

**Chair:** Jennifer Chase (Coordinator, GBV AoR)

**Participants:** Gina Brammuci (IRC), Toral Pattni (CARE International), UNFPA Geneva, Alex Shaphren (Plan International), Alice Mangwi (IRC), Anthony Nolan (Child Protection AoR), Christine Heckman (UNICEF), Erin Patrick (Coordinator, GBV Guidelines), Sarah Mosely (IRC), Tina Tinde (IFRC), Seona Dillon (Irish Consortium on GBV), Alejandro Sanchez (UN Women), Amani Kanjo (Syria Relief), Liz Pender, Tania Nino (UN Women), Astrid Haaland (GBV AoR), Pranidhi Sawhney (GBV AoR), Leora Ward (BPRM), Frederique Lehoux (CARE), Micah Williams (IMC), Marina Kumskova, Julie Lafreniere (Oxfam), Bridget, and H CARE.

**Agenda:**

1. GBViE Partnerships and Localization, by Toral Pattni (CARE)
2. Localizing Response to GBV in Emergencies, by Gina Bramucci (IRC)
3. Localization in Coordination in Nigeria, by Anthony Nolan (Child Protection AoR)

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**Minutes of Meeting:**

**1. GBViE Partnerships and Localization, by Toral (CARE)**

*Please find the PPT attached [here](#).*

- We have adopted a gender equality approach and our partners need to have basic knowledge of issues related to gender equality. Furthermore, our approach is community-based, meaning we work through partners across different communities (e.g. training refugee caseworkers and recruiting peer educators); this is an integral part of our work.
- Main learnings: First, we need to think about how we define capacity. We noticed that local partners already have capacity, and people are volunteering on GBV as well. We define capacity as international oriented capacity, involving international frameworks, knowing guidelines and regulations, and we are looking at mentoring programs to build a long-term approach.
- To achieve localization, you need proper mapping of services and a good understanding of power relations, which local actors have power and resources.
- Preventive action needs to be rooted in culture and norms. There is a lot of potential, and we believe that we can mitigate GBV through sensitization and information sharing. Building skills and income generation activities are means for preventing GBV; we need such innovative methods.
- Participatory processes: CARE works to engage local actors as partners in analysis, data gathering for assessments, to enable us to bridge the usual gap between ‘having the data’ and ‘understanding the data’.
- Another main learning is that engaging with local actors provides a better and more nuanced understanding of risks to avoid ‘cut and paste’ GBV prevention & response packages in

different contexts e.g. in Iraq, issues around registration of children born of rape and legal issues.

- CARE, with ODI, will be focusing on protection programming research, including GBV and child protection, on how strengthened collaboration with local women actors, gives us a better understanding of protection risks.
- We have secured funding for a new three-year program to pilot and advocate for partnerships with local women's civil society organisations on GBV prevention and response in four humanitarian contexts.
- We are also ready to start a GBV AoR Localization Interest Group to generate more guidance and support on these types of issues.
- Where it is possible, CARE is prioritising partnerships with women-led organisations and is moving towards more equitable, rather than sub-granting, types of partnerships. We want to invest in more mentoring and long-term shadowing projects.

**Amani Kanjo (Syria Relief and Development):**

- We have become more integrated into the Syria GBV sub-cluster. Our strategy is to have one-to-one advocacy and coaching for Syrian NGOs to increasingly recognize GBV as an issue. We are also advocating for funding to NGOs, directed through the UN agencies.
- We are strengthening our survivor centers; developing contextualized SOPs in a participatory way and local NGOs were a part of this.
- The GBV sub-cluster has provided strategic capacity building on psychosocial service delivery. Since May 2016, this project has benefited 16 local NGOs selected to participate. The most remarkable lesson learnt was how the GBV coordinators provided continuous technical follow-up with reflective practices to maintain performance and create sustainability. This was very fruitful for our work.
- The learning sessions were extremely helpful, with training on CMR for 48 staff members helping to trickle the learning to the field.
- The strategy was to foster local capacity and leadership; members worked together to adopt standards. We are now having a HNO workshop with the GBV sub-cluster to discuss key assessment findings, carried out by the NGOs through focus group discussions and surveys.
- Opportunities: We suggest CDI (or ODI?) expands its support to GBV specialized programming as well. This can result in more opportunities for local experts, providing local opportunities for Arab speakers in the MENA region to improve GBV programming. The security situation on the ground is moving fast, with GBV programs closing. The GBV sub-cluster is now looking at more sustainable donor programs. Short term funding makes it difficult to retain staff. In addition, engaging with men and boys is required in the Syrian context although difficult now due to the current security situation.

**2. Localizing Response to GBViE, by Gina (IRC)**

*Please find the PPT attached [here](#).*

We held an event in London on 6<sup>th</sup> September on the Empowerment of Local Actors to Respond to GBViE, in line with commitments made at the WHS, under the Grand Bargain, and the Call to Action.

- Research reveals that local and women's organizations are often excluded from emergency response efforts and funding.
- IRC has changed its investment approach over the last years, increasingly focusing on emergency preparedness planning, including identification of organizational support needs, meeting local actors, focusing on GBV technical skills for emergency response, needs assessments. We invest more in follow-up mentoring and technical support at the field level, for GBV program staff, as well as real-time evaluations (RTE) in partnership with local organizations to strengthen GBV response and advance shared learning.
- Local organizations and activists have highlighted that international organizations tend to underappreciate local women organizations and overlooking their capacity. The activists also highlighted that local and international organizations need to integrate, so they can contribute more. They noted how decreased humanitarian funding is a strong disincentive for international organizations to share technical resources. We need to navigate rapid response together to succeed in establishing quality services in places such as Bangladesh.
- IRC Policy Brief Recommendation:
  - Prioritize partnerships with, and facilitate access to funding for, local and women's organizations working to end GBV in their communities.
  - Dedicate highly skilled GBV technical staff to the task of promoting and supporting partnerships with local and women's organizations.
  - Promote equitable partnership models between international and local women's organizations.
  - Invest in sustained capacity and institutional strengthening for local and women's organizations to strengthen operational and GBV technical emergency preparedness and response capabilities.

### **Discussion**

Alejandro Sanchez: Have you identified concrete good practices that proved to be effective in building the organizational capacities of the local women CBOs? In contexts where resources for local women CBOs are scarce, how do you choose one organization over another? Has this created tension?

Gina: We have learned the importance of needs assessments, focusing on partners to help identify where specifically organizations want support on the operational side. We have a package/menu that has training modules focusing on proposal writing, developing SOPs etc. This has been our approach so far. We need to improve our assessment methodology to better capture learning needs, as our tool identifies more operational needs, which was not our aim. In terms of scarcity, IRC does mapping of organizations, and we try to work with different organizations particularly in emergency response, whereas in the case of acute emergencies we go to the same organizations.

H CARE: Does your experience of working with local organizations suggest that they see things differently from international agencies in terms of what kinds of interventions are relevant to GBV prevention and response? Do international agencies come with certain expectations that do not always fit with how local agencies see the priorities or best approaches?

28 Sept 2017, at  
15:30  
(GVA)

## Gender-Based Violence Area of Responsibility (GBV AoR)

GBV AoR Monthly Call - September



Amani: As a local organization, we are working directly with CARE International, and yes, they have high expectations on adherence and understanding of global standards, given the flexibility to local organizations.

Toral: In my recent experience from working within protracted IDP settings and talking to women in camps, they say that they want some income. This is considered a way of becoming more independent, to avoid the abusive situation at home. Yes, we do find this. Emergency livelihood activities sometimes do not fit in the response and is not seen a priority, therefore we justify this as GBV prevention response.

Alex (Plan International): 1) Can you (CARE) talk about the power-mapping tools and whether you use these with children as well? 2) For all speakers, how do you ensure to build capacity not only programmatically but also organizationally (budgeting, mission statements, HR procedures, etc.)?

Toral: We have specific toolkits on gender analysis that include power-mapping tools, transect work, understanding informal power structures. Yes, we do include children and adolescents as we gather that information. Yes, we are trying to build capacity not only programmatically but also organizationally. We have a study with ActionAid on that, and mentoring programs with gender advisors where we have development programming

Anthony Nolan (Child Protection AoR): In the case of Nigeria, local actors asked to do capacity assessments with the international partners. This can be an opportunity for coordination groups to harmonize capacity assessments, or to pull out resources for common recommendations. In terms of institutional capacity frameworks, we can share some assessment tools that the clusters use.

Alice: Can Amani share the selection criteria used by the GBV Sub cluster to select partners for GBV training? South Sudan is in the process of conducting capacity assessments with GBV partners but we will need to select only a few partners for the capacity-building phase.

Amani: The GBV sub-cluster used selection criteria to select the 16 local NGOs that would take part in the learning initiative. This included selecting partners who did not receive similar support from other programs, partners currently providing GBV psychosocial services and having signed the GBV SOPs, and finally, partners who were implementing safe spaces for women and girls in the Syrian context.

### 3. Localization in Coordination in Nigeria, by Anthony Nolan (CP AoR)

The presentation focused on a draft Conceptual Framework for Protection Coordination Groups. *Please find the PPT attached [here](#).*

- In Nigeria, we had discussions on what localization means, what is local and what makes a local organization, to what extent are international organizations expected to play a role in finding the right balance between their participation. We identified that parts of response needs to be more

local, while other parts need to be more international. We are now trying to work out that balance.

- Issues of institutional capacity came up along with the idea of developing more sustained strengthened capacity.
- The conceptual framework has five basic elements: 1) governance and decision-making, 2) influence and participation, 3) partnerships, 4) funding, and 5) institutional capacity.
- Coordinators raised problems linked to scale up of programs, as this has been a failure in coordination.
- We observed that at the country level, governments co-lead a number of coordination groups and there seems to be many opportunities for NGOs. Coordination groups have many opportunities to create more space for local partners and for community- based organizations
- Partnerships have been a game changer and could be the main area where coordination groups can play a role. Nobody was aware of the principles of partnership in Nigeria, and there are mentoring/shadowing programs rather than subcontracting.
- Additionally, funding is limited and institutional capacity is weak - local organizations do not have a sustained capacity support. This can be the main priority for the coordination groups to advocate.

## **Discussion**

Tania Nino: How can we manage not to put extra work on local women organizations who might be overwhelmed when integrated into coordination structures?

Toral: This is a common issue, which needs more investment. As we all know, there is lack of funding and lack of resources. This is a challenge and our role is to make sure the information they obtain from taking part in coordination is indeed useful to them.

Tina Tinde: Should we fund more men's organizations that work on GBV like Men Engage etc.? This links to the previous question.

Toral: This links to their capacity and understanding of gender, but yes we should be doing that more, I agree.

H CARE: I suppose there is a question about how organizations that have a niche in engaging with male community leaders can contribute to wider localization, given that local governance structures are often male-dominated.

Jennifer Chase: If anyone is interested in participating in the Interest Group facilitated by CARE, please let us know.