for the purposes of advancing protection or SRH outcomes. ***Examples (all references to GBV survivors include specialised services/provisions for child survivors):*** • Safe spaces for women and girls (SSWGs) • SRH facilities with clinical management of rape (CMR) • Psychosocial support (PSS) for GBV survivors • Legal services for GBV survivors • Case management • Referral systems that connect survivors to appropriate multi-sector support • Complaints and feedback mechanisms, including investigation and redress • Working with communities to change patriarchal social norms and address the root causes,

[17] In this table, SRH is treated differently to other technical programming for a number of reasons: The linkages between GBV and SRH risks are bidirectional; that is to say that gender inequality and GBV are among the key factors in vulnerabilities encountered by women and girls around SRH while, at the same time, SRH issues such as HIV infection or unwanted pregnancies can increase GBV risks. GBV and the absence of adequate SRH care can compound other types of gender discrimination and disempower women in multiple ways. For example, with less autonomy due to the control exerted by their partners, women may not be free to seek employment and education or to assume leadership in their community. SRH problems and GBV also share common root causes, including poverty, inequity in access to services, gender inequality and social marginalisation of vulnerable groups. As a result, the benefits of providing integrated services have been recognised widely. Integration refers to the process of bringing together different types of SRH and GBV interventions to ensure access to comprehensive services in an efficient and effective manner. Non-coordinated provision of related services by different providers creates unnecessary delays and displacement, increasing women's time and cost of travelling to different locations, as well as the emotional costs incurred by recounting the full story of their traumatic experiences to several professionals who have not communicated with one another. The lack of integration and associated delays can therefore serve as a barrier for women to get both the SRH and GBV services they need.

		(e.g. implement guidelines for CMR, establish private consultation rooms, maintain adequate supplies, provide follow-up services, develop and/or adapt protocols and policies for GBV-related health programming that ensure confidential and quality care of survivors and referral pathways for multi-sector support. • At GBV-related facilities/services, provide information and referrals to a broader range of SRH services.	exacerbating factors and impacts of GBV in crisis contexts • Engaging men and boys in GBV awareness and behaviour-changing initiatives and ensuring that GBV prevention work educates men and boys on the benefits to them, their households and communities of gender equality, dignity and respect for women
• **Food Security, Nutrition and Livelihoods** • **Shelter & Settlements** • **Water, Sanitation & Hygiene (WASH)**	GBV mainstreaming into technical sectors is the process of incorporating key gender and diversity considerations and protection / GBV principles and risk mitigation measures *with adequate resourcing* into all relevant activities. ***Sources:*** *CARE Minimum Commitments; IASC GBV Guidelines 2015; UNFPA Minimum Standards for Prevention and Response to Gender-based Violence in Emergencies, November 2015 (new version pending); IASC Gender Handbook 2017.* ***Examples:*** ***Food Security*** • Consult women and adolescent girls about the location, routes to/from, distribution times, crowd management and security provisions at food distribution points. ***Shelter & Settlements*** • (Shelter) Consult with women and adolescent girls in the design of shelters, including the use of materials, internal locks, partitions, etc., for GBV risks. • (Settlements) Apply Sphere standards on space and density and ensure mitigating measures for at-risk individuals and groups where this is not	GBV integration is the process of including *specific objectives, activities, additional resources and indicators* on gender, diversity, protection/GBV and SRH into all technical sector programmes. ***Sources:*** *CARE Minimum Commitments; IASC GBV Guidelines 2015; UNFPA Minimum Standards for Prevention and Response to Gender-based Violence in Emergencies, November 2015 (new version pending); IASC Gender Handbook 2017; CARE and other guidance on women responders and partnership with local actors.* ***Examples:*** ***All*** • Ensure the active participation of women and adolescent girls committees, management/user groups by taking whatever accommodating measures are identified as necessary. • Consult with GBV specialists to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors and ensure technical staff have the skills required – which are regularly updated – to provide survivors with information on where they can obtain support.	*N/A*

	possible. • (Settlements) Designate women-, youth/adolescent- and child-friendly spaces as a priority. *WASH* • Consult women and adolescent girls about the location and design of water points. • Separate latrines and showers by sex and provide internally-lockable doors and lighting in and around the facilities.	*Food Security* • Incorporate safe access to fuel and alternative energy into food security programmes. • In consultation with women and adolescent girls, assess the GBV risks of cash-based interventions and mitigation measures. *WASH* • Ensure safe and dignified access for women and adolescent girls to adequate, regular and culturally-appropriate menstrual hygiene materials and disposal and/or laundry facilities.	
• **Market-Based Approaches and Cash and Voucher Assistance (CVA)**	**GBV mainstreaming in Market-based approaches and CVA** is the process of incorporating key gender and diversity considerations and protection/GBV principles and risk mitigation measures with adequate resourcing into all relevant activities. It is the process of ensuring that CVA and its encompassing sector programme do not cause or increase the likelihood of GBV; proactively seeks to identify and take action to mitigate GBV risks in the environment and in programme design and implementation; and proactively facilitates and monitors vulnerable groups' safe access to services. **Source:** At the time of writing, CARE is developing a *Cash & Voucher Assistance and Gender-Based Violence Compendium: Practical Guidance for Humanitarian Practitioners* (pending 2019), which should inform the implementation of all CVA. **Example:** • Consultations with women and adolescent girls about the location, routes to/from and security provisions at cash machines or voucher distribution points.	**GBV integration in Market-based approaches and CVA** is the process of including *specific objectives, activities, additional resources and indicators* on gender, diversity, protection/GBV and SRH into CVA so that CVA and more often broader economic/ livelihoods support programmes that include CVA have explicit economic and protection objectives, or are a means of contributing to the prevention or response to GBV through economic assistance. **Source:** At the time of writing, CARE is developing a *Cash & Voucher Assistance and Gender-Based Violence Compendium: Practical Guidance for Humanitarian Practitioners* (pending 2019), which should inform the implementation of all CVA. **Example:** Livelihoods programmes that include a CVA component and that aim to help crisis-affected persons improve their economic situation and prevent risky coping strategies that could lead to GBV.	**Standalone GBV programmes that include a CVA component** have specific objectives, activities and indicators for the purposes of advancing GBV prevention or response outcomes. **Source:** At the time of writing, CARE is developing a Cash & Voucher Assistance and Gender-Based Violence Compendium: Practical Guidance for Humanitarian Practitioners (pending 2019), which should inform the implementation of all CVA. **Example:** Case management to survivors of GBV includes medical and psychosocial support and referrals to CVA when appropriate.