



**GBViE prevention programming refers to interventions with explicit GBViE objectives that aim to stop GBV from occurring in the first place. It aims to protect the rights of survivors or groups at risk of violence.**

Prevention interventions should be established **only after** minimum response services are in place because it is critical to ensure survivors can access services as GBV awareness is increased. CARE's GBViE programs are designed in a way that challenges the social and cultural norms that discriminate against women and girls and increase their vulnerability to GBV. Prevention programs enable and structure effective community mobilization to prevent GBV by addressing social and cultural norms and stereotypes, and the imbalance of power between men and women, creating change in knowledge, attitudes, skills, and behaviors in communities.

There are two overarching categories of GBViE prevention actions which CARE uses to ensure it is accountable to women and girls. These generally align with **acute** and **protracted** emergency settings. Interventions with a **broad focus on addressing at least some aspects of gender inequality** are generally implemented in acute emergency settings, while interventions in protracted and recovery stages of humanitarian crises may **specifically focus on long-term social norms change** and should be embedded in efforts to build national systems after a crisis. A GBV prevention strategy must include specific measures and resources to support women and girls, including survivors, to recover and build support and solidarity.



In an **acute emergency**, the GBViE prevention interventions that may be most appropriate are awareness raising sessions and advocating for and ensuring women's voices are heard during humanitarian planning and decision-making. For CARE, GBV prevention in acute emergencies also serves as an opportunity to lay the groundwork for longer term social norms change.

Actions in an **acute emergency** may be implemented by non-GBV specialists, but this should be under the guidance of a GBV specialist to mitigate the risk of harm. Actions in **protracted or recovery settings** should always be implemented by GBV specialists.



## Awareness Raising

**A critical prevention intervention at the outset of an emergency is awareness-raising with the affected population about the risks of and vulnerabilities to GBV.**

These can include sensitization efforts about GBV and protection rights and risks, and sharing information about available GBV response services. These may be conducted by staff from other sectors who have been trained to raise the affected population's awareness of GBV and its harmful consequences and to make sure that survivors are aware that services are available to them. The [Women Lead in Emergencies](#) approach may be used to implement these interventions.

While a complete prevention program may not be practical in the acute stages of an emergency, longer-term prevention work can be planned for once this becomes possible. Actions may not go as far as achieving the objective of reducing rates of GBV, however they can serve as stepping stones to help address any lack of comprehensive prevention efforts.

During the stabilization stage of an emergency or in a protracted crisis, CARE programs can begin to implement more long-term GBViE programs, undertaken by GBV specialists, depending on the context and available resources. These longer-term interventions are aimed at achieving social norms change, mobilizing the community around GBV issues and engaging men and boys.



## Community Mobilization

**During protracted humanitarian crises, CARE uses SASA! for Humanitarian Settings or Indashyikirwa (Agents of Change), an intimate partner violence prevention program.**

Both interventions are more time intensive and require a systematic approach that is not possible during acute emergencies and more suited to protracted crises. Both approaches use interrelated strategies to build a critical mass of support across the circles of influence. Diverse, provocative, and creative activities led by activists, leaders and allies in the community are designed to impact what community members know, feel, and do to prevent violence against women. Local activism is key for community members to conduct informal interpersonal activities with their family, friends, neighbors, and others. Community leaders use their role and platform to encourage, inspire and support positive change among community members.

To implement [Indashyikirwa](#) (Agents of Change) for Humanitarian Settings, there is a handbook on the couples curriculum which requires specialized training on how to carry out the sessions. Training for this is available from CARE USA's Gender Justice Team, and the curriculum has been adapted and translated into several languages. SASA! has recently been adapted to [humanitarian settings](#), and there are numerous examples/case studies available to guide implementation.

### Key resources:

CARE's [Women Lead in Emergencies](#) approach

[Gap Analysis of Gender-Based Violence in Humanitarian Settings: A Global Consultation](#)

GBV Minimum Standards: [Standard 13 – Transforming Systems and Social Norms](#) (p.98)

### Key resources:

Indashyikirwa (Agents of Change) [Couples' Curriculum](#)

[SASA! approach](#)

Implementing SASA! in Humanitarian Settings: [Tips & Tools Brief](#)

[Social Analysis and Action overview](#)

CARE's [Tipping Point program resources](#)

While achieving transformational change in gender relations and norms takes time, these interventions that can be incorporated into stabilized or protracted emergency programming and start the process for longer-term change once the context transitions to a development setting.

Note CARE also has GBV prevention interventions designed for development contexts that can be modified to be appropriate for protracted emergency settings. These are social norms change models and focus on tackling the root causes of GBV. One example of this is the [Social Analysis and Action \(SAA\) approach and toolkit](#) which can be used with communities as well as with CARE and partner staff. Another example is [Tipping Point](#), which is an early/forced marriage intervention model that includes some of the SAA approach and focuses on social norms change. Please reach out to your GBV technical support team for further guidance.



## VSLA

**In protracted emergencies, VSLAs can provide a much-needed avenue for financial inclusion for women.**

VSLAs can act as a platform for additional information provision, awareness raising and even gender norms transformation via gender dialogue groups. They can provide some financial independence that can help to protect women from economic violence and be an important referral for survivors of GBV to gain access to increased savings and credit. For additional guidance, CARE staff can refer to the [program guide on VSLAs](#) on CARE Shares.

### Key resources:

[Combining VSLAs and Cash Transfers to Improve Humanitarian Outcomes](#)

[Savings and Solidarity in Crisis: CARE's VSLA in Emergencies Pilots](#)



## Focusing on adolescent girls

**In protracted emergencies, it is important to consider and aim to meet the specific needs of adolescent girls, which are often different from adult women in their community.**

Adolescence for girls is often a time of social and public retraction even during peace times, and in many contexts adolescent girls may be pulled from school to manage more family and household duties. During emergencies, adolescent girls are at high risk of early and forced marriage in addition to other types of GBV. CARE programs or partners can support adolescent girls build or maintain important social connections, continue their education, build literacy and other lifeskills through targeted programs.

### Resources specific to adolescent girls include:

- CARE's [AMAL initiative](#)
- CARE's [Tipping Point program resources](#)
- [Girl Shine](#) toolkit on programming with adolescent girls in humanitarian settings



## Engaging men and boys

**CARE implements interventions which engage men and boys specifically to prevent GBV, once GBViE response services are firmly established and to complement community mobilization approaches.**

CARE believes that it is critical to discuss issues around masculinity, including challenging aggressive stereotypes of masculinity while centered the needs of women and girls. CARE will take measures to engage men and boys in GBV awareness and behavior-changing initiatives and ensure that GBV prevention work also seeks to educate men and boys on the benefits to them, their households and communities of gender equality, dignity and respect for women. Intervention models such as [Engaging Men through Accountable Practice](#) are used to encourage positive masculinity, non-violence and create an enabling environment for women and girls to enjoy their rights.

### **Resources specific to engaging men and boys include:**

- CARE's Guidance Note on [Engaging Men & Boys for Gender Equality](#)
- CARE's brief on [Promising Practices & Approaches: Engaging Men & Boys to Promote Gender Equality & Prevent GBV in Emergencies](#)

## WOMEN LEAD IN EMERGENCIES & GBViE PREVENTION

**Women Lead in Emergencies (WLiE) is one of the four focus areas of CARE's approach to Gender in Emergencies.**

WLiE is a model and toolkit for humanitarians to use in multi-sector humanitarian programs to support crisis-affected women to participate in decision-making and to take collective action on issues that matter to them. Integrating WLiE in CARE programs supports locally led humanitarian practice by women (across all sectors) and gender transformation in emergency settings—and can **contribute to GBViE prevention**.

For example, during the WLiE process women group's co-create action plans for how they want to participate in emergency response, and are supported by CARE and partners to identify solutions and strategies for addressing problems. Women often identify GBV as a priority issue and may choose to take collective action to prevent GBV, ensuring prevention activities are grounded in the context and respond to the needs of women and girls. This may be most appropriate for longer term programs with a focus on social norm change.

## RESOURCES TO SUPPORT GBViE PREVENTION

- Inter-agency Standing Committee [GBViE Minimum Standards](#)
- [GBV Pocket Guide](#)
- CARE's [Emergency Toolkit](#)
- CARE's Guidance Note on [Engaging Men & Boys for Gender Equality](#)
- CARE's Indashyikirwa (Agents of Change) [Couples' Curriculum](#)
- [SASA! approach](#)
- Implementing SASA! in Humanitarian Settings: [Tips & Tools Brief](#)
- CARE's [Social Analysis and Action overview](#)
- CARE's [Tipping Point program resources](#)
- [Social Norm Design Checklist](#)

### ***Further resources specific to CARE staff include:***

- [GBV Hub](#) on CARE Shares
- CARE's [VSLA Manuals & Training Guides](#)