UNICEF HELPDESK

GENDER-BASED VIOLENCE IN EMERGENCIES

Systems Strengthening and GBViE Programming

UNICEF GBViE HELPDESK

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Contents

Acronyms

AoR	Area of Responsibility
CCA	Common Country Analysis
CEDAW	Convention on the Elimination of Discrimination Against Women
CERF	Central Emergency Response Fund
CBO	Community Based Organization
CMR	Clinical Management of Rape
CP	Child Protection
GBV	Gender-based Violence
GBViE	Gender-based Violence in Emergencies
GBVIMS	Gender-based Violence Information Management System
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
INGO	International Non-governmental Organization
IP	Implementing Partner
IPV	Intimate Partner Violence
IRC	International Rescue Committee
MHPSS	Mental Health Psychosocial Support
NGO	Non-governmental Organization
PSS	Psychosocial Support
PEA	Political Economy Analysis
SDDirect	Social Development Direct
SDG	Sustainable Development Goal
SOP	Standard Operating Procedure
SV	Sexual Violence
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Assistance
VAC	Violence Against Children
VAWG	Violence Against Women and Girls
WASH	Water, Sanitation and Hygiene

1   Executive Summary

Systems strengthening has historically been associated with global health programming, referring to a core set of activities aimed at improving policy, infrastructure, services and other health measures. It has also been viewed as more applicable to development than humanitarian programming, given its focus on supporting lasting change (through building the capacity of national and local/formal and informal systems) rather than achieving the 'quick results' often sought by humanitarian donors.

However, the concept of systems strengthening in humanitarian action is now seen as critical to ensuring humanitarian action is aligned with and contributes to longer term relief and recovery. This is especially true given the global escalation of both long term humanitarian crises and intermittent or protracted crises in relatively stable contexts, which has made the traditional delineations between 'humanitarian' and 'development' settings less applicable. This increased commitment to taking a systems approach is reflected in several global initiatives,[1] which collectively underscore the need for humanitarian action to focus on strengthening local systems and capacity.

GBV interventions can be an important entry point for improving existing national and local systems across different sectors, as effectively addressing GBV requires engaging multiple sectors at multiple levels. Moreover, as GBV is a systematic social problem based on structural discrimination, successful GBV interventions recognize the need to include plans for continuing certain activities even after a humanitarian crisis. These interventions can take the form of specialised programming, which focuses on GBV prevention and response through focused (or 'vertical') interventions by GBV experts; or integrated programming, implemented in non-GBV response sectors by non-specialists who nevertheless have a responsibility to prevent and respond to GBV. By contrast, failure to acknowledge the problem of GBV in humanitarian settings – now widely recognised as pervasive and under-reported – not only reinforces behaviours that hurt and kill individual women and girls, but can also limit the effectiveness of social and economic recovery from humanitarian crises.

Despite growing attention to systems strengthening across the humanitarian sector, the important and widespread ways in which GBV programming contributes to systems strengthening has not been widely recognised. This is in part due to a lack of collated guidance and learning in this area. In a global climate that is increasingly calling on international humanitarian actors to show how emergency interventions support the development of local systems, it is important for UNICEF staff and partners to understand the value of GBV programmes in contributing to sustainable humanitarian response, as well as to building back better after an emergency. Understanding how GBV programming relates to systems strengthening is also a critical starting point for overcoming the many challenges to ensuring system strengthening in GBV programming, including limited infrastructure and extremely low capacity, interest and commitment of government and other national partners.

This paper recommends increased UNICEF management recognition of and support to GBV programming alongside enhanced technical support to GBV and sector staff on how to design, implement and monitor these approaches. Rooting GBV systems strengthening in carefully informed political economy analysis[2] will also increase the likelihood of successful

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[1] Relevant global commitments include: The Grand Bargain (http://earlyrecovery.global/sites/default/files/casestudies/documents/icva_grand_bargain_explained.pdf), the New Way of Working (https://www.unocha.org/top-stories/all-stories/new-way-working), the 2030 Agenda for Sustainable Development (https://digitallibrary.un.org/record/1298793?ln=en), the 2017-2020 Quadrennial Comprehensive Policy Review (http://sdg.iisd.org/news/second-committee-adopts-qcpr-2017-2020-to-align-unds-agenda-2030/), and the Communique of the International Refugee Congress 2018 (https://gallery.mailchimp.com/465695b48de75bd51ead1ae28/files/d9617830-b41a-4b54-8e4d-691867f04e11/International_Refugee_Congress_Communique__May_2018.pdf).

[2] GSDRC defines PEA as aiming to: 'situate development interventions within an understanding of the prevailing political and economic processes in society – specifically, the incentives, relationships, and distribution and

interventions. Finally, developing the evidence base, and advocating with other donors for greater flexibility in providing GBV funding to systems strengthening, even in emergencies, will be critical to scale up these approaches.

2 Background

This paper is part of series of knowledge products by the UNICEF Gender-based Violence in Emergencies (GBViE) Helpdesk.[3] The Helpdesk is a technical advice and learning service for UNICEF global, regional and country office staff. Technical support focuses on questions UNICEF staff and partners may have on existing or prospective programming linked to 1) integrating GBV risk mitigation in sector response in line with the IASC *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action*[4]; and 2) undertaking GBV-specialist prevention and response programming in line with the UNICEF GBViE Resource Pack[5] and other global good practice guidance.

This paper focuses on the issue of systems strengthening in humanitarian action from the perspective of GBViE programming. While systems strengthening in Child Protection (CP) programming has long been understood by UNICEF staff and partners as central to good practice in that field, less is known about the important and widespread ways in which GBV programming contributes to systems strengthening, if only because the GBV field has not collated guidance and learning in this area. In a global climate that is increasingly calling on international humanitarian actors to account for how emergency interventions support the development of local systems, it is important for UNICEF staff and partners at all levels to understand the value of GBV programmes in contributing to sustainable humanitarian response, as well as to building back better after an emergency. This brief may also inform preparedness programming, where investments in systems strengthening (including in child protection, health and social service workforces) can be integrated in contingency planning and preparedness plans.

3 Introduction

3.1 What is systems strengthening?

Systems strengthening is a term that is most commonly used in reference to global health, referring to a core set of activities aimed at improving health policy, infrastructure, services, and other health measures. System-level interventions seek to target the building blocks of the health system, in order to create lasting solutions to health issues.[6] UNICEF's agency-wide strategy for health, 2016-2030, defines its health systems-strengthening approach as "actions that establish sustained improvements in the provision, utilization, quality and

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contestation of power between different groups and individuals. Such an analysis can support more politically feasible and therefore more effective development strategies by setting realistic expectations of what can be achieved, over what timescale, and the risks involved.' (GSDRC (2014) 'Topic Guide: Political Economy Analysis', http://gsdrc.org/topic-guides/political-economy-analysis/)

[3] Managed by Social Development Direct, the Helpdesk is staffed by a global roster of GBV experts ready to provide rapid, tailored support to all UNICEF staff and partners—including GBV specialists, sector programmers, coordinators, and management. For more information about the HelpDesk, contact enquiries@gbvieheldesk.org.uk
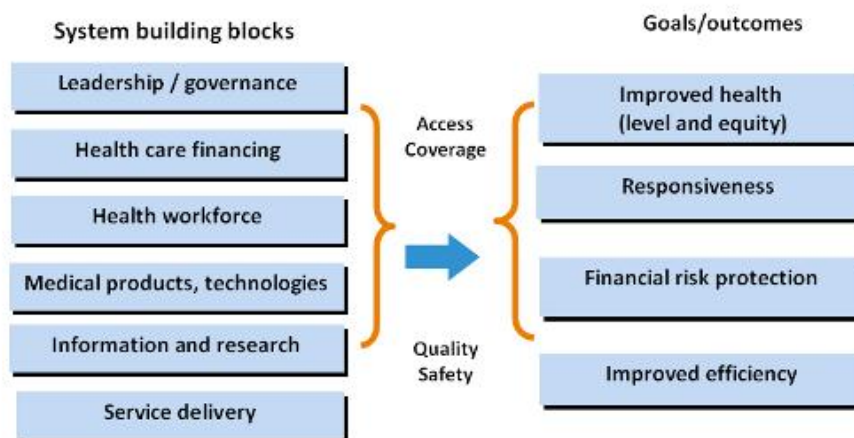
[4] Available at www.gbvguidelines.org

[5] For further information, please contact Catherine Poulton at cpoulton@unicef.org

[6] WHO, 2009. *Systems Thinking for Health Systems Strengthening*. http://apps.who.int/iris/bitstream/handle/10665/44204/9789241563895_eng.pdf;jsessionid=7AD90E7A1903848E A7113CB2A7D18268?sequence=1

efficiency of services delivered through the health system, and encourage the adoption of healthy behaviors and practices."[7]

The WHO Health Systems Framework

System building blocks

- Leadership / governance
- Health care financing
- Health workforce
- Medical products, technologies
- Information and research
- Service delivery

Access Coverage

Quality Safety

Goals/outcomes

- Improved health (level and equity)
- Responsiveness
- Financial risk protection
- Improved efficiency

A health system consists of all organizations, people and actions whose primary interest is to promote, restore or maintain health. This can be analysed in its totality by using different groups or blocks. The six building blocks are enumerated below.

Source: http://www.wpro.who.int/health_services/health_systems_framework/en/

Increasingly, the concept of systems strengthening is evolving beyond its usage in the health sector. Across diverse disciplines, systems thinking has proven useful in understanding the complex characteristics and relationships that inform or drive outcomes in a particular field. For example, over the past decade, UNICEF has applied systems thinking in its work on child protection, where systems strengthening is described as focusing on the functions, structures and capacities of systems that together ensure the rights, safety and well-being of children.[8]

Systems strengthening is an important strategy for development programming, where sustained achievements across areas such as health, education, governance, security, etc., are key to success. It entails everything from legislation to procurement, and forms the vital building blocks for achieving positive outcomes.

To this end, systems strengthening seeks to build capacity of formal and informal national and local systems to support lasting change, where:

> …long-term successful impact is sustained empowerment of the government, community and civil society to meet the population's aspirations and needs, leading to an improvement in the quality of life without compromising future strategic plans.[9]

3.2 Is systems strengthening relevant to humanitarian action?

Even if systems strengthening is a popular frame for a variety of interventions in development aid, when we think of humanitarian emergencies, systems strengthening may not be the first

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[7] UNICEF, n.d. *The UNICEF Health Systems Strengthening Approach: A Synopsis.* https://www.unicef.org/health/files/HSS_Approach_Synopsis_Final_10Mar16.pdf

[8] UNICEF, 2010. *Adapting a Systems-approach to Child Protection,* https://www.unicef.org/protection/Conceptual_Clarity_Paper_Oct_2010(4).pdf

[9] Kopinak, J. March 2013. *Humanitarian Aid: Are Effectiveness and Sustainability Impossible Dreams?* https://sites.tufts.edu/jha/archives/1935

approach that comes to mind. Humanitarian response has typically been understood to prioritize short-term interventions focused on saving lives and alleviating human suffering in situations of extreme crisis, when the capacity of local actors is overwhelmed. Interventions are often designed to produce rapid results through immediate activities, such as the provision of medical care, potable water, shelter, food, clothing and security. Interventions are often framed in terms of preventing morbidity and mortality.[10]

There has been a decades-long history, however, of questioning this frame for humanitarian action, as evidenced in strategies to link relief to recovery.[11] When humanitarian reform was introduced in 2005, sweeping changes were agreed to ensure humanitarian operations were more efficient, effective and comprehensive. One key aspect in the push for reform was building "local capacity", which is described in the 2006 *Principles of Partnership* as a "one of the main assets to enhance and build upon….it must be made an integral part of emergency response."[12]

Despite this, during 2007–2013, less than 2 percent of annual humanitarian assistance went directly to local actors.[13] This is an indicator that international aid for emergency response does not filter down in a way that supports local leadership. One explanation for this is that ensuring capacity of local actors to manage programs requires additional investments, and therefore might not be as efficient as channelling funding through international organizations. However, the relief to recovery approach emphasizes the long-term value of investing in local capacity even from the start of an emergency.

Over this same period, humanitarian crises have escalated around the world. Climate change, demographic flux, population movements, and political instability are all contributing to state fragility, such that even relatively stable contexts are experiencing pockets of intermittent or protracted crisis, while many long-term crises have not seen significant improvement. As such, traditional delineations between "humanitarian" and "development" settings are less and less applicable.

It is in this global context that international actors at the highest levels are reiterating the need to reinforce national and local systems, in a way that transcends the typical humanitarian and development divide. The focus is on supporting government leadership to the extent possible, and ensuring government is held accountable by civil society. Building resilient communities— that is, communities with the resources to manage and recover quickly from disruption —is also central to this approach. Approaches that were once primarily used in development programming are thus gaining traction in humanitarian action. Several global initiatives currently guiding collective action on this trend are outlined below.[14]

- **The Grand Bargain.[15]** The "Grand Bargain" is the name for a package of reforms to humanitarian funding, launched at the World Humanitarian Summit in May 2016. Thirty representatives of donors and aid agencies produced 51 "commitments" to make emergency aid finance more efficient and effective.

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[10] DARA, 2011. Sustainability in Humanitarian Action. https://daraint.org/wp-content/uploads/2011/12/Sustainability-in-humanitarian-action.pdf

[11] For recent guidance, see, Inter-agency Cluster on Early Recovery, 2016. *Guidance Note on Inter-Cluster Early Recovery*. http://www.earlyrecovery.global/sites/default/files/guidance_note_-010816_0.pdf

[12] Global Humanitarian Platform, 2006. *Principles of Partnership*. See https://www.icvanetwork.org/global-humanitarian-platform-ghp-overview

[13] OXFAM Research Reports, 2015. *Turning the Humanitarian System on Its Head: Saving Lives and Livelihoods by strengthening local capacity and shifting leadership to local actors.* https://www.oxfam.org/sites/www.oxfam.org/files/file_attachments/rr-turning-humanitarian-system-local-capacity-270715-en.pdf.

[14] These are also summarized in UNFPA, 2017. *Accelerating the Continuum Approach to GBV within and Across UNFPA Development and Humanitarian Operations.* Available through UNFPA. While this paper focuses on the continuum approach in GBV programming, it has useful insights from global experts about the various ways in which humanitarian GBV programmes can support development progress.

[15] See http://earlyrecovery.global/sites/default/files/casestudies/documents/icva_grand_bargain_explained.pdf.

- **New Way of Working.** [16] The New Way of Working (NWW) is linked to Commitment 10 of the Grand Bargain. It recognizes that the provision of humanitarian assistance over the past ten years has grown dramatically, due in large part to the protracted nature of crises. This trend has given "new urgency" to improving connectivity between humanitarian and development efforts. Advancing the NWW means focusing on:

    - National systems – reinforce, don't replace, national/local systems;

    - Anticipate, don't wait for crises – ensure training and systems- development, surge capacity and standby rosters, commodity stockpiles;

    - Collective actions – identify transformative but realistic, concrete, measurable reductions in levels of need, risk and vulnerability;

    - Mobilize resources: coordinate resource mobilization for collective outcomes using a diverse set of financing tools;

    - Assessment: ensure the Common Country Analysis (CCA) draws on the Humanitarian Needs Overview (HNO) and other key risk and vulnerability analyses to achieve a targeted understanding of vulnerability and capacity;

    - Localization: support local response, e.g. through 25% of CERF funding going to local/national responders.

- **The 2030 Agenda for Sustainable Development**. The adoption of the 2030 Agenda and the Sustainable Development Goals (SDGs) set out not just to meet urgent needs of affected populations, but also to reduce risk, vulnerability and overall levels of need. In this way, the SDGs provide a frame of reference for both humanitarian and development actors to contribute to the common vision of a future in which "no one is left behind." The Secretary General's report *Repositioning the UN development system to deliver on the 2030 Agenda --Ensuring a Better Future for All[17]* identifies three guiding principles for delivery of the 2030 agenda:

    1) Reinforcing national ownership and leadership;

    2) Ensuring country-contextual responses rather than a "one size fits all approach";

    3) Making country level delivery for all the litmus test for success.

- **The 2017-2020 Quadrennial Comprehensive Policy Review** (QCPR).[18] The Second Committee (Economic and Financial) of the UN General Assembly adopted a resolution stressing that national governments have primary responsibility for their countries' development and for coordinating all types of external assistance. The resolution recognizes that a comprehensive whole-of-system response, including greater cooperation and complementarity among development, disaster risk reduction (DRR), humanitarian action and sustaining peace, is "fundamental" to attaining the SDGs.

- **Communiqué of the International Refugee Congress 2018.** The International Refugee Congress, which took place on 10-11 May 2018 in Istanbul, brought together organisations working on refugee issues around the world. The resulting Communiqué represents the shared views of all participants on policy options that could help to address issues of concern for refugees and host communities. Across all of its policy propositions, it draws attention to the need to address the ongoing denial of voice to refugee and national civil society organisations in international policymaking

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[16] https://www.unocha.org/top-stories/all-stories/new-way-working
[17] Report of the Secretary-General, 30 June 2017. *Repositioning the UN development system to deliver on the 2030 Agenda – Ensuring a Better Future for All.* https://digitallibrary.un.org/record/1298793?ln=en
[18] See http://sdg.iisd.org/news/second-committee-adopts-qcpr-2017-2020-to-align-unds-agenda-2030/

processes. With regard to women and girls, the Communique calls for a number of changes to improve leadership and participation of women and girl refugees, emphasizing that "Despite the rhetoric surrounding women's participation, refugee women's voices and perspectives are persistently absent from national and international decision-making processes at all levels, leading to policies that fall short of delivering what refugee women and girls need most."[19]

These initiatives underscore that humanitarian action not only should, it *must* support locally-led humanitarian action whenever possible, through stronger partnerships between international and local actors, with methods that focus on strengthening local systems and capacity. This demands better understanding of the many ways in which GBV prevention and response in humanitarian action facilitates systems strengthening. As is described below, GBV programming can be an important entry point to improve existing national and local systems, which in turn promotes resilience and rights—key elements to reducing state fragility and supporting community development.

4 Systems Strengthening in GBV Specialized and Integrated Programming

4.1 The scale of GBV in humanitarian settings

GBV is a pervasive and under-reported human rights violation that has profoundly detrimental effects on the health, well-being, opportunities and lives of women and girls worldwide. It has its basis in structural gender discrimination against women and girls, which not only causes GBV, but makes it challenging for survivors to access care and support. Conflict situations and disasters can intensify many forms of GBV, including (but not limited to) intimate partner violence, child marriage, sexual violence, trafficking for labour and/or sexual exploitation, etc.

The global growth in the number of disasters and complex emergencies over the past decades means that increasing numbers of women and girls suffer heightened risks of GBV in the context of humanitarian crises. In anticipation of future crises that are more protracted, more diverse, and of greater intensity and wider geographic coverage, there is every indication that GBV prevalence and incidents in emergencies will continue to rise.

This forecast is even more alarming when considered alongside the evidence of the impact of GBV on the economic productivity and development of countries. The physical and psychological outcomes of GBV inhibit a survivor's functioning, not only personally, but also in relationships with family and community. Violence affects child survival and development, raising infant mortality rates, lowering birth weights and affecting school participation. At the same time that GBV increases costs to public health and social welfare systems, it decreases women and children's ability to participate in social and economic recovery. USAID's Fragile States Strategy (2005) confirms "data show a strong correlation between state fragility and inequitable treatment of women."[20]

Creating durable solutions to humanitarian crises requires addressing widespread forms of GBV, challenging gender inequality and empowering women. Failure to acknowledge the problem of GBV in humanitarian action may not only reinforce behaviours that hurt and kill individual women and girls, it can also limit the effectiveness of recovery from humanitarian crises. In recognition of this risk, support to GBV programming has been an important part of recent discussions around humanitarian reforms, with widespread calls for increased investments in gender equality, sexual and reproductive health, and women's rights. These

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[19] https://gallery.mailchimp.com/465695b48de75bd51ead1ae28/files/d9617830-b41a-4b54-8e4d-691867f04e11/International_Refugee_Congress_Communique__May_2018.pdf

[20] USAID, 2005. *Fragile States Strategy*, p 4. http://gsdrc.org/document-library/fragile-states-strategy/

approaches are not only relevant in GBV "specialized" programming, but also in GBV "integrated" programming. (See Box 1.)

Box 1. Understanding specialized vs integrated GBV programming.

Effective humanitarian response to GBV requires the full complement of specialized and integrated programmes, which are distinct, but linked.

GBV specialized programming focuses on prevention of and response to GBV through focused (also sometimes referred to as "vertical") programming. Management of these programmes requires professional training and/or considerable experience working on GBV. Interventions build on a global evidence base for safe, ethical and effective response services for survivors, typically coordinated across and delivered through the health, psychosocial, legal/justice and security sectors. GBV specialized interventions also target social norms change and other prevention strategies.

GBV integrated programming describes interventions undertaken by agencies and individuals working in humanitarian response sectors other than GBV—that is, non-specialists, who do not have specific experience in GBV prevention and response programming, but nevertheless have a responsibility to undertake activities that significantly reduce the risk of GBV for affected populations (e.g., by ensuring physical safety in accessing water, sanitation, shelter, etc.). This responsibility is informed not only by humanitarian standards and guidelines, including the IASC statement on the Centrality of Protection (https://interagencystandingcommittee.org/principals/content/centrality-protection-humanitarian-action), but also humanitarian principles around accountability to affected populations, UN security council resolutions, and international and national law. Information about the obligation of the entire humanitarian community to integrate efforts to address GBV in their areas of operation, as well as recommendations for doing so, is captured in the IASC *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action (*"GBV Guidelines")*.

Not only are specialized and integrated programmes useful in themselves, but they are also mutually reinforcing. Specialized programming is crucial in supporting targeted activities requiring dedicated action. Specialized programming also fosters innovation. Integration ensures GBV is not relegated to the margins and regarded as "someone else's" problem, as it allows for a holistic approach whereby every actor/sector/cluster takes their share of responsibility in prevention and risk mitigation of GBV. It is critically important that UNICEF operations support both specialized and integrated GBV programming.

4.2   What is meant by systems strengthening in GBV programming?

Long before systems strengthening became a demand associated with shifting models for humanitarian response, it was understood as essential practice in effective GBV programming. As described further below, addressing GBV requires engaging across multiple sectors (e.g. health, psychosocial, legal/justice, security, etc.) and multiple levels (e.g. legislative and policy reform, capacity building of service providers and systems, support to community-based programming and structures, etc.). This multi-sectoral and multi-level approach to GBV programming means that GBV interventions have great scope (notwithstanding numerous challenges) in terms of systems strengthening.

Moreover, because GBV is a systemic social problem—one based on structural discrimination to which women and girls are exposed in every corner of the world—it is not confined to emergencies. Therefore, successful GBV interventions recognize the need to include plans for continuation of certain activities even after a humanitarian crisis and humanitarian funding

has waned; they also recognize the importance of anticipating and addressing GBV risk in emergency preparedness and contingency plans.

Box 2. **Local Leadership and Ownership.** The efforts to address gender-based violence should reflect and support the strengths, resilience, coping mechanisms, and agency of affected individuals and communities. Strategies for strengthening local leadership and ownership of GBV interventions include:
- ✓ Building on and supporting local initiatives and structures, rather than creating parallel initiatives
- ✓ Creating genuine partnerships with local actors characterised by transparency and good communication
- ✓ Ensuring participation of local actors in all aspects of problem assessment and analysis, programme design, implementation and evaluation
- ✓ Planning strategically with local actors beyond the immediate phase of humanitarian intervention to institutionalise social and political measures that prevent GBV
- ✓ Training and capacity building to develop local competency, including skills for leadership, advocacy, coordination and networking

Excerpted from UNFPA, 2012. *Managing GBV Programmes in Emergencies*, https://www.unfpa.org/publications/managing-gender-based-violence-programmes-emergencies

From the time that efforts to address GBV began to be formalized in humanitarian contexts twenty years ago, work to scale up GBV programming has been informed by three overarching priorities. First, the necessity for rapid response in the face of urgent and specific needs of survivors and those at risk; second, by a commitment to sustainability of programmes (e.g. through actions to strengthen national systems and build capacity of local partners across key sectors); third, by objectives to reduce GBV over the long term (e.g. through social norms work, policy development, etc.). More recently, additional guidance has focused on how to prepare for crises in order to reduce the risk of GBV at the onset of crises and ensure rapid response should GBV incidents occur.

UNICEF's GBViE Resource Pack—which is to-date UNICEF's most comprehensive internal guidance on how to address GBV -- emphasizes that regardless of what a GBViE programme looks like in each context, systems strengthening must be a key component to addressing GBV in all humanitarian settings – whether UNICEF is working in a fragile or stable context, a conflict or a natural disaster, an acute or protracted response.

Other GBV guidance reinforces this approach. UNFPA's *Managing GBV Programmes in Emergencies* highlights the need to strengthen local leadership and ownership, which involves engaging, empowering and building the capacity of local actors to undertake GBV interventions *from the very beginning of an emergency*. (See Box 2.)

This last point of emphasis underscores another key element of GBV programming mentioned briefly above: that systems strengthening needs to happen even in the preparedness stages of emergency response. Capacity-building aims to strengthen local and national systems – both formal and informal – every step of the way, from initial response through to recovery efforts, in order to promote national ownership and long-term change at structural, systems and service levels.

According to UNICEF's Resource Pack, a holistic and phased approach involves taking action with stakeholders before emergencies happen, during the initial phases of humanitarian response, and as part of ongoing response and recovery efforts.

| **Emergency preparedness**

Strengthen capacity of duty bearers to respond to GBV when disasters or conflict occur | **Immediate response**

Ensure minimum package of health, psychosocial and safety services for sexual violence survivors are in place | **Continued response/early recovery**

Strengthen care, support and protection systems for expanded GBV response |

Excerpted from UNICEF, 2018. *Gender-based Violence in Emergencies Programme Resource Pack*

The Resource Pack further recognizes that capacity needs and priorities of government and civil society actors vary from context to context, emergency to emergency. In some settings, governments may require technical support and resourcing of their disaster management authorities and agencies to address GBV. In other settings, such as complex or protracted emergencies, there may be a need for significant and sustained action over time to build operational, organizational and technical capacity of government and non-governmental actors to enable them to deliver essential, life-saving GBV response.

In all cases, however, ad hoc interventions--such as one-off trainings--are understood as insufficient to improve the availability and quality of care, support and protection for survivors of GBV. To create real and sustained change, it is necessary to act at multiple levels and across key sectors of health, social welfare, justice and community systems to ensure survivors' rights to quality services are realized and to foster legal and social protections for survivors.

5   Key Elements and Examples of Systems Strengthening in UNICEF's GBV Specialist Programming

UNICEF's systems approach targets formal and informal systems for GBV prevention and response at several different levels, including, but not limited to:

- **The legal and social regulatory environments**, which include legislative and policy reform, government oversight capacity, as well as social norms that shape attitudes and behaviours;

- **The delivery of services**, which includes provision of infrastructure, equipment, training and supervision of staff in health, social welfare, law enforcement and criminal justice sectors to ensure quality services are available and delivered in a caring, compassionate and competent manner; and

- **A community-based component**, which engages and supports civil society and community-based actors and structures—especially women's organizations and groups--to create demand for and action on GBV prevention and response at the grassroots level.

The following describes different systems strengthening elements of each of these levels, with examples of good practice drawn from UNICEF GBViE programming globally.[21] UNICEF

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[21] Many of these good practices are drawn from the findings of the UNICEF global GBViE evaluation. Outcomes of the evaluation are available at https://www.unicef.org/evaldatabase/index_95511.html

recognizes that effective prevention of and response to GBV means building capacity to address GBV at the highest levels of government, as well as at the community level. It also recognizes that in many emergency settings, there are few existing systems to address GBV, such that interventions may require first *creating systems*, and then working to expand and strengthen them.

5.1   Strengthening the Regulatory Environment

UNICEF is notable for its strong relationship and work with government actors; this makes it a particularly credible partner in supporting governments to develop, improve and implement GBV-related protective laws and policies, as well as to build capacity of government departments in their oversight of GBV programming, including through support to coordination responsibilities. Elements and examples for strengthening the regulatory environment are described below.

5.1.1 *Legislative and Policy Reform*

Starting with preparedness planning and through to recovery and development, it is important to support legislative and policy reform linked to GBV, linking this to training to address norms and attitudes that might inhibit uptake of laws and policies. Activities might include:

- **For countries anticipating and in the midst of crisis**: develop and widely disseminate government-approved Standard Operating Procedures (SOPs), referral mechanisms and protocols to respond to GBV cases using a survivor-centered approach and ensure justice actors are integrated into SOPs;

- **During stabilization:** Support the development of laws and policies and sensitize actors in the government and in the justice system on their implementation, and advocate for the adoption and implementation of key human rights instruments, including the Convention on the Elimination of Discrimination Against Women in settings where these instruments have not been ratified by the State.

- **From recovery to development:** Where laws are in place that largely conform to international human rights standards, strengthen mechanisms for enforcement and consistent application, including through widespread social norms work.[22]

UNICEF's work in **Jordan** during the early stages of the Syria crisis illustrates the important steps that can be taken to put in place protocols for response. UNICEF led in the development of GBV SOPs. Over 40 ministries, institutions and organizations (both national and international) were involved in the consultation process for the SOP development. A key element of the rollout of the SOPs involved collaboration with key national protection actors, especially the Family Protection Department of the Ministry of Social Development and the Ministry of Health, with the objective of institutionalizing the SOPs into their capacity-building efforts, policies and – as relevant – procedures. Internal government training packages and procedures were reviewed to integrate/harmonize them with the SOPs, and Ministry core trainers were trained on relevant subjects (and their staff coached) as they rolled out the trainings.

Similarly in **CAR,** UNICEF supported the development of national SOPs, signed by the government, UN, and I/NGO partners in June 2015. This process facilitated the development of referral pathways which in turn supported access to services in crisis-affected areas.

In **Somalia**, UNICEF has worked closely with the government to develop plans and policies aimed at creating structural change beyond the humanitarian emergency. UNICEF led the cooperation with the government to develop the National Action Plan (NAP) on GBV in 2014

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[22] Adapted from UNFPA, 2017.   *Accelerating the Continuum Approach to GBV within and Across UNFPA Development and Humanitarian Operations.* Available through UNFPA.

and helped to draft both the FGM Policy and Sexual Offenses Bill. These are important achievements towards creating an enabling environment for prevention of GBV, one in which government partners are more willing to talk about GBV as an issue in Somalia, rather than denying its existence- an important change since the start of the program. UNICEF also supported the campaign to ratify the Convention on the Rights of the Child, which was signed in October 2016. Similar efforts are planned to support ratification of the CEDAW. These global commitments represent a step towards embedding the rights of women and children within the legal system of Somalia.

In the Europe refugee and migrant response, engagement of key stakeholders on legislation has proven critical to improving security and reducing GBV and other risks for refugee and migrant children, adolescents and adults. In **Germany**, one outcome of a "National Initiative to protect women and children in refugee centers", jointly led by UNICEF and the German Ministry of Family Affairs in collaboration with national partners, was the development and rollout of minimum standards to managers and staff in refugee centers nationwide.

5.1.2 Government Capacity Building

As the UNICEF Resource Pack recognizes, capacity needs of government will vary according to context, but in all cases, the focus is on supporting government to better meet their responsibilities for GBV prevention, risk mitigation and response. Often this will involve a mix of *operational, organizational and technical support*, as the examples below illustrate. Emergency funds often provide the opportunity to build competencies that are sustained far beyond the crisis.

In **Lebanon**, for example, UNICEF has also prioritised building government capacity as part of establishing broad-based response and prevention services in the context of the Syrian crisis response. UNICEF worked closely with the Ministry of Social Affairs (MOSA) to develop a *National Plan to Safeguard Women and Child*ren. The National Plan provides an important framework under which GBV programming and protocols have been established. The National Plan focused on strengthening existing capacity of the MoSA at central and regional levels to provide integrated social services for GBV survivors, particularly through the MoSA's Social Development Centres (SDCs) nationwide. UNICEF and MoSA are reviewing the lessons learned and developing a second phase, 4-year National Plan, which will become the overarching framework for work on CP and GBV in Lebanon. 'National Plan 2' will be expanded to include support to and integrate relevant roles of other ministries which address CP and GBV.

In **Nepal,** UNICEF's systems-strengthening approach within the GBViE Earthquake response involved building the capacity of government entities at both the national and district levels. UNICEF provided funds to government social welfare offices in the 14 earthquake-affected declared districts and to the police at the national level in order to support infrastructure of women and children's desks. These interventions built local response capacity and helped to strengthen referral pathways for survivors accessing GBV services.

In **Greece,** UNICEF is supporting the Government of Greece Gender Secretariat (GSGE) to improve its capacity to address the refugee crisis, including assisting the government to identify referral pathways and supporting information dissemination about access to services, as well as to support the GSGE as chair of a steering committee to research accessibility issues for GBV services.

5.1.3 Coordination

In any systems-strengthening work, it is often the case that building the base of the system means supporting cooperation and coordination among different elements of that system; as such, building the structures and stakeholder capacity for coordination is fundamental to

strengthening each aspect of a system, as well as the overarching system itself. This is certainly true in GBV programming. Given the multi-sectoral nature of any efforts to address GBV, a well-functioning system must pay particular attention to coordination of all key stakeholders.[23] To this end, and on behalf of the global GBV Area of Responsibility (AoR), UNICEF supported the publication of the *Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings* (2010, currently under revision). The Coordination Handbook provides guidance on GBV coordination structures and functions, specifically addressing capacity-building of partners as one of the key elements of a successful coordination mechanism.

The involvement of government actors is critical to support sustainability of the coordination mechanism itself. The Coordination Handbook emphasizes that strategies should be developed for building capacity of relevant government actors as quickly as possible after the coordination mechanism is established, e.g., having a government representative co-chair the coordination mechanism and, if possible, shadow the Coordinator in order to learn as much as possible about how to lead coordination post-emergency.

Participation of government actors not only produces benefits for the coordination mechanism, but also for government itself:

Benefits of participation in/leadership of GBV coordination for government partners	Benefits of participation in/leadership of government for the coordination mechanism
✓ Increases understanding of the humanitarian system. ✓ Ensures that they have a voice in what is happening and enables them to share the inputs of their ministries and people of concern. ✓ Provides a space for accountability when things go wrong and a forum for taking credit when things go right. ✓ Enables networking with partners and donors. ✓ Access to technical support to build capacity, may leave them with critical assets to coordinate post-crisis.	✓ Primary role in the initiation, organization, coordination and implementation of humanitarian assistance. ✓ Ultimately responsible and accountable for protecting and caring for the affected population both during and beyond the crisis period. ✓ Increases likelihood of accountability and sustainability of coordination mechanism

In **Lebanon,** UNICEF has worked with UNFPA to push government partners to engage in GBV coordination; while this was originally a challenge, the Ministry of Social Affairs is now more actively involved. One important indicator of this is that coordination meetings are now held in government offices. Facilitating engagement of the government actors, including assisting them to assume leadership of coordination over time, is an important aspect of systems-strengthening.

Even in settings where the government may not be ready to lead, their participation in GBV coordination is nevertheless very important. In **Pakistan,** the activation by UNICEF and UNFPA of the first GBV coordination mechanism created a space to discuss GBViE as a regular part of the humanitarian response for the first time, including within the Government of Pakistan. In the words of a previous GBV sub-cluster coordinator: "Back in 2010 we couldn't even talk about [GBV] with Government, but now we can."

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[23] The importance of coordination in systems-strengthening is discussed in UNICEF, 2010. *Adapting a Systems-approach to Child Protection,* https://www.unicef.org/protection/Conceptual_Clarity_Paper_Oct_2010(4).pdf

5.2   Strengthening National Service-delivery Systems

Survivors of GBV have the right to quality, confidential and compassionate care and support, including access to justice should they choose legal remedy. As noted above, strengthening the capacity of national health, psychosocial, security and justice sectors to meet the needs of survivors involves taking action *before* emergencies happen, *during* the initial phases of humanitarian response, and as part of *ongoing and recovery efforts*:

- **During preparedness,** the focus is on training personnel across all the key sectors; establishing coordination mechanisms; auditing and improving relevant policies, protocols, tools and guidelines, e.g. case management processes and forms; etc.

- **Immediately following rapid-onset emergencies and during complex situations,** the main programming concerns are related to guaranteeing basic health and psychosocial services, and ensuring that the security sector is supported to provide protections through, for example, security patrols and ethical and efficient investigations of security incidents. It may not be possible to provide legal services if there is no functioning judiciary.[24]

- **Once a situation has stabilized,** programming can expand to infrastructure development; providing more extensive training to service providers than might be possible in the emergency phase; working with government and other sector administrators to develop broad-based service delivery procedures and policies; building the capacity of civil society to meet gaps in services delivery; etc. As rule of law returns, GBV programs can assist in improving the regulatory environment (as detailed above) alongside efforts to build the capacity of the court system to ethically and efficiently prosecute GBV cases.

In all efforts to strengthen multi-sectoral service-delivery systems, UNICEF is promoting a social norms approach that not only improves survivor-centered response, but also contributes to longer-term cultural change. Adapting a social norms approach for service providers alongside efforts to change attitudes at the community level has been found to have measurable impact in changing harmful social norms. Investing in prevention will save on systems expenditures in the long run.[25] UNICEF has been a global leader in social norms work in humanitarian contexts with the development of the *Communities Care: Transforming Lives and Preventing Violence* programme. (See Box 3.)

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[24] The IASC GBV Guidelines emphasize that, because of its immediate and potentially life-threatening health consequences, coupled with the feasibility of managing these consequences through medical care, the priority is scaling up services to address sexual violence in the early stages of an emergency. At the same time, there is a growing recognition that affected populations can experience various forms of GBV during conflict and natural disasters, during displacement, and during and following return. Therefore, establishing response for other forms of GBV should occur as soon as possible, and according to the prevalent forms of GBV in given contexts.

[25] In a discussion of systems strengthening in child protection ("Take-away points from a CPS Conference in Delhi," in 2012), CP actors acknowledged that equal resources must be allocated to prevention as are allocated to systems development, reinforcing an approach to GBV which supports social norms work alongside capacity building of systems.

Elements and examples for strengthening national multi-sectoral service-delivery systems are summarized below.

Box 3. Social norms as a cross-cutting priority in strengthening service-delivery systems. Across all sectors, a critical aspect of UNICEF's approach to strengthening service delivery systems is working with service providers to help them to reflect on their personal beliefs, how these are shaped by community norms, and how these beliefs influence the way they respond to survivors. UNICEF considers this not only essential for providing quality compassionate multi-sectoral services to survivors but also for creating an environment in which survivors feel safe to approach service providers for help. This requires transforming harmful beliefs and norms amongst service providers into norms that promote respect and dignity and encourage survivors to come forward. Service providers also have the potential to be champions of change and influence a shift in harmful beliefs and expectations that contribute to GBV within the wider community. UNICEF has taken leadership in this area through the development of the *Communities Care* curriculum, which includes social norms work within institutions as well as at the community level, implemented in six stages, or steps:

Step 1: Strengthen community-based care and support for GBV survivors – including health, psychosocial, law enforcement and education services – by addressing gaps in services, identifying barriers to access, and providing training and mentoring for providers on sexual violence, social norms, self-awareness and survivor-centred care.

Step 2: Reflect and raise awareness in the community about harmful beliefs and norms that foster sexual violence, as well as positive community values that contribute to healthy, safe and peaceful communities. This step requires identifying community members who can act as agents of change.

Step 3: Through facilitated discussions, **explore and choose alternative practices that promote non-violent and respectful relationships** between men and women, identifying both immediate and long-term changes that can be made.

Step 4: Commit to taking action to prevent sexual violence. The programme supports community members in understanding the collective benefits of promoting change and organizing public actions that demonstrate their commitment to non-violence.

Step 5: Communicate positive norms with others in and beyond the community. Making these changes visible reinforces that change is possible, is happening – and can be contagious!

Step 6: Build an environment that supports the community in sustaining change, including by advocating for laws, policies and other mechanisms that support new practices and behaviours, address violations, and strengthen the capacity of institutions to provide care for survivors.

Information on the six-step pathway excerpted from, M. Marsh, A. Riak, P. Alleman. 2016. *Communities Care: Transforming Lives and Preventing Violence*, http://digital.tudor-rose.co.uk/a-better-world/index.html#40   For additional information about Communities Care, see
https://www.unicef.org/protection/files/Communities_Care_Overview_Print.pdf

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5.2.1 Health Sector

GBV has many serious short- and longer-term health consequences, including injury and trauma, sexually transmitted diseases, reproductive health problems and unwanted pregnancy. At its worst, GBV can be fatal. Appropriate health care for sexual violence and other forms of GBV is a life-saving intervention in emergency-affected settings. The immediate priority is ensuring that quality clinical management of rape (CMR) services are in place. In line with the IASC GBV Guidelines and UNICEF's GBViE Resource Pack, GBViE health sector programming is focused on supporting national health systems according to the following phased activities:

Emergency Preparedness	✓ **Train national health workers in CMR** for child and adult survivors, as well as in detection and health response to other forms of GBV (e.g. injuries and pregnancy complications from intimate partner violence; health effects of early sexual debut and pregnancies elated to child marriages; complications related to female genital mutilation/cutting; etc.). ✓ **Utilize a "whole of facility approach"** that sensitizes non-clinical staff working in health facilities in survivor-centred approaches to support and care to ensure all staff uphold basic principles of privacy, confidentiality, dignity and survivor choice. ✓ **Stockpile essential CMR-related drugs and equipment** for child and adult survivors and ensure monitoring systems to track stock availability and replenishment. Prepositioning drugs and equipment as part of preparedness efforts is an important strategy UNICEF uses with national partners, especially in disaster-prone or fragile contexts. ✓ **Review legislation, policies and administrative procedures that may cause barriers to health care for survivors** (e.g. mandatory reporting to police by health care providers; the need to report to police before receiving health services; etc.) and work with government and other national partners revise them to ensure they follow international standards for survivor-centred treatment.
Immediate response	✓ **Fund and provide technical and human resource support to** government health providers to deliver safe, accessible comprehensive post-rape care, including medico-legal procedures, for child, adolescent and adult survivors. ✓ **Assist governments** to procure and maintain adequate supplies of essential CMR-related drugs and equipment. ✓ **Provide technical support** for establishment of inter-agency referral system to link survivors with psychosocial, security (i.e. police) and legal support. ✓ **Consult with communities**, particularly women and girls, to identify barriers to survivors seeking services and use this information to adapt/improve service provision, as needed.
Ongoing response/ early recovery	✓ **Enhance the capacity of health providers** to deliver quality care to survivors of all forms of GBV, through training, support and supervision, as well as monitoring on quality of care. ✓ **Increase accessibility of health facilities** that integrate GBV-related services. ✓ **Implement on-going strategies that maximize accessibility and quality of care**, including standardizing GBV-related health policies, guidance, and protocols to ensure they are embedded in national health policies and educational/training/certification systems and are in line with international health, safety and ethical standards.

Across many of the settings in which UNICEF works, facilitating health systems is a key aspect of UNICEF's GBV portfolio. In **Somalia,** for example, UNICEF supported the development of national Clinical Management of Rape (CMR) Guidelines for Somalia, including the development of a pool of master trainers. In **South Sudan,** UNICEF is also contributing to the development of a national protocol to support standardized good practice in the provision

of CMR. Support to a mobile training team has meant that service providers even in hard-to-reach areas of South Sudan have been able to receive training on the provision of CMR.

In **Lebanon,** prior to the Syria crisis, there were no medical facilities with the capacity to provide CMR services. To ensure safe and ethical services, UNICEF implemented a *whole-of-facility approach* to capacity building in primary health centers (PHCs).   The initiative included the provision of training on GBV concepts and CMR to both medical and non-medical personnel (doctors, nurses, midwives) throughout Lebanon, as well as support for clinic set-up, human resource management, and ongoing clinical examination and treatment services. In addition to the medical staff, whole-of-facility training on GBV awareness was conducted to ensure that survivors are treated appropriately by all staff.   UNICEF has worked with the Ministry of Public Health to institutionalize the training to ensure its continuation even after the cessation of emergency-linked funding.

5.2.2 Mental Health and Psychosocial Sector

The harmful psychological, emotional and social effects of GBV can be devastating for individuals and their families. GBV is a risk factor for common mental health problems, including post-traumatic stress disorder (PTSD), depression, anxiety, and sleeping and eating disorders. GBV also affects the survival and development of children whose caregivers are exposed to GBV. Mental health and psychosocial support (MHPSS)—including crisis support, case management, social welfare support, psychological counselling and psychiatric care--for sexual violence and other forms of GBV is a cornerstone of multi-sectoral GBV response in emergencies and a priority from the first stages of humanitarian action. In line with the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings,*[26] UNICEF Child Protection, Health, Nutrition, WASH and Education sectors all play a vital role in promoting the psychosocial well-being of survivors of GBV through meeting basic needs of all affected people and supporting families and communities to re-establish normal daily life. At the same time, UNICEF also recognizes the need for focused psychosocial case management for those survivors who require additional support to cope with their experiences, as well specialized psychological and psychiatric support as warranted.

As such, UNICEF works with formal and informal MHPSS service providers to strengthen age-appropriate social and psychological supports for GBV survivors to respond to psychosocial problems and promote their resilience and recovery. Government social welfare and social service providers play a key role in delivering crisis support, case management, counselling, information, referrals and advocacy services for survivors of GBV. Social welfare and social service providers are also key stakeholders in developing supportive policies for psychosocial response to GBV against girls and women. Mental health experts are key to providing more specialized psychological and psychiatric care.

Elements of work that UNICEF supports to strengthen the capacity of national service delivery systems within the MHPSS sector are outlined below.

Emergency Preparedness	✓ **Train social service workers and staff of local women's organizations** in crisis care, case management and ethical and culturally appropriate psychosocial support.
	✓ **Map specialized support available for psychological and psychiatric care.**
	✓ **Map safe shelter**s and as necessary provide technical support for the **development of safe shelter guidelines** for survivors of GBV.

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[26] See www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf, pp. 11-13.

	✓ **Support community education** to promote help-seeking and promote community compassion and acceptance of GBV survivors.
	✓ **Build the technical, management and functional capacity** of national government and/or non-government partners to manage safe shelters.
	✓ **Review legislation, policies and administrative procedures that may cause barriers to MHPSS support for survivors** and work with government and other national partners to revise them to ensure they follow international standards for survivor-centered care and support.
Immediate response	✓ **Support the establishment of women- and girl-friendly safe spaces** for girls and women to receive basic psychological and social support, and referral for health care and other services. Integrate shelter services into the safe spaces, if appropriate, or support alternative safe shelters.
	✓ **Fund and provide technical and human resource support to** government social workers to deliver ethical and culturally appropriate psychosocial support, including in shelters.
	✓ **Provide technical support** for establishment or improvement of inter-agency referral system to link survivors with additional MHPSS providers as well as health, security (i.e. police) and legal support and include provisions for safe and ethical data collection, management and sharing as well as strategies that address barriers to accessing support.
Ongoing response/ early recovery	✓ **Develop strategies for and Improve access to longer-term** safe shelter that facilitates transition for survivors and their children to safe independent living.
	✓ **Establish social and economic empowerment activities**, including formal and informal education, livelihoods and social protection programs for survivors and at-risk girls and women.
	✓ **Enhance the capacity of social workers** to deliver quality care to survivors of all forms of GBV, through training, support and supervision. Implement tailored psychosocial care services for specific populations, such as children born of rape or children/women recruited and used by armed groups.
	✓ **Increase accessibility of MHPSS services** through infrastructure development.
	✓ **Implement on-going strategies that maximize accessibility and quality of care**, including standardizing GBV-related MHPSS policies, guidance, and protocols and ensure they are embedded in national health and social welfare policies and educational/training/certification systems and are in line with international health, social welfare, safety and ethical standards.
	✓ **Carry out community education** campaigns to reduce stigma attached to accessing mental health services.

In **Lebanon,** as part of the *National Plan to Safeguard Women and Children,* UNICEF worked with the Ministry of Social Affairs to introduce women and girls-friendly (WGF) safe spaces in 36 MoSA-supported Social Development Centres (SDCs). The SDCs were the cornerstone of

MoSA's response to the Syria crisis in Lebanon. With financial and technical assistance from UNICEF, implementing partners working within the SDCs provided a minimum package of GBV prevention and response services to at-risk adolescent girls and women from both host and refugee communities, with community-based psychosocial support at the center of activities.

In **Jordan,** UNICEF supported the establishment and operation of a government-managed shelter for GBV survivors in Jordan. This was one element of a joint project called 'Hemayati: Promoting Women's and Girls' Health and Well-Being', implemented collaboratively by UNICEF, UN Women and UNFPA. Project responsibilities were divided between the three agencies based on each agency's comparative advantages. A key element of the project was the development of a Protocol of Care for government shelters based on international standards and good practice. The Protocol of Care was part of the pilot for development of accreditation and quality control criteria for delivering services to survivors of intimate partner violence in Jordan – one of the main priorities for raising standards in institutions working in the field of family protection and provision of services in Jordan.

In **South Sudan,** UNICEF developed the *Guidelines for Women- and Girl-Friendly Spaces (WGFS) in South Sudan* in order to assist international and local service providers to meet standards of quality of care. Due to the unique nature of the South Sudan context, GBV colleagues felt it was important to have a set of guidelines researched and designed to meet the context-specific needs of humanitarian actors and the communities they serve in South Sudan. The content of the Guidelines was informed by a highly participatory research process to capture agreed-upon minimum standards and shared expectations for existing and future WGFS in South Sudan.

In **Greece**, UNICEF partners with teachers and educators (with a focus on GBV prevention and response in formal and non-formal educational settings), and unaccompanied asylum-seeking children (UASC) front line workers (with a focus on addressing sexual violence among adolescent boys living in residential care) as well as carrying out trainings and coaching to strengthen GBV and other violence prevention and protection response components of ongoing child protection services for at risk-groups and survivors, with a focus on refugee women and children, including adolescent girls and boys.

5.2.3 Security and Legal/Justice Sectors

Access to justice for GBV survivors is a vital part of UNICEF's mandate to promote and protect children's and women's rights. However, even in stable settings access to justice for GBV survivors is challenging. In settings affected by conflict or disaster, the problem is compounded by breakdown in the rule of law and disruption of police, legal aid and court services. In addition, when law enforcement, legal and judicial personnel do not follow survivor-centred principles, legal processes can be disempowering, humiliating, traumatic and harmful to the recovery and psychosocial well-being of GBV survivors. They can also put survivors at risk of retaliation and backlash for speaking out, especially when the perpetrators are powerful. This is equally true of informal justice mechanisms, in which girls and women may have little voice and agency; yet such systems are often the only justice mechanism available to girls and women in many settings.

UNICEF's work with law enforcement and traditional and national/formal justice sectors seeks to foster survivor-centred legal norms, systems and processes and to assist survivors who choose to seek remedies for violations they have suffered. UNICEF's priority is to ensure survivors of GBV can make informed decisions about pursuing justice and have support to do so safely. Elements of the work UNICEF undertakes to strengthen service delivery in the security and justice sectors are outlined below. (Note that these activities complement those outlined above regarding support to the regulatory environment.)

Emergency Preparedness	✓ **Train forensic health, law enforcement and legal practitioners** on protocols and survivor-centered practice. ✓ **Advocate for and support the employment of women in the security sector.** ✓ **Review legislation, policies and administrative procedures that may cause barriers to survivors to access forensic examiniations, police response and legal support** and work with government and other national partners to revise them to ensure they follow international standards for survivor-centered care and support.
Immediate response	✓ **Where safe access is not an issue, promote access to information** for communities, survivors and families regarding police support, legal rights and remedies within different justice systems. Be sure not to prioritize access to justice at the expense of immediate, life-saving interventions, and be wary of promoting justice service uptake unless and until systems are strong enough to deliver those services. ✓ **Facilitate confidential and safe access for survivors** to police, forensic medical services, legal aid and access to judicial systems (including transport and accompaniment to court). Foster rights-based knowledge, legal literacy and non-discriminatory attitudes of law enforcement and national justice system actors (including lawyers, judges, court staff and customary justice custodians) to reduce subjective decision-making and outcomes, and ensure safety at every stage. ✓ **Undertake advocacy** on access to survivor-centered justice (including confidentiality, safety, self-determination, non-discrimination and best interests of the child). This might include advocacy on issues such as removal of fees for forensic examination, medical certificates and legal aid. ✓ **Provide technical support** for establishment of inter-agency referral system to link survivors with health and MHPSS support.
Ongoing response/ early recovery	✓ **Improve capacity for survivor-centered reporting and investigation** by helping establish private interview spaces in police stations; supporting dedicated women's and children's desks; and advocating for female police officers to be involved in taking reports and investigating GBV cases. ✓ **Integrate GBV policies and procedures into police training curricula.** ✓ **Enhance the capacity of** national justice system actors (including lawyers, judges, court staff and customary justice custodians) to meet the rights and needs of survivors of all forms of GBV, particularly in relation to uptake of new and expanded legal protections related to GBV. ✓ **Advocate for and support specialized prosecution units** for GBV crimes.

In South Sudan, UNICEF and partner organization IsraAid worked to improve access to justice through delivering a pilot project for police, attorneys and government social workers that included training on implementation of a referral pathway for multi-sectoral services. The

approach of joint capacity-building improved the availability of and access to referral services, and it resulted in an increase in the numbers of community members seeking services. At the end of the pilot period, 70 per cent of community members reached through focus group discussions expressed willingness to access services, whereas at the start of the project, there was wide-scale distrust of government service providers. The effectiveness of the initiative was recognized by the National Police Service and the Ministry of Gender, Children and Social Welfare, who indicated they planned to scale up the approach. The initiative also served as the basis for UNICEF's work with other partners in strengthening rule of law by developing a standardized national GBV training curriculum for the police training academy.

In **Bulgaria**, UNICEF partners supported GBV service-mapping in and outside of refugee settings that identified the main obstacles and gaps for survivors accessing care and support. In response, specialized training sessions for frontline responders was provided in relevant state institutions and NGOs, including for staff in the State Agency for Refugees, the Migration Directorate at the Ministry of the Interior, the Agency for Social Assistance, Regional Police Departments, relevant NGOs, service providers, psychologists, police, prosecutors, and lawyers providing legal aid.

5.3 Strengthening civil society and other local systems

While good practices for GBV specialized programming presented above focus primarily on building government capacity and systems, GBV interventions must be instituted from both the *bottom up as well as the top down*. In many humanitarian settings, especially where government has broken down, civil society are the key service providers. Systems strengthening of civil society is therefore as critical as capacity-building of government structures. This means:

- Strengthening civil society (e.g. NGOs and CBOs) technical, institutional, and leadership capacity and their ability to hold their governments to account, through strong partnerships with international actors;

- Undertaking or supporting activities that mobilize citizens of communities *and* engage leaders in the community;

- Ensuring all community-based efforts include strategies for empowering women's organizations and women's groups.

In all these efforts, establishing safe and ethical programming approaches that represent global good practice, but that are contextualized to the setting and are replicable, is key. As well, all these efforts must support leadership of women and girls, including supporting their engagement as managers and programme staff of NGOs and CBOs, as well as providing direct support to women's groups and women's movements. Elements and examples for strengthening civil society and other local systems to accelerate efforts to address GBV are summarized below.

5.3.1 Non-governmental Organizations (NGOs) and Community-based Organizations (CBOs)

Working with local organizations can yield extremely positive results in terms of coverage, access, speed with which GBV programmes can be scaled up, acceptability of services, etc. UNICEF's GBViE Resource Pack recommends that when establishing or scaling up services for GBV survivors, UNICEF COs and partners should consider how to develop the capacity of NGOs and community-based organizations (CBOs), in particular for the following services:

- Information, advocacy, case management and practical support (including safe and ethical data collection and sharing);

- Legal aid;

- Court support;

- Survivor and witness protection;

- Training, support and supervision for case workers, paralegals and community support workers/volunteers;

- Safe and ethical GBV awareness-raising activities with communities.

As is possible, investments should be prioritized for women-led and female-focused NGOs and CBOs that have some experience working with women and girls. In all cases, and as with other service providers, social norms work with NGOs and CBOs is a cross-cutting priority. At the same time, in line with the guidance in UNICEF's *Communities Care* curriculum noted above, social norms work must happen at the community level, among families and individuals.

Knowledge about successful community-level capacity building methods in humanitarian action is limited, given the challenges of monitoring and evaluation in humanitarian contexts. However, according to the experience of OXFAM and others, key good practice elements to systems strengthening with NGOs and CBOs include:

- Working in close collaboration with local actors to develop a capacity-building plan that addresses priorities for capacity building as well as preferred types of technical assistance;

- Developing capacity-building strategies that are tailored, yet flexible, to fit a sometimes rapidly changing local context;

- Using active-learning methods, such as secondments or simulation exercises, onsite support, regular check-ins, etc., rather than traditional face-to-face classroom lectures and PowerPoint presentations;

- Including social norms work on gender and GBV as a critical and on-going part of professional learning;

- Including capacity building on organizational management support systems, e.g. financial and human resources systems, and monitoring, evaluation and reporting, etc.

- Ensuring that NGOs, CBOs and community members, especially women and girls, are regularly consulted as part of capacity-building monitoring and evaluation mechanisms.[27]

In **Jordan,** UNICEF employs a strategy of explicitly requiring international non-government organization (INGO) partners to train and mentor local NGOs to a level when they can take over service provision. UNICEF **Lebanon** similarly includes training of local NGOS in INGO Program Cooperation Agreements, also with the objective of upgrading local skills to take over roles currently performed by INGOs in a designated period of time.

In **CAR,** UNICEF's nascent capacity-building efforts of local implementing partners, have not only improved local capacity to address GBV; several IPs also report that this support has also increased staff motivation. To date, however, approaches have focused on technical issues related to services for survivors. In the extremely challenging context of CAR, management skills and the promotion of a healthy workplace (including strategies for self-care) are unaddressed areas for capacity building among all IPs, as well as among UNICEF staff.

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[27] Adapted from OXFAM Research Reports, 2015. *Turning the Humanitarian System on Its Head: Saving Lives and Livelihoods by Strengthening Local Capacity and Shifting Leadership to Local Actors.* https://www.oxfam.org/sites/www.oxfam.org/files/file_attachments/rr-turning-humanitarian-system-local-capacity-270715-en.pdf.

Similarly in **Somalia,** UNICEF's contribution to capacity-strengthening of local partners has been critical in establishing the minimum set of services for survivors, including case management, and introducing the GBV Information Management System (GBVIMS), which all partners are using. Local availability of such services is essential to sustainability. Beyond this minimum package, however, UNICEF's role and capacity in helping partners improve the depth of their *analysis* of GBV and look more critically at the *quality* of their work, is limited.

In **Serbia**, GBV services for survivors and individuals at risks were enhanced through UNICEF's strategic partnership with four national NGOs that cover 7 of the 18 governmental-run asylum/reception/transit centres in the country as well as individual refugees who are not living outside of the centres. The four implementing partners offer a comprehensive system of care that includes safe spaces for women and girls; direct service provision for women and girls that includes access to psychological, legal and health services; and GBV prevention workshops with men and boys. The partnership also works with boys and young men to address behaviours that may put them at risk of violence, such as sex work and drug use, and to provide them referrals to support services.

In **Greece**, UNICEF has partnered partners with local NGOs and a local refugee and migrant women's group to establish a one-stop shop women's center in Athens, offer safe spaces for refugees in difference sites across Greece, and to develop a training curriculum on GBV prevention and response targeting multidisciplinary teams.

South Sudan's efforts to build a targeted and comprehensive capacity-building approach for local partners is advancing learning and good practice in this area. (See Box 4.)

Box 4. Emerging Good Practice: Peer-to-peer capacity-building in South Sudan. To address the challenges in developing safe, ethical and effective GBV prevention and response programming in South Sudan, the UNICEF South Sudan GBV team prioritized capacity-building of national organizations as one of its key focus areas. The initial approach concentrated on face-to-face training; however, the UNICEF team quickly discovered this was not an effective approach in South Sudan because of geographical and transport challenges, different levels of knowledge and skills across partners, and the time and human resource investment required. It was particularly difficult to ensure the knowledge gained during one-off training was actually applied. After a few months of implementing the programme, the team decided to place less emphasis on training and to instead prioritize direct mentoring and peer-to-peer learning.

UNICEF leveraged the wide-ranging knowledge and experience of selected partners to benefit other partners. As much as possible, the GBV team paired national partners with international partners with greater GBV experience working in the same geographical area. This allowed national organizations to participate in training they otherwise might not have access to, and it created opportunities for ongoing mentoring. It also strengthened the international organizations' programming by improving their access to affected communities, in turn increasing opportunities for GBV awareness-raising and referrals to services.

UNICEF facilitated shared learning through quarterly GBV meetings, where all partners came together to discuss issues and challenges, present specific programmatic interventions and successes, share new resources on GBV programming, and identify areas where specific capacity-building work and/or advocacy was needed. The various elements of the peer-to-peer learning component of the strategy were highly appreciated and valued by local partners – not only because of the knowledge and skills development, but also because of networking opportunities.

5.3.2 Communities

All planning and implementation of GBV programming should include participatory processes that engage communities, including survivors. Without support from the public sector and/or community leaders, interventions may not be taken seriously or accepted, and at times, not fully carried out. It also is important to ensure that strong alliances are formed with women's groups (described further in the next section), tapping into the wealth of knowledge they have gained working against GBV. Community involvement helps to:

- Build a sense of local ownership and self-reliance;

- Enable collective planning and action that includes highly vulnerable people;

- Include beneficiary perspectives in defining positive and negative consequences of interventions, including children and youth;

- Strengthen local skills and social institutions that enable local communities to meet the psychosocial needs of its members.[28]

Increasingly, UNICEF and others are investing in community-based mechanisms for the delivery of support services. Community-based networks and groups can be especially important sources of psychosocial support for survivors in settings where the State has limited capacity, or where there has been a breakdown in formal institutions or structures. In some settings, community-based networks may be the only source of help available, so that sustainability of a program to address the psychosocial needs of survivors requires the active participation of the community.

UNICEF is also investing in a new approach linked to the concept of mobile care: community-based care in which community health workers and psychosocial staff deliver basic clinical management services, PSS support and lifeskills to girls and women. UNICEF and partners are pioneering new methods of post-rape care outreach through training, equipping and supporting community health workers, particularly in settings characterized by insecurity and limited capacity of the health care system.

In **CAR,** UNICEF supported the development of capacity-building of community protection networks that can provide community members referrals to services, such as community health workers. Similar efforts have been undertaken in Jordan, where UNICEF is engaging directly with communities to facilitate their ability to undertake protection monitoring. This capacity-building focus has had the dual effect of addressing immediate needs while strengthening capacity for the longer-term at the community level.

In **South Sudan,** one of the innovative elements of the Communities Care programme is building capacity of community health workers (CHWs) to provide some level of care and support to GBV survivors. Based on a consultation with the Ministry of Health to better understand the primary healthcare delivery structure and the potential role of CHWs in responding to sexual violence, the Communities Care programme's CHW training was adjusted to focus on providing referrals and awareness-raising on sexual violence and related HIV risks. In another community, prior to the Communities Care psychosocial training, most of the local providers believed that survivors should be blamed for rape. By the end of the training, 100 per cent of participants no longer believed this. The program participants credited the use of the Communities Care curriculum with helping them shift their beliefs. In another community, participants discussed challenges to providing services to survivors, including lack of capacity and poor coordination among service providers. As a solution, the participants established a community-based network to strengthen coordination and peer support. The group now meets monthly and has helped develop reference guides based on the training, such as "dos and don'ts" of working with survivors.

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[28] International Rescue Committee (2012). *GBV Emergency Response & Preparedness: Participant Handbook.* https://gbvresponders.org/emergency-response-preparedness/emergency-response-and-preparedness-training/

In **Serbia**, UNICEF and partners are developing an Adolescent Girl's Safety and Resilience mentorship programme model in which community members will be mobilize to support girls. The model will clearly identify key principals and best practices for supporting and engaging girls, including those who may have been married as children.

5.3.3 Women's Groups, Networks and Women's Movements

As noted previously, any effort to reduce GBV must support leadership of local women's groups, networks and women's movements in order to have a long-term effect. Local women's groups have the contextual knowledge and networks and understand the needs and demands of local women. In addition, evidence indicates that women's leadership results in improved attention to vulnerable populations, such as elderly, people with disabilities, and pregnant women.[29] Women's groups can make indispensable contributions to service provision, support networks, and advocacy. Perhaps most importantly, they present a force for change in the long term.

Evidence also suggests that supporting women's groups and movements is essential for addressing GBV. A seminal study from 2002 concluded that strong, independent women's movements were usually the "first to articulate the issue of violence against women" and are "critical catalysts for policy development" and government action.[30] They are crucial to advocacy for progressive GBV laws and policies, as well as pressing for measures such as support for shelters, public education, etc.   Strategies to support local women's movements include:

- **Building women's leadership**. When women are in charge of the planning and decision making in their communities, they put their demands and concerns at the forefront. Building leadership needs to focus on enhancing "women's power within" which includes "their knowledge and skills in emergency preparedness and early warnings," so that they can lead response efforts from the onset of humanitarian crises.[31] It should also focus on increasing their access to and control over productive resources through programming that targets social and economic empowerment, improves women's "bargaining power," strengthens women's leadership, and transforms gender relations.[32]

- **Supporting women's organizing efforts.** This involves creating opportunities and a safe space for women to come together to build skills, knowledge, confidence and support networks. These networks link existing local and global groups, women's policy agencies and other similar coalitions, which in turn provide a variety of expertise, such as research and advocacy skills, to ensure that GBV remains a public agenda.

Crucially, however, women's movements should retain their autonomy, and not be superseded by international actors. Perhaps due in some measure to this important caveat, humanitarian action for addressing GBV has not developed extensive experience or a knowledge base for inclusion of women's groups. UNICEF's global GBViE evaluation noted in Nepal, for example, that UNICEF did not have any women's development or women's rights' civil society organisational partners and was therefore missing the opportunity to build the capacity of civil society to address GBV, in particular related to GBV prevention.

Active engagement with women's organizations and groups is an area for growth, not only within UNICEF, but across the humanitarian system. UNICEF's guidance on GBV-related

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[29] ActionAid. On the Frontline: Catalyzing Women's Leadership in Humanitarian Action. May 2016.
[30] Htun and Weldon, 2012. The Civic Origins of Progressive Policy Change: Combating Violence against Women in Global Perspective, 1975-2005. August 2012.
[31] ActionAid,24.
[32] ActionAid, 32.

social norms work emphasizes the importance of active engagement of women's groups, networks, and leaders. The Communities Care approach advises that:

> *To support community involvement and participation in [the Communities Care] programme activities, you will need to identify individuals, groups and organizations that are already engaged in women's empowerment to become spokespeople and allies at the beginning of the programme as you work to develop support and buy-in for activities. You will also need to invite representatives from key sector organizations and from women's and children's groups and networks to join a working group to help plan, implement and monitor the community-based care activities. Make sure you include representatives from multisectoral organizations and groups providing care and support for survivors, but also equally importantly, representatives from women's, children's and survivors groups and networks. This ensures that women and girls are always at the centre of what you do through the programme and have a strong voice in guiding every step of your work.*

6 Key Elements of Systems Strengthening in GBV Integrated Programming

The IASC GBV Guidelines are the key tool in humanitarian action for reinforcing the responsibilities of all sector actors to integrate GBV prevention and risk mitigation in their programmes.[33] The Guidelines emphasize the importance of strengthening national and community-based systems that prevent and mitigate GBV, and of supporting local and national capacity to create lasting solutions to the problem of GBV.

To facilitate this, the Guidelines highlight cross-cutting approaches that all sectors should apply. Of particular relevance is what the Guidelines refer to as a systems approach, which in this instance means identifying and strengthening sector-wide skills, infrastructure, policies, etc. Another is a community-based approach, which insists that affected populations should be leaders and key partners in developing strategies related to their assistance and protection. From the earliest stage of the emergency, all those affected should "participate in making decisions that affect their lives" and have "a right to information and transparency" from those providing assistance. Involving women, girls, and other at-risk groups in all aspects of programming is essential to fulfilling the guiding principles and approaches discussed in the Guidelines.

Yet another is an early recovery approach. The Guidelines highlight that early recovery should be considered systematically even in the earliest stages of humanitarian response. Employing an early recovery approach means:

> *focusing on local ownership and strengthening capacities; basing interventions on a thorough understanding of the context to address root causes and vulnerabilities as well as immediate results of crisis; reducing risk, promoting equality and preventing discrimination through adherence to development principles that seek to build on humanitarian programmes and catalyse sustainable development opportunities. It aims to generate self-sustaining, nationally-owned, resilient processes for post-crisis recovery and to put in place preparedness measures to mitigate the impact of future crises. (Global Cluster on Early Recovery. 2014. 'Guidance Note on Inter-Cluster Early Recovery' [draft], p. 7,)*

The Guidelines also provide specific activities for each sector that ensure systems strengthening. For example, in all sector guidance, recommendations are provided for building capacity of local government and non-governmental partners. All sectors are also encouraged to promote the active participation of women, girls and other at-risk groups in assessment

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[33] UNICEF is leading the rollout process of the GBV Guidelines globally, and is also supporting uptake of the Guidelines internally through trainings and technical support.

processes and as staff and leaders in sector-specific community-based structures. In addition, every sector is held accountable for reviewing and supporting reform of laws and policies for inclusion of GBV risk reduction.

Taking the WASH sector[34] as an example, the Guidelines recommend WASH projects should:

- Involve women as staff and leaders in the siting, design, construction and maintenance of water and sanitation facilities and in hygiene promotion activities.

- Support governments, customary/traditional leaders and other stakeholders in reviewing and reforming policies and plans to address discriminatory practices that hinder women and other at-risk groups from safely participating in the WASH sector (as staff and/or community advisers, in community-based groups, etc.).

- Support relevant line ministries in developing implementation strategies for GBV-related policies and plans. Undertake awareness-raising campaigns highlighting how such policies and plans will benefit communities in order to encourage community support and mitigate backlash.

The Guidelines are being rolled out in countries around the world, a process which UNICEF at the headquarters level is leading through support to and oversight of a Global GBV Guidelines Inter-agency and an Implementation Support Team.[35] In addition to training on the Guidelines content, this work has supported integration of GBV in humanitarian response plans as well as cluster/sector-specific action plans. UNICEF is also directly supporting the rollout of the GBV Guidelines in its own country operations to support sections to integrate attention to GBV in country planning documents, as well as at the global level with technical support to cluster leads of UNICEF-led clusters. In addition to these activities, individual sections are instituting integration work, with aspects of this integration that are systems-strengthening.

UNICEF's **Ethiopia** Country Office decided to integrate GBV risk mitigation strategies in the way it develops and implements both its large-scale development programmes and humanitarian responses. Using the *Guidelines for the integration of GBV interventions in humanitarian action*, UNICEF Ethiopia embarked on a series of key activities to ensure a) a common understanding of GBV risks and integration strategies amongst UNICEF staff in programmes and operations; b) how GBV risks can be identified and mitigated across programmatic and operational activities and c) the adoption of a GBV integration framework in all sectors, and in the way we do our work. This was facilitated using a three pronged approach: sector specific sensitization sessions; field mission visits and observational activities (leading to recommendations and to raise awareness) and a two day, intensive training exercise for staff from each sector, operations and field offices; creating a cadre of GBV Champions and sector specific action plans (for 2018) to be incorporated and considered in AWP drafting exercises.

The National Disaster Risk Management Commission (NDRMC) that is responsible for coordinating the humanitarian response in **Ethiopia** is also committed to integrate GBV risk mitigation and response considerations, systematically throughout the humanitarian modus operandi, led by sector coordination clusters. The commitment to purposefully integrate GBV risk mitigation strategies into the review of the Ethiopian Government's Humanitarian Disaster Resilience Plan for 2018 was made by the a Director from the NDRMC at the Interagency GBV integration workshop hosted in Nairobi in February 2018. UNICEF is supporting the NDRMC to move forward in its commitments that will start with a workshop; solely for Cluster Coordinators to sensitize them to GBV risks in their sectors and response and preparedness strategies. Following this workshop Cluster Coordinators will be expected to work with Cluster partners to identify and put in place appropriate mitigation measures in the delivery of

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[34] For additional sector recommendations, the GBV Guidelines can be accessed at www.gbvguidelines.org
[35] For information about where the GBV Guidelines have been rolled out, see www.gbvguidelines.org

humanitarian action in Ethiopia. In turn, this will inform and 'new way of delivering' humanitarian action captured and articulated; and where necessary costed in the revision of the Humanitarian Disaster Resilience Plan in August 2018

UNICEF's WASH programme in **South Sudan** is an example of cutting-edge practice in integrating GBV into WASH programming in a sustainable way. With three-year funding from USAID, UNICEF GBV and WASH teams undertook a national project focused on ensuring the needs of girls and women were addressed in WASH project planning, implementation and monitoring. To this end, the UNICEF GBV team supported the WASH section to systematize GBV risk mitigation into cluster service-delivery standards and work plans, as well as in monitoring tools and programme cooperation agreements. A monitoring and evaluation (M&E) consultant was recruited to the WASH team to develop tools and track sex-disaggregated data. A set of checklists were developed, including WASH for schools, health centres, households, communal latrines, water points, community leaders and focus group discussions. There are many contextual challenges in South Sudan, such as ongoing insecurity, lack of infrastructure and decreasing donor funding. In the midst of these challenges, the GBV-WASH project attempted to address one major issue – the sustainability of the WASH programme – by developing an exit strategy. WASH User Associations were identified as one option for ensuring the sustainability of safe WASH facilities and services in the future. These are semi-autonomous units with a core group of specialists, such as borehole technicians, hygiene promoters and community mobilizers, whose function is to support the communities in issues related to sustaining safe WASH facilities and services.

Also in **South Sudan,** and in consultation with the Ministry of Education in each state, several target schools were selected for training from the Communities Care toolkit. Participants included teachers, principals, school administration, parents and representatives from the state Ministry of Education. Before the training, 90 per cent of participants were unaware of the code of conduct to prevent sexual exploitation and abuse by teachers. They were also unaware of how to report incidents of sexual violence and refer survivors. After the training, the participants drafted a plan to prevent and respond to sexual violence in their schools. The following recommendations were made by the participants, which subsequent monitoring showed participating schools were progressively taking up:

- Raise awareness about GBV during lessons, school assemblies, parent-teacher association meetings and extracurricular activities.
- Establish mechanisms to report incidents of sexual violence (for example, suggestion boxes in strategic areas in the school where students can report confidentially).
- Identify and train senior women teachers to support students and serve as counsellors and focal points for referrals, and dedicate safe spaces in the schools where students can meet with them.
- Conduct trainings for teachers and non-teaching staff to understand and sign the code of conduct.
- Implement a zero-tolerance policy on sexual exploitation and abuse.
- Incorporate life skills into school curricula to promote self-esteem and confidence among students, especially girls, and to challenge negative social norms.

7 Challenges to Systems Strengthening in GBV Programming

The case studies above illustrate the many positive ways in which UNICEF GBViE programmes promote systems strengthening. Through capacity building of national and local stakeholders and systems, UNICEF is institutionalizing attention to GBV across key sectors, in turn creating less reliance on international actors to address GBV. Programmes are also strategically using emergency funding to establish the foundations for longer-term social norms change through adopting a social norms approach to working with services providers and the community. Such approaches both represent and reinforce good practice models for addressing GBViE. Taking into account the links between gender inequality and state fragility, these approaches are also critical to creating durable solutions in emergency-affected settings. Addressing GBV is not just about ensuring the health and human rights of women and girls, it is key to development progress.

What is less clear in the guidance and good practice examples above are the many challenges to ensuring systems strengthening in GBV programming. Perhaps obviously, a common challenge in emergencies settings is that infrastructure can be limited, and capacity, interest and commitment of government and other national partners can be extremely low. More often than not—and arguably unlike any other are of humanitarian operation—there are no GBV services in place. As such, GBV programming must build from scratch, even when attention to GBV is typically underfunded and underprioritized across the humanitarian response. It is not unusual, as well, that there is resistance by international and national partners to focus on women and girls' rights and empowerment. There may also be little appetite - or active resistance – to systems' strengthening approaches. Challenges working with national partners are even more significant in settings where they are key drivers of protracted conflicts, and/or are complicit in human rights abuses.

Even in settings unencumbered by these external challenges, humanitarian donors may be more interested in quick results and/or results that focus on the number of recipients who have benefitted from the services their funding supports. Funding streams may therefore dictate that programmes undertake short-term interventions, or deliver specific life-saving services, rather than build the full complement of multi-sectoral support and undertake social norms change. Gaps between humanitarian and development funding—such as are occurring in the Syria crisis—also undermine sustainability of GBV programmes and projects.

Evidence from UNICEF's global GBViE evaluation indicates that another challenge—in fact, one of the most significant--to implementing substantial GBV programmes (that support both specialized and integrated programming), is support from UNICEF management who may not recognise the benefits of such interventions. Without management support, GBV programming is not typically prioritised from the outset of an emergency, and the scale of GBV programming is often quite limited, representing a significant lost opportunity to support the rights and meet the needs of women and girls. On the other hand, where there is senior management support and buy-in for GBV programming, the opposite is true. Many of the good practice case studies presented above are from settings where management understand UNICEF's mandate to address GBViE in emergencies and have been strong and vocal advocates for GBV specialized and integrated programming.

8 Conclusions and Recommendations

New ways of working are driving a global approach to humanitarian response to ensure it is aligned with and supports longer-term development objectives. This approach is in line with global good practice in addressing GBV. In many settings, UNICEF GBV interventions reflect this approach. However, challenges remain in institutionalizing these approaches across all settings, as noted in the previous section. To mitigate these challenges, UNICEF should consider the following:

- **Increase management support to substantive GBV programming:**
  - Target senior management for sensitization about the important ways in which GBV programming reflects global priorities for supporting systems building in humanitarian action.
  - Ensure accountability and incentives of senior management in promoting GBV-related systems strengthening in country planning documents.
- **Enhance technical support to GBV and sector staff on systems strengthening:**
  - Support UNICEF GBV implementing partners to develop program plans that clearly illustrate systems strengthening and strategies for sustainability from the outset of response.
  - Develop guidance and good practices around national/local partnership-building for GBV programming. Involving national/local partners in the earliest stages of designing the program and continually consulting with them during the implementation process are key to sustainability. This is critically important in relation to women's organizations.
  - Support impact measurement by strengthening capacity of UNICEF and partners to use indicators for monitoring systems-strengthening activities in GBV programming.
- **Ensure systems strengthening GBV interventions are anchored in gendered political economy analysis:**
  - Identify key spoilers and political economy barriers to GBV interventions, and look for ways to mitigate the risk that they present to successful programming.
  - Identify champions and facilitate inclusive coalitions that can coalesce around the GBV systems strengthening agenda and help ensure interventions are effective and sustainable.
- **Undertake widespread donor advocacy alongside other approaches that will improve flexibility in meeting GBV funding for systems strengthening, even in emergencies:**
  - Conduct research and develop information for donors on the investment value of systems building for addressing GBV.
  - Conduct global donor advocacy on the importance of longer-term funding for sustainability linked to global commitments such as the Grand Bargain and New Way of Working.
  - Scale up jointly-funded inter-agency initiatives at the country level as one strategy for financing multi-year projects.

Annex A: List of Key Tools for Systems Strengthening

Proposed Interventions	Key Guidance
Strengthening the regulatory environment	
Legislative and Policy Reform	• UNICEF global GBViE evaluation. Outcomes of the evaluation are available at https://www.unicef.org/evaldatabase/index_95511.html • UNFPA. *Accelerating the Continuum Approach to GBV within and Across UNFPA Development and Humanitarian Operations,* 2017. Available through UNFPA.
Government Capacity Building	• Gender-Based Violence Information Management System (GBVIMS) http://www.gbvims.com/gbvims-tools/ • Primero (Protection related information management), http://www.primero.org/resources • Provisional Guidance Note: Intersections between the Monitoring, Analysis and Reporting Arrangements (MARA) & the Gender-Based Violence Information Management System (GBVIMS), UNICEF, UNFPA, UNHCR, IRC, IMC and UN Action, 2016. http://www.gbvims.com/wp/wp-content/uploads/Provisional-Guidance-Note-on-Intersections-Between-GBVIMS-MARA.pdf
Coordination	• GBV AoR. Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings, 2010. https://www.unicef.org/protection/files/GBV_Handbook_Long_Version.pdf • Protecting Women and Child Survivors in Emergencies through Improved Coordination Training Programme, UNICEF and IRC, 2011.
Strengthening national/formal service-delivery systems	
Health sector	• Bott, S., A. Guedes, C. Claramunt and A. Guezmes (2010). Improving the health sector response to gender-based violence: a resource manual for health care professionals in developing countries. New York, International Planned Parenthood Federation. http://www.ippfwhr.org/en/node/288 • Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings, First Edition, 2012. https://www.unicef.org/pacificislands/IRC_CCSGuide_FullGuide_lowres.pdf • IGWG for USAID (2006). Addressing gender-based violence through USAID'S health programs: a guide for health sector program officers. Washington DC, Interagency Gender Working Group (IGWG) of the United States Agency for International Development (USAID). http://pdf.usaid.gov/pdf_docs/Pnadh194.pdf • IAWG, Quick Resources on the MISP: • <http://iawg.net/resources2013/misp-implementation/#res1> • IAWG, Inter-agency Field Manual on Reproductive Health in Humanitarian Settings (2010). • <http://www.iawg.net/resources/field_manual.html> • UNICEF Guidance Note on Procurement and Supply Chain Management for Commodities Used in the Clinical Management of Sexual Assault (to be issued 2017). • UNICEF Communities Care: Transforming Lives and Preventing Violence, UNICEF, 2014. • UNICEF GBViE Resource Pack, UNICEF, 2016 • Women's Refugee Commission (WRC), Universal and Adaptable Information, Education and Communication (IEC) Templates on the MISP (including what to do after forced sex) (2013). o <http://iawg.net/iec-misp/>

	• Women's Refugee Commission, Minimum Initial Services Package (MISP) for Reproductive Health in Crisis Situations: A Distance Learning Module c(Revised February, 2011). <http://www.iawg.net/resources/MISP2011.pdf> • WHO (2012). Making health services adolescent friendly: Developing national quality standards for adolescent friendly health services. Geneva, World Health Organization.http://apps.who.int/iris/bitstream/10665/75217/1/9789241 503594_eng.pdf
Psychosocial sector	• Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings, First Edition, 2012. https://www.unicef.org/pacificislands/IRC_CCSGuide_FullGuide_lowre s.pdf • Interagency Gender-Based Violence Case Management Guidelines: Providing Care and Case Management to GBV Survivors in Humanitarian Settings, UNICEF, IRC, UNHCR, UNFPA, IMC, Primero, 2017. http://www.gbvims.com/wp/wp-content/uploads/Interagency-GBV-Case-Management-Guidelines_Final_2017.pdf • IASC Caring for Survivors of Sexual violence in Emergencies, 2010. ◦ http://gbvaor.net/resource-topics/core-toolbox/ • UNFPA, 2012. Managing GBV Programmes in Emergencies, https://www.unfpa.org/publications/managing-gender-based-violence-programmes-emergencies • UNICEF Communities Care: Transforming Lives and Preventing Violence, UNICEF, 2014. • UNICEF GBViE Resource Pack, UNICEF, 2016
Security and Legal/Justice Sectors	• ARC, Gender-based Violence and Legal Aid, A Participatory Toolkit (2005). http://www.arcrelief.org/gbvbooks/cdrom/index.html • Bastik, M., Gramm K. and Kunz R., "Sexual Violence in Armed conflict: Global Overview and Implications for the Security Sector" (DCAF, 2007). • Skinnider, E. Global Technical Consultation on essential policing and justice sector services to respond to violence against women and girls: Justice Sector's Response to Violence against Women and Girls. Background paper. New York: UN Women, UNPFA, UNODC, UNDP, 2014. https://www.ppdvp.org.nz/wp-content/media/2014/07/Justice-Sectors-Response-to-VAWG_Background-Paper-for-the-Global-Technical-Consultation_1-4-July-2014.pdf • UN Model Strategies and Practical Measures on the Elimination of Violence against Children in the Field of Crime Prevention and Criminal Justice (General Assembly Res.69/194, annex) http://srsg.violenceagainstchildren.org/document/a-res-69-194_1002 • UN Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime (ECOSOC resolution 2005/20) • UNODC-UNICEF Handbook for Professionals and Policymakers on Justice in matters involving child victims and witnesses of crime • UNODC (2015) Planning the implementation of the United Nations Model strategies and practical measures on the elimination of violence against children in the field of crime prevention and criminal justice: A checklist. New York: United Nations and United Nations Office on Drugs and Crime (UNODC). https://www.unodc.org/documents/justice-and-prison-reform/14-08452_Ebook.pdf • UNODC (2010) Handbook on effective police responses to violence against women. Criminal Justice Handbook Series. New York: United Nations. https://www.unodc.org/documents/justice-and-prison-reform/Handbook_on_Effective_police_responses_to_violence_against _women_English.pdf
Strengthening civil society/local/informal systems	

Non-governmental Organizations (NGOs) and Community-based Organizations (CBOs)	• International Rescue Committee (2012). *GBV Emergency Response & Preparedness: Participant Handbook.* https://gbvresponders.org/emergency-response-preparedness/emergency-response-and-preparedness-training/ • UNFPA, 2012. Managing GBV Programmes in Emergencies, https://www.unfpa.org/publications/managing-gender-based-violence-programmes-emergencies
Women's Groups and Women's Movements	• ActionAid. Promoting Localized, Women-led approaches to humanitarian responses: A Briefing Note. May 2017. • ActionAid. Women's Rights and Leadership in Humanitarian Action. • ActionAid. On the Frontline: Catalyzing Women's Leadership in Humanitarian Action. May 2016. 26. • Htun and Weldon. The Civic Origins of Progressive Policy Change: Combating Violence against Women in Global Perspective, 1975-2005. 2012. 553 and 560. • Women for Women International: http://wfwmarketingimages.s3-website-us-east-1.amazonaws.com/wfwi-2015-annual-report.pdf#page=12 and http://www.whatworks.co.za/about/global-programme/global-programme-projects/evaluations-and-research/item/300-women-for-women-international-trial
Key Elements and Example of Systems-Strengthening in GBV Integrated Programming	
What the GBV Guidelines Say	• Inter-agency Standing Committee Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recover, IASC, GBV AoR, 2015. http://gbvguidelines.org/en/home/
Key Sector Interventions	• Inter-agency Standing Committee Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recover, IASC, GBV AoR, 2015. http://gbvguidelines.org/en/home/ • UNICEF Guidance: Immediate Response WASH and Dignity Kits and Family Hygiene and Dignity Kits, 2016.