

Implementation Tips for USAID Partners

Sharing Resources and Knowledge Among the Global CSO Community

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Definitions

Gender-based violence (GBV) is violence that is directed at an individual based on his or her biological sex or gender identity and includes physical, sexual, and psychological abuse; threats; coercion; taking away someone's right to make decisions; and economic deprivation—whether occurring in public or private life.

Violence against women (VAW) is the most prevalent form of GBV. VAW is violence directed at women because they are women. It is associated with how women are seen and treated in their societies. VAW is endemic across the world, affecting on average one third of all women globally in their lifetimes.

Prevention programs focus on preventing violence in the first place by addressing its root causes. A gender-based analysis is needed to identify the root causes of GBV. Such an analysis typically identifies women's low status, the imbalance of power, and rigid gender roles.

Response programs focus on providing direct services to survivors of violence—through psychosocial support (counseling) or the provision of shelter, legal aid, or health services.

Designing and Implementing an Effective Gender-based Violence (GBV) Program

Q How do I plan, design, and implement an effective GBV program?

A Assess your organization's capacity and follow GBV principles. If your organization does not have the following principles related to GBV in place, then consider whether or not you are best placed to carry out a GBV program.

- **Staff capacity and technical expertise:** Consider whether staff are adequately trained and have the technical ability to work on GBV; GBV is sensitive and difficult to address and encompasses issues of safety and security.
- **Survivor-centered approach:** A survivor-centered approach means giving the power back to the survivor of GBV, recognizing that each person has the right to decide the course of his or her own life. It includes active listening and creating a supportive environment that respects the survivor's rights, while maintaining confidentiality.
- **Multisectoral:** Since both prevention and response services are needed, organizations must work together to address survivors' needs. Effective prevention of and response to GBV calls for collaborative, coordinated action among health and social services actors, legal and security actors, and the community.
- **Effective referral systems:** Responding to survivors of violence in a systematic, confidential, and consistent way requires maintaining relationships with organizations that provide services and support to survivors.

Understand the types of GBV programs

Although GBV can take several forms, we specifically focus on VAW throughout this section—particularly when providing examples—since it is the most prevalent form of GBV.

There are two main types of GBV programs: response and prevention programs.

Resources

[A Guide to Programming Gender-Based Violence Prevention and Response Activities](#)

[Toolkit for Monitoring and Evaluating Gender-Based Violence Interventions Along the Relief to Development Continuum](#)

[United States Strategy to Prevent and Respond to Gender-Based Violence Globally](#)

[Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators](#)

[SASA! Outcome Tracking Tool](#)

[UN Women, The Multi-Sectoral Model](#)

[UN Women, Survivor-Centered Approach](#)

[Referral Systems—A Summary of Key Processes to Guide Health Services Managers](#)

[The CARE International Advocacy Handbook](#)

[How to Develop a Monitoring and Evaluation Plan](#)

[WHO Fact Sheet: Violence Against Women](#)

- **Response programs** focus on providing direct services to survivors of violence—through psychosocial support (counseling) or the provision of shelter, legal aid, or health services.

Some examples of response programs include the following:

- **Providing shelter:** Often a survivor's most urgent need is immediate safety, requiring leaving the place where the abuse occurs. Some countries have shelters for abused women. But it is often difficult for women to get to these, due to limited resources, lack of awareness, and access issues.
- **Legal aid:** If survivors of violence are trying to leave abusive relationships or marriages, they often need legal aid and assistance, which may be difficult to find due to lack of awareness and resources.
- **Health services:** A survivor of violence may have gone through severe physical, emotional, and verbal abuse, requiring urgent medical assistance. Obtaining this assistance is challenging for a survivor who may not have access to a health facility, the resources to pay for treatment, or even the ability to leave where they are in order to seek help.
- **Psychosocial support:** Counseling by trained mental health professionals is important to address the trauma experienced by survivors of violence. Lack of resources or the availability of such services, especially in countries affected by conflict, make it challenging for survivors to find this assistance.
- **Prevention programs** involve addressing potential root causes. Preventing violence successfully over the long term requires addressing it in a comprehensive and holistic manner at all levels of society—through training and education programs and community sensitization/awareness. Primary prevention for violence against women involves:
 - a legal and policy environment that supports women's rights
 - a culture in the community that promotes non-violence
 - relationships based on equity
 - individuals who take a personal and public stand against abuse

Some examples of prevention programs include the following:

- **Holistic social and economic training:** Training programs that combine awareness of women's rights, health, and connections to networks—along with practical and technical business and vocational support—are essential to women's empowerment.

Some of the lessons learned from WfWI's USAID GBV Prevention Program in Rwanda

Women for Women International (WfWI) is implementing the USAID-funded TWICECEKA Activity ("Let Us Speak Up" in Kinyarwanda), which aims to do the following:

- Strengthen the ability of Rwandan CSOs to engage with the Government of Rwanda and the community in the fight against GBV.
- Increase awareness of GBV in Rwanda.
- Advocate through evidence-based data to address gaps in GBV policies and programs.
- WfWI is implementing the project in partnership with seven local CSOs who received USAID-funded sub-grants following a three-month capacity building training program and a three-day GBV Mapping and Advocacy Conference.

Following the conference, CSOs developed advocacy and accountability projects to address the identified gaps. The CSOs have been working with local communities, with a special focus on teen mothers, male leaders, local community leaders, and parents. The CSOs learned the following lessons:

- Collaboration with local authorities and school leaders contributed to the success of the interventions.
- Working as a consortium improved synergy and the learning of best practices.
- Beneficiaries found solutions to challenges when they were involved from the beginning.

- **Engaging with men:** Confronting the social norms and the environments that allow abuse to be accepted is critical in addressing the root causes of violence. One approach is through men's engagement programming. The approach is based on a recognition that men must confront social norms regarding their own practices, and harmful patriarchal norms that support toxic masculinity, in order to create an enabling environment for women's social and economic participation. For more information, see the *Implementation Tip on [Men's Engagement Program](#)*.
- **Advocacy at the community or national level:** We can also address social norm change through advocacy efforts. Advocacy is the deliberate process of influencing those who make decisions about developing, changing, and implementing policies. It includes leading public awareness campaigns or concerted efforts that lead to concrete policy changes.

Design, plan, and implement your GBV program

The practical steps a civil society organization (CSO) should take to design and plan a GBV program include the following:

1. **Conduct a mapping:** When designing a GBV program, it is important to conduct a mapping of organizations working in the area to see what your CSO's role could be and to ensure you have strong partnerships in place so you can refer survivors of GBV to them if necessary. Mapping should include gathering basic information about the different organizations.
2. **Partner analysis:** After conducting a mapping, your CSO should consider if and how it might coordinate with other CSOs working in the area, especially for referrals. Factors to consider are:
 - **Alignment of values:** The organization has similar values to those of your CSO, such as using a survivor-centered approach when working with survivors of GBV.
 - **Target group:** The organization is working with the same or complementary target groups (geographic, demographic, etc.).
 - **Past performance:** The organization has delivered significant results to the community in terms of sustainable change.
 - **Trustworthiness:** The organization has a proven track record with other relevant donors or partner organizations in carrying out its work.
3. **Engage the community and partner organizations in program planning:** Community buy-in and support for your program is critical, as is their input on what is really needed in the community. If community members support your project (especially influential members including men), it will be easier to gain the community's acceptance and participation.

Some of the lessons learned from WfWI's USAID GBV Prevention Program in Rwanda (cont.)

CSOs provided the following recommendations for more long-term change and sustainability:

- Allocate more time and resources to ensure impact and sustainability of the project's achievements. Behavior change is a long-term process (at least 3 to 5 years).
- There is a need for more holistic socioeconomic empowerment programs for women and teen mothers.
- There is a need to continue to increase awareness and support for access to justice for GBV survivors, since most community members are not aware of government policies and programs.
- A program is needed to involve more families in GBV prevention and response, and more training opportunities are needed for teachers and headmasters so that all sectors of the community are engaged for long-term impact.
- Survivors need more access to psychosocial support because counseling sessions help give survivors hope.
- There is a need to strengthen existing community structures for GBV prevention and response and provide clear roles within the community.

4. Design your project: Your project design will vary depending on whether it is a direct-services program or a prevention program. Major factors/decisions will include where the project is located, who the intended beneficiaries are, what the greatest community needs are, what the level of community support and buy-in is, what the program will accomplish (its outputs and outcomes), how to measure its effectiveness, and what staff with particular technical skills are needed to implement the project.

5. Develop monitoring and evaluation (M&E) plan: Develop an M&E plan based on your GBV program design to help track and assess intervention results throughout the life of the program. For a variety of reasons, it is very difficult to measure and report on GBV. If your team is not trained in GBV data collection, consider working with a partner organization that has this expertise.

Tips for developing your M&E Plan:

- Consider your GBV goals and objectives—Are you aiming to change a law or provide shelter to survivors? Be clear about the change you are seeking.
- Include a logic model or theory of change—Map how your activities will help you achieve your GBV goal.
- Be sure to include indicators and a plan for data collection—Consider using the “F indicators” related to GBV that are required by U.S. State Department and USAID if they fund your project:
 - Number of laws, policies, or procedures drafted, proposed, or adopted with U.S. Government (USG) assistance designed to improve prevention of or response to GBV at the regional, national, or local level
 - Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines, other)
 - Percentage of target population that views GBV as less acceptable after participating in or being exposed to USG programming

6. Hire staff: Hire staff who have expertise in GBV programming or who have experience working with survivors of GBV—either in providing legal aid, delivering health services, or providing psychosocial support through counseling. The staff must believe wholeheartedly in gender equity and women's empowerment.

For More Information

For this or other issues of *Implementation Tips*, please visit [NGOConnect.net](https://ngoconnect.net).

The Web site is a dynamic and interactive portal dedicated to connecting and strengthening CSOs, networks, and CSO support organizations worldwide.

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- 7. Select beneficiaries or partners:** For a prevention program (whether training, men's engagement, or advocacy) consult with the community and local partners and select the beneficiaries you want to work with based on criteria you establish. Selection criteria depend on the nature of the program. For a direct services program, select the partners you want to work with and carry out a public awareness campaign to make sure other organizations (such as legal aid organizations, police, and health clinics) know about your services.
- 8. Implement and monitor:** As you implement and monitor your project, ensure you adapt program activities based on feedback from beneficiaries and partners.

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