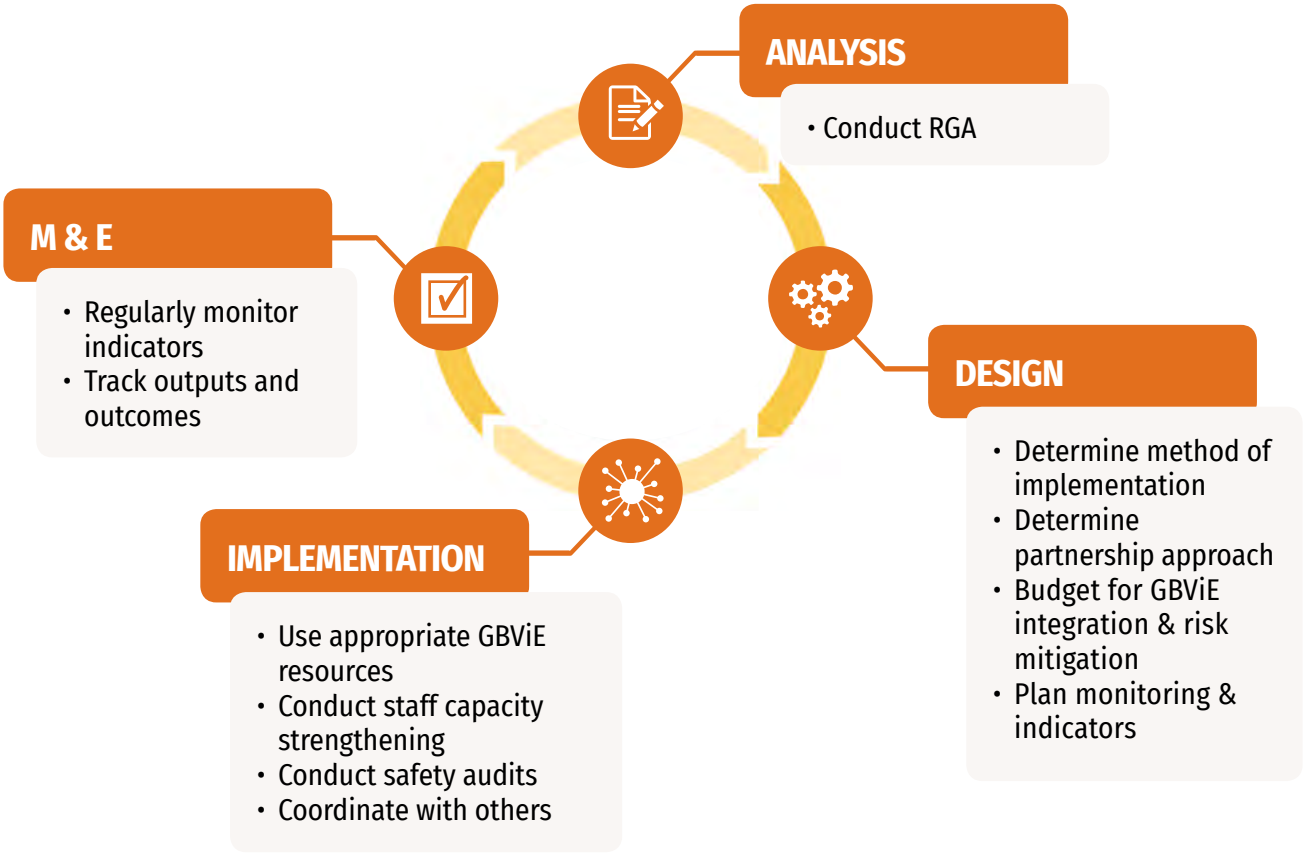
GBViE in the Project Cycle

This resource outlines the basic steps at each stage of the project cycle for implementing GBV intervention in emergencies.



Step 1: Assessment and Analysis

Assessment and analysis processes are the first step in the program cycle. In crisis and emergency settings, we know GBV risks and incidences increase. It is crucial to understand the current situation, any changes in risk and perception of risk since the crisis happened, and the needs and coping mechanisms of women, men, boys, and girls in preventing and responding to GBV. This will enable CARE and partners to put in place systems, initiatives, and approaches to mitigate, prevent and respond to risks of GBV that are contextualized and meet the specific needs and issues identified in each humanitarian context.

Rapid Gender Analysis (RGA)

In CARE, at a minimum, **all programming should conduct a rapid gender analysis (RGA)**. CARE's RGA toolkit guides staff through this process. It is important to note that conducting an RGA requires a minimal level of resources, staff and MEAL field expertise.

Key resources:

CARE's RGA toolkit

UNICEF's Tip Sheet for Consulting with Women & Girls on GBV risks

RGA is a key entry point to **understanding the specific safety, security and protection concerns** of women, men, boys, girls, and at-risk and minority groups from the very early stages of an emergency. It is a first step to **consider potential risks** that would impact programming and emergency response. Information from an RGA can help to **identify GBV risk mitigation actions** that may help to reduce risk of GBV and ensure programming is as safe and accessible as possible from the outset. It also serves to provide the necessary information to guide the contextualization of GBViE interventions and actions given whatever contextual sensitivities exist.

RGA is not meant to be a rigorous research endeavor but a preliminary and rapid analysis of gender-based issues in the affected population. Ideally it is conducted within the first 30 days of an emergency. While it includes GBV under the "safety and protection" content, it is **not a focused GBV risk analysis**, nor designed to collect data about specific GBV incidences and will not give GBV prevalence data (which we also know is not necessary at the outset of an emergency given international standards indicate assumption that GBV is happening). If there is GBV specialist capacity on the ground and there are significant gaps in the available data and information about GBV, a GBV sector-specific analysis can be conducted in consultation with the GBV specialist. In case of missing GBV data, it is helpful to highlight the data gaps in the report to point to blind spots as well as areas for future analysis and/or research.

It is also common for each sector to conduct their own sector-specific needs assessment. It is critical that **ALL sector assessments take specific actions to include the views of diverse groups of women, girls, and other at-risk populations** to understand the sector-specific needs, challenges, barriers and risks that may exist. For supplementary guidance on how to safely and ethically consult assessment with women and girls on GBV risks and effective GBV risk mitigation measures, please review this tip sheet.

During any assessment, analysis process or data collection with affected populations, it is critical that **enumerators are trained and prepared to respond in the event that a survivor discloses they have experienced an incident of GBV**. This means that enumerators know how to safely support, listen without judgment, provide accurate information on available GBV services (if any) and provide referrals.

Prevalence data is not necessary at the outset of an emergency. Prevailing evidence and research dictate that GBV occurs in all emergencies worldwide, and thus all humanitarian actors should assume GBV is occurring in their context.

All assessments in emergency contexts should include the views of diverse groups of women, girls and at-risk populations.

Enumerators must be trained to respond appropriately to GBV disclosures.

Step 2: Design and Planning

Decide on the method of implementation

Once the RGA or other analysis has been completed, it is necessary to identify and decide on the method of implementation. CARE uses three main methods of GBViE implementation: projects which **only focus on GBViE**, projects which **include a focus on GBViE** response and/or prevention alongside objectives from other impact areas, and **non-GBV programming** within other impact areas.

GBViE-focused project

Projects that have a primary outcome of addressing GBViE with explicit prevention, response and/or risk mitigation objectives. The project will also include GBViE risk mitigation actions.

GBViE included in project

Projects that have a primary outcome in other impact areas **and** include GBViE prevention and/or response integrated into or as additional objectives. The project will also include GBViE risk mitigation actions.

Other impact areas

All projects should include GBViE risk mitigation actions regardless of the project outcomes.

Refer to the main GBViE Guidance Note for further details on the differences between these approaches and the relevant responsibilities and staff requirements.

Remember, **risk mitigation actions are required of all humanitarian actors** and should be included into all humanitarian programming and intervention design using the GBV Guidelines.

Teams may wish to consider integrating ways of working such as Women Lead in Emergencies into the design, depending on project focus and context, as a programming option for supporting women-led GBV response.

Key resources:

GBViE Guidance Note sections on:

- CARE's programmatic approach to GBViE
- Methods of implementing GBViE programming

IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (GBV Guidelines)

Determine the partnership approach

It is also necessary to decide on the partnership approach for the project. CARE increasingly works with local actors as partners when responding to emergencies, recognizing that this approach appropriately addresses the immediate needs of the impact population and achieves greater impact and scale. Refer to the Equitable Humanitarian Partnership Toolkit, with specific guidance on partnering to address GBViE in module 3 of the toolkit. It guides how CARE staff can engage with partners on GBV risk mitigation, response and prevention work as well as how to work with partners on RGA. Working with partners, especially on RGA, can significantly enrich the analysis process as their familiarity and cultural competencies will outweigh CARE's.

Key resources:

CARE's Equitable Humanitarian Partnership Toolkit

CARE's Partnership Paper

CARE's publication Women responders: Placing local action at the centre of humanitarian protection programming

Dedicate resources

Once the implementation approach has been determined, it is necessary to plan for the required resources for the project. This includes ensuring women staff within the project team. Consider these main points when designing the project budget:

- Dedicated GBViE specialist staff are required for any project which is wholly or partially focused on GBViE prevention or response.
- Country office and program budgets should include resources to support dedicated GBViE TA services for projects which will include any GBViE prevention or response interventions.
- As part of ongoing efforts to learn and document what works, where possible plan for GBViE evaluations and be sure to include training enumerators on ethical considerations.
- GBV risk mitigation actions may also require budgetary lines in projects depending on the risk mitigation actions planned. For instance, it does not cost anything to hold consultations with women beyond staff time, however if the project needs to pay for transportation or childcare during consultations, then that needs to be budgeted for. Another example is modifications to existing facilities to make them safer and more accessible for women and girls may require construction costs. For guidance on how to incorporate risk mitigation into proposals, see CARE's Checklist for Integrating GBV Risk Mitigation into Proposals.
- Budgets may also be required for capacity-building, for example training for non-GBV specialized staff on safe & appropriate response to GBV disclosures, and for capacity strengthening and care for GBV-specialized staff.

Key resources:

CARE staff can refer to the Checklist for Integrating GBV Risk Mitigation into Proposals

Plan monitoring & indicators

Last, plan to use CARE's Gender Marker to increase gender integration and learning in programming. This tool enables all teams, including non-gender/GBViE specialists, to explore the gender dynamics of a given context, to reflect on these, and to incorporate the learnings into programming. Confederation-wide Gender Marker data on GBViE programming is interrogated annually in alignment with the PIIRS process to support improved gender integration and GBViE program quality.

CARE's Gender Marker is used to assess the level and extent to which gender equality is integrated into the program design. It can be a good measure or barometer for how well the team has done this, and where improvements can be made. All CARE programming, including GBViE programming, must meet a minimum threshold of gender sensitive.

Key resources:

CARE's Gender Marker Guidance and Mini-Guides

CARE Emergency Toolkit

CARE staff can refer to MEAL for Vision 2030 on CARE Shares for further indicator support

Step 3: Implementation

During the implementation phase, humanitarian staff should utilize existing GBViE resources to inform their programming. In addition to CARE's GBViE Guidance Note, the key GBViE resources are:

IASC GBV Guidelines
These guide GBViE risk mitigation actions and are organized by sector.

GBV Pocket Guide
This guides all humanitarian actors on how to support a survivor who reports an incident when there are not GBV actors in the area.

Inter-agency GBV Minimum Standards
These guide GBViE response and prevention interventions.

Key resources:

IASC GBV Guidelines

GBV Pocket Guide

Inter-agency GBV Minimum Standards

CARE staff can access further resources through the GBV Hub on CARE Shares.

Conduct staff capacity strengthening

Once the project has started, it is essential to ensure the right staff are on board from the start of an emergency. This should include a **gender specialist at minimum** and GBV specialists if doing GBV programming which includes a focus on prevention or response.

It is also important to provide immediate and ongoing training and capacity strengthening for all staff working in humanitarian settings. Consider capacity strengthening for these groups in particular:

- Non specialized staff on risk mitigation, responding to disclosures, having capacity to implement both integrated and risk mitigation actions.
- GBV-specialized staff to ensure care and support is provided.
- Administrative and MEAL staff to better understand objectives in GBV programs and ensure MEAL staff have the capacity to support M&E processes.
- Frontline staff to ensure they are trained in how to safely and ethically respond to disclosures.
- Specialist staff in other sectors to be equipped to provide specialized services to survivors such as clinical care, psychological first aid or GBV case management services.
- All staff on basic gender mainstreaming concepts and approaches.

Key resources:

GBV Pocket Guide, including training package

CARE staff can access further resources through the GBV Hub and the GBV Risk Mitigation in Emergencies page on CARE Shares

Conduct safety audits

It is recommended that all CARE teams integrate safety audits and risk analysis into programming. A safety audit is a simple, practical way to collect information related to GBV-related safety risks. The Safety Audits: How-To Guide provides additional information on the process.

Coordinate with others

Throughout implementation projects should ensure they coordinate internally and externally. **External coordination** may be with GBV Area of Responsibility clusters at country and regional level. Women-led organizations and other feminist networks should be engaged throughout. **Internal coordination** may include regular updates to program, country and regional leadership on project activities and collaboration with GBV specialists. The GBV/GBViE Community of Practice is a useful forum for connecting with others within CARE International.

Key resources:

Safety Audits: How-To Guide

Women in Displacement's Safety Mapping Tool

UNICEF's GBViE resource pack, Kit 3.1

GBV Guidelines' Availability, Accessibility, Acceptability and Quality framework

IRC's Assessment Toolkit

Safety Audit Example Tool - DTM Iraq

CCCM Safety Audit CCCM Tool

CARE's Gender and Protection Audit in the RGA Toolkit

Step 4: Monitoring and Evaluation

Regularly monitor indicators

Monitoring and evaluation (M&E) is critical for measuring performance and improving future humanitarian response. Continuous routine monitoring ensures that effective programs are maintained and accountability to all stakeholders—especially affected populations—is improved. Monitoring work should be conducted throughout the program cycle including to make course corrections where needed.

Humanitarian actors should also disaggregate indicators by sex, age, disability and other relevant vulnerability factors to improve the quality of the information they collect and to deliver programs more equitably and efficiently. Participatory data collection tools can be used to assess needs and interventions 'with' community members. For CARE, data on project indicators is housed in PIIRS.

Track outputs and outcomes

Periodic and end of project evaluations of GBViE interventions and projects supplement monitoring data by analyzing in greater depth the strengths and weaknesses of implemented activities, and by measuring improved outcomes in the knowledge, attitudes and behavior of affected populations and humanitarian workers. Determining baseline data and measuring endline as part of evaluations also help inform learning, adaptation and scale up of programs as well as advocacy to influence national, regional and global changes in humanitarian processes, practices, policies and programming.

CARE's 2030 GBV goal (for humanitarian, development and nexus contexts) is **reducing GBV for 7 million people by 2030**. This will be measured using the following indicators:

- **Global indicator #2:** % of people of all genders who reject intimate partner violence
- **Global indicator #3:** % of women and girls aged 15 years and older subjected to gender based violence in the last 12 months by form of violence and age
- **Global indicator #4:** # and % women and girls who access GBV response services
- **Global indicator #20.1:** # people who obtained access to life-saving GBV prevention and response services supported by CARE and partners pursuant to relevant standards assistance.

Key resources:

MEAL section of CARE's Emergency Toolkit

WHO guidance on Ethical and Safety Recommendations for Intervention Research on VAW

CARE staff can access further resources through the GBV Hub, PIIRS pages and MEAL for Vision 2030 pages on CARE Shares