

# IASC GBV Guidelines:

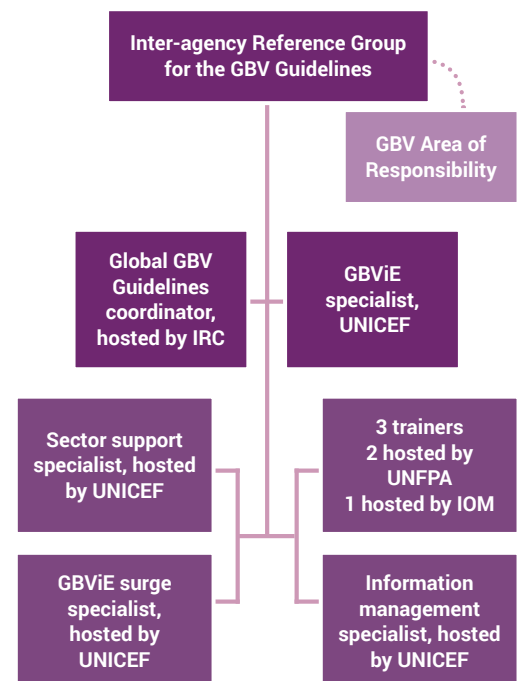
## Reflecting on two years of implementation 2016 - 2017

**In September 2015 the IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Settings (GBV Guidelines) were launched. So how far have the GBV Guidelines come since then?**

### About the GBV Guidelines

The 2015 GBV Guidelines (revised from the 2005 version) are a practical, field-tested tool that recognize that gender-based violence (GBV) in crisis-affected settings needs to be addressed immediately, and provide guidance for humanitarian actors and communities affected by conflict and disasters on essential actions across all sectors of humanitarian response – resulting in safer and more effective programmes. The GBV Guidelines are for non-GBV specialists, who can and should undertake actions within the day-to-day operations of their own sectors to reduce GBV-related risks. A three-year Implementation Strategy is being implemented to maximize levels of interest, awareness and uptake around the GBV Guidelines.

The GBV Guidelines inter-agency Implementation Support Team (IST) along with an advisory Reference Group steer the roll-out of the Guidelines. Core to achieving the implementation goals is to link the GBV Guidelines roll-out with ongoing initiatives related to GBV in emergencies, such as the Call to Action on Protection from GBV in Emergencies, the Real Time Accountability Partnership on GBV in Emergencies and the inter-agency GBV Case Management Guidelines roll-out.



### Progress to Date

Two years on, awareness-raising, advocacy and coordination efforts have elevated the role of GBV prevention and risk mitigation in the humanitarian community, including with government bodies and donors. As of August 2017, 2,363 practitioners in 18 countries across 11 sectors have been trained. Additional follow-up technical assistance and support is provided to target countries following the roll-out, and the encouraging requests for training and capacity-building by non-target countries continue to grow.

Furthermore, a monitoring and evaluation component is woven into all aspects of the roll-out to measure the effectiveness of the GBV Guidelines roll-out and implementation. All roll-out countries undergo a baseline survey to assess knowledge, attitudes and behaviors related to GBV risk mitigation. This information is shared with in-country colleagues, especially cluster/sector coordinators, in an effort to inform capacity-building plans and strategic priorities. A mid-line survey for a select sub-set of roll-out countries will commence in September 2017. Three different country-specific operational reviews of the implementation of the Guidelines will take place by the end of 2017 to support needed course corrections.

## Lessons Learned

Key lessons learned from two years of roll-outs include:

- **It is critical to target integration and risk mitigation of GBV to various actors: from frontline practitioners who operationalize the guidance to the wider humanitarian system who steer the direction of humanitarian action and accountability.** Additional focus is needed on supporting cluster/sector coordination mechanisms, resource mobilization and funding processes, and priority setting processes such as the Humanitarian Response Plan.
- **Engagement of Cluster/Sector Coordinators (global, national and sub-national), OCHA and GBV Sub-Clusters from the outset is crucial** to a smooth roll-out and stronger uptake of the GBV Guidelines' recommendations and content.
- **Sectors must own GBV integration for it to be most effective in achieving outcomes, and improving safety and dignity.** Such ownership requires leadership from senior management, donors, cluster coordination mechanisms regardless of agency/sector, as well as from host governments.
- **Preliminary information indicates the quality of programmemeing improves when cluster/sector coordinators are directly engaged in the roll-out and follow up actions, or where agencies have fundraised earmarked monies for staff time.** For example, lead agencies of some sectors have invested in GBV integration through dedicated human resources, which has yielded stronger uptake within those sectors and agencies.
- **Collaborative and defined roles and responsibilities vis-à-vis GBV specialists and all other sectors/ clusters leads to higher quality programme outcomes.** Humanitarian actors have the opportunity to uphold do no harm and protection principles by ensuring streamlined service provision that is safe, dignified and confidential.
- **Identifying and designating sector-specific GBV focal points in advance of the GBV Guidelines roll-out can improve moving forward actionable items identified by practitioners during the trainings.** Furthermore the focal points are able to steer risk mitigation actions, request support from the global GBV Guidelines team and support institutionalization of GBV risk mitigation.
- **All participants are encouraged to have a minimum foundation of knowledge, particularly with regard to GBV core concepts and the humanitarian programmeme cycle, before launching into strategy sessions on actions to reduce GBV risks in specific sector programmemeing.**

## Snapshot: GBV Guidelines roll-out

Location*	Practitioners trained	Trainings sites	Sectors trained
COLOMBIA	72	Bogota, Cali	Education, Food Security, GBV, Health, Livelihoods, Nutrition
ECUADOR	12	Quito	Multi-sector
EL SALVADOR	224	San Salvador	Education, Health, Migration and Protection, Shelter
GREECE	368	Athens, Thessaloniki and Lesvos	Child Protection, Education, Health, Protection, Shelter, Site Management Support, WASH
GUATEMALA	70	Guatemala City	Health, Food Security, Migration and Protection, Nutrition, Shelter, WASH
HONDURAS	77	Tegucigalpa	Child Protection, Food Security, Nutrition, Protection, WASH
IRAQ	140	Erbil	CCCM, Food Security, GBV, Health, Protection, Shelter, WASH
JORDAN	129	Amman	Child Protection, Education, Health, Livelihoods (Basic Needs and Cash), Protection, Shelter, WASH
LEBANON	147	Beirut (field-level trainings scheduled for the South, Bekaa, Akkar and T5 and Beirut/Mt. Lebanon)	Child Protection, Education, GBV, Health, Protection, Shelter, WASH
MALI	112	Bamako	Education, Food Security, Health, Nutrition, Protection
MYANMAR	232	Yangon, Kachin and Rakhine	CCCM, CP, Food, Health, Livelihoods, Nutrition, Protection, Shelter, WASH
NIGERIA	111	Maiduguri	CCCM, Child Protection, Food Security, Health, Nutrition, Protection, Shelter, WASH
STATE OF PALESTINE	85	Ramallah	Child Protection and Mental Health/Psychosocial Support, Health, Protection and Legal Task Force
PHILIPPINES	79	Manila	CCCM, Child Protection, multi-sector, Shelter, WASH
SOUTH SUDAN	242	Juba	CCCM, Education, Protection, Shelter, WASH
TURKEY (cross-border)	110	Gaziantep	CCCM, Education, Food Security, Livelihoods, GBV Focal Points, Protection
UKRAINE	121	Kiev, Kramatorsk, Severodonetsk and Mariupol	Child Protection, GBV, Health, Livelihoods, Protection
Whole of SYRIA	37	Amman, Jordan	Education, Health, Protection, Shelter, WASH
<b>TOTAL</b>	<b>2,368</b>		



To facilitate open-source sharing and learning, the GBV Guidelines website posts all training resources and worksheet including a full suite of materials and full GBV Guidelines in English, French, Spanish and Arabic. With support from UNFPA Greece, the GBV Guidelines were also translated into Greek to ensure all actors have access to this guidance. Options are currently being explored to resource translation of the GBV Guidelines into more languages. For more information visit <http://gbvguidelines.org>.

To ensure participants have the same level of knowledge before the trainings, the IST piloted the hosting of standalone GBV core concept trainings in each field site in Greece. Looking ahead, it is valuable to explore this model and other configurations to ensure participants have the same foundation of knowledge in advance of the GBV Guidelines trainings.

- Different elements of the GBV Guidelines are more relevant to different audiences.
- **Immediate action to integrate GBV prevention and risk mitigation during direct programme implementation is best taken up at the sub-national and field level with frontline providers.** These providers have the flexibility and the agency to make real-time changes on the ground, such as setting up feedback complaint mechanisms, strengthening referral pathways with other partners, increasing involvement of women, girls and others into programmeme decision-making etc. Roll-outs that have included field-level trainings and/or practical application of the knowledge covered in trainings (such as conducting joint safety audits) have seen an increased engagement and commitment from frontline practitioners across all sectors.
- **Other function areas of the GBV Guidelines, namely the 'Resource Mobilization' and 'M&E' guidance are useful at national level, particularly for cluster/sector coordination mechanisms, agency technical coordinators and donors.** Actors at the national level play a crucial role in terms of 1) influencing strategic documents like HRPs, cluster response plans, and agency response plans, 2) determining funding criteria/priorities for pooled funding mechanisms and 3) developing an M&E framework inclusive of data collection methods, log frames and indicators.
- **Increased attention and focus is needed on how to integrate GBV prevention and risk mitigation considerations into assessment, monitoring and evaluation frameworks** including how to develop, use and understand indicators; how to safety store data; and how to communicate/share information to strengthen an overall response.

# Looking Ahead

As implementation of the GBV Guidelines enters its third year, there are exciting opportunities and entry points. Below is a snapshot of some of the initiatives emerging from practitioners, humanitarian actors, government colleagues, civil-society organizations and many more who have contributed to this fruitful process.

## 1. Capacity-building

The inter-agency Implementation Support Team will implement a set of regional workshops with accompanying pilot projects to continue uptake of GBV prevention and risk mitigation in humanitarian action. The IST also plans to build out a Knowledge Hub for GBV prevention and risk mitigation practice, provide ongoing in person and remote technical assistance, and cultivate information and best practice from the field to promote learning.

## 2. Donor toolkit

A donor toolkit is being developed with guidance on how to strengthen integration of GBV among proposals and portfolios - and how to advocate for coordination and response strategies - at country and regional level. Donor interest in GBV prevention and risk mitigation continues to increase, though would benefit from greater donor diversity.

## 3. Focal Point Pilot in South Sudan

UNICEF South Sudan's Child Protection, Education, WASH and Nutrition sections, with close support from the in-country GBV team and global GBV Guidelines Implementation Support Team, will design and field test a more structured model for institutionalizing GBV prevention and risk mitigation within non-GBV specialized sectors at country level. The vision is to create a network consisting of a) GBV focal points based within non-GBV specialist sectors and b) counterparts from the GBV sub-cluster, each of whom would be responsible for providing ongoing technical support to an individual sector. The project aims to provide training, practical guidance, and ongoing technical support to the network members over a roughly six-month period. In addition, a focused M&E component would be incorporated from the outset to allow for strong documentation of successes and lessons learned.

## 4. Strengthening referrals for non-GBV specialists

Practitioner feedback from every roll-out country indicates an increased need for guidance on how to conduct safe referrals or triage when a survivor directly or indirectly discloses their experience with violence. This request is particularly acute in locations where there are few to no GBV specialist services or the services available are of questionable quality. To fill this gap in humanitarian practice, the GBV Guidelines IST and the GBV AoR have convened a Referrals Working Group to undertake development of a quick and easy reference guide for referrals in such settings. The tool will be piloted in one to two field sites and released in 2018.

## 5. Systems strengthening

Over the course of the roll-out, practitioners are interested in using the GBV Guidelines and adapting them to specific contexts, such as preparedness settings, development, urban areas and fragile contexts. In particular, field-teams are interested in expanding the utility of the GBV Guidelines to ensure GBV is integrated in existing national and sub-national systems. To date, the IST has supported Georgia and Greece to identify entry points for GBV prevention and risk mitigation in existing systems such as child protection infrastructure, GBV response systems and so on. This work will continue to expand in the third year of the roll-out.

### Additional resources:

- IASC GBV Guidelines available in English, Spanish, French, Arabic and Greek: <http://gbvguidelines.org>
- Real-time Accountability Partnership: <https://interagencystandingcommittee.org/focal-points/documents-public/real-time-accountability-partnership-gbv-emergencies>
- Call to Action Roadmap: <http://gbvaor.net/call-to-action/>
- IASC GBV Case Management Guidelines: <http://gbvresponders.org/response/gbv-case-management/>

### For more information

#### GBV Guidelines Inter-Agency Coordinator

Erin Patrick, [gbv.guidelines@gmail.com](mailto:gbv.guidelines@gmail.com)

#### GBViE Specialist

Mendy Marsh, [mmarsh@unicef.org](mailto:mmarsh@unicef.org)

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**IASC**

Inter-Agency Standing Committee

