IRC Women’s Protection and Empowerment (WPE) Learning Brief
Irish Aid GBV Strategic Partnership 2020
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>2</td>
</tr>
<tr>
<td>ADAPTABLE WPE programming</td>
<td>4</td>
</tr>
<tr>
<td>Spotlight on WPE global resources</td>
<td>10</td>
</tr>
<tr>
<td>ACCOUNTABILITY to Women and Girls</td>
<td>11</td>
</tr>
<tr>
<td>Spotlight on Women’s Movement Building</td>
<td>14</td>
</tr>
<tr>
<td>INCLUSION of Diverse Women and Girls</td>
<td>15</td>
</tr>
<tr>
<td>Spotlight on WPE Policy and Advocacy</td>
<td>16</td>
</tr>
<tr>
<td>WPE Learning Brief Recommendations</td>
<td>17</td>
</tr>
</tbody>
</table>
INTRODUCTION

This learning brief was created through the Women’s Protection and Empowerment (WPE) Irish Aid-IRC Gender-based Violence (GBV) Strategic Partnership. The purpose of the brief is to share learning from a global WPE forum which explored three themes of inclusion, accountability and adaptability in relation to Gender Based Violence (GBV) prevention and response programming in acute and protracted emergencies.

From 2014 to 2020, the Irish Aid IRC Strategic Partnership has funded WPE programming in 20 emergency responses across six regions; sustained IRC and partners GBV response in underfunded and forgotten crisis in East and Central Africa; leveraged Ireland’s and IRC’s leadership in global and regional advocacy and policy spaces to champion attention to women and girls protection and empowerment; and created opportunities for WPE practitioners across 35 countries to share learning.

Each year, the Strategic Partnership has promoted technical excellence through south-to-south learning fora. Initially the annual learning forum engaged WPE teams in East Africa, but teams from more countries have attended each year and in 2020, due to the Covid-19 pandemic, WPE staff met together online for the first time. This year over 120 staff met multiple times in two global and seven regional online learning fora from across 35 country program, global and regional hubs. We were grateful for the time and space to connect together during such a challenging year. This learning brief captures some of the ideas and discussions between WPE teams.
2020 has without a doubt been a very challenging year for everyone across the world, and as usual the lives of women and girls in displaced, refugee, and recovery settings have been harshly affected. As a WPE community we also feel that this year has included some significant successes and hopeful shifts. These include: the increasing attention to dismantling racism and colonialism within the aid sector in response to the Black Lives Matter movement; keeping GBV response services open during the pandemic through adaptive programming and successful advocacy with decision makers in humanitarian and government roles; and an increased authenticity, flexibility, and personal connection in our interactions as humanitarians as personal and professional worlds collide, and workloads and family responsibilities overwhelm. There has also been undeniable hardship, grief, loss, and increasing violence against women and girls during period of reduced mobility and isolation.

This brief shares some learning which we’ve brought together as a WPE community across many teams, regions and countries. We’re very grateful for the time colleagues took to share this learning. Many thanks to the following learning brief writers: Jennate Eoomkham, Jennifer Lee, Tzita Tekletsadik, Danielle Roth, Harriet Kezaabu, Liliane Munezero, Rocky Kabeya, Marian Rogers, Patty Gray, Joanne Creighton, Sarah Cornish-Spencer, Sarah Mosely, Sophia Ngugi Wanjiku, and Meghan O’Connor.
LEARNING THEMES

The Irish Aid WPE Strategic Partnership learning themes include: adaptable WPE programming, accountability to women and girls, and inclusion of diverse women and girls within GBV prevention, response and empowerment programming. These themes were addressed within the nine online learning fora. Here we gather some reflections from each theme.

Adaptable WPE Programming

The Covid-19 pandemic disrupted humanitarian programming and required innovative and creative activities to ensure continued access to services for women and girls in displaced, refugee, and recovery settings. In each context, WPE teams speedily and thoughtfully adapted programming in light of access to telephone networks, ability to socially distance in women and girls safe spaces, access to infection prevention supplies, hand-washing stations, and access to communities by staff and community volunteers. In all locations, GBV service referral pathways were regularly updated throughout the pandemic to provide information to women and girls on how to safely access GBV response services.

In many countries, access to Women and Girl Safe Spaces was reduced for IRC staff, however, refugee and displaced women's leadership and expertise meant that Women and Girl Safe Space activities continued to function. Female community volunteers already active in WPE programming included GBV case workers, young women mentors who facilitate adolescent girls’ groups, SASA! activists and Women’s Group leaders. These women received a skills-based training early in the pandemic to safely adapt GBV response, prevention and empowerment activities and staff provided ongoing support and mentorship throughout the pandemic.

The Middle East and North Africa region was affected early on with rapidly escalating numbers of new Covid-19 infections. A series of online technical support sessions were provided to support WPE teams to adapt programming to provide remote GBV care

management, or a hybrid of remote and in person sessions, which resulted in WPE programs in Iraq, Jordan, Lebanon being able to continue to provide services to women and girls in need.

In Lebanon the GBV safety audits conducted early in the crisis showed that adolescent girls were facing specific GBV risks during lockdown which were being further exacerbated by the worsening economic crisis.

These findings led to the team prioritising the adaptation of the Girl Shine life skills sessions for remote delivery or, when girls or facilitators were able to access Women and Girl Safe Spaces, IRC facilitated a hybrid approach of both in person and online sessions.

Preliminary feedback from this adaptation indicates that girls are reporting less isolation and know how to seek GBV response services when needed. This adapted remote Girl Shine package is now being further contextualised and staff trained to facilitate sessions in Iraq and North East Syria.
In 2020, the Building Local Thinking Global project continued to support grassroots GBV actors, women rights organizations, and women rights networks. In early 2020, the IRC conducted online consultative sessions with BLTG members to gain an in-depth understanding of the program changes made in response to Covid-19, the experiences and challenges, and the type of support needed.

10 local partners shared in a focus group discussion that they had to adjust working hours due to the connectivity limitations and prioritizing responsibilities while working from home; including home schooling their children. Most of their programming was adapted to remote and online modalities and partners utilized local mass media platforms or other social media for community-based prevention activities, established a GBV response hotline for GBV case management, counselling, and referrals, as well as participating in local coordination mechanisms led by governments or by humanitarian sectors and UN agencies as part of Covid-19 response.

Based on the feedback received, the IRC shared GBV Risk Mitigation and Program Adaptation Guideline for GBV Actors in English, Arabic, French, Swahili and Burmese and hosted a series of webinars focused on understanding Covid-19, its gendered impact, self-care and staff supervision, GBV Risk Mitigation and Program Adaptation, and women’s movement building to exchange learning and practices and experience sharing from frontline responder on challenges and program adaptation during the Covid-19.

In addition, the IRC provided small cash assistance for intervention implementation. The activities adapted during Covid-19 vary from remote GBV case management including response hotline services, small group activities that adhere to social distancing such as women’s safe space, psychosocial support and life skills, remote capacity sharing with staff and GBV service providers, remote community-based prevention activities, coordination and advocacy through service providers utilizing social media, community radio, multimedia Information, Communication, Education materials, zoom meeting and other online platforms.

Women Diversity Network, Kachin State, Myanmar conduct aware raising to share about GBV services available in Namsin village, Kamaing Town, Kachin State, Myanmar.
In Venezuela, the IRC utilizes a partnership-based approach and works primarily with organizations that are specialized in Sexual Reproductive Health (SRH) and GBV service delivery. They adapted to the COVID-19 movement restrictions and quarantine conditions either through remote or mixed modality approaches to case management and psychosocial support, namely a combination of remote and in-person support. Additionally, the economic fall-out in Venezuela created additional challenges, as nationwide shortages in food, medicine, and fuel in particular made in-person outreach and service delivery near impossible and re-emphasized the need to explore remote approaches to service delivery.

North Central Americas (El Salvador, Honduras, Guatemala) likewise, utilizes a partnership-based approach to service delivery and additionally the program has a heavy focus on information services, namely the Signpost technology, that is branded as Cuentanos in NCA. This latter intervention quickly pivoted to include information pertinent to COVID-19, as well as additional information on GBV response services to respond to the increased demand for these services and also address the knock-on effects of the pandemic on women and girls. The national governmental hotline alone recorded a 70% increase in calls to the hotline during the first months of the national lockdown. To respond to this increased demand, the IRC also rolled out a moderator function as part of Cuentanos, so that clients, including GBV survivors, could communicate in-real time with service delivery specialists who could connect them with the appropriate service provider. Likewise, remote psychosocial support as well as targeted cash support was piloted through local partners to address the restricted movement of women and girls as a result of Covid-19. All of this was critical to both responding to the changing needs and barriers to access of women and girls, but was also important to increasing the credibility of local organizations and their capacity to respond to the new operating environment. One of the biggest challenges was the safe spaces, both for women and girls as well as individuals with diverse SOGIESC, which were scheduled to open during the initial months of the pandemic and had to be halted all together.

In Colombia, the IRC provides direct services to women and girls through a multisector community center, which also houses a women and girls safe space. With the onset of COVID-19, IRC moved its active case management clients to a remote platform, and continued to provide psychosocial support to women and girls who were already attending the safe spaces via technology platforms such as WhatsApp. To keep up with the demand, as well as ensure staff wellbeing who were operating the call-lines, IRC increased the number of staff, particularly case managers. Capacity strengthening of partners and government actors also had to be moved to online platforms.

WPE case management workshop with the Mayor’s Office of Tonacatepeque, El Salvador
The global, inter-agency **Child and Adolescent Survivors Initiative** (CASI) was designed with a vision of increasing access to quality services that meet the diverse and specific needs of child and adolescent girl and boy survivors of sexual violence in humanitarian settings by strengthening coordination and collaboration between Gender-Based Violence (GBV) and Child Protection (CP) actors.

Covid-19 related movement and gathering restrictions required shifting the CASI Learning Program – an 8-month capacity development and partnership program with national and international NGOs being implemented in South Sudan and Yemen – to remote delivery. In addition to the global pandemic, CASI Learning Program partners and participants in South Sudan and Yemen faced ongoing challenges with internet access, infrastructure (e.g., power outages), natural disasters (e.g., floods, famine), and ongoing conflict. As a first step, the CASI project team, conducted an information communication technology (ICT) assessment to better understand participants’ access to technology (e.g., laptops, mobile phones, modems, etc.), preferred online platforms (e.g., Skype, WhatsApp, Zoom, etc.), internet connectivity, and access to and availability of electricity. Based on the findings of the ICT assessment, the project team was able to address some of the challenges by providing modems, data bundles, and arranging spaces in-country with stronger and more stable internet (e.g., IRC offices) for participants to use on remote training days.

The CASI project team redesigned the Program Launch Workshop, and trainings on Case Management Supervision and Coaching, and Caring for Child Survivors of Sexual Abuse for online learning. The structure of each of these trainings was adapted to be facilitated remotely in 4-hour sessions twice per week over 2-4 weeks depending on the training. This was done to give participants’ time to review and reflect on training content and complete homework assignments (mostly review and assignments based on “static” content) on the off-days, and to maximize the time together online with interactive activities (e.g., role plays, plenary and group discussions, games, quizzes, etc.). The adapted training materials and resources were uploaded onto Kaya and Google Classroom for free and easy access by participants, and the sessions were facilitated live on Zoom. Additional activities were facilitated on other online platforms such as Google Jamboard, Kahoot, Mentimeter, and Quizziz.

CASI also developed and shared **Child and Adolescent Survivors of Sexual Violence and Covid-19: Key Considerations and Practical Guidance** with the inter-agency GBV and CP communities, including the CP and GBV Sub-Clusters in South Sudan and Yemen. CASI Learning Program participants shared that the guidance helped them to adapt and redesign their programs for and approaches with child and adolescent girl and boy survivors in the midst of the pandemic.
What did we learn about adapting WPE programming during the pandemic?

Women’s groups, movements and Women’s Rights Organizations with the right resources, skills and trust are best placed to continue service delivery during crises and pandemics. During the Covid-19 response, women played a noteworthy role in information dissemination about the virus, its spread and prevention, encouraging good handwashing practices and supporting women and girl survivors to seek services, and offering immediate psychosocial support.

Throughout the Covid-19 pandemic it remained vitally important to keep programming women and girl centred in order to reach and support survivors. As violence against women and girls was increasing, GBV response services for women and girls were wrongly deemed not be essential and not prioritised by governments and humanitarian leadership. Early advocacy by GBV actors to keep GBV response services open, was based on learning from previous Ebola outbreaks and utilised advocacy from across the world where women’s movements were highlighting an increase in intimate partner violence in many diverse contexts during movement restrictions.

In many contexts, at the start of the Covid-19 pandemic, Women and Girl Safe Spaces were threatened with closure (Ethiopia, Tanzania), or were closed temporarily (Iraq, Jordan), at a critical time when violence was increasing and health service entry points were overwhelmed and not well trusted by the community due to fear of infection. Women and girls in Bangladesh were prematurely informed by community leaders that access to the Women and Girl Safe Spaces would no longer be allowed. The WPE teams responded with accurate information to ensure life-saving GBV case management could still be offered.

In Afghanistan, WPE teams with the GBV sub cluster kept advocating for adapted programming to continue to reach women and girls. In Thailand, WPE teams shifted their safe space activities quickly to mask making to promote health within the community, which also allowed for women and girls to continue to have safe access to distanced psychosocial support. Throughout the pandemic, women and girls relied on dedicated Women and Girls Safe Spaces in their communities. Wherever WGSS were closed, a vital lifeline to specialized GBV response and prevention services was removed.

Myanmar opened up hotlines to provide remote referrals and GBV case management. The success of the hotlines, according to WPE staff, was due to the pre-existing hotline services prior to Covid-19, which allowed the team to adapt quickly across Myanmar. Hotlines can be intensive and have the prior knowledge supported other staff in learning potential risks and benefits, and establishing boundaries for the hotline. In areas where staff could not access privacy in their homes, Women and Girl Safe Spaces remained open as a space for hotline staff to provide services.

Safe, accurate data collection, storage and usage of GBV survivor data remains crucial and must be considered as GBV services adapt to remote rather than in person case management. Adherence to survivor centred information sharing protocols remains vital to ensure that survivor data is protected. GBV actors, such as the IRC, have played a vital role in supporting GBV survivors during the pandemic, however, the current level of resourcing does not match the scale of need.
Throughout the pandemic, feedback from partners engaged in the BLTG project highlighted the needs of self-care, stress management and positive wellness strategies as GBV actors were rushing through professional and personal response to the pandemic. BLTG partners shared that internet access and connectivity for remote working is challenging and increases the stress of trying to meet the support needs of teams, and provide remote supervision of staff. One participant from the Asia region mentioned that “remote online supervision is very difficult as you will not be able to pick body language and other non-verbal communication” and “not everybody is setting up to work from home”.

The BLTG Initiative learned that the continuous space for women’s movement building and standing in solidarity is critical during the Covid-19 pandemic and other emergencies. Not only a space to share and increase accessibility to resources but also an active safe space as a platform to connect, listen, and support one another as one BLTG member mentioned during one of the webinar that “It was kind of great to know that we all are feeling the same and issues are uniformed all over. Need to know how to cope with it and how we can extend help”.

Many frontline GBV responders are working harder than ever with personal risk and danger to try to meet the increased demand for services. Some will also be experiencing GBV themselves or be at increased risk of experiencing GBV during this crisis. Currently, there has been insufficient attention paid to and inconsistent investment in supporting the wellbeing of frontline GBV responders during the Covid-19 crisis.

As the pandemic continues and women and girls, particularly remain at heightened risk of GBV, there is a danger frontline GBV responders will burnout. Additional surge staffing resources may be required in some settings to ensure current frontline responders can rest, recover and be able to return/sustain their work.

IRC has a dedicated staff care resource and has invested in specific mental health and psychosocial support sessions for frontline staff and has WPE focal points to support staff experiencing IPV during the pandemic. However, we recognize that there is still more support and resource investment needed to ensure the health and wellbeing of staff is not negatively impacted. We welcome dialogue and additional support from donors to help ensure frontline GBV responders and their supervisors remain safe, well and available to respond throughout the entirety of this crisis.

Women form a socially distanced queue for handwashing ahead of joining a Women and Girl Safe Space activity, Ethiopia.
**Spotlight on WPE global resources and approaches under development by the IRC’s Violence Prevention and Response Technical Unit**

**Women Rise:** IRC led the development of the Women Rise resource package, which includes a framework for GBV Psychosocial Support (PSS) programming, best practice guidance for group PSS interventions, and a specific GBV PSS group curriculum, including implementation guidance, supervision and capacity building tools and monitoring and evaluation tools. The curriculum has been piloted in Nigeria, Somalia and South Sudan, and other components of the resource package will be piloted in Iraq and Myanmar. The resource package will be available to the GBV community in mid 2021.

In the **Early Marriage in Crisis** project funded by BPRM, IRC has led the development of resources to prevent and respond to early marriage—which includes working with married and divorced girls and young mothers, as well as their male caregivers. The guidance and tools are being piloted in Uganda and Lebanon. Trainings are being developed for teams delivering adolescent girl programming, including service providers. The resource package will be available at the end of 2021.

**Safe at Home 2.0:** Through the Safe at Home project funded by BPRM, IRC is testing a community approach to prevent co-occurring intimate partner violence and child maltreatment, while building a deeper understanding of violence risk through a gender, age, and disability lens. In Safe at Home 2.0, IRC will pilot new program modules to address violence against women and girls with disabilities, build female and male parent’s inclusive parenting skills, address IPV through the life course, and prevent abuse and neglect of older persons, looking to bring more emphasis to violence faced by older women both in their intimate partnerships and in caregiving relationships. The prevention package will be available in late 2021.

**EMAP Plus:** Engaging Men in Accountable Practice is IRC’s primary prevention approach to violence against women and girls. EMAP PLUS is a three year project funded by BPRM that will work to deepen the EMAP approach and expand it to reach boys, building on work led by the IRC Liberia team. IRC will seek to address some of the challenges from the evolving evidence base on working with men and boys, while continuing to keep the accountability focus and lens on improving the lives of women and girls. The revised EMAP content will be piloted in Tanzania and Colombia, and the EMAP PLUS program model will be available in late 2023.
ACCOUNTABILITY to Women and Girls

Being accountable to women and girls is an essential aspect of women’s protection and empowerment. As WPE program adaptations to Covid-19 took place, women and girls were engaged in program design and continued to be consulted on the best alternatives to provide GBV response services as the pandemic intensified.

Prominent among WPE country teams was a commitment to the empowerment and leadership of female community workers to keep women and girl spaces open and continue providing GBV case management and psychosocial support services, share information on updated referral pathways, and ensure all Covid-19 prevention protocols are observed. In many countries, trained female GBV case workers from refugee and displaced communities were provided with mobile phones to continue to deliver case management services to women and girls, with remote supervision support from staff. Based on feedback from women and girls, dignity kits packages in some contexts included personal preventative equipment as a measure to mitigate the spread of the virus. WPE teams demonstrated continuing flexibility throughout 2020 and speedily took action to adjust meeting schedules, reduce numbers of participants per group activity, establish handwashing facilities at the women and girl spaces, pin up Covid-19 prevention guidelines and adapt GBV referral pathways to ensure GBV prevention, response and empowerment activities remained open and were responsive to the needs of women and girls throughout the pandemic.

Early in 2020, the IRC adapted the usual in person GBV assessment tools to create a remote safety audit option so that WPE teams with limited access to communities could continue to hear the voices and experience of female community focal points who shared the concerns, risks and barriers women and girls were experiencing during the crisis. By engaging women leaders who had existing expertise in GBV prevention and response in telephone interviews, WPE teams heard about increased perpetration of GBV, barriers to accessing services due to government restrictions on movements, high transport and medical costs. Understanding women and girls’ concerns by conducting regular safety audits, listening sessions, as well as gathering feedback from women and girls through IRC’s established feedback mechanisms, have contributed to improved service delivery for women and girls throughout the pandemic. Accountability provides women and girls space to raise their concerns and provide recommendations for changes that promote their safety and empowerment.

In several settings technology assessments were conducted with adolescent girls and their caregivers (Lebanon, Iraq, North East Syria) to understand what technology adolescent girls had access to and who owned/controlled the device in order to understand what program measures would need to be considered to enable girls safe participation in remote activities (for example, provision of phone credit, choice of social media or communication platform).
With the current Covid-19 Pandemic, the need to ensure accountable practices for women and girls across humanitarian response was addressed through strengthened coordination and collaboration with other partners, including grassroots women networks, government partners and sector leads. As part of GBV working groups, IRC contributed to strong advocacy efforts to make sure GBV prevention, response and livelihood services for women and girls were prioritized during the humanitarian response to Covid-19. WPE teams across the world raised their voices to highlight the need for GBV services as essential life-saving services and to ensure they remained available and met the needs of women and girls even during the Covid-19 pandemic.

During the pandemic, IRC increased technical support to local women and girls’ movements and networks through online trainings and mentorship. This supported grassroots actors to lead on service provision, including GBV case management and psychosocial support for other women and girls in their respective communities. During this time, many country teams worked with women and girls to plan adaptive ways they can continue engagement with them, taking into consideration safety measures and to continue life-saving GBV response support for women and girls experiencing different forms of gender-based violence.

In Mexico, as part of the Irish Aid funded emergency response, the IRC’s GBV partner DHIA conducted a survey (40 respondents) in the Leona Vicario shelter to better understand the needs of women and girls living in this location, and some of the risks they faced, specifically GBV risks. This assessment helped partners tailor some of its awareness-raising sessions and prioritize its risk mitigation actions. A community-mapping exercise was also conducted with women and girls to map out areas in the shelter where they felt safe or unsafe, and identify future actions for DHIA, Leona Vicario, or IRC to enhance women and girls’ safety and well-being. During this exercise, the safe space was identified as one of the key areas where women and girls know they can receive support and feel safe.

As part of the interagency forum led by UNHCR in Ciudad Juarez, the IRC and DHIA contributed to the start-up of a feedback and response mechanism (including provisions around reporting Sexual Exploitation and Abuse) which will be established across the migrant shelters in Ciudad Juarez – allowing for better participation and accountability of the affected population.

In the meantime, the IRC and DHIA used the existing channels for collection of feedback through activities (including community mapping activities) and informal engagement with women and girls within and outside the safe space. As part of the workshop led by IRC on GBV risk mitigation in the context of shelters, the IRC and DHIA also collected valuable feedback from shelter staff, who are also recipients of information from the affected population – this helped in guiding some of the actions taken within the Leona Vicario space; such as the initiation of a Standard Operating Procedures document guiding key safeguarding and protection guidelines for the shelter. The SoP is still in development at this stage and is now part of a wider initiative to develop SoPs for all shelters in Ciudad Juarez through the interagency forum.

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IRC’s Building Local Thinking Global partners continued to engage women and girls in the design of GBV services adaptation during the Covid-19 through in person meeting where feasible and continuously through phone call and the response hotline. In addition, partners collected feedback on services received including disability data collection, using the Washington Group Short Set of Disability Questions. The feedback mechanism focuses on risks and barriers that women and girls are facing; the perception of service providers inclusivity of the services, service providers practices of celebrated-diversity, have available language, treat women and girls with respect and accommodated women and girls with disabilities and the stigma women and girls faced in help-seeking and a lack of confidence that service providers would understand their needs.

In Yemen, during the first months of Covid-19, the WPE team noticed that adolescent girls were no longer consistently accessing the Women and Girl Safe Space. In response, WPE engaged caregivers and adolescent girls for their feedback on access and what would be needed in case of a country wide stay in place order. Based on their feedback, WPE provided adolescent girl recreational kits to keep them engaged in learning, and promoted that the safe space was an essential service to remain open in order to provide GBV case management. Based on the adolescent girls recreational kits in Yemen, Pakistan was able to learn from the team and carry out their own adolescent girl kit distribution, as an adaption for their “Leave No Girl Behind” program during stay at home orders.

In Palermo Italy, a Women and Girl Safe Space opened during the summer of 2020 based on feedback from refugee and migrant women accessing individual psychological services from partner NGO, Centro Penc. From the outset of the safe space, women designed the activities, requested what information services would be provided, created the feedback mechanism, and informed self-guided inclusive leadership engagement for the safe space to ensure all women felt safe, heard, and comfortable accessing activities.

In many countries, men engaged in the GBV prevention Engaging Men Through Accountable Practice (EMAP) groups demonstrated accountable practices by joining women as allies to speak about the increase in GBV during the pandemic, and to advocate for services. The team in Liberia adapted and piloted EMAP with boys between the ages 10-19 to promote accountable behaviour between boys and girls in homes, schools, and the community at large.

In the midst of the numerous challenges women and girls face due to the Covid-19 pandemic, IRC WPE country teams continue to put women and girls at the centre of their programing, ensuring that everyone is demonstrating accountability to women and girls in their everyday interactions and promoting women’s and girls’ safety and
Spotlight on IRC’s Women’s Movement Building projects

Building Local Thinking Global (BLTG) provides support to practitioners to promote women’s transformative leadership in GBV emergency preparedness and response. The project, funded by BPRM since 2017, works with feminist, women’s rights, grassroots organizations, activists, networks of local and national organizations to strengthen local technical resources. The coalition of networks and organizations leading BLTG includes Akina Mama wa Africa, GBV Prevention Network, Gender Equality Network – Myanmar, El-Karama, Strategic Initiative for Women in the Horn of Africa and Women’s International Peace Centre.

BLTG supports a pool of GBV emergency preparedness and response technical trainers from organizations and networks across East Africa, the Middle East and Asia. Members of BLTG were trained as trainers in GBV Emergency Preparedness and Response in 2018 and the Inclusion of Diverse Women and Girls in GBV programming in 2019. These organisations have remained core to BLTG implementation and continued to guide learning and resource needs through annual consultative forums and regional training workshops co-facilitated by women rights organisations and IRC.

To support implementation of learning, the project has provided women rights organisations with cash awards to cascade the training and knowledge to over 900 women rights and GBV actors in East Africa, Middle East, and Asia. The BLTG project co-developed an inclusion guidance note with BLTG members in 2019 and the project is documenting a paper on ensuring feminist language informed by women rights actors that will be available in January 2021.

The Listen Up Project, funded by BPRM since 2018, aims to amplify the voices and power of women and girls working or living in humanitarian settings to catalyze institutional reform and interagency action to reduce sexual harassment and sexual exploitation and abuse of women and girls in humanitarian settings. The project is accountable to an Advisory Group of women rights organization and network representatives and experts who meet periodically online and face to face to give input on key project deliverables. The Listen Up Theory of Change and Ways of Working were generated by the Advisory Group and IRC at the start of the project.

Listen Up supports Women at Work groups which engage female humanitarians to build safety, support and empowerment.

Listen Up has co-developed the Barometer with Voice: an advocacy tool which women’s movements and GBV actors can use together to provide a rapid, but robust, snapshot of the lived experiences of women and girls. Further advocacy work includes the Activist Platform snapshot of the lived experiences of women and girls.

To adapt the Listen Up approach, and with Sonjara to advance an innovative digital solution for humanitarian actors to collectively analyze and track women’s and girls’ safe and equitable access to humanitarian

[Image: Women at Work group meeting]

Listen Up supports Women at Work groups which engage female humanitarians to build safety, support and empowerment.
INCLUSION of women and girls in all their diversity

Inclusion of diverse women and girls remains a critical agenda in WPE programming. So many women and girls struggle to access our protection and empowerment programming across the world, and we continued to recognise there is more we can do to facilitate their participation and leadership within our WPE movement.

A positive example are the efforts made by WPE teams during the pandemic to respond to the increased violence which adolescent girls are experiencing. Adolescent girls have been harshly affected by pandemic restrictions which closed schools and exposed them to increased GBV. Evidence from WPE teams, including findings from remote safety audits, highlighted increasing numbers of teenage pregnancies, sexual exploitation, forced marriages, and other forms of GBV against adolescent girls. In response, WPE teams reached out to female and male caregivers using the Girl Shine guidance, engaged community leaders and activists, and redoubled efforts to support adolescent girls’ participation in Women and Girl Safe Space activities using tailored life skills sessions from Girl Shine. In Liberia, Girl Shine groups organized themselves into a network and linked with the Ministry of Gender to amplify the voices of young girls and highlight the issues affecting them. In the Middle East adolescent girls were engaged in online Girl Shine activities, as outlined above, and through BLTG networks in the Middle East and East Africa adolescent girls were engaged in community outreach to increase their access to GBV response hotline and counselling through multimedia materials.

In Myanmar, women and girls with disabilities face unique challenges and WPE partnered with organizations focused on disability rights, who also support women and girls rights, to ensure all women and girls voices from the community were informing programming in Northern Shan State. This allowed the WPE team to promote access to GBV services for all women and girls.

In North Central America and Mexico, the IRC actively sought out partnerships with LGBTQIA-led organizations, and particularly organizations that focus on support services to transwomen, as they are highly at risk in both of these contexts. The average life expectancy of a transwomen in El Salvador is 35, and across the region they are particularly at risk of commercial sexual exploitation by criminal actors, trafficking, and other forms of sexual violence. In response to Covid-19 the IRC supported these organizations financially to make their services safer for clients, and reduce the risk of transmission through the procurement of PPE. Additionally in NCA, information services are tailored to the specific needs of this population.

Building Local Thinking Global members also built strong relationships with rights based groups with specialist expertise in disability, older age, sexual orientation, gender identities, culture and religion to improve access to GBV services during Covid-19. GBV key messages and platforms have been designed with various forms of communication including hand signs.

Through the CASI Learning Program, the CASI team included case studies of diverse girls in trainings to engage participants in dialogue. During the Child Protection and GBV case management coaching and supervision training, the CASI team included adolescent girls’ friendly attitudes, tools and skills. Similarly, CASI attempted to be inclusive of diverse girls in its Covid-19 guidance, but admittedly there are gaps. In September, CASI facilitated a joint webinar series with the GBV AoR Community of Practice on supporting child and adolescent survivors with disabilities; during this two-part series, general guidance as well as adaptations for Covid-19 were discussed with the inter-agency GBV and CP communities. Further barrier inclusion analysis is underway with a focus on Kenya and the Philippines.
In 2020 the Policy and Advocacy team has worked to highlight and support the work of WPE teams across the globe through our external relations work. Here we share a few highlights of how WPE teams have informed global discourse on protection from GBV in emergencies.

Our 2020 policy report *What happened? How the Humanitarian Response to Covid-19 Failed to Protect Women and Girls* amplified the findings of WPE remote safety audits engaging 852 women across 15 African countries. The report uses the findings, as well as interviews with GBV experts, to capture the lessons we learned throughout the first months of the humanitarian response to the pandemic and make it available for a wide international audience. The report was featured in an interview with Nicole Benham in the UK newspaper the *Telegraph* and on IRC’s very own *WPE podcast*. Harriet Kezaabu, Liliane Munezero and Marian Rogers presented the report to Call to Action members in a virtual briefing.

At this years’ UN General Assembly IRC hosted an event with Hillary Rodham Clinton and David Miliband to celebrate the 25th anniversary of the Beijing Platform for Action. The WPE team was represented by Lilian Dawa, a Ugandan community volunteer.

Several publications highlight the work and findings of WPE teams:

- A technical briefing *the essentials* summarizes IRC’s recommendations on how to protect and empower women and girls during the pandemic, with highlights from Mexico, DRC and South Sudan.
- A press release shared findings from an assessment by the Mexican team in Nogales, Juarez, and Nuevo Laredo and in the brief “*No Safe Place – Waiting in Juarez*” the Mexican team explains the implications for the US “Remain in Mexico” policy for women and girls fleeing violence in their home countries.

The *WPE podcast* also continued to feature WPE teams and VPRU colleagues:

- In March, Farah Salhab was on the podcast to talk about adolescent girls programming in Lebanon.
- In April, Michelle Wong and Kelsey Simmons explained a feminist approach to monitoring, evaluation and learning.
- In April, Liliane Munezero, Mehreen Jaswal, Esther Karnley and Nagwin Burhan, talked about the realities of women and girls during Covid-19.
- In October, Caroline Mwaniki presented the “What Happened?” report.

We also highlighted WPE teams and partners efforts through the *GBV responders medium blog* and amplified them via Twitter [@GBVresponders:

- Sophie Ngugi hosted the “In conversation” series, with Karama and GVRC.
- Esther Karnley reported how the team adapted programming in Tanzania.
- Harriet Kezaabu explained how the Uganda team ensured safe access to services for survivors of IPV.
The following recommendations are based on feedback, conversations and learning from the online 2020 WPE Learning Fora. We hope they will also be considered by other organisations and networks who are on a similar journey to create inclusive, accountable and adaptable GBV prevention and response programming led by diverse women and girls.

**WPE Learning Brief Recommendations**

**ADAPTABLE**

We recommend:

- Governments and authorities support GBV actors and women’s and girls’ freedom of movement to safely provide and access essential GBV response services during the pandemic.

- Resources are fairly distributed to support essential GBV prevention and response services during the Covid-19 pandemic, including to appropriately resource community based women’s rights groups and organisations.

- Women and Girls Safe Spaces are prioritised at the community level as an accessible and essential service and vital lifeline to in person GBV case management, psychosocial support, and risk mitigation activities during the pandemic and beyond.

- GBV actors learn from, work with, and resource grassroots, national and regional women’s movements to build the advocacy and lobbying skills of teams to successfully challenge the choices and decisions made by those in power that deprioritize GBV response services.

- That as the pandemic continues and women and girls remain at heightened risk of GBV resulting in increased frontline GBV responders burn out, that surge staffing resources are assigned to ensure frontline responders can rest, recover and be able to return/sustain their work.
ACCOUNTABLE

We recommend:

• From the start of any emergency, including the Covid-19 pandemic, WPE teams invest in women and girls’ leadership and design of programming which is essential to achieve effective, sustainable WPE programming.

• WPE teams increase collaboration, financial support and mutual capacity sharing with women’s rights organizations and groups to engage and resource women’s movements to respond to crisis, including the ongoing pandemic.

• WPE teams practice accountability to women and girls cuts across all WPE programming, not only EMAP or prevention programming.

• WPE teams take time to build the familiarity with technology of teams, women’s groups and activists to facilitate continued communication, connection, and shared learning through the pandemic’s restrictions on in person meetings and travel.

• INGOs, including IRC, make renewed efforts to decolonize ways of working and successfully shift power and resources to grassroots community-based women’s rights actors and groups.

INCLUSIVE

We recommend:

• WPE teams carefully consider how to proactively and thoughtfully reach women and girls in all their diversity during the pandemic and practice non-discrimination by proactively removing barriers to support their safe participation in GBV prevention, response and empowerment activities.

• WPE programming prioritises prevention and response to GBV against adolescent girls which continued to escalate during the pandemic.

• WPE colleagues engage in personal work on understanding and addressing racism and how to contribute to dismantling racist systems, ways of working, program approaches, and organisational culture within humanitarian response.

• WPE teams continue to avoid gender neutral language to explore intersectionality in GBV programming, such as “people with disabilities”, “older people”, or “LGBTQI populations” which makes women and girls invisible, and instead continue to name women and girls in all their diversity and engage all women and girls in program leadership and accountability mechanisms.

• WPE teams continue to strengthen partnerships during the pandemic with national and community based older age, disability, and LGBTQI rights actors who bring expertise and insights who can strengthen the inclusion of diverse women and girls.
The International Rescue Committee (IRC) responds to the world’s worst humanitarian crises and helps people to survive and rebuild their lives. Founded in 1933 at the request of Albert Einstein, the IRC offers life-saving care and life-changing assistance to refugees forced to flee from war, persecution or natural disaster. At work today in over 40 countries and 29 cities in the United States, we restore safety, dignity and hope to millions who are uprooted and struggling to endure. The IRC leads the way from harm to home.

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