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USAID's Collective Action to Reduce Gender-Based Violence (CARE-GBV)

Foundational Elements for Gender-Based Violence Programming in Development

Section 4.0. Process Elements



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ACRONYMS AND ABBREVIATIONS

AOR	Agreement Officer's Representative
CDCS	Country Development Cooperation Strategy
CEFMU	Child, early, and forced marriage and unions
CORs	Contracting Officer's Representative
FGM/C	Female genital mutilation/cutting
GBV	Gender-based violence
GenDev	Gender Equality and Women's Empowerment Hub
IASC	Inter-Agency Standing Committee
INGO	International nongovernmental organization
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, and intersex people, and those of other diverse sexual orientations and gender identities
M&E	Monitoring and evaluation
MEL	Monitoring, evaluation, and learning
PSEA	Protection from sexual exploitation and abuse
SEA	Sexual exploitation and abuse
SOGIESC	Sexual orientation, gender identity, gender expression, and sex characteristics
TOC	Theory of change
USAID	United States Agency for International Development
USG	U.S. Government

Introduction

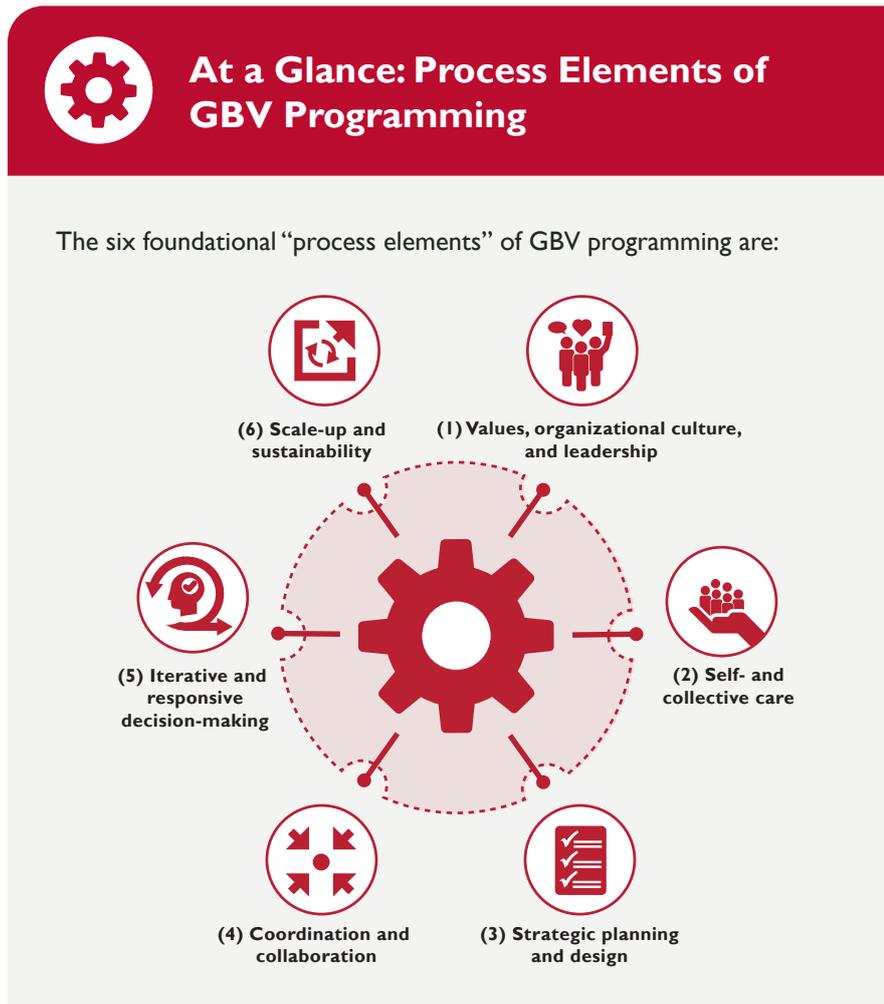
This section of the *Foundational Elements* provides guidance on the “process elements” of gender-based violence (GBV) programming, building on technical insights from Section 2.0. Core Principles and Section 3.0. Program Elements. The guidance is intended to help those who implement and oversee GBV programs to ensure the integrity of GBV programming, the safety of staff and program participants, and the use of a gender-transformative approach that will contribute to ending GBV.

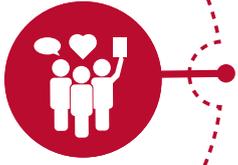
The six process elements of GBV programming are (1) values, organizational culture, and leadership; (2) self- and collective care; (3) strategic planning and design; (4) coordination and collaboration; (5) iterative and responsive decision-making; and (6) scale-up and sustainability of GBV programs.

They are critical in order for the procedures and processes followed throughout the USAID program cycle to complement the overarching goals of USAID GBV programming. Adopting them is central to building a strong foundation for successful GBV programs.

The process elements apply to all integrated and standalone GBV programming, as well as to USAID and USAID-funded implementing partners. Although USAID staff may have limited control over implementing partners’ internal operations and institutional structures, they can use the resources in this section to help partners create strong, safe, and nurturing working environments for staff, volunteers, and program participants.

As with the core principles (Section 2.0.) and program elements (Section 3.0.), each process element is first defined and its importance for those working on GBV is described, followed by a section on useful tools and resources. Questions that USAID staff should consider as they design solicitations, assess proposals, or provide technical oversight to projects are provided at the end.





Process Element #1: Values, Organizational Culture, and Leadership

What Are Values, Organizational Culture, and Leadership?

USAID and organizations that implement or oversee GBV programs should have values, an organizational culture, and leadership practices that clearly promote diverse, equitable, inclusive, and safe environments for staff, volunteers, and program participants. This inherently involves the recognition that all people deserve and must be treated with dignity and respect; have the right to make independent, autonomous choices; and have the right to live and work in safe environments, free from harassment, discrimination, exploitation, or other abuse. Values and organizational culture supported through leadership are foundational for other process elements as well, particularly self- and collective care.

The following values, adapted from Raising Voices 2015, can help organizations and leadership teams foster positive, safe organizational cultures:

- **Be vocal on values:** It is paramount for development organizations to practice and be vocal about the values they strive to instill through their programming. This will keep development work grounded in its social justice roots.
- **Engage the whole person:** Through organizations' recruitment processes and organizational cultures, they can model a balance of head, heart, and spirit—because they know such a balance will bring their practices to new levels. Part of achieving this balance is to make time in the workplace for individuals to engage in personal reflection and growth. In the end, the work is only as good as the people leading the effort.
- **Accept failure and conflict:** The individual and collective strength of an organization is magnified when it is possible to fail without shame and confront conflict with grace. While failure and conflict can bring challenges, neither diminishes the integrity of the individual or the organization.
- **Create space for error in the workplace:** Being free to make mistakes—without fear—will enable organizations to innovate, find their strengths, and embrace their shortcomings as part of an ongoing process of growth.
- **Reflect on beliefs and power:** Personal values and beliefs affect the work people and organizations do. Critical reflection through values-clarification exercises can promote awareness of personal values and beliefs and promote an environment where it is safe to question and challenge individual and collective beliefs.

- **Lead with our actions:** The most influential form of leadership consists of leading with one's own actions and making choices that set an example: making small gestures that show respect and kindness, sharing responsibility for everyday tasks, not monopolizing the spotlight, and encouraging others to take the lead.
- **Advocate for organizational culture as essential practice:** As more organizations create a culture of living the values of their work and increasingly experience how it improves the quality of their work, this promising practice can be elevated and given the attention it deserves through open, ongoing dialogue and empirical demonstration of how this organizational culture deepens social justice outcomes and increases job satisfaction, staff retention, and quality of work, among other positive effects.

Leadership teams at USAID and implementing organizations have a unique opportunity and responsibility to set the tone for their organizations. For GBV programming, this involves several tasks: (1) embed and operationalize the values described above throughout the organization; (2) equip staff with the knowledge, skills, time, and support to carry out GBV activities; (3) make sure that program activities do not cause intentional or unintentional harm to staff, volunteers, or program participants; and (4) cultivate and maintain work environments and programs that are diverse, equitable, inclusive, accessible, and safe and that exhibit observable commitments to anti-racism, gender equality, and social inclusion.

Societal disparities are often recreated and reflected in organizational structures and culture. Addressing these disparities requires GBV programs to conduct a critical review of traditional power structures within their organizations and programs, including evaluating who is in leadership and the nature of funder–grantee relationships. This requires shifting the dynamics from cooperation to co-creation and consensus building.

Maintaining safe work environments and programs also involves establishing safeguarding policies and strategies for mitigating (see Section 3.2. Program Elements: Risk Mitigation), preventing, and responding to abuse—all types of harassment, discrimination, exploitation, and other abuse, including sexual exploitation and abuse (SEA) of program participants and workplace sexual harassment—committed by personnel within the organization or by partner personnel. This requires effective governance and oversight by the organization's leadership team and ensuring that staff, volunteers, and program participants can report harassment, discrimination, exploitation, and abuse without retaliation (Bond 2019). The policies must outline the requirement for staff and related personnel to report suspected or known harm using the organization's established reporting mechanisms, as well as to adhere to any mandatory reporting requirements set by funders or in a context where harm occurs.

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Why Are Values, Organizational Culture, and Leadership Important for Organizations Implementing GBV Programs?

While important for any program, creating safe and inclusive environments that allow staff and program participants to engage and thrive is especially important for GBV programming, whose participants and staff will likely include GBV survivors. Moreover, organizational leaders must be committed to addressing GBV in programming and the workplace and provide training opportunities and ongoing support for the staff implementing the work. An unhealthy organizational culture can cause harm to individuals if trauma-informed practices are not followed (see Section 2.0. Core Principles). In addition, failing to have policies, practices, and accountability mechanisms to promote diversity, equity, and inclusion can create mistrust within the organization and community, damaging the health of the organization and its staff, as well as its ability to provide effective programming. Conversely, organizations whose leadership is committed to living out their values can implement high-quality GBV programming, promote positive social change, and increase job satisfaction, staff retention, and staff well-being.

● Example: A Framework for Safeguarding Program Participants

To establish and maintain safe and accountable programs, the following framework, which was adapted for the *Foundational Elements* from [InterAction's Framework for Creating Safer Work Environments](#), includes six components. These components reflect core commitments to promoting safe, positive work environments and programs through strong organizational values, culture, and leadership (InterAction n.d.). The commitments under each component align with [USAID's Protection from Sexual Exploitation and Abuse \(PSEA\) Toolkit](#) and draw from the [Inter-Agency Standing Committee \(IASC\) minimum operating standards](#) for safeguarding program participants, which are used in both humanitarian and development assistance contexts (USAID 2020, Inter-Agency Standing Committee 2012). The components are:

1. Policies

Policies specify the prohibited conduct related to all types of harassment, discrimination, exploitation, and other abuse, including consequences for misconduct. Policies should be reviewed and revised periodically to keep up with industry standards for safeguarding staff, volunteers, and program participants.

2. Recruitment and Hiring

Recruitment and hiring practices should reflect organizational values related to diversity, equity, and inclusion to foster a diverse set of applicants. Candidates who will work with GBV programs should demonstrate an understanding of survivor-centered and rights-based care, and all candidates should be vetted for past misconduct prior to being hired. They should also be required to sign a code of conduct upon hire.

3. Safe and Accountable Programming

Safe and accountable programming includes risk assessment, action planning, community engagement, and using a survivor-centered approach that involves survivors in decision-making and prioritizes their right to information and access to resources. Supplier and downstream partner agreements must also include safeguarding-related requirements.

4. Training and Awareness Raising

Program personnel should be trained on policies and standards of conduct, including how to access reporting mechanisms, emphasizing zero tolerance for retaliation against those who report suspected or known harm. Refresher training should be conducted annually. Staff and volunteers working in GBV programs should also be trained on survivor-centered, rights-based GBV prevention and response.

5. Complaints and Reporting Mechanisms

Organizations should have confidential and accessible reporting mechanisms for staff, volunteers, and program participants to report suspected or known harm, with the option to report anonymously. All staff, volunteers, and program participants should know how to access the reporting mechanisms.

6. Investigation and Response

All reports of suspected or known harm should be investigated within 3 months by qualified investigators. Where harm is substantiated, organizations must take prompt corrective action with the perpetrator, which may include immediate separation of employment or the severance of other relationships. The complainant should be provided with information about available support services, apprised of the steps in the investigation, and fully briefed on the outcome.

Tools and Resources

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Process Element #2: Self- and Collective Care

What Are Self- and Collective Care?

Self-care involves attending to and nurturing personal well-being, including physical, emotional, spiritual, and relational aspects. This goes beyond fulfilling basic needs to experiencing joy and pleasure, respecting limits, resting, and finding connection with others. Collective care extends this concept to others; as a group or community—whether virtual, professional, geographic, social, or identity-based—we have a collective responsibility for the well-being of others. Caring for self and caring for community are interdependent.

Self- and collective care are essential tools for dismantling systems of inequality and oppression. USAID and implementing partners working on GBV should embed self- and collective care into their organizational culture, values, and leadership, and the associated policies and structures.

Examples of how to embed self- and collective care within organizational practice include establishing policies to mitigate the drivers of stress and burnout (such as policies on paid leave, childcare support, flexible work hours) and actively promote psychological well-being and physical safety (including counseling services, mandatory debriefings, maximum staff-to-client ratios). In addition, organizations can allocate time and resources for practicing contextually relevant self- and collective care activities, such as embodiment practices (for example, dance, sports, yoga), exercises to mitigate stress, and having dedicated space for staff to gather.

“Well-being is not a burden or a luxury, it is an individual and collective need.”

Prevent GBV Africa, I

Why Are Self- and Collective Care Important for Organizations That Oversee or Implement GBV Programming?

Discussing GBV and working directly or indirectly with survivors or those at risk of GBV can be extremely difficult and, at times, even dangerous. This takes a serious toll on staff and volunteers and can result in burnout, characterized by “feelings of hopelessness, failure, apathy, having an alienated and uncaring, cynical attitude toward clients; exhaustion; and feeling overburdened by workload” (Sexual Violence Research Initiative 2015, 22). Burnout can also stem from instability in the social sector or conflict in the workplace (Pérez-Tarrés et al. 2018).

People working on GBV may also experience vicarious trauma from “being exposed and empathically listening to stories of trauma, suffering and violence, caused by humans to other humans” (Sexual Violence Research Initiative 2015, 3).

Burnout and vicarious trauma can lead to the deterioration of physical, psychological, and emotional health, as well as feelings of depression and hopelessness (Chen and Gorski 2015). The impact can be even more severe for staff who have personally experienced violence or GBV-related trauma. For program staff from marginalized and underrepresented groups, structural inequalities such as stigma and discrimination in their own lives may intersect and exacerbate these work-related challenges.

USAID and implementing partner staff, particularly leadership, should support and prioritize self- and collective care as essential components of GBV programming and organizational practices. Self- and collective care practices that address the causes of staff burnout and vicarious trauma can contribute to a more stable and productive workplace, where the well-being of staff is prioritized. USAID and implementing partner staff can promote such workplaces that are attentive to the needs of their staff in ways consistent with the cultural context (Horn 2020). For more details, see *How to Prioritize Self- and Collective Care within Organizational Practice* (CARE-GBV 2022c).

Tools and Resources

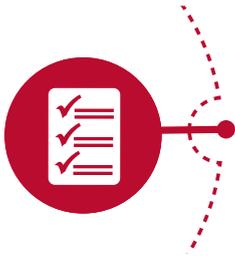
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Process Element #3: Strategic Planning and Design

What Are Strategic Planning and Design?

In this context, strategic planning and design refer to USAID and its implementing partners' analysis of the role of GBV in the Mission or operating unit portfolio or in a particular program. This involves identifying the types, prevalence, and drivers of GBV; identifying who experiences GBV; describing how the political and economic environments intersect with GBV; and understanding how GBV is linked to sectoral programming, including identifying potential GBV risks and developing mitigation strategies (see Section 3.2. Program Elements: Risk Mitigation). USAID and its implementing partners should proactively integrate GBV into each phase of the USAID program cycle: country and regional strategic planning, project design and implementation, activity design and implementation, and monitoring and evaluation (see Figure 1.1. in Section 1.0. Introduction).

Strategic planning for GBV programming begins during the development of the Mission's Country Development and Cooperation Strategy (CDCS) and continues throughout the design and implementation of the project and activities across sectors. Ideally, the gender analysis conducted for the CDCS will include a focus on GBV and, in turn, those data will inform the incorporation of GBV into the Mission's results framework, monitoring, evaluation, and learning (MEL) plan, and collaborating, learning, and adapting process (see Section 4.0. Process Elements: Iterative and Responsive Decision Making).

Why Are Strategic Planning and Design Important for Organizations Implementing or Overseeing GBV Programming?

Strategic planning and design are essential for achieving high-quality, effective, standalone and integrated GBV programs. Through careful and deliberate strategic planning and design, USAID and implementing partners can develop projects and activities that do no harm, are survivor

At a Glance: USAID Definition of Gender Analysis

“Gender analysis is a subset of socioeconomic analysis. It is a social science tool used to identify, understand, and explain gaps between males and females that exist in households, communities, and countries. It is also used to identify the relevance of gender norms and power relations in a specific context (e.g., country, geographic, cultural, institutional, economic, etc.).”

Source: USAID 2021, 10

centered and rights based, include accountability, transform harmful norms, are informed by those most affected by GBV, and address the needs of diverse groups with an intersectional approach (i.e., an approach that identifies the various and compounding forms of discrimination and social exclusion in a given society and how individuals experience these).

Key Approaches for Strategic Planning and Design

GENDER ANALYSIS

USAID and its implementing partners are required to conduct a gender analysis when designing strategies, projects, and activities, as mandated by the Women's Entrepreneurship and Economic Empowerment Act of 2018 and further defined by [ADS 205](#) (USAID 2021a). A focused GBV analysis as part of the gender analysis is critical for effectively integrating GBV across sectors.

A GBV analysis should analyze norms, power, and drivers of violence at every level of the socio-ecological model: individual, interpersonal, community, and structural. The analysis should also identify the types of GBV in the local context and include information about who experiences violence, the prevalence of GBV, and its effects.

The GBV analysis should also be intersectional to identify and address the range of manifestations and effects of GBV as related to layered identities (Michau et al. 2015).¹ Implementing partners who need assistance in conducting a gender analysis should consult ADS 205 for additional information (USAID 2021). GBV analysis questions that can be included in a gender analysis are provided in Box 4.1. The socio-ecological model of risk factors for GBV is also a useful tool for developing GBV questions in a gender analysis (see Section 1.0. Introduction, Figure 1.1.). The sector-specific program elements can also inform GBV questions for gender analyses in specific sectors.

When conducting GBV analyses, engage local women's organizations and other organizations working on GBV and human rights to learn from their wealth of practice-based knowledge around addressing GBV. It will also be useful to consult existing statistics for the prevalence of different forms of GBV at the country, district, and local levels. In some contexts, little information may be available about the prevalence of GBV due to governments not fully acknowledging the issue or a lack of funding for GBV research. However, although data on GBV may not always exist, this does not mean violence is not occurring; in fact, this is highly unlikely. Nonetheless, a common pitfall in the design of GBV programming is to spend substantial time and resources conducting research to prove that GBV is happening. While well-conducted research can help inform interventions, if limited resources are exhausted on these efforts, little remains for the actual interventions. Given the global prevalence of GBV, it is safe to assume that some level of GBV is occurring in every context.

On the other hand, if resources are available to conduct research, consider focusing on understanding the social norms underlying the violence, the types of GBV, identifying who is most affected, and adapting or contextualizing interventions.

¹ Solicitations could recommend conducting a social inclusion analysis at the same time as a gender analysis to ensure that implementers have a comprehensive understanding of various forms of inequality and their impact on GBV.

Box 4.1. USAID Gender Analysis Domains and Example Questions for a GBV Analysis

USAID uses five domains in its gender analyses. For each domain, CARE-GBV has developed a list of sample questions about GBV to include in a GBV analysis. Note that this list is not exhaustive.

Laws, policies, regulations, and institutional practices that influence the context in which people act and make decisions:

- What laws and policies exist to sanction the different types of GBV (such as intimate partner violence [IPV]; child, early, and forced marriage and unions [CEFMU]; female genital mutilation/cutting [FGM/C]; violence against children and adolescents; technology-facilitated gender-based violence; psychological violence; economic violence; and sexual violence)?
- Is there a national action plan or strategic plan to support implementation?
- Are GBV laws regularly enforced? Are they enforced differently according to class, ethnicity, sexual orientation, or gender identity?
- Do institutions (including workplaces, schools, and health services) have policies that sanction workplace violence in those settings? Do they have procedures for safely reporting violence without fear of retaliation?
- What customary laws or justice-related practices exist that either positively or negatively sanction the different types of GBV?
- How could laws, policies, and institutional practices be strengthened to create a more enabling environment for preventing and responding to GBV?
- What barriers exist within police and legal institutions to realizing access to justice for survivors of GBV?
- What other structural factors exist that contribute to GBV (for example, weak GBV response system, political instability, armed conflict, corrosive macroeconomic forces, environmental shocks)?

Cultural norms and beliefs:

- What are typical attitudes, beliefs, and social norms about GBV? Which gender and social norms are drivers of GBV in this context?
- Do attitudes, beliefs, and norms about GBV differ within groups in the community, for example, by age or ethnicity?
- How do gender and social norms affect survivors of GBV? How do they affect the provision of GBV services?
- What social norms influence practices such as CEFMU and FGM/C?
- What positive norms exist that can reduce GBV?

Gender roles, responsibilities, and time use:

- How do gender norms around roles and responsibilities in the household and community contribute to the risk of GBV, acceptance of GBV, and ability of survivors to share their experiences and access services?
- How do time constraints and gendered differences in freedom of movement contribute to the ability to participate in GBV program activities and other activities that can be protective against GBV (such as school, livelihoods, and social support)?

Access to and control over assets and resources:

- Do women, girls, people of diverse sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC) and others at risk of GBV have access to information and resources, such as assets (land, housing), income, social benefits (social insurance, pensions), public services (health, water), and technology? For those who do not have access to these resources, how does that contribute to their risk of GBV? How does it contribute to their ability to access support and services?
- Who experiences economic GBV? What factors drive this form of GBV?
- What would help survivors access the services they need? How does access to services differ according to age, class, ethnicity, sexual orientation, gender identity, and other factors?
- Do survivors of GBV have access to free legal aid services? If so, what do women need to access these services (transport, time, support)?

Patterns of power and decision-making:

- Who has the ability to make, influence, control, and enforce decisions in the household, community, and institutions?
- How do patterns of power and decision-making contribute to various forms of GBV (IPV, workplace violence, school-related gender-based violence, CEFMU, FGM/C, violence against children and adolescents)?

THEORY OF CHANGE

Developing a theory of change (TOC) is recommended during the development of a Mission's CDCS, performance monitoring plan (PMP), or activity for mapping what is expected to change and how. USAID defines a TOC as “a blueprint of the building blocks needed to achieve long-term goals of a social change initiative” (USAID 2014, 217, CARE-GBV 2022a). The TOC should reflect the latest evidence base on best and promising practices for addressing GBV. Section 3.0. Program Elements cites many of the most recent GBV studies, but USAID staff may need to conduct additional searches of published research in order for the TOC to reflect what is known about GBV programming, including in the local context. USAID staff should consult the Tools and Resources section for Process Element #3 to see example TOCs for standalone GBV programming. Aspects of these TOCs can be adapted for integrated GBV programming to show how GBV affects sectoral outcomes and how program activities will address GBV.

REFERRAL NETWORK MAPPING

Referral network mapping of existing services and resources available to GBV survivors and those at risk of GBV is an essential part of the design of standalone and integrated GBV programming because it enables program staff to refer survivors to the existing services related to GBV in their area.

A referral network connects survivors of GBV with support and resources, including health, legal, justice, and other social services. Every standalone and integrated GBV program—and, ideally, every development program—should have a GBV referral network established before implementing programming. All staff working directly with program participants should be trained on how to provide referrals and follow-up on whether the referral source, indeed, provided the needed service.

Referral networks can include both formal and informal support systems. Formal support consists of GBV programs and services implemented by local, national, and international organizations, including women's organizations; youth organizations; lesbian, gay, bisexual, transgender, queer, and intersex people, and those of other diverse sexual orientations and gender identities (LGBTQI+) organizations; disabled persons' organizations; and government.

Box 4.2. What to Do if Response Services Are Not Available

Knowing the quality and availability of informal and formal services and resources is essential for implementing both standalone and integrated GBV programming. In settings where appropriate response services are not available, USAID staff and implementing organizations should give extra consideration to all programmatic steps to fully align them with ethical guidelines and ensure that no harm is done to program participants during response activities.

The types of services needed will vary by survivor and may include:

• **Health care (physical and mental) and psychosocial support**

Survivors of physical and sexual violence, including intimate partner violence, may need the following:

- Medical attention for injuries
- Forensic examination
- Tailored contraceptive counseling if their partner is limiting their reproductive autonomy as a means of exerting control
- Access to emergency contraception, post-exposure prophylaxis, and other reproductive health services

Survivors of FGM/C may need:

- Reconstructive surgery
- Medical attention for fistulas
- Specialized family planning counseling

Survivors of any type of GBV will benefit from providers who affirm a survivor's right to live free of violence and may need mental health care and psychological support. Health services are often survivors' first point of access to formal care providers.

• **Services that provide access to justice, policing, and legal recourse**

Legal recourse and justice services may be provided by various institutions and actors, both formal entities (such as legal aid programs, police, judges) and informal entities (including religious and traditional leaders) (UN Women 2019). This includes access to policing services or alternative systems to interrupt violence, allow confidential reporting of GBV, and prevent recurrence of violence. For example, survivors of sexual harassment in the workplace may have recourse to internal systems that allow confidential reporting and recognize and sanction the abuse. Some survivors may not choose to pursue action through the formal legal system for various reasons, including the potential risks of reporting abuse, the low conviction rate of perpetrators, and the potential for re-traumatization.

• **Economic empowerment and education**

Access to livelihoods and education can serve as protective factors for mitigating the effects of violence and provide opportunities for healing, recovery, and empowerment. They can also support reducing future violence.

• **Social services that support the well-being of survivors**

- Crisis information (such as through hotlines)
- Safe spaces and shelters
- Crisis counseling
- Accompaniment services
- Financial assistance or support
- Child protection

Through the process of referral network mapping, every program should identify an existing referral list or create a new referral list with the name of each service or resource provider, the support they offer, and their contact information. Implementing partners without an existing referral list should start by reaching out to GBV organizations and other human rights groups to learn whether they have existing GBV referral lists. Partners should review any existing referral lists, identify any gaps in the services offered, and consider whether services are safe and accessible for a diverse range of survivors, including adolescents, gender nonconforming people, persons with disabilities, and men and boys. It is essential that all services be rights based and grounded in survivor-centered care. Box 4.3. provides tips for creating a referral list during referral network mapping.

If referral services are found to be nonexistent or of poor quality, consider ways to strengthen the network, including by funding local organizations providing services and conducting GBV programming. See Section 3.3. Program Elements: Response: Element 2. Referral Network Strengthening.

BUILD STAFF CAPACITY TO UNDERSTAND AND ADDRESS GBV

To implement high-quality GBV programming and uphold the principle of do no harm, staff need training and ongoing capacity building and support. The appropriate training content will depend on staff's current understanding and capacity to address GBV, the scope of GBV program activities, and the role of staff in the GBV programming.

USAID staff are required to complete *Gender 101: Gender Equality at USAID*, with additional general and sector-specific training offered by the Gender Equality and Women's Empowerment Hub (GenDev) and regional and pillar bureaus. *LGBTI 101: Inclusion in the USAID Workplace* is also recommended for all staff. When possible, implementing partner staff should also be required to have gender training.

All staff working directly with program participants, regardless of sector, are responsible for GBV risk mitigation and, therefore, should have training and basic literacy in the following areas:

- GBV core concepts
 - Key terms and concepts (gender, GBV, power)
 - Drivers of GBV (including the role of power and gender norms)
 - Types of GBV and consequences
 - Context of GBV in country or region
 - Survivor-centered approaches and guiding principles for addressing GBV

Box 4.3. Creating a Referral List during Referral Network Mapping

To create a referral list or fill in gaps in existing referral lists, a GBV specialist should call or, preferably, visit potential referral organizations and ask the following questions:

- Where are services currently located?
- Whom do they serve (e.g., age, sex, specific forms of GBV, children, LGBTQI+ people)?
- Who is using the services?
- When are services available (opening times)?
- What protocols are in place?
- Who delivers these services?
- Which services do they refer to and receive referrals from?
- What are the outcomes for service users?
- What does it cost to provide the services and what levels of investment do they receive?

(UN Women 2019a)

- Roles and responsibilities for nonspecialists in addressing GBV
 - Mitigating risks of GBV in programming
 - Needs of survivors
 - Referral networks
 - Applying survivor-centered approaches and guiding principles to respond to disclosures and facilitate referrals
 - Basic emotional support

USAID and implementing partner staff working on GBV interventions beyond basic GBV risk mitigation should receive additional training in the following areas:

- GBV program elements
 - Prevention
 - Risk mitigation
 - Response
 - Sector-specific approaches
- GBV program design and MEL (Gardsbane and Atem 2019)

The USAID course *Preventing and Responding to GBV across Sectors* covers the basic topics listed above and should be taken by as many staff as possible—especially Contracting Officer’s Representatives (CORs)/Agreement Officer’s Representatives (AORs) directly overseeing the work of implementing partners. Staff should be provided opportunities for continued training, capacity building, and learning beyond the initial training they receive.

Tools and Resources

Strategic Planning and Design

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Gender Analysis

Batliwala S. n.d. “All About Power: Understanding Social Power & Power Structure.” New Delhi, India: CREA. <https://namati.org/wp-content/uploads/2019/05/All-About-Power-Srilatha-Batliwala.pdf>.

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Theory of Change

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- CARE-GBV. 2022. "Theory of Change: Addressing Child, Early, and Forced Marriage and Early Unions." Washington, D.C.: USAID. https://makingcents.com/wp-content/uploads/2022/04/USAID_CEFM_Theory-of-Change_Final_508c.pdf.
- . 2022 (forthcoming). "Theory of Change: Ending Female Genital Mutilation/Cutting." Washington, D.C.: USAID.
- Interagency Gender Working Group (IGWG). n.d. "Resources for Gender-Based Violence." https://www.igwg.org/resources/?fwp_priority_area=gender-based-violence.
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World Health Organization (WHO). 2016. “Strengthening Health Systems to Respond to Women Subjected to Intimate Partner Violence or Sexual Violence: A Manual for Health Managers. *Section 8.2: Establish Coordination and Referrals between Health Services and Services of Other Sectors.*” Geneva, Switzerland: WHO. [9789241513005-eng.pdf \(who.int\)](#).

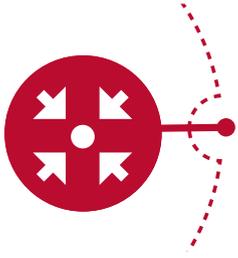
Build Staff Capacity to Understand and Address GBV

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Process Element #4: Coordination and Collaboration

What Are Coordination and Collaboration?

Coordination and collaboration are distinct ways of working on a similar issue and are both critical to GBV programming. Coordination refers to information and knowledge sharing among organizations or institutions working on the same issue, in this case GBV, to ensure that funding and programming are complementary and do not duplicate efforts. Coordination can and should happen among all those working in the same geographical space, regardless of funding source or approach. Evidence suggests that multisectoral coordination among governments, international funders, civil society, and women's movements can contribute to a decrease in the prevalence of GBV over time (Ellsberg et al. 2020).

The IASC Minimum Standards for GBV programming in emergencies identify the primary goals of coordinating efforts to address GBV as the following:

- Promote appropriate attention to the prevention of GBV across sectors and actors
- Ensure that accessible, safe, and high-quality services are prioritized and available to survivors through strategic planning
- Harmonize efforts to address GBV and synchronize funding to support GBV programming (United Nations Population Fund 2019)

Collaboration refers to when two or more organizations work together toward agreed-upon objectives using a shared strategy. It is a deliberate approach that maximizes resources, extends reach, and caters to the roles and strengths of different organizations. Collaboration is most effective when the organizations and institutions involved share the same values and principles. For GBV programming, these should include the core principles from Section 2.0. Core Principles. Collaboration usually involves funding from one source.

Why Are Coordination and Collaboration Important for Organizations That Implement or Oversee GBV Programming?

Working with local actors is essential for sustainable outcomes and is a key aspect of USAID's approach to locally led development (USAID n.d.). Coordination and collaboration can generate learning, build credibility, promote prompt action, and maximize the impact of programs and policies (Sexual Violence Research Initiative 2020). Coordinating the funding,

planning, and implementation of GBV programming among U.S. Government (USG) agencies, national government partners, international organizations, NGOs, other funders, and local implementers can take various forms. For example, in some countries, funders create ad hoc groups to coordinate communication about and planning of GBV programs to fill gaps and ensure strategic investment of resources. NGOs sometimes work with country and local governments in technical working groups to address implementation challenges.

In addition, a multisectoral approach is essential to GBV programming, because no one sector can fully address GBV prevention and response on its own. Collaboration involving multicomponent interventions and addressing multiple drivers of GBV is necessary for long-term, sustainable reduction in various forms of violence (Horn 2020, Ellsberg et al. 2020). Resources to guide GBV work in humanitarian settings offer valuable guidance on how to coordinate GBV prevention, mitigation, and response across sectors, including the following points:

- Include multisectoral actors from communities, government institutions, United Nations (UN) actors, international and local NGOs, civil society, and women’s movements in GBV-focused working groups at the national, regional, and local levels.
- Facilitate communication among all coordinating institutions; one lead agency or organization may need to be responsible for streamlining information management and communication across all partners.
- After identifying the gaps in GBV programming, multisectoral actors can set priorities and identify roles to guide a coordinated response.
- Develop action plans that set realistic benchmarks, timelines, objectives, and plans for monitoring progress that are common to all coordinating organizations (Gender-Based Violence Area of Responsibility 2019, United Nations Population Fund and East European Institute for Reproductive Health 2015).

Potential Partners for Collaboration

NATIONAL AND LOCAL CIVIL SOCIETY PARTNERS

National and local partners, particularly local women’s movements and other civil society groups working to promote gender equity and human rights, are critical to achieving long-term impact. Their proximity to the communities and their knowledge of local dynamics enables them to strategize and capitalize on opportunities that are not open to international NGOs (INGOs) and other stakeholders (Levine 2020). Partnerships with national and local NGOs provide a unique opportunity to create impact if handled in an appropriate manner.

At a Glance: Useful Tips for Engaging with Local NGOs

USAID staff can use the following strategies when engaging with local NGOs:

- Understand and acknowledge the power differentials that exist among various NGOs and between implementing partners and NGOs.
- Build long-term, stable partnerships where possible.
- Build the capacity of local NGOs to absorb and manage funds and meet USAID reporting requirements.
- Support local NGOs to set their own agendas and develop solutions.
- Expand relationships beyond funding partnerships.

INTERNATIONAL NONGOVERNMENTAL ORGANIZATIONS

INGOs are often awarded contracts and cooperative agreements for work that addresses GBV. They can bring important resources and knowledge, including work focused on scale-up of programming. However, it is important for funders to hold INGOs accountable for building strong relationships with local organizations and communities, such as through the following mechanisms (COFEM 2021):

- Discourage INGO partners from engaging in “extractive” behavior (that is, actions that use intellectual capital or labor from local groups without providing them meaningful credit or compensation). For example, if an INGO partner is using curricula or other content developed by local organizations, make sure they credit and pay those organizations for their work.
- Encourage INGO staff to share power with and promote the visibility of local partners.
- Ensure that a significant portion of the funds received by INGOs are granted to local groups.

PRIVATE-SECTOR PARTNERS

All private-sector businesses are affected by GBV and can be valuable partners. The HERespect project outlines the following reasons GBV programs should engage with the private sector to implement programming:

- Businesses can bring financial assets, skill building, and other incentives to women’s empowerment and GBV programs.
- The private sector is well positioned to provide livelihood training and jobs to survivors. This can promote economic independence and allow survivors to leave partners, family situations, and jobs where they are experiencing GBV.
- Partnering with companies creates opportunities to reach a wider group of women, especially those in more remote areas who might not be included otherwise. It also creates opportunities for wider scale-up.
- GBV programs in the workplace can influence wider community awareness and growth (Pino et al. 2020).

In addition, health providers in the private sector might be able to support clients who disclose experiences of GBV, but these providers need training and help to understand their role and how they fit into referral networks (Hastings et al. 2021). Private companies working on infrastructure projects can be engaged to learn about ways they might design or build cities, schools, parks, and other structures or spaces to reduce the risk of GBV in public spaces.

USAID’s [Private-Sector Engagement Policy](#) includes information on risk mitigation, although it is not specific to GBV.

Tools and Resources

Gender-Based Violence Area of Responsibility. 2019. *Handbook for Coordinating Gender-Based Violence Interventions in Emergencies*. https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2019/06/report/handbook-for-coordinating-gender-based-violence-interventions-in-emergencies/Handbook_for_Coordinating_GBV_in_Emergencies_fin.01.pdf.

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Process Element #5: Iterative and Responsive Decision-Making

What Is Iterative and Responsive Decision-Making?

In line with USAID’s [Collaborating, Learning and Adapting approach](#), iterative and responsive decision-making means using “a strong evidence base, and iteratively adapting to remain relevant throughout implementation.” After using the evidence base in GBV program design and implementation, USAID and implementing partner staff should apply practice-based learning, monitor and evaluate the programming on an ongoing basis, and adapt the GBV programming as needed.

Use the Evidence Base

To the extent possible, implementing partners should design and implement GBV programming by drawing on existing, evidence-based interventions that have been proven effective or show promising results (Gevers and Dartnall 2015, The Prevention Collaborative 2019). Partners may also implement innovative approaches that adhere to the core principles for GBV programming (Section 2.0. Core Principles) and include monitoring and evaluation (M&E) before they are scaled up. The sections in this document on the strategic planning and design and scale-up and sustainability process elements, and Section 3.0. Program Elements discuss the latest evidence and how to contextualize programming.

In addition, implementing partners may need to conduct research on the social norms underlying the violence, the types and prevalence of GBV, identifying who is most affected, and adapting or contextualizing interventions.

Apply Practice-Based Knowledge

Practice-based knowledge refers to the collective knowledge of those who design and implement GBV programs. USAID staff should encourage implementing partners to apply the following two iterative practices throughout program implementation:

- **Learning through reflection:** This requires asking questions such as, “What do we now know about GBV prevention and response work in our setting or community that we didn’t

At a Glance: Steps to Iterative and Responsive Decision-Making

Iterative and responsive decision making involves the following steps:

1. Use the evidence base
2. Apply practice-based knowledge
3. Conduct monitoring and evaluation
4. Adapt as needed

know before? What has been confirmed about GBV prevention and response work in our setting or community that others also experienced?” (Our Watch 2017).

- **Sharing learning:** This compels actors to engage with others who are implementing GBV programming through communities of practice, conferences, or other fora to share lessons learned (Our Watch 2017).

Conduct Monitoring and Evaluation

M&E is another critical aspect of iterative and responsive decision-making. M&E in GBV programming is used to measure progress toward the specific results set forth in the project’s TOC and to monitor for backlash or other unanticipated outcomes.

USAID’s [Toolkit for Monitoring and Evaluating Gender-Based Violence Interventions along the Relief to Development Continuum](#) and CARE-GBV’s forthcoming implementation guide for the toolkit provide guidance on different approaches to conducting M&E of GBV programs. They also describe guiding principles for safety and ethics related to working with survivors of GBV (USAID 2014, CARE-GBV 2022b). Recommendations include engaging a GBV specialist and communities for M&E processes to strengthen a survivor-centered approach to M&E.

Developing an M&E plan includes finalizing a logic model—also called a logical framework or logframe—that is based on the TOC (see Section 4.0. Process Elements: Strategic Planning and Decision-Making). A logic model shows how the inputs (program resources and activities) lead to specific outputs (for example, number of people reached, number of training sessions) and outcomes (for example, changes in knowledge, attitudes, and behaviors) that the project aims to achieve. It also provides indicators for how success will be measured.

M&E for GBV programs should use outcomes and measures that uphold the principles and strategies of a survivor-centered approach (CARE-GBV 2022b).

Some illustrative examples of survivor-centered outcomes include:

- Increased perception of safety among women and girls and others at risk of GBV in the target population as demonstrated from baseline to endline of the project
- Increased percentage of members in the target population who believe that no form of GBV is acceptable
- Increased percentage of GBV survivors who can access supportive services
- An increase in the percentage of health centers that have health care providers who can provide referrals for GBV services using a survivor-centered approach
- An increased number or percentage of community-based informal and formal sources of support that employ survivor-centered approaches
- An increase in the number or percentage of people who believe that power should be shared equally among men, women, and others in families, communities, and institutions

If a program aims to achieve the outcome “increase the percentage of survivors of GBV who can access supportive services,” a survivor-centered indicator might be “percentage of community members who can say how they, or a friend, would access services if they needed them.” This is as opposed to an indicator that measures the number of people who actually report to police. Using the measure “the number of people who report to police” is not survivor centered, because it might encourage a service provider to push women to report so that the organization can appear successful to a funder.

Look for existing indicators before creating your own. Standard indicators or those proven successful in other similar projects should be used when they exist and are appropriate. There are currently two USAID standard foreign assistance indicators that relate explicitly to GBV ([USAID 2018](#)):

- **GNDR-5:** Number of legal instruments drafted, proposed, or adopted with USG assistance designed to improve prevention of or response to sexual and GBV at the national or subnational level
- **GNDR-6:** Number of people reached by a USG funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines, other)

Other GNDR indicators address gender equality and women’s empowerment, and women, peace, and security:

- **GNDR-1:** Number of legal instruments drafted, proposed, or adopted with USG assistance designed to promote gender equality or nondiscrimination against women or girls at the national or subnational level
- **GNDR-2:** Percentage of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income, or employment)
- **GNDR-4:** Percentage of participants reporting increased agreement with the concept that males and females should have equal access to social, economic, and political resources and opportunities
- **GNDR-8:** Number of persons trained with USG assistance to advance outcomes consistent with gender equality or female empowerment through their roles in public- or private-sector institutions or organizations
- **GNDR-9:** Number of training and capacity-building activities conducted with USG assistance that are designed to promote the participation of women or the integration of gender perspectives in security sector institutions or activities
- **GNDR-10:** Number of local women participating in a substantive role or position in a peacebuilding process supported with USG assistance

Custom indicators for programs addressing CEFMU, FGM/C, and sector-specific GBV programming are available in Tools and Resources in this section.

M&E of GBV programs should incorporate the following recommendations:

- Use data collection procedures that ensure participant safety and confidentiality (USAID 2014).
- Ensure that quantitative evidence is not prioritized over qualitative evidence, such as survivor testimonies of their experiences related to the program.
- Collect and disaggregate data to track project outcomes by sex and/or gender identity to meet the minimum requirements for all USAID-funded activities (USAID 2021b). In addition, where it is safe to do so, collect and disaggregate data by age, minority status, level of ability, and other key demographic information related to your priority population(s), such as ethnicity, religion, political affiliation, geographic location, primary language, income, and urban/rural setting, as well as timing of activities and type of GBV, as relevant for specific activities (USAID 2014, 46).
- Monitor community reactions to programming through response and feedback mechanisms.
- Evaluate impact beyond the end of the project to allow the necessary time to change social and cultural norms underlying GBV. Most interventions monitor outcomes only during and immediately after the project (Irish Joint Consortium on Gender-Based Violence n.d.).
- Assess whether the M&E methodology used helps establish an actual increase in GBV vs. program participants' increased awareness and reporting of GBV (Irish Joint Consortium on Gender-Based Violence n.d.).
- Pay attention to how decisions made during evaluation can affect the results. Evaluation of the same GBV program could produce distinct results depending on the measurement tools used and coding decisions—for example, measuring the incidence of violence vs. The severity of ongoing violence reflects different aspects of program impact (Heise 2018).
- When considering the processes that led to change, recognize what external factors may have played a role in the changes achieved.

Adapt Programming as Needed

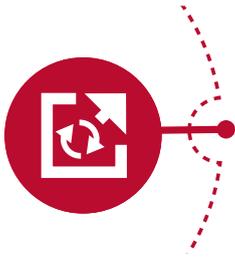
The final and potentially the most important aspect of iterative and responsive decision making is application of what is learned along the way. Throughout the project, implementing partners should review M&E results and revisit their TOC. They should use what they have learned to adapt program design or implementation, as applicable, to improve processes, outputs, outcomes, and effects.

Why Is Iterative and Responsive Decision-making Important to Organizations That Implement or Oversee GBV Programming?

Learning and adapting throughout the program cycle are critical for implementing effective GBV programming and cultivating a transformative organizational culture. Development programs are expected to show positive results and outcomes, which should include learning and reflection about what is not working in ways that inspire growth and change.

Tools and Resources

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Process Element #6: Scale-up and Sustainability

What Are Scale-up and Sustainability?

Scale-up and sustainability are critical for maximizing the effects of programming to end GBV. Existing evidence indicates that GBV programs can be scaled up successfully and that their impact can be sustained over time; however, more research around scale-up and sustainability is needed (Gillespie et al. 2018). USAID staff can be instrumental in helping implementing partners assess opportunities to scale up and create sustainability for GBV programs.

Scale-up refers to “taking successful projects, programs, or policies and expanding, adapting, and sustaining them in different ways over time for greater development impact” (Brookings Institute 2007, USAID 2015). The four types of scale-up are described in Box 4.4.

Assessment of the potential for scale-up should be based, in part, on the strength of the institutions that support GBV programming. This includes the degree of political will at the national, regional, and local levels of government, and the expertise and coordination of community-based organizations, NGOs, and international organizations. Successful scale-up requires allocating adequate time and funding, sufficiently training and mentoring staff and volunteers, and maintaining fidelity to the original program design, core principles, and theory of change. Engaging with the original program designers is important to understand the nuances of the program design (CUSP 2017). Community ownership and a locally based community of practice can ensure that scaled-up programs continue to fit the specific needs and norms of the community.

When GBV programs are sustainable, it means that they have the funding and support to continue beyond the initial implementation. The UN Trust Fund to End Violence against Women describes three forms of sustainability:

- **Financial sustainability:** Projects or activities are sustained through new or ongoing funding.

Box 4.4. Types of Scale-up

Horizontal scale-up: Increasing the number of projects (reaching more people through multiple projects)

Vertical scale-up: Increasing the size of the project (reaching more people through one project)

Functional scale-up: Increasing the number of sectors involved in the program

Spontaneous diffusion: Reaching more people as the ideas, activities, and social norms spread naturally and spontaneously to others

(Prevention Collaborative n.d.)

- **Sustainability of results through institutional mechanisms:** Project activities are sustained by being integrated into other ongoing work or institutions.
- **Sustainability of project results through intangible means:** Project activities continue and impact is sustained because the community feels complete ownership of the methodology and results (Biradavolu et al. 2020).

Institutionalizing project results, investing in networks, and building an enabling environment can contribute to sustainability beyond the scale-up phase (Biradavolu et al. 2020). Partnering with and funding local organizations working to end GBV facilitates the continuation of efforts after the project ends (Biradavolu et al. 2020). Sustainable programs also involve buy-in from government through investment of resources and commitment from all relevant ministries (Arnoff et al. 2013).

Why Are Scale-up and Sustainability Important for Organizations That Implement or Oversee GBV Programming?

Investing in the scale-up and sustainability of GBV programming has the potential to lead to significant advances toward USAID's desired outcomes. GBV programming helps save and improve lives, reduces health care costs, improves work and school performance, and frees up resources in the policing and judicial system (Remme M et al. 2014, Biradavolu et al. 2020).

Tools and Resources

ExpandNet. *Scaling-up guides*. n.d. <https://expandnet.net/tools/>.

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Questions for Consideration

	Solicitation Stage	Implementation Stage
	<i>Does the solicitation require or recommend that applicants:</i>	<i>Does the program:</i>
Process Element #1: Values, Organizational Culture, and Leadership		
Include mechanisms for holding leadership accountable to living out the organization's mission and values and creating a safe, equitable, and transformative workplace?		
<p>Follow the IASC minimum operating standards for investigating and addressing SEA?</p> <ul style="list-style-type: none"> • Have policies and practices to prevent and respond to harassment, discrimination, exploitation, or abuse? • Have anonymous and confidential reporting mechanisms for staff, volunteers, and program participants? • Conduct regular training and refreshers on its safeguarding policies and mechanisms? 		
Process Element #2: Self- and Collective Care		
Budget for and implement self- and collective care strategies among staff working on GBV (for example, debriefings, counseling services, paid leave, childcare support, flexible work hours, maximum staff-to-client ratios)?		
Process Element #3: Strategic Planning and Design		
Use an existing gender and GBV analysis or conduct a new gender and GBV analysis to identify the context-specific gender and social norms that drive GBV? Use the results to inform the design of GBV programming?		
Include a theory of change for the program that reflects a socio-ecological approach to GBV with activities to affect change at multiple levels (individual, interpersonal, community, structural)?		
Identify or develop a GBV referral network? Train all staff on GBV referrals? Periodically update the referral network?		
Budget for staffing and implementation of GBV activities?		
Provide staff who are implementing GBV work with ongoing training and support?		

	Solicitation Stage	Implementation Stage
	<i>Does the solicitation require or recommend that applicants:</i>	<i>Does the program:</i>
Process Element #4: Coordination and Collaboration		
Coordinate with local and national government and other actors working on GBV?		
Build on rather than duplicate GBV work being done by other actors?		
Use a multisectoral approach to GBV activities?		
Process Element #5: Iterative and Responsive Decision-Making		
Incorporate the latest evidence and promising practices for GBV programming?		
Demonstrate how project outcomes and unintended consequences will be monitored and evaluated? <ul style="list-style-type: none"> • Collect and report on GBV-related standard and custom indicators? • Collect qualitative data, including community reactions to programming? 		
Use M&E results to improve GBV programming?		
Process Element #6: Scale-up and Sustainability		
Ensure fidelity to the original project design and proper contextualization?		
Demonstrate existing political will to support scale-up? Or plan to build political will?		
Promote ownership of project design, implementation, and results by the community and local networks of organizations working against GBV?		

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The goal of the Collective Action to Reduce Gender-Based Violence (CARE-GBV) activity is to strengthen USAID’s collective prevention and response, or “collective action” in gender-based violence (GBV) development programming across USAID. For more information about CARE-GBV, click [here](#).

To learn more, please contact:

Chaitra Shenoy, JD

Contracting Officer’s Representative
Gender Equality and Women’s Empowerment Hub
cshenoy@usaid.gov

Diane Gardsbane, PhD

Chief of Party
CARE-GBV
diane@makingcents.com