GBV Prevention Network’s Thematic Working Group on Violence against Women in Emergencies: Responding to and Preventing Violence against Women in Conflict and Other Emergencies

Introduction

One of the best ways to improve response to violence against women (VAW) in emergencies and to reinforce community resilience to crises is to strengthen local actors’ capacity and access to resources. This report is the culmination of a two-year project with that aim: Building emergency preparedness capacity of local and national non-governmental organizations (LNGOs) to address the immediate protection needs of women and survivors of VAW, and in particular survivors of sexual violence, during conflict and other emergencies.¹ The work of this project focused on sub-Saharan Africa, primarily the Great Lakes, Horn and East Africa – a region prone not only to natural disasters, but also cyclical political instability and upsurges of conflict. The project aimed to support local organizations on the ground and able to address the growing needs of a community in the first 10 days of a crisis, and also to remain behind as the crisis stabilizes.

National and local NGOs, as well as community-based organizations (CBOs), are available and often poised to respond before international non-governmental organizations (INGOs) are able to mobilize resources and deploy to lead emergency response. When expatriate staff working for INGOs are evacuated due to heightened security, local NGOs and CBOs maintain access to remote communities. Importantly, local NGOs and CBOs also have deep knowledge of their communities and networks and often a long history working alongside them. By contributing to local and national organizations’ positioning and preparedness to respond to and prevent VAW, and in particular sexual violence, in emergencies, this project addressed obstacles to women and girls’ protection and health during crises.

Local organizations are also affected directly by any emerging crisis that impacts their community. This further highlights their need for preparedness, as they need to think through how potential emergency scenarios will impact their own capacity and availability for the community.

Making commitments to emergency preparedness specific to tackling VAW means investing time and resources into building the capacity of staff and partners, working with field-based teams to identify likely emergency scenarios in their contexts, and developing action-based plans² that outline how first responders will ensure efficient, effective response to VAW.³

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² Preparedness action plans illustrate how emergency response materials will be pre-positioned, how decisions will be made regarding deployment for immediate assessment and response, how VAW first responders will work with operational support teams to access affected sites with staff and supplies how they will communicate and work with other actors and with communities, and how they will advocate for the need and prioritisation of VAW response.

During the first year of the project, the International Rescue Committee (IRC) and the GBV Prevention Network (coordinated by Raising Voices) hosted two gender-based violence (GBV) Emergency Response & Preparedness (ER&P) trainings for 50 participants from across the region. The second year of the project included implementation of activities by trained organizations with the provision of remote technical support from the IRC during project implementation.

The objectives of each GBV ER&P training were that participants:

- Gain the knowledge and skills to develop context-specific emergency preparedness plans;
- Adapt and use appropriate information collection tools to carry out rapid assessments in emergency settings;
- Generate and prioritize recommendations for action in line with international best practices; and
- Initiate and advocate for interventions to respond to VAW in emergencies and reduce risks to women and girls.

As part of the training, and with the aim of integrating and applying the training content, each participant completed a GBV emergency preparedness action plan. After the trainings, the IRC and the GBV Prevention Network selected eight local organizations to receive cash awards of $5,000 USD each through an open application process. The table below (‘Emergency Preparedness Overview & Impact’) outlines the activities and achievements resulting from the cash awards.

In May 2015, the IRC and GBV Prevention Network led a three-day After-Action Review (AAR) in Nairobi with representatives of all awardee organizations to share and reflect on the myriad outcomes of this project, with the ultimate aim of generating learning about LNGOs’ experience of emergency prevention and response, including utilization of technical capacity building and preparedness planning. This forum was an opportunity to discuss emergency preparedness and response across diverse contexts, share suggestions for addressing obstacles to effective GBV response in emergencies and distill divergent experiences into five priority recommendations based on the LNGOs’ impact and lessons learned.

**After-Action Review Structure & Process**

The IRC and the GBV Prevention Network co-facilitated the three-day AAR in Nairobi. The AAR participants included one decision-making representative from each of the eight awardee organizations. Each organization participating in the AAR had sent at least one representative to the ER&P and subsequently implemented a project specific to GBV emergency response and preparedness. The objectives of the AAR were outlined as:

- Identify the specific factors that affected preparedness planning by and among local organizations;
- Identify the specific factors that both contributed to and hindered effective GBV response by and among local organizations;
- Identify the particular impact of providing financial and technical support to local organizations leading emergency response, including effects on organizational commitment, effectiveness of response, etc.; and
- Develop learning and recommendations for strengthening GBV preparedness and response among local organizations in emergencies.

All AAR sessions were designed to allow for open and semi-structured discussion so that participants could share openly the full scope of their emergency response experience and reach consensus around critical recommendations. The AAR sessions were formatted to identify the key challenges and lessons learned for sustained and improved future LNGO GBV emergency preparedness response.
Emergency Preparedness Overview & Impact

All of the awarded, $5,000 USD projects include some aspect of building capacity – either within the organization itself, a volunteer network, or within other government and civil society partners in the organization’s context. In several cases, capacity building was the main focus of the awarded project. In two cases, this also involved a training of trainers, so that fundamental information, skills and capacity can be shared with additional staff and partners, leading to greater impact. One project involved the creation of an internal roster of trained responders that can be deployed in emergencies. A few organizations established or updated referral pathways, including identifying additional service providers to increase access to services, which enhanced access to and the quality and timeliness of service provision. The most ambitious projects, from Kenyan organizations, focused on national preparedness investment and capacity, which could be a reflection of the greater investments that have typically been made in civil society in that country. Two organizations based in eastern DRC led a GBV response to conflict-related violence in their local areas of work, including establishing and training community-based volunteer groups. This is likely also a reflection of investments made in civil society in eastern DRC, and of the enormous role local organizations have played in emergency response there. Several organizations recruited and trained volunteers from the intervention communities, including working with women’s groups to support members to serve as first responders for survivors of VAW. The table below outlines each organization’s key preparedness and response activities.

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<tr>
<th>Organization</th>
<th>Country</th>
<th>Project Summary</th>
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<tr>
<td>Action pour la promotion des femmes (APFémmes)</td>
<td>DRC</td>
<td>Preparedness</td>
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<td>- Selected two new volunteers and updated staffing structure to reflect emergency response team.</td>
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<td>- Briefed seven internal staff on GBV ER&amp;P training.</td>
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<td>- Trained 30 volunteers on GBV ER&amp;P.</td>
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<td>- Developed internal GBV emergency response action plan.</td>
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<td>- Conducted service mapping.</td>
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<td>La floraison</td>
<td>DRC</td>
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<td></td>
<td>- Briefed internal colleagues on GBV ER&amp;P training.</td>
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<td>- Developed an organizational contingency plan.</td>
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<td>- Trained 12 volunteers on GBV ER&amp;P across four villages.</td>
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<td>- Trained service providers on GBV ER&amp;P.</td>
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<td>- Conducted GBV service mapping and referral pathway meeting to enhance coordination in two intervention areas.</td>
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<td>Organization and Country</td>
<td>Preparedness</td>
<td>Response</td>
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<td>Women’s International League for Peace and Freedom (WILPF-DRC)</td>
<td>DRC</td>
<td>Conducted training of trainers for 20 partner organizations on GBV ER&amp;P. Follow up on action plans developed during training of trainers.</td>
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<td>Gender Violence Recovery Centre (GVRC)</td>
<td>Kenya</td>
<td>Reflected on and adapted the current case management process (including delivery of medical and psychosocial support) to improve application in emergency response, including review of clinical management protocols, practice and documentation. Trained 15 staff on GBV ER&amp;P to train staff in other counties. Continuously share GBV ER&amp;P knowledge with service providers, schools and community programs through the organization’s prevention program. Enhanced partnership with national bodies (National Gender Equality Commission &amp; Gender Directorate) and influenced to national policy guidelines including the Protection against Domestic Violence Act and the National Psychosocial Guidelines for Survivors of GBV. Developed a database of, and closer relationships with, service providers in different counties.</td>
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<td>Kenya Red Cross Society</td>
<td>Kenya</td>
<td>Conducted training of trainers for 26 volunteers from 13 countries on GBV ER&amp;P, including developing work plans for further action and training additional volunteers. Advocated with all county offices to allocate funding to GBV response. Partnered with other agencies to lobby for increased funding to urban areas. Involved community volunteers, county government and others in GBV working groups.</td>
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<td>Women in Democracy &amp; Governance (WIDAG)</td>
<td>Kenya</td>
<td>Trained 20 participants on GBV ER&amp;P to enhance response and empower outreach teams, other NGOs, and local authorities to address GBV more</td>
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systematically.
- Conducted service mapping and identified additional service providers to improve accessibility.
- Developed referral pathway.

- in supporting survivors of GBV (prior to the training, the organization had referred cases only).
- Created awareness in the community about priority services and services available through public forum with 200 attendees.
- Survivors received accurate information to improve timely access to services.
- Ongoing advocacy with local government to improve response to GBV incidents.

**Impact & Lessons Learned**

Through participating in the GBV ER&P training and undertaking direct preparedness and response activities, participating organizations reported important shifts and outcomes in their GBV activities. The table below outlines important lessons that emerged from the experiences of these eight organizations. These lessons are meant to highlight both the value of investing in local organizations’ GBV emergency preparedness, and point to promising practices and areas for further work with and support to local organizations.
At a basic level, LNGOs reflected that introducing the concept of GBV emergency preparedness both within their respective organizations and among local authorities and partner organizations increased commitment to both GBV preparedness and response, internally and externally. Specifically, reporting on priority lessons from the GBV ER&P training, and training other actors in their respective communities, contributed greatly to an enhanced commitment toward GBV preparedness and response. All organizations reported a greater acceptance of GBV as a priority in emergency contexts at the organizational and community levels, including an enhanced community member understanding of the importance of timely access to services for GBV survivors. For CEMO-Joint, in Mozambique, presenting key concepts and tools from the ER&P training with government departments, donors and civil society led to a common understanding of GBV among partners, and was central toward including GBV preparedness and response in future government contingency plans.

All organizations that engaged in response activities (i.e. provision of case management and/or psychosocial support services), reported that both staff and volunteers responded more timely and that the quality of service provision increased as a result of exposure to the GBV ER&P training and materials. Enhanced service provision is attributed in large part to improved coordination through service mapping and referral pathways (key modules and tools in the GBV ER&P training curriculum) and to the engagement of community-based actors (both local authorities and community volunteers). WIDAG, in Kenya, established case management services after the GBV ER&P training; it had previously only referred GBV cases. As a result of the training, WIDAG defined its case management scope and trained partner organizations that are instrumental in handling GBV cases. In DRC, La Floraison mobilized other organizations involved in GBV response through sharing the GBV ER&P training, and reported that GBV survivors who had experienced violence in the past but never accessed services finally did so because appropriate services became more accessible.

Through the AAR, discussions of lessons learned, impact and challenges generated key actions that participants agreed are important in GBV emergency preparedness:

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<th>Key Area of Learning</th>
<th>Specific Lessons Learned</th>
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| **General**          | - Having a clear, shared GBV ER&P Program Model and approach toward GBV ER&P supports LNGOs and partners to plan and prioritize interventions.  
  - Preparedness is an empowering process; women volunteering with APFemmes and La Floraison in DRC reported that being introduced to the concept of preparedness, along with minimal training to respond appropriately to survivors, made them feel prepared and, therefore, more empowered to respond better in emergencies. |
| **Capacity Building on GBV ER&P** | - The capacity building efforts undertaken by awardee organizations were used as an advocacy tool for GBV preparedness. In other words, sharing the rationale for and benefits of GBV preparedness, along with specific suggestions for action planning, highlighted to partner organizations both the importance of GBV emergency preparedness generally, and its role in enhancing GBV response.  
  - Participating in a targeted training on GBV ER&P motivated staff and led to different and more creative approaches to GBV response activities.  
  - The GBV ER&P training set a clearer and higher bar for organizations’ existing service provision. |
| **Service Mapping & Referral Pathways** | - The effectiveness of existing referral pathways can be greatly improved through an intentional service mapping exercise, using the tool that is part of the GBV ER&P training package. Participating organizations found that conducting service mapping as part of preparedness can lead to significantly improved coordination, increased reporting (i.e. enhanced access, in part because of an increase in entry points for survivors), a holistic response and increased quality and timeliness of care, including more case follow-up.  
  - The service mapping exercise and referral pathway establishment assists greatly in clarifying roles, responsibilities and expectations among service providers and leads to... |
enhanced relationships among partners and greater accountability. For organizations like GVRC and the Red Cross in Kenya, where referral pathways already existed, the service mapping exercise enhanced the functionality of the current referral pathway.

- Formalizing existing partnerships, e.g. signing Memorandums of Understanding among referral pathway partners, helps to support accountability among service providers.
- If distrust exists or there is a lack of willingness to share information about service availability (i.e. number of staff) among organizations during the explicit service mapping exercise, it is important to attempt to obtain this information through various means; for example, through a training forum.

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<th>Engaging Local Authorities and Community Volunteers</th>
<th>GBV Integration &amp; Prioritization</th>
<th>Advocacy</th>
<th>Challenges</th>
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<td>- Mobilizing, training and supporting community-based volunteers and developing community action groups are empowering for community members and create a cadre of trained responders available in each community.</td>
<td>- Existing national and local agencies and working groups are important fora for advocating for the inclusion of GBV preparedness activities. Several awardee organizations leveraged existing consortiums to advocate for support toward GBV preparedness. Because GBV emergency preparedness – and preparedness, generally – may be novel concepts, organizations like CEMO-Joint in Mozambique found it efficient and effective to engage with and contribute information to existing structures.</td>
<td>- Sharing an overview of the GBV ER&amp;P training with other service providers, internal colleagues, external authorities, etc., is beneficial in terms of increasing awareness of the link between preparedness and response and the importance of prioritizing GBV preparedness and response as part of all emergency programming.</td>
<td>The AAR included a discussion of organizations’ operational and technical challenges during GBV preparedness and response. The challenges are important aspects of organizations’ implementation experiences and contribute to the final recommendations outlined below.</td>
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<td>- When local women’s groups are trained to provide basic emotional support and referral, survivors’ integration into social networks is expedited.</td>
<td>- Engaging policy makers and experts at the outset of GBV preparedness advocacy and planning helps to gain support.</td>
<td>- Organizing meetings with senior management supported several awardee organizations to garner support for GBV preparedness activities.</td>
<td>Awardee organizations like APFemmes and La Floraison, currently engaged in emergency response in eastern DRC, explained that lack of resources made it impossible to access and address needs across all local emergency areas. Limited resources and lack of sufficient funding was a significant limitation for all awardee organizations, whether additional funding was needed to support more GBV ER&amp;P trainings to reach further participants or to</td>
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<td>- Involving local authorities and suggesting specific tasks to support LNGOs’ GBV preparedness and response both facilities and contributes to the LNGOs’ activities.</td>
<td>- Working with existing structures to integrate a GBV preparedness aspect may be resource efficient and is also a useful advocacy approach. For example, integrating the emergency preparedness aspect into an existing VAW program also helped to raise awareness of and support for further preparedness efforts.</td>
<td>- Direct advocacy with local authorities by women’s groups and other community-action groups helps to gain timely support.</td>
<td>make it impossible to access and address needs across all local emergency areas. Limited resources and lack of sufficient funding was a significant limitation for all awardee organizations, whether additional funding was needed to support more GBV ER&amp;P trainings to reach further participants or to</td>
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<td>- Direct advocacy with local authorities by women’s groups and other community-action groups helps to gain timely support.</td>
<td>- Sharing information and facts on GBV in emergencies and the potential consequences of lack of preparedness supported organizations in advocating for support.</td>
<td>-</td>
<td>make it impossible to access and address needs across all local emergency areas. Limited resources and lack of sufficient funding was a significant limitation for all awardee organizations, whether additional funding was needed to support more GBV ER&amp;P trainings to reach further participants or to</td>
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access to additional areas of intervention (e.g. additional staff, volunteers and/or transportation). Other challenges highlighted were linked to insecurity, lack of transportation, and tension between host and IDP communities. These operational challenges were closely related to technical challenges. Because GBV preparedness is a new concept for various organizations and governments, and most partners focus on response, all organizations experienced an initial hurdle of explaining the importance of GBV preparedness and ultimately turned this into an advocacy opportunity (see ‘Impact & Lessons Learned’, above). A key challenge for organizations that worked with community volunteers was the limited time and resources available to invest in new team members. One organization in DRC could not elicit the involvement of an INGO in a GBV forum the LNGO created to improve GBV emergency response coordination; this challenge was resolved when the local authorities noticed this gap directly and encouraged the INGO to participate.

**Recommendations**

The AAR brought to light the scope of interventions LNGOs are capable of achieving through minimal investments in GBV emergency preparedness. The main outputs and challenges present distinct opportunities for learning and improving direct technical and operational (including direct funding) support to LNGOs. Based on these, the participants and facilitators formulated recommendations to priority actors, from local and national authorities to the wider humanitarian and donor communities.

**Recommendation to Local Authorities**: Prioritize GBV as a life-saving intervention in emergencies by including GBV preparedness and response in their local action plans, with appropriate funding, and sharing a consistent commitment to GBV response in emergencies with civil society organizations.

Local authorities at the district, county, regional and provincial levels play a strong governing role with significant responsibility for the security and protection of populations within respective remits. This project highlights the great value of supporting LNGOs’ GBV-specific preparedness and response; however, the scope of LNGOs’ capacity to respond is affected by local authorities’ investment and support. For example, local authorities in one intervention area in DRC supported the coordination efforts of an awardee organization by advocating for increased collaboration with a new action network the LNGO developed. Further, local authorities’ power to facilitate safe access to implementation areas directly impacts LNGOs’ ability to respond to emergency situations in timely and efficient manner.

For these reasons, local authorities’ commitment to GBV preparedness and response is critical to timely, safe and effective emergency management. A shared commitment and improved coordination between local authorities and LNGOs will expand the scope of GBV response and support populations at risk.

**Recommendation to National Governments & Regional Bodies**: Develop and implement a GBV Emergency Preparedness & Response Policy, with specific budget allocations, at the regional, national and county and/or provincial levels.

Global experience⁴ demonstrates clearly and consistently that emergency response saves lives and mitigates consequences of harm. Without preparedness or response planning, governments’ response to emergencies, including cyclical, natural disasters, is often impeded by lack of resources and time. Mass population movements can be destabilizing to host communities, generate conflict, and require immediate support to reduce potential risks. The costs of delayed emergency response are high and varied across the immediate, short- and long-terms, including loss of life and a myriad of health consequences. Women and children are most affected in emergencies and comprise the majority of refugees internally displaced persons; the lack of an appropriate response could influence the functioning and development of individuals and whole communities. GBV emergency preparedness planning helps to facilitate timely response and support. The lack thereof can increase

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⁴ See, e.g., Promising Practices (IRC 2013).
the burden on local, regional and national health systems and contribute to an escalation of serious public health issues, including HIV/AIDS.

Regional bodies (e.g. Southern Africa Development Community, East Africa Community, African Union, International Conference on the Great Lakes Region) and national governments should invest in GBV emergency preparedness to ensure timely response and mitigate the myriad consequences of emergencies.

**Recommendation to Humanitarian Community:** Support local organizations’ operational and technical capacity to respond to GBV in emergencies by providing consistent and comprehensive support.

A fundamental, experience-based premise of this project is that one of the best ways to improve VAW responses in emergencies for the most vulnerable women and girls is to build the capacity and access to resources for local actors. National and local NGOs, including CBOs and CSOs, play a vital role in emergency response and are often poised to respond before INGOs are able to mobilize resources and deploy. Local actors are present, familiar with the areas and communities of intervention and have greater access and more timely access to these than do INGOs.

Trusting, leveraging and investing in the capacity of LNGOs based on their presence, access, and knowledge is critical for effective GBV emergency response and sustainability. To be effective, support to LNGOs must be both technical and operational. Directly channeling funding to local organizations to invest in preparedness directly supports timely response. Supporting LNGOs through funding allows them to implement projects; providing technical support is an investment in quality and sustainability.

**Recommendation to Humanitarian Community:** Prioritize partnership and learning with local NGOs in GBV emergency preparedness response to enhance response, build capacity and promote sustainability.

The humanitarian community could improve GBV preparedness – and, therefore, response – by partnering in a more robust way with LNGOs. Partnering with LNGOs in GBV emergency response is also a specific approach toward supporting technical and operational capacity. By working in partnership, INGOs and LNGOs – and beneficiaries in target communities – will all benefit: emergency response will be more immediate, the geographic scope of intervention will increase and, by investing in and supporting LNGO staff, the technical capacity in each area will be more sustainable, and a greater number of beneficiaries will be served.

This project represents an initial effort to advance learning about how LNGOs can undertake most effectively GBV-specific emergency preparedness. As such, it should also help facilitate INGOs’ continued investment in this area. As demonstrated in the table above, two of the awardee organizations (APFemmes and La floraison) were able to apply directly and immediately the GBV ER&P learning by leading GBV preparedness and response in their areas of operation. This project’s outcomes suggest strongly that more investment should be made to support this type of locally-driven response and also to engage local partners in the documentation of lessons learned and development of best practices.

**Recommendation to Donors:** Prioritize and strengthen overall GBV preparedness and response in emergencies by directly funding local organizations to invest in GBV-specific preparedness and response and supporting INGOs partnering with LNGOs on these initiatives.

To ensure timely and effective GBV emergency response, local NGOs must have resources to prepare prior to emergency onset. In many cases, LGNOs can start emergency response before INGOs, making their response, including risk reduction to mitigate further harm, more timely. Because of the benefits of GBV emergency preparedness, investing in LNGOs’ preparedness may make GBV response efforts increasingly cost efficient. Donors should examine the benefits of this approach and their role in supporting the dismantling of the current silos of humanitarian response and development, which leave LNGOs in what are perceived as “development contexts” unequipped to take on a response role when an election, natural disaster, refugee influx or other emergency occurs. Local and regional scenario planning and analysis should consider what support – from
operational and technical capacity to financial resources – LNGOs might need to maintain and scale up their critical response work when crises hit.

To facilitate disbursement of funding to LNGOs, donors may consider pre-qualifying certain LNGOs for receipt of emergency funding at the onset of a crisis. In other words, the time investment of proving integrity and reliability as an organization can be addressed in advance so that, once emergency funding is needed, LNGOs can focus on submitting specific funding proposals for response.

**Conclusion**

National and local NGOs play a vital role in emergency response and are often poised to respond before INGOs are able to mobilize resources and deploy. One of the best ways to improve VAW responses occurring in emergencies for the most vulnerable women and girls is to build the capacity and direct access to resources for local actors. When INGO staff is evacuated due to heightened insecurity, local NGOs and CBOs maintain access to remote communities. Importantly, local NGOs and CBOs also have deep knowledge of their communities and networks and often a long history working along-side them. Building local capacity and supporting GBV emergency preparedness will further improve overall community resilience and contribute to more efficient and effective GBV response.