

Reducing risk to save lives: Keys to building capacity for GBV response in emergencies

Findings from a three-year initiative to prepare humanitarian aid workers to address violence against women and girls in emergencies

Violence against women and girls is a life-threatening protection issue – one that must be addressed from the earliest stages of emergency response. While this is increasingly recognized in the humanitarian community, the International Rescue Committee (IRC) documents persistent barriers for emergency responders seeking to reduce risk to women and girls and increase access to life-saving services. Findings from recent research provide strategies to contend with these obstacles.

This brief provides a summary of the IRC's learning from a three-year initiative designed to equip emergency responders with the technical expertise, skills, and tools necessary to launch effective response to GBV.

With this initiative, supported by the Bill and Melinda Gates Foundation, the IRC created a resource package to support its field-tested *GBV Emergency Response Program Model*¹ and carried out regional trainings targeting first responders in countries currently or recently impacted by crisis. The IRC tracked training participants over time to monitor changes in their knowledge, skills, and confidence in leading GBV emergency response. We also examined obstacles to effective implementation of the *Program Model*. Based on this research, the IRC has developed recommendations for senior leadership from international non-governmental organizations, United Nations agencies, and donors.

Participants demonstrated:

- Statistically significant increases in knowledge and confidence in
 - ◆ understanding GBV in emergencies
 - ◆ conducting GBV assessments
 - ◆ implementing a GBV emergency intervention
- Retention in knowledge and confidence from six to nine months post-training

Key Findings

- ◆ Institutional commitment and accountability are needed to ensure GBV emergency response. This means both specialization by GBV actors and integration of GBV issues across.
- ◆ Despite advances, a lack of skilled GBV emergency responders and a lack of consensus around priorities in emergencies impede progress in the field.
- ◆ Emphasis on an operational *Program Model* during training and the provision of follow-on support are essential to increasing humanitarian aid workers' practical knowledge and their application of skills to prevent or respond to GBV.
- ◆ Action is frequently blocked or delayed due to challenges in areas that are reliant upon the wider policy and operational environment – including coordination, advocacy, and other sectors' capacity to mitigate risks.

¹ The IRC's *GBV Emergency Response Program Model* is built on and operationalizes the Inter-Agency Standing Committee *Guidelines on Gender-Based Violence Interventions in Humanitarian Settings*, released in 2005 and currently under revision by the GBV Area of Responsibility.

Evaluation

The IRC GBV Emergency Response and Preparedness Capacity Building Package was evaluated against two expected outcomes: (1) increased knowledge, confidence, and skills among trained practitioners, and (2) improved organizational environments for implementing the *GBV Emergency Response Program Model*.

The evaluation followed a mixed-methods design, incorporating both quantitative and qualitative methods, with a formative component that allowed for data feedback throughout the project cycle. Findings are based on questionnaires administered pre-training, immediately post-training, six months post-training and at evaluation endline; after-action reviews (AAR) with past training participants; an online survey with all training participants; and in-depth interviews with key stakeholders.

Participant Profile & Response Rates

- ♦Pre-training questionnaire: 82 participants (approximately half from GBV field and half from other sectors)
- ♦Post-training questionnaire: 98% (80)
- ♦Six-month post-training questionnaire: 54% (44)
- ♦Endline survey: 54% (14 of 26 deployed participants)
- ♦Majority of respondents working in East, Central and Horn of Africa at time of training and evaluation

Results

Training participants demonstrated statistically significant increases in knowledge and confidence across most question items in the three core areas of the training curriculum: (1) understanding GBV in emergencies, (2) conducting GBV assessments, and (3) implementing a GBV emergency intervention.

Overall, knowledge and confidence were retained six- to nine-months post-training. Knowledge for understanding GBV in emergencies was not only retained, it continued to increase between post-training and six-month follow up across all three competency areas. Knowledge for conducting GBV assessments and implementing a GBV emergency intervention increased, as did confidence across all three core areas of the training curriculum.

A post-training knowledge gap was apparent in specific knowledge areas: actions GBV actors should undertake to facilitate minimum health response in emergencies, and feasibility of comprehensive case management in acute emergencies.

Endline survey respondents reported overall increased implementation of the *GBV Emergency Response Program Model*. Specific areas, however, showed with lower than 60% of respondents reporting implementation, including coordination of service provision, advocacy linked to improved



funding and policies environments, identification of risk factors by other sectors, and immediate and cross-cutting activities.²

In order to better understand how increases in capacity may be linked to increased response capabilities, the IRC carried out an online survey in October 2012 and two AAR workshops in July and October 2012. Over 90% of online survey respondents reported that the IRC training increased their confidence and ability to respond effectively to GBV in emergencies. The IRC tools most useful to them were the GBV assessment toolkit (focus group discussion guide, individual interview guide, safety audit, community mapping, and service mapping), the *Program Model*, and the GBV emergency preparedness plan template.³

AAR participants echoed these responses. They reported that the training and the *Program Model* helped to guide emergency interventions and program design. Among online survey respondents and AAR participants, risk reduction and case management in emergencies were selected as areas for increased guidance, training and support.

The IRC also asked senior decision-makers to reflect on key assets and challenges to GBV emergency response. These conversations indicate that building the knowledge, confidence, and skills of practitioners is necessary but not sufficient to ensure effective GBV emergency response. The institutional and funding environments within which humanitarian response occurs have significant impact on the realization of in the priority actions outlined in the *Program Model* (see graph).

Interviewees reported important advancements toward greater response capacity, increased funding dedicated to GBV, and building consensus around priorities and programmatic models. Yet many of these advancements were also listed as continued challenges due to a combination of the following factors:

- Competing priorities in emergency response;
- Creating capacity across multiple and diverse actors;

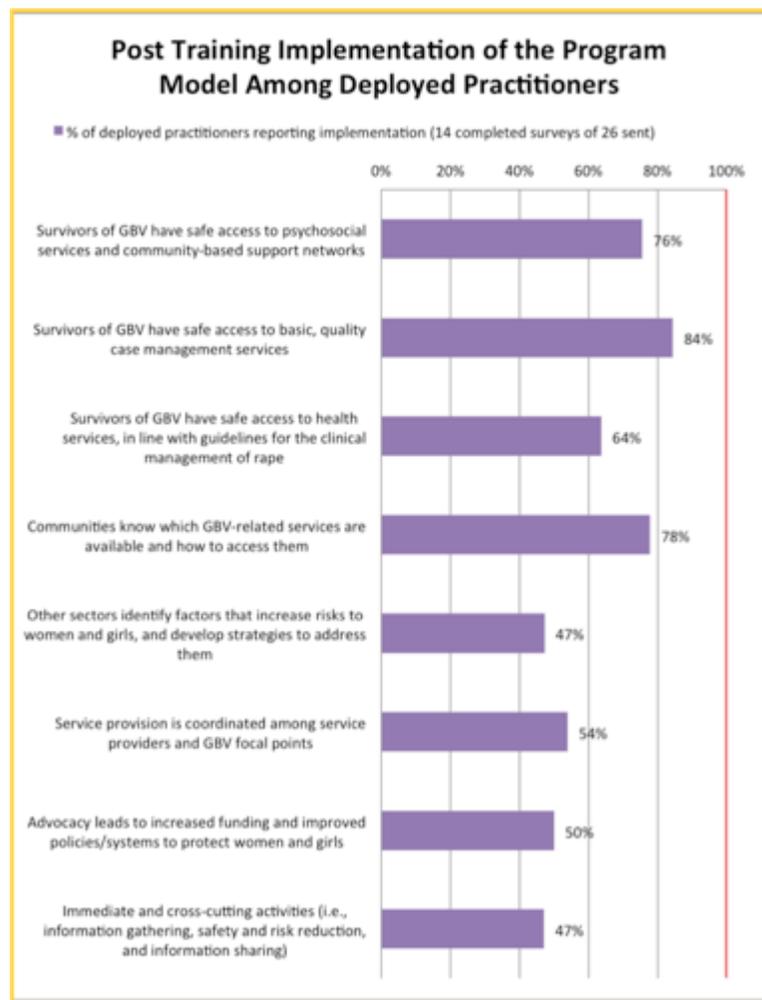


Figure 1: Endline survey results. Note that more consistently implemented activities (>60% of responders reporting them as in place) reflect actions that can be taken by GBV staff directly, while less- implemented activities (<60%) are those that require working across sectors to make progress.

² It is difficult to interpret the limited implementation of "immediate and cross-cutting activities," as it includes several core actions – GBV rapid assessments; development of safety plans for staff, partners and volunteers; and establishment of self-care and support structures. Based on qualitative feedback through AAR workshops, the areas of challenge here were the latter two, around safety planning and staff care.

³ All tools, as well as training materials and other resources, are available to download at gbvresponders.org.

- Strengthening organizational commitment and accountability;
- Defining and demonstrating success;
- Building consensus around a model for response;
- Addressing unresolved tensions in the GBV community that create obstacles and weaken the message.

Feedback from the Field

Over the course of the project, the IRC worked to share the program approaches detailed here among the wider GBV community. Trainings were made available to working groups in South Sudan, Dadaab, Kenya and Lebanon at the request of sister agencies and the Global GBV Area

GBV Emergency Toolkit

- Preparedness Planning
 - Outcome-based Template
 - Scenario-based Template
- GBV Assessment Toolkit:
 - GBV Rapid Assessment Checklist
 - Safety Audit Tool
 - Service Mapping Tool
 - Individual Interview Guide
 - Focus Group Discussion Guide
 - Community Mapping Guidance Note
- GBV Emergency Response Program Model
 - Available in English, French and Arabic
 - Available with Sample Indicators
- GBV Emergency Response & Preparedness Training
 - Participant Handbook
 - Training Slides

Available: www.gbvresponders.org

of Responsibility (AOR). The IRC staff also shared its GBV Emergency Response & Preparedness resource package and associated learning with representatives from major donor governments, including the United Kingdom, the United States, and the European Union.

Trained field staff identified a need for continued support and guidance, specifically requesting a platform from which they could access resources as they are adapted and updated based on their use in the field, along with remote technical support and online learning opportunities. In response to these requests, the IRC created a website – www.gbvresponders.org – to provide access to resources, as well as a platform for exchange among technical experts and fellow practitioners in the field. All of the capacity building tools and resources outlined here, including the GBV Emergency Response Program Model, assessment and preparedness

tools, training modules, and resource documents are available for download, under “Emergency Toolkit.”

With an approach that targeted multiple sectors and worked across agencies, this project has made an important and measurable contribution to efforts to better meet survivors' needs by strengthening capacity for responding to GBV in emergencies. Results confirm some of the key assumptions of the theory of change: namely, that operational capacity building focused on tools, practice and follow-up leads to increased knowledge, confidence and skills; and that it is precisely this combination of knowledge and practical skills that catalyzes advances in implementing the core components of GBV programming in emergencies.



Recommendations

Strengthen institutional commitments and increase accountability in responding to GBV. INGOs, donors, and multilateral agencies—including senior-level managers and decision-makers, as well as practitioners—agree that closing the gap in GBV response requires greater buy-in from senior management. In order to ensure that GBV becomes an institutional priority, senior management must lead efforts to shore up their organizations' capacity to keep women and girls safe during crises.

Promote use of both specialized GBV programming and mainstreaming. Specialized programming, in which specific services are put in place to address the health, psychosocial, and safety needs of survivors, is critical to assessing needs, establishing survivor services, creating safe entry points to those services, and engaging communities in a way that prioritizes protection of women and girls. Mainstreaming the needs of women and girls is crucial in all aspects of emergency response, and requires investments across humanitarian sectors. Achieving programming that keeps women and girls safe means ensuring both approaches.

Consolidate expertise among GBV actors in order to offer clear and concise guidance for practitioners in the field. There has been progress toward agreeing on priority actions for emergency response. In order to maximize use of the *GBV Emergency Response Program Model*, we must work toward community-wide agreement on this model and a capacity building package that supports it.

Increase the evidence base through use of common definitions and measures of success. Organizational learning and efforts to shape a compelling narrative for promoting action are closely linked to donor commitment. The GBV community must get specific about what success in GBV emergency programming looks like in a way that also resonates for a wider audience. Clarifying definitions and measures of success will help to grow the evidence base and foster the collective advancement of the field.



For more information or for a copy of the full report, please contact Heidi Lehmann, Senior Director of the Women's Protection and Empowerment Technical Unit.

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