



# UNICEF GBViE HELPDESK

## EVIDENCE DIGEST

## Latest evidence and research

### ADOLESCENCE AND GBV

[Promoting the Health, Safety and Empowerment of Adolescent Girls in Ethiopia, Democratic Republic of Congo \(DRC\) and Pakistan](#) (November 2017)

This research - undertaken by the International Rescue Committee and Columbia University, with funding from DFID - from the Creating Opportunities through Mentoring, Parental Involvement and Safe Spaces (COMPASS) programme in Ethiopia, DRC and Pakistan finds that adolescent girls as young as 10 years are experiencing GBV in these humanitarian settings. However, adolescent girls are often overlooked by humanitarian programmes. To address this gap, the COMPASS programme included adolescent girls' life skills sessions, parent/caregiver discussion groups and service provider support. As a result of participating in the programme, girls had better knowledge of GBV services, felt more positive about themselves and their futures, and had stronger social networks. Recommendations include ensuring adolescent girl programming is driven by girls' needs and voices, includes younger adolescents aged 10-14, invests in safe spaces and mentorship approaches, supports girls to access quality GBV services, and is holistic to tackle wider harmful norms. This project has also published articles on methods used, protocol developed and other topics.

### DISASTERS AND GBV

[Effective Law and Policy on Gender Equality and Protection from GBV in Disasters](#) (2017)

This report is based on global research, interviews with key informants, three new country case studies in Ecuador, Nepal, Zimbabwe, as well as prior research undertaken by the International Federation of Red Cross on GBV in disasters and on gender equality in national disaster risk management (DRM)

laws. Findings in all three countries reveal that national legal, policy and institutional frameworks for GBV protection in emergencies are weak, under-resourced and poorly coordinated. Consequently, in disaster situations, there are reported increases in GBV. The authors urge States to do more to fulfil their obligations under the Convention on the Elimination of All Forms of Discrimination Against Women and the Sustainable Development Goals by increasing women's participation in national Disaster Risk Management systems and by adapting, contextualising and institutionalising existing field-tested tools on GBV prevention, risk mitigation and response in disasters.

### GBV PREVENTION AND RESPONSE

[Improving Prevention and Response to GBV in South Sudan](#) (November 2017)

In this large-scale study of knowledge, attitudes and practices related to GBV in South Sudan, the International Organization for Migration (IOM) interviewed over 3,200 women, girls and men, with a particular focus on populations of humanitarian concern and areas of high HIV prevalence. According to the findings, 48% of female respondents reported a woman or girl in her household had experienced some form of GBV in the past 12 months. In South Sudan, the negative physical, psychological and social effects associated with GBV are further compounded by lack of access to appropriate health care and psychological support. The authors urge all stakeholders to use the information to accelerate GBV-related awareness activities and mobilize resources for GBV prevention and response programming that serves the women and girls in South Sudan.

[GBV in Conflict-Affected Areas of South Sudan](#) (November 2017)

Up to 65% of women and girls surveyed in a recent study in South

## Evidence and Research (continued)

Sudan reported experiencing physical and/or sexual violence in their lifetime – double the global average. As part of the DFID-funded What Works Programme, the The Global Women's Institute at the George Washington University, International Rescue Committee, and Care International report highlights how the most common form of violence reported was abuse within the home, committed by husbands or partners. In addition, up to 1 in 3 respondents (33%) had experienced sexual violence from a non-partner, with 60% experiencing it before the age of 19. This suggests the critical importance of programmes to meet the specific GBV-related needs of adolescent girls. The report emphasizes the urgent necessity for humanitarian efforts to not only provide direct services for victims but also address the root causes of domestic and community-level violence to ensure prevention and empowerment efforts address attitudes that perpetuate GBV.

### [Lessons from Northern Uganda in Addressing GBV](#) (August 2017)

This report presents lessons learned from Action Against Hunger's programme in Northern Uganda that uses a two-pronged strategy to address GBV: 1) economically empowering women through cash transfers, livelihoods training and village savings and loan associations (VSLAs); and 2) raising awareness of GBV and facilitating access to a GBV referral system. Lessons learned include the need to challenge men's understandings of masculinity and the use of violence, target adolescent girls, and work with women's rights and activist groups to improve the long-term sustainability of interventions.

### [Delivering Humanitarian Response to Meet the Needs of Different Groups](#) (October 2017)

This guidance from UNHCR and UN Women provides a checklist of essential actions and key questions to ensure men, women, girls, and boys have equal opportunities throughout the

Humanitarian Program Cycle. The authors state that this guidance will help programmes to identify and respond to the needs of different groups by taking into consideration restricted access to basic services for women, discriminatory norms in legislation and social practices, gender gaps in labour force participation, and GBV.

### [Impact of the Call to Action on Prevention of GBV in Emergencies](#) (June 2017)

This review by the International Rescue Committee found that the *Call to Action* has galvanized senior leaders in the UN, donor community, and INGOs to prioritise GBV. Organisational frameworks and accountability mechanisms have been strengthened, and the *Call to Action* has helped increase funding for GBV. The review also identified a number of gaps still to be addressed in prevention of and response to GBV, such as limited capacity of many implementing partners and insufficient attention to social norms contributing to GBV. The authors recommend that the *Call to Action* expands its reach to global south-based agencies and women's organisations to better address these gaps.

### [State of Conflict and Violence in Asia](#) (October 2017)

This report by the Asia Foundation analyses violence, including GBV, in 14 conflict-affected Asian Countries. Findings show that women and girls make up the majority of internally displaced people in the region and that situations of protracted displacement place them at greater risk of intimate partner violence and conflict-related sexual violence. Women and girls from minority groups are doubly vulnerable. However, the researchers state that it is difficult to get reliable GBV data in conflict-affected settings in the region because incidents often go unreported. Recommendations include undertaking qualitative studies to improve understanding of obstacles to reporting GBV in conflict settings.



## Policy and News

In October 2017, representatives from across [Fiji](#), [Samoa](#), [Solomon Islands](#), [Tonga](#) and [Vanuatu](#) attended a regional workshop on addressing GBV in emergencies in the Pacific, organised by the Fiji Women's Crisis Centre and UN Women. Participants urged governments, the UN, and development partners to prioritise GBV prevention and response; ensure women's leadership and active participation in all aspects of disaster response; ensure strong coordination through GBV sub-clusters and national preparedness plans; and adopt the Inter-Agency Standing Committee (IASC) Guidelines for Integrating GBV Interventions in Humanitarian Action.

In October 2017, CARE reported that at least 448,000 [refugees from Myanmar](#) have witnessed or experienced sexual violence and are in need of urgent medical and psychological support - 92% are female and 58% are under the age of 18. CARE has secured funds to set up women-friendly spaces to provide support to survivors of sexual violence, to raise awareness of emergency care services and to establish safe entry points for life-saving medical referrals and psychosocial support.

In September 2017, the United Nations Development Programme, in collaboration with the Human Rights Initiative, launched [a pocket guide](#) for South Sudan, aimed at preventing gender discrimination, forced marriage and other forms GBV by making information about protective legislation more accessible.

On World Humanitarian Day in August 2017, [UNFPA addressed five misconceptions about GBV](#): 1) victims of GBV are helpless; 2) humanitarian interventions like food and shelter are more critical than GBV-related interventions; 3) humanitarians need data on the scope of violence before developing GBV programmes; 4) addressing GBV means imposing "western" ideas and values on non-western cultures; and 5) only experts can address GBV.

UNFPA has re-launched its [Managing GBV in Emergencies online course](#) targeting GBV specialists as well as humanitarian or development practitioners more broadly. The course is designed to allow participants to learn new concepts and test their learning through quizzes and direct application of knowledge to case studies.

On October 11<sup>th</sup>, [International Day of the Girl](#), UNICEF marked the beginning of a year-long effort to spur global attention to the challenges and opportunities girls face before, during, and after crises, through its theme, EmPOWER girls.

Between 25 November to 10 December, events were held around the world for the [16 Days of Activism against Gender-Based Violence](#). The theme of the campaign for 2017 was "Leave no one behind: end violence against women and girls", reinforcing the commitment to reaching the most underserved and marginalised, including women and girls affected by conflict and natural disasters

## GBViE HELPDESK

The Helpdesk query service is intended to support UNICEF global, regional or country office staff and UNICEF implementing partners.

You can contact the GBViE Helpdesk by emailing us: [enquiries@gbviehelpdesk.org.uk](mailto:enquiries@gbviehelpdesk.org.uk) and we will respond to you within 24 hours during weekdays.

## GBViE CONTACT

[The GBViE Helpdesk](#) is available 09.30-17.30 (UK time), Monday to Friday.



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## [Preventing Household Violence: Promising Strategies for Humanitarian Settings](#) (February 2017)

Violence against women (VAW) and violence against children (VAC) are often interconnected, yet a review of interventions used in humanitarian contexts suggests that existing programming may be missing opportunities to address intersecting vulnerabilities linked to interpersonal violence in the home. Co-led by UNICEF and Columbia University, the Transforming Households: Reducing Incidence of Violence in Emergencies (THRIVE) project is building an evidence base on the drivers of and new approaches to preventing household violence in emergencies. It finds that most interventions to address VAC and VAW have been undertaken independently by, respectively, the child protection and GBV sectors. There is an opportunity to develop integrated VAC/VAW interventions that work with multiple actors in the family to prevent violence, and to enhance practitioner and evaluator understanding of how these interventions affect different sub-groups within households.

## [Predictors of Interpersonal Violence in the Household in Humanitarian Settings: A Systematic Review](#) (November 2017)

The first known systematic review of predictors of household violence in humanitarian settings, undertaken through the THRIVE project, draws attention to factors associated with violence against both women and children. These include conflict exposure, alcohol and drug use, income/economic status, mental health/coping strategies, and limited social support. Although interpersonal violence against women and children are increasingly recognised as public health priorities in humanitarian emergencies, violence between family members remains neglected as the household is generally considered a private

sphere. Programmers and policy makers should take note of the shared predictors for VAC and VAW, implementing integrated violence prevention and response strategies when warranted.

## [The Communities Care Programme: Changing Social Norms to End Violence Against Women and Girls in Conflict-affected Communities](#) (July 2016)

UNICEF's Communities Care pilot programme is premised on the idea that while armed conflict causes horrendous suffering, the changes created to community structures, economic roles, and social dynamics offer an opportunity to promote social norms that uphold women and girls' equality, safety, and dignity. The preliminary analyses of data from the pilot suggest promising trends, with the intervention communities having significantly greater improvement than the control communities on some of the dimensions of social norms measured. While programming in humanitarian contexts can be extremely challenging, early indications suggest the possibility of harnessing the intense social upheaval of conflict for positive social change.

## [COMING SOON! UNICEF GBViE Resource Pack](#)

UNICEF's GBViE Resource Pack is based on key GBV-related learning needs identified as part of a global evaluation of UNICEF GBViE programming conducted in 2016. It will serve as a comprehensive guide aimed at assisting country offices before, during and after emergencies, to design, implement and monitor GBV interventions appropriate to the context and phase of programming. More on this in the next Evidence Digest!