Women and girls are amongst the most vulnerable groups affected during and after a crisis. Due to the fragility of the Horn and East Africa region and the cyclical nature of the emergencies it faces, it is more important than ever for humanitarian agencies to invest in supporting actors across all levels to prepare and respond to gender-based violence (GBV).

GBV in Fragile Contexts: The Horn and East Africa

The Horn and East Africa is a fragile region with countries facing recurring conflicts and crises, and cyclical natural disasters that provoke emergency spikes in already frail and unstable settings.

- The collapse of the Somali state has long-impacted neighbouring countries; producing large volumes of internally displacement persons (IDPs) and Somali refugees in Kenya and Ethiopia. Terrorism within and along the Kenya border continues to produce large volumes of internal and external displacement.¹

- Growing discrimination against settled Somali refugees in Kenya² and pressure from the Kenyan government to implement an agreement with the Somali government and UNHCR to move these refugees to the camps and/or Somalia, have created further internal and regional instability.³

- The legacy of the South Sudan - Sudan civil war left South Sudan severely underdeveloped and with large numbers of refugees and IDPs. Most recently, in December 2013, the South Sudan conflict has caused both large-scale internal displacement and refugee influxes into Ethiopia and Kenya.

- Rainfall scarcity causes cyclical drought and flooding in the region, as well as food security crises leading to malnutrition, famine and shortages in clean water supplies.
Women and girls are amongst the most vulnerable groups affected during and in the aftermath of a crisis. Destruction, flight and upheaval decimate social structures that protect women and girls in times of stability, and violence against women and girls escalates. Despite increased recent attention, the situation of women and girls in emergencies, and particularly of gender-based violence (GBV), continues to be under-addressed.

Due to the fragility of the region and the cyclical nature of the emergencies it faces, it is more important than ever for donors, UN agencies and NGOs to invest in supporting all actors across all levels to prepare and respond to GBV in emergencies. This support should include investing more directly in affected populations – especially women and girls, building the capacities of community-based organisations (CBOs) that provide services and support and working with local community leaders to strengthen access to GBV services.

This brief shares learning and recommendations to support donors, UN agencies and NGOs to effectively consider the needs of women, girls and communities when responding to GBV in the fragile settings of the region. The following lessons are based on the International Rescue Committee (IRC) GBV emergency programmes in Ethiopia, Kenya, Somalia and South Sudan, which are all part of a GBV strategic partnership between the IRC and Irish Aid:

- Empowering, funding and preparing local actors – NGOs, governments and CBOs, including women’s groups – to respond to GBV in emergencies is crucial to building effective bridges between humanitarian and development assistance that respond to the cyclical nature of emergencies in the region.
- Including women, girls, and survivors in particular, in the design, implementation and evaluation of GBV programmes is necessary to understand their contextual needs and effectively engage communities to facilitate their healing and recovery.
- Recognising the relevance of community structures in IDP and refugee camps and engaging with these leadership structures as equal partners is essential to effectively prevent and respond to GBV and to fulfil survivors’ needs while respecting their cultural and contextual realities.

“We need a megaphone so that the community can hear us.”

– GIRL PARTICIPANT at an IRC Listening Session, South Sudan

**Empowering Local Actors to Respond to GBV in Emergencies**

Donors, UN agencies and practitioners have committed to ensuring programmes address GBV from the outset of an emergency. However, a shortage of locally prepared and trained staff is a significant obstacle in fulfilling this commitment.

Building the capacity for local actors, and ensuring that they have access to funding and other resources is one of the best ways to improve GBV response in emergencies. However, recent reports have found that formal disaster management plans frequently overlook pre-existing grassroots social networks, often led by and including women. Local groups (NGOs, local governments and CBOs) can deliver more appropriate, locally informed responses without disrupting community structures that have worked during pre-disaster periods:

- Local groups are on the ground when an emergency hits and are often poised to respond before INGOs are able to mobilise resources and deploy. When INGO staff is evacuated due to insecurity, local groups remain and maintain access to remote and affected communities.
- Local groups have deep knowledge of communities and networks, have shared language and cultures with the impacted communities, and are trusted by these communities. They are best prepared to conduct vital outreach activities ensuring access to information about availability and importance of accessing timely services.
- Local groups, particularly women’s organisations, play a central role in GBV prevention and response as they understand strategies to reduce women’s and girls’ vulnerabilities to violence, and are able to facilitate community-based activities that promote women’s health and wellbeing.

IRC’s work with community leaders in similar regions, such as the Democratic Republic of the Congo, allowed a broader range of survivors to come forward, including during emergencies. For example, IRC has seen many more cases of intimate partner violence with women’s CBOs providing case management and psychosocial services than before they did so – women and girls seem to trust CBOs more than they did the NGOs that were previously providing services (even though the NGOs were from the DRC, staff were frequently from different areas in the country). In addition, the CBO case management providers were able to begin immediately providing services when emergencies and displacement occurred, since they were already on the ground with strong networks and community acceptance.
For these reasons, over the last three years the IRC has developed training programmes to increase the pool of skilled GBV staff within local communities. Trainings prepare participants to use IRC’s GBV Emergency Response & Preparedness Programme Model, which ensures survivors of violence have accessible and appropriate services and women’s and girls’ safety and security is increased. IRC’s programme model is grounded in the Inter-Agency Standing Committee’s Guidelines for Gender-Based Violence Interventions in Humanitarian Settings (IASC GBV Guidelines).

In January 2015, the IRC conducted a five-day GBV Emergency Response & Preparedness course attended by 24 participants from civil society organisations and government bodies from Ethiopia, Kenya, Somalia and South Sudan. Outcomes of this training included:

- Organisations created action plans delineating steps to ensure they are better positioned and prepared to respond to the needs of women and girls in emergencies. Feedback provided two months after the training showed significant steps were being taken to spearhead organisational change, from ensuring leaders were committed to adopting GBV Preparedness Plans to training and mentoring staff to form organisational GBV task teams.
- Because participants highlighted the need for funding, additional support around training and implementation of GBV Preparedness Plans, the IRC is now providing in-country support and small cash awards to the trained organisations.
- IRC trained some staff as in-country specialists to act as key focal points on GBV Preparedness and Response and provide ongoing technical support to trained local organisations.

Ensuring Women’s and Girls’ Participation in GBV Programmes

Engaging with women and girls to listen to their challenges, learn about their strengths and value their experiences are key steps to understand what types of programmes are most effective to fulfil their needs. However, organisations’ methods of engaging clients and communities vary widely and little has been developed to specifically engage women and girls. To fill his gap, the IRC South Sudan team engaged in a pilot series of listening sessions to determine how to effectively listen to women and girls to shape GBV programmes. Over a six-week period in early 2015, 640 women and girls in five field sites participated in 28 IRC facilitated listening sessions with the following objectives:

- Intentionally listen to women and girls in order to understand their lived experiences.
- Identify best practices and preferred methods of receiving and providing feedback.
- Adapt program design and implementation based on women’s and girls’ feedback.

The listening sessions were open discussion groups for adult women or girls, facilitated by IRC staff and interpreters, and usually lasted 90 minutes. The process was designed to create spaces where women and girls – especially those who suffer from trauma or are disempowered – could speak openly. A thematic analysis of the sessions revealed the following:

- Women and girls want more opportunities to have group feedback sessions as opposed to individual survey techniques.
- Women and girls deeply value the opportunity of meeting other women at the centres, where they find companionship and support, strengthen community resources and resolve existing tensions.
- Women want more resource generating activities to be provided at the centres.
- Girls want their own spaces away from adult women to talk about girl-specific issues, have girl specific activities and be with other girls.

Women told the IRC that current feedback mechanisms or engagement processes used by IRC and other humanitarian organisations were not useful for them or working as intended. They want to participate in program design and implementation, not just give feedback on program delivery. Women expressed how rare it was to be asked for their opinion about services and feedback mechanisms. They mentioned how, even when they have been asked their opinions, they never received any feedback after their participation; as most organisations ask for their opinions and ‘nothing happen[s] afterwards’.
Women’s and girls’ voices underscore the importance of maintaining a public and safe space – women’s centers – where women can gather to learn about and seek services, learn skills including literacy, share stories with each other, build stronger social and community networks, and have respite from the grueling daily activities of being a displaced woman. A common theme, stated in different terms, was

“This is a private place for women – it is the best place to have. Nothing will stop us from coming because it is for women and girls.”

To respond to women’s and girls’ feedback, the IRC has taken the following steps:

- The IRC is currently developing a questionnaire that can be adapted by organisations delivering GBV programmes to ensure that women and girls are directly involved in designing and implementing programmes.
- The IRC Somalia, Kenya, South Sudan, and Ethiopia country programmes have integrated listening sessions into their normal programming, therefore cross-fertilising learning.
- Listening sessions have become entry points for women and girls to become more involved in the governance and activities provided in IRC women’s centres, further integrating political participation of women and girls into programming and refugee camp activities.

**Partnering with Community Leaders to Prevent and Respond to GBV**

Women and girls who have survived violence often face discrimination, stigma and barriers placed by families, communities and religious leaders when they try to access GBV services. Women and girls have told the IRC that they cannot access services because ‘block and community leaders try to solve the issues their own way and hide the realities of our experiences’.

However, women and girls also recognise the necessity of working within their community structures and have shared that, while community leaders can block access to GBV services, they also are well positioned to facilitate access to services without this having a negative impact on their lives and can help change social norms that cause and perpetuate GBV and harmful practices.

As a result of this awareness, the IRC chose to build their field staff capacity in conducting local advocacy in order to work more effectively with community leaders and increase referrals from them to GBV services. By reframing the relationship between IRC and community leaders as a partnership, IRC teams were able to understand the challenges faced by these leaders and expand dialogue with them. Common themes that emerged from this advocacy and engagement in Kenya, Ethiopia, and South Sudan include:

- Many male community leaders did not understand what health and psychosocial services survivors needed or received in the centres/clinics and their importance. They did not understand why referring a survivor within 72 hours was life-saving. Instead, they assumed women received legal services and started a formal judicial process when referred to GBV services.
- Community leaders are afraid of being disrespected or their authority and traditions questioned by the community. They believe that when survivors go outside the traditional justice mechanisms they lead and chose another authority to ‘solve their case’, survivors are disrespecting their authority within and outside the community.
- Community leaders fear the consequences of survivors recurring to ‘solutions’ outside traditional justice mechanisms. Leaders are responsible for mitigating conflicts within and outside the communities; so they are wary of official justice mechanisms as these can exacerbate inter-tribal conflict leading to community violence and/or retaliation against the survivor and her family. They also fear that replacing their traditional justice mechanisms will leave them and the survivor without the traditional economic or social compensations, including that which would be owed by the perpetrator to the survivor’s father or husband and to the leaders.
Community leadership structures, although mostly male dominated, also include women's and elder groups. IRC learned that in the Dadaab camps in Kenya, for example, elderly women often provided temporary safe homes for survivors and their children. These grassroots women’s interventions were supported by the male community leaders and thus provided interim safety for survivors.

Outcomes of the advocacy conducted with community leaders include:

- IRC has gained better awareness of ways that community structures may provide response and protection services to survivors and has scheduled regular meetings with community leaders where trends of GBV reporting is discussed while ensuring confidentiality.
- IRC disseminated and explained referral pathways that include community leadership structures as key actors, so that these community leaders are aware of the types of services that are available, the benefits of those services, and know how to refer survivors and where.
- IRC has scheduled regular dialogue groups with community leadership structures to educate them about different forms of GBV.

We showed them how many services survivors need and the percentage they could provide and the services IRC and partners could provide. They could only provide 25%. We created an action plan with them to refer survivors to services for that other 75%.

– ABDIHAKIM ABDILAHI
Community Wellbeing Initiative Manager, IRC Ethiopia

Lessons Learned and Recommendations

1. Development and humanitarian agencies should further invest in preparing and resourcing local actors in the region to respond to GBV in emergencies.

In a region where forced displacement and natural crises arise cyclically, it is incredibly important for humanitarian and development actors to come together to prioritise, fund and prepare local organisations to respond to GBV in emergencies. GBV preparedness often falls through the cracks because it is considered to belong to one or another aid strand. However, in an ever-changing and volatile environment, breaking these siloes and investing in GBV preparedness is urgent.

a. Development and humanitarian donors should fund NGOs with GBV emergency response expertise to train and build the capacity of local actors, particularly women's groups. These programmes should ensure local actors are resourced to implement projects and further develop their capacities.

b. UN agencies, particularly OCHA, UNICEF, UNFPA and UNHCR, should invest in preparing local governments and organisations in GBV emergency preparedness and response.

c. GBV practitioners in the region should invest in training and building capacity on existing GBV emergency response models of their own staff and include a quota of local partners.

2. Humanitarian organisations should ensure women and girls participate and lead GBV programme design, implementation and monitoring.

Women's and girls' feedback should not be limited to service provision but should be used at many different levels, including how they want to engage with programmes and to tackle the challenges they face. Their participation enables practitioners to adapt programmes for women and girls in a particular context, helps keep women and girls safer, enhances community-based safety nets and maintains focus on addressing their priorities.

a. Donors should resource and make their funding contingent upon a strong participation component of women and girls in all stages of GBV programming by requiring partners to provide feedback tools and accountability mechanisms to be used in programmes.

b. Donors should fund and support the development of leadership skills amongst women at the onset of emergency (such as those provided in safe spaces) to ensure that women and women's groups are involved in initial emergency response programme design and implementation.

c. UN agencies and GBV practitioners should ensure women and girls' voices guide the design and implementation of GBV programmes.

3. Humanitarian agencies should engage with community leaders to create an environment where women and girls can access services safely and feel valued by their communities.

Understanding the context in which survivors live and are able to report GBV is crucial to ensure a higher degree of safety for women and girls, to understand barriers to referrals, and to include their voices in messages that resonate with community leaders. For this, humanitarian agencies should conduct listening sessions and relationship building with women and girls and involve them in the work with community leaders.
Listening to community leaders’ perspectives and barriers and finding ways to work with them is essential to increasing women’s and girls’ access to services. Ensuring they understand what a survivor needs in terms of health and psychosocial support is a crucial start to building partnership. Organisations must tailor advocacy messages to demonstrate how GBV services complement services that the community provides.

Organisations must ensure their community advocacy strategies retain a survivor-centred focus and respect confidentiality, choice and autonomy. Advocacy messages should be crafted in consultation with women and girls without making assumptions about what women and girls want from community leaders.

a. Donors should resource and encourage strong community outreach and context specific advocacy programmes and tools in local languages as components within GBV programming. This advocacy should include different media formats for low literacy and be culturally tailored for each context.

b. UN agencies should resource and support service providers to work with community structures, ensuring an understanding of how this collaboration is required while monitoring the respect for GBV principles.

c. GBV practitioners should build staff’s advocacy skills to design strategies that adapt to the context and needs of staff, women and girls in different communities.

d. GBV practitioners should invest in building community leaders’ knowledge of GBV survivors’ needs, the life-saving nature of GBV services and create an open dialogue to understand the barriers of referring cases to these services.

End Notes
1 The main camps in Kenya–Dadaab near the Somalia border have existed for over two decades and currently house up to 335,000 Somali refugees

Based on learning produced by: IRC WPE programmes in Kenya, Somalia, South Sudan and Ethiopia with the support of Irish Aid.

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Photos: Page (1) A woman sits in front of a makeshift shelter in a field in Ganyliel, South Sudan. Peter Biro/IRC. Page (3) An Ethiopian girl with henna on her hands. Kevin McNulty/IRC. Page (4) A gathering of displaced people in Mogadishu, Somalia listens to an IRC health worker. Peter Biro/IRC.

For more information about Respond to GBV in the Horn and East Africa’s Emergency Settings, please contact: Diana Trimiño, Senior Policy and Advocacy Advisor, Women’s Protection and Empowerment