POLITICS 4 HER

INTERSECTIONAL FEMINIST SOLUTIONS TO GBV IN IDP CAMPS

GENDER TRANFORMATIVE APPROACHES

NOVEMBER 2024

Politics4Her is a global intersectional feminist platform and youth-led movement advocating for the inclusive participation of young women and girls in politics, civil society and other decision-making bodies.

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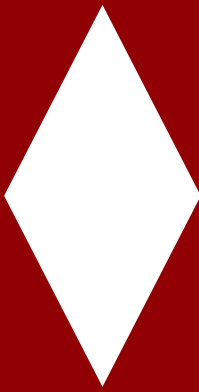**Co-designed by Claire Sabatini and Nada Zamel**

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EXECUTIVE SUMMARY

Gender-based violence (GBV) in internally displaced person (IDP) camps has been described as a "global pandemic" and "silent crisis". Recent, widespread conflicts have led to an all-time high of IDPs, and instances of GBV in humanitarian contexts are also rising. This issue demands international attention and effective action. This policy paper outlines the most promising solution to GBV prevention: Gender Transformative Approaches (GTA). It provides essential criteria for effective GTA including conducting thorough assessments, prioritizing women and girls through an intersectional lens, engaging men and boys, as well as the community as a whole, empowering the community, strengthening services, and securing sustainable and integrated funding. The paper also provides five case studies from different contexts and, ultimately, serves as a guide and advocacy tool for organizations as well as individuals working in GBV prevention for integrated services and programming within displacement settings. It includes six action-oriented recommendations targeted changing the way that organizations, agencies, and stakeholders approach humanitarian aid, community development, and GBV. From addressing data gaps to adopting decolonized empowerment policies and prioritizing targeted financing, these recommendations provide a clear roadmap for sustainable and transformative GBV prevention.

ABBREVIATIONS

CEDAW: Convention on the Elimination of all forms of Discrimination Against Women

CRSV: Conflict-related sexual violence

DRC: Democratic Republic of Congo

GBV: Gender-based violence

GTA: Gender Transformative Approach(es)

IDMC: Internal Displacement Monitoring Center

IDP: Internally Displaced Person(s)

IOM: International Organization for Migration

HDN: Humanitarian-Development Nexus

IPV: Intimate Partner Violence

IRC: International Rescue Committee

LGBTQI: Lesbian, gay, bi-sexual, trans, queer, and intersex

MHM: Menstrual Hygiene Management

NGO: Non-governmental organizations

NRC: Norwegian Refugee Council

SDG: Sustainable Development Goals

SOGIESC: Sexual orientation, gender identity, expression and sex characteristics

UDHR: Universal Declaration of Human Rights

UN: United Nations

UNDP: United Nations Development Programme

UNFPA: United Nations Population Fund

UNHCR: United Nations High Commissioner for Refugees

GLOSSARY OF TERMS

Conflict-related sexual violence

Sexual violence perpetrated in the context of conflict, including rape, sexual slavery, forced prostitution, and other forms of sexual abuse.

Gender norms/Gender stereotypes

Societal and cultural beliefs and expectations about the roles, behaviours, attributes assigned to individuals based on their gender.

Gender-based violence

Harmful acts directed at an individual based on their gender, including physical, sexual, psychological, digital, and economic abuse, disproportionately affecting women and girls.

Gender transformative approach

An approach that seeks to address and change harmful gender norms and power imbalances to achieve gender equality.

Intersectionality

Various aspects of a person's identity (e.g., race, ethnicity, age, class, disability, religion, SOGIESC) which intersect to create unique experiences of discrimination and privilege.

Intersectional feminism

A framework that recognizes how different aspects of a person's social and political identities (e.g., race, gender, class) intersect to create unique experiences of discrimination and privilege.

Murad Code

The Murad Code project is a global consultative initiative aimed at building and supporting a community of better practice for, with and concerning survivors of systematic and conflict-related sexual violence ("SCRSV").

Survivor-centred

Prioritizing the rights, needs, and preferences of survivors of violence, ensuring their safety, autonomy, and access to support services.

Trauma-informed

Recognizing and responding to the widespread impact of trauma, integrating knowledge about its effects into practices, policies, and procedures to avoid re-traumatization.

Women and Girl Safe Space

Secure, women/girl-only environments where women and girls can access support, services, and information, build social networks, and participate in activities promoting empowerment and well-being.
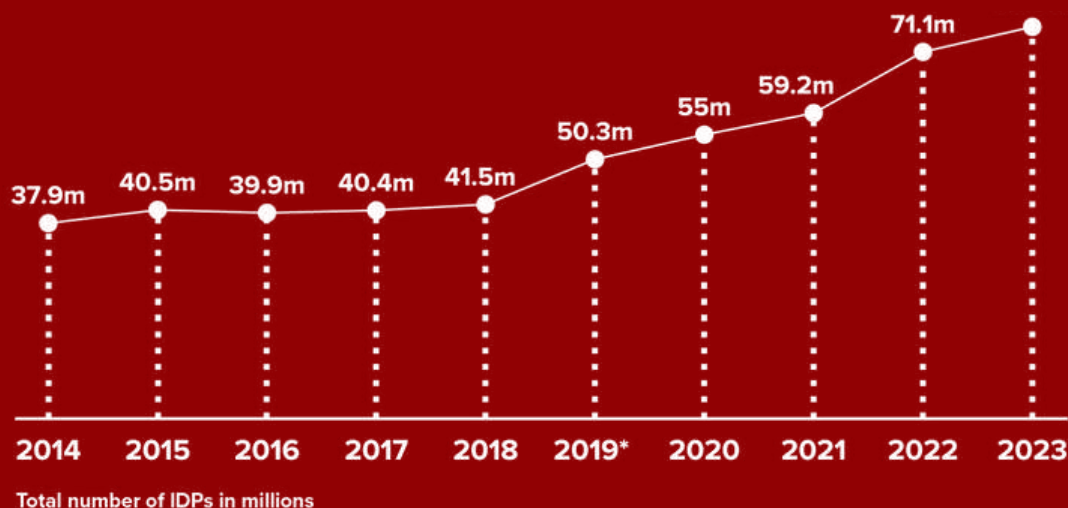
INTRODUCTION

The total number of displaced persons reached approximately 59 million in 2021. By the end of 2023, this total surged to a staggering 71.9 million -- an increase of 800,000 from 2022 (GRID Report 2024). With escalating conflicts and genocide in Sudan, Gaza, and Lebanon, as well as increasing climate crisis, the number of IDPs will continue to increase. Decidedly, women and girls comprise the "overwhelming majority" of IDPs and are more likely to be forcibly displaced (OHCHR, Special Rapporteur on the Human rights of internally displaced persons; "Women and Girls in Internal Displacement Report" IDMC, p.17).

Gender-based violence in IDP camps is an enduring and major crisis impacting all genders, but the predominant reported victims are women and girls. GBV encompasses any harmful act directed at an individual based on their gender, and can be physical, sexual, psychological, digital, and economic. One study based on the Deynile district of Somalia found that 19% of women and girls in IDP camps experienced GBV (Dahie et al. 2023, p. 4), while another study on IDP camps in Northern Uganda found that 50% of women reported experiencing violence in the last previous year (Ager et al. 2018). Recently, in 2022, a study from the Democratic Republic of Congo (DRC) found a 91% rise in GBV incidents with 46,000 cases of GBV reported in North Kivu, South Kivu, and Ituri (UNFPA).

Described as a "global pandemic" (Dahie et al. 2023, p.1), the high rates of GBV in IDP camps are broadly acknowledged by humanitarian organizations. National governments, international organizations and NGOs endeavour to both respond to and prevent GBV in IDP camps. Response and prevention initiatives encompass a spectrum of interventions spanning from structural and physical camp enhancements to the implementation of improved justice mechanisms, to the promotion of women's empowerment and adoption of policies.

Yet, given both the sharp increase in humanitarian crises and data demonstrating a horrifying spike in GBV, this issue demands urgent global attention and resources. Innovative, long-term, and holistic measures are required to curb this unacceptable trend and protect the most vulnerable populations from GBV.

Source: GRID

37.9m 40.5m 39.9m 40.4m 41.5m 50.3m 55m 59.2m 71.1m

2014 2015 2016 2017 2018 2019* 2020 2021 2022 2023

Total number of IDPs in millions

METHODOLOGY

This policy report employs a mixed methodology including academic research and informant interviews. The report adopts a survivor-centred, trauma-informed, and intersectional feminist approach.

Humanitarian professionals and academics with extensive experience in the field of GBV in IDP and/or refugee camps provided insights using a semi-structured questionnaire/interview. Experts provided information on the current landscape of GBV in IDP camps, the vulnerabilities faced by women and girls in humanitarian settings, and the areas for improvement in the current GBV prevention models. Their invaluable contributions steered the direction of this policy report towards GTA as the key to GBV prevention.

Interviews were conducted via phone calls and one email interview with professionals whose experience is based in Afghanistan, Burkina Faso, Central African Republic, DRC, Greece, India, Iraq, Lebanon, Nepal, Nigeria, South Sudan, Syria, Uganda, Yemen and Zimbabwe. The interviewees professional work experience includes organizations such as UNHCR, IRC, NRC, UNDP, UNFPA, UN Women and other organizations working on humanitarian issues.

The significance of incorporating the perspectives of beneficiaries of all genders, alongside expert insights, cannot be overemphasized. Without their voices, any recommendation is missing its most critical informants. With that said, funding and resource limitations prevented direct access to IDP camps to conduct field interviews with the beneficiaries of GBV prevention models.

Furthermore, in keeping with principle 4.3 of the Murad code, where possible, researchers should ask themselves whether there are alternative sources for the information and whether interviewing survivors is necessary. This principle "removes potential risk to survivors", and "takes the pressure off survivors and provides more space for them to participate or not" (Murad Code, Principle 4.3). Therefore, this report incorporates alternative sources, for example, academic articles which included survivor inputs and statistics collected from IDP camps.

Type of Participant	No.
Academic	1
Practitioner	7
Academic-Practitioner	1

VULNERABILITIES TO GENDER-BASED VIOLENCE IN IDP CAMPS

To assess the efficacy of GBV prevention measures, it is critical to first take scope of the vulnerabilities that women and girls face in IDP camps that increase the risk of GBV. These vulnerabilities inform the various elements of GTA detailed later in the policy paper.

Displacement exacerbates GBV as it "reinforces pre-existing discrimination and social and economic disadvantages" ("Women and Girls in Internal Displacement Report" IDMC, p. 12). Displacement disrupts the lives of women and girls, severing them from their communities, which would offer a degree of security and protection (Interviewees 2, 6, 7, 9; "Women and Girls in Internal Displacement Report" IDMC, p.14).

Moreover, the **living conditions and structure of the camp** expose women and girls to GBV (Interviewees 1, 2, 4, 6). Residing in densely populated areas with shared facilities increase vulnerability to GBV as survivors are targeted at schools, water points, latrines and bathing facilities (Muenter & Achermann, n.d.). There are also instances of GBV perpetrated by armed actors, who breach the humanitarian nature of the camp. For instance, in Nigeria, one study found that approximately 50% of the perpetrators of GBV were reported to be Boko Haram militants (Ojengbede et al. 2019).

Lack of security in IDP camps and unavailability of culturally sensitive reporting mechanisms also exacerbate vulnerabilities (Interviewees 6, 8).

In Somalia, one study found that in camps without security, women and girls were twice as likely to experience GBV as opposed to those with security measures (Dahie et al. 2023, p. 4).

Economic vulnerabilities also contribute to increased rates of GBV (Interviewees 7, 9). Once displaced, IDPs "lose their property, assets, capital, income and livelihoods", and have scarce economic opportunities ("Women and Girls in Internal Displacement Report" IDMC, p. 12). Women experience increased financial pressure as they often become the head of the household ("Women and Girls in Internal Displacement Report" IDMC, p. 13). Even where organizations offer stipends to families, women often do not receive this money if a man is listed as the head of household ("Women and Girls in Internal Displacement Report" IDMC, p.13).

Such financial strain leads to the exploitation of women and girls, where transactional sex is a tool to access basic necessities ("Women and Girls in Internal Displacement Report" IDMC, p. 14).

> *Displacement disrupts the lives of women and girls, severing them from their communities, which would offer a degree of security and protection.*

Forced marriage and child marriage are also heightened in IDP setting (UNHCR & Plan International, 2023, p. 3; Interviewee 7; "Women and Girls in Internal Displacement Report" IDMC, p. 14). One study based in Iraq's Kurdistan region found that child marriage was highest among IDP populations compared to refugee and host communities (Goers et al. 2022, p. 9). It further found that child marriage was significantly more common when the head of household was unemployed, which is common in IDP camps (Goers et al. 2022, p. 6-7).

Intimate partner violence (**IPV**) is a prevailing form of GBV in IDP camps ("Women and Girls in Internal Displacement Report" IDMC, p.14, Interviewees 1, 4, 6, 7). One female refugee in Tigray also reported that the fact that people are idle and closely contained in the camps also leads to increased interpersonal conflicts and IPV ("It's the Darkness that Scared Us" IRC, p. 10). Kelly et al.'s study on Colombia and Liberia found that forcibly displaced women experienced 40% and 55% increased risk of experiencing IPV compared to non-displaced women (Kelly et al. 2021, p. 27). Some reports posit that the majority of GBV in IDP camps is IPV ("Somalia Protection Analysis 2022" UNHCR, p. 12).

Men, boys, and LGBTQI individuals also experience GBV. Enhancing their vulnerability to GBV is the l**ack of targeted interventions** for these survivors. Men, boys, and LGBTQI individuals face compound stigma which results in underreporting. For example, in the UNHCR's GBV incident report from Cabo Delgado, Mozambique stated that 100% of the survivors seeking support were women and girls (UNHCR Mozambique GBV Incident Report 2021). While the lack of targeted interventions for these survivors is widely acknowledged, progress has been noticeably stagnant.

The policy landscape within the IDP camp can also lend itself to GBV (Interviewees 2, 3, 4). Policies involving the distribution of resources, water, sanitation and hygiene policies, freedom of movement, and the lack of culturally sensitive reporting mechanisms are examples of some of the policies that can impact vulnerability to GBV.

> In every context, at the core of GBV is sexism and a systemic societal malady where women and their bodies are objectified as symbols of dominance, power, and control (Interviewees 4, 6). While this reality is magnified in humanitarian contexts, its presence extends far beyond such settings.

GENDER TRANSFORMATIVE APPROACHES & GBV PREVENTION

What are Gender Transformative Approaches?

Prevention Collaborative defines Gender Transformative Approaches as:

[...] specifically aim to challenge or transform unequal gender and power relations, promoting equality in addition to their specific programme outcomes. Gender transformative programmes typically include participatory processes that foster critical and personal reflection about gender roles, norms, and inequalities; promote positive, more equitable behaviours and norms; and where possible, aim to transform the underlying norms, structures, and policies that sustain inequality.

Despite an existing comprehensive definition of GTA, there is often a misconception within the development and humanitarian space that GTA is a method that simply engages men and boys instead of focusing solely on women and girls. While involving men and boys in GBV prevention is a critical component, this policy report will demonstrate several other essential factors to employing a GTA, and detail how GTA must be holistic to be effective.

Efficacy of Gender Transformative Approaches

Humanitarian and development organizations have made a collective shift aligned with GTA. For example, the UNHCR's 2020 Policy on GBV Prevention has greater focus on targeting systemic issues compared to its 2003 strategy. In 2003, UNHCR framed the root cause of GBV as harmful stereotypes that condone violence. However, in 2020, its perspective evolved to a more systemic and intersectional understanding, where GBV prevention is described as tackling 'root causes, namely gender inequality, systemic discrimination, and unequal power relations between women and men, as well as people with diverse SOGI.'

The World Health Organization reported that, in general, gender transformative programs were rated as having an efficacy rate of 41% compared to 29% for non-gender transformative approaches (WHO, p. 4). In addition, experts interviewed for this policy report agreed that GTA is the most effective method to prevent GBV in IDP camps. More targeted research is required to uncover the efficacy of GTA in GBV prevention, specifically in the context of IDP camps.

EXISTING POLICY & LEGAL FRAMEWORKS

Regional Frameworks

AFRICA

The Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (2003) obliges States Parties to combat discrimination and enshrines the rights of women, including the right to dignity (Article 3), as well as the right to life, integrity and security (Article 4). It also includes special protections for women who experience increased vulnerabilities (i.e. elderly, disabled, poor, or pregnant/nursing women). Further, the African Union's Maputo Protocol (2003) emphasizes the elimination of GBV and other harmful practices (i.e. female genital mutilation) and outlines protections for women's sexual and reproductive rights.

IBERO-AMERICA

The Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women "Convention of Belém do Pará" (1994), expanding on the American Declaration of the Rights and Duties of Man, outlines the human rights of women and the duties of states to "pursue, by all appropriate means and without delay, policies to prevent, punish and eradicate". Notably, Article 8(b) specifically calls for States Parties to undertake programs to address social and cultural gender norms and harmful gender stereotypes which lead to violence against women.

EUROPE

The Istanbul Convention (2014) which expands upon the European Convention on Human Rights, provides a framework for GBV prevention and prosecution and emphasizes education, awareness, and coordinated national policies (Articles 12-17, 7). The convention also promotes gender-transformative approaches by encouraging the dismantling of harmful gender stereotypes and fostering gender equality to address the root causes of violence (Article 12).

ASIA

the ASEAN Declaration on the Elimination of Violence Against Women and Children (2012) underscores member states' commitment to eliminating violence against women and children, focusing on cooperation, prevention, and capacity-building.

INTERNATIONAL FRAMEWORKS

UNIVERSAL DECLARATION OF HUMAN RIGHTS (UDHR) - 1948

While the UDHR does not specifically address GBV however it outlines protections for individuals from harms that relate to GBV. First and foremost, GBV is rooted in inequality and an affront to a person's human rights and dignity which is protected under Article 1 (Interviewee 6). Furthermore, GBV violates a person's liberty and security of person as laid out in Article 3, as well as a person's right to not be subject to torture, or cruel, inhumane or degrading treatment as protected under Article 5.

CONVENTION FOR THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN (CEDAW) - 1979

CEDAW defines discrimination against women and establishes an agenda for national action to end it. Article 2 of CEDAW obliges States Parties to condemn all forms of discrimination against women and in doing so, adopt appropriate legal and policy measures to ensure the elimination of discrimination against women. Moreover, Article 3 provides that States Parties shall ensure the advancement of women in guaranteeing that women exercise and enjoy their human rights and fundamental freedoms. Lastly, Article 6 specifically obliges States Parties to take measures to supress "traffic in women and exploitation of prostitution of women," a form of GBV which is rampant in IDP camps.

DECLARATION ON THE ELIMINATION OF VIOLENCE AGAINST WOMEN - 1993

This Declaration specifically addresses GBV and obliges States Parties to adopt measures to prevent GBV (Article 4(c), (f), (i)) and to measure such prevention approaches (Article 4(k)).

BEIJING DECLARATION AND PLATFORM FOR ACTION

The Beijing Declaration and Platform for Action is a comprehensive policy framework aimed at achieving gender equality and empowering women globally. It, emphasizes the need to address and prevent violence against women and girls, calling for robust legal, policy, and programmatic interventions to combat GBV. The Declaration outlines strategic objectives and actions across 12 critical areas including violence against women, education, health, and economic empowerment. Moreover, it underscores the importance of integrating GBV prevention into all humanitarian efforts, particularly in conflict and displacement settings, to ensure the protection and promotion of women's rights.

UNITED NATIONS SECURITY COUNCIL RESOLUTIONS

The UN Security Council Resolutions on Women, Peace, and Security form a series of landmark international legal frameworks designed to address the impact of conflict on women and the critical role women play in peace building and conflict resolution. Starting with Resolution 1325 on 31 October 2000, this resolution emphasize the protection of women and girls from GBV in conflict zones and the necessity of their participation in peace processes. Subsequent resolutions, such as 1820 (2008), 1888 (2009), and others, further underscore the need to prevent sexual violence in conflict, enhance accountability for perpetrators, and support survivors. These resolutions mandate the integration of gender perspectives in all peace and security efforts, advocating for comprehensive measures to protect women in conflict and ensure their meaningful inclusion in peacebuilding initiatives.

UNHCR GUIDING PRINCIPLES ON INTERNAL DISPLACEMENT

The Guiding Principles on Internal Displacement ("The Principles") address protections specifically within displaced populations. While not legally binding, The Principles have been recognized as an "important international framework for the protection of internally displaced persons" by world leaders at the UN level (UN General Assembly GA Resolution A/60/L.1, para. 132). The Principles cover the explicit protection against GBV (Principle 11 (2)(a)), as well as the need for women to have access to appropriate health services, including counselling (Principle 19(2)) and equal access to education (Principle 23(3)).

OTHER INTERNATIONAL FRAMEWORKS

Comprehensive guidelines for preventing GBV are also robustly laid out in the Inter-Agency Standing Committee's Guidelines on Integrating Gender-Based Violence Interventions in Humanitarian Action. In addition the UN Action Network's Framework for the Prevention of Conflict-Related Sexual Violence is meant to guide decision-making by outlining critical elements of CSRV prevention. It underlines that CSRV must be prevented by addressing gender inequality in addition to addressing security and political interventions.

The UNHCR Policies on Gender-Based Violence emphasize a holistic, multi-sectoral approach to prevent and respond to GBV in refugee and IDP settings. Furthermore, the Sphere standards articulated in its handbook "Humanitarian Charter and Minimum Standards in Humanitarian Response", provide a set of universal benchmarks aimed at ensuring quality and accountability in humanitarian assistance. These standards include essential guidelines for the protection of vulnerable populations, particularly in the context of GBV.

Despite a comprehensive legal framework which covers everything from general human rights to the specific issue of GBV in IDP camps, the rate of GBV in IDP camps is soaring. Seemingly, GBV is accepted and normalized, especially in the context of conflict and particularly by the Global North when it happens in the Global Majority. The humanitarian sector has its roots in colonialism and much work is still required to de-colonize it. This colonial mindset is built on racist and misogynistic assumptions — reinforcing power imbalances and making attempts to implement the existing legal framework ineffective. Furthermore, in both the Global North and South, patriarchy prevails, devaluing women and positioning GBV as an accepted and unavoidable reality.

1. Conduct Thorough Assessments and Data Collection

The importance of conducting thorough assessments and data collection in IDP settings stands regardless of the approach to GBV prevention. However, certain assessments and aspects of data collection are particularly key for employing GTA for GBV prevention.

First, **for GTA to be successful they must be long-term**, meaning they require a minimum of three months to be effective. As stated by the UNFPA, "Evidence shows that gender transformation is possible, but can also be long term, is often generational, and needs sustained investments over time" ("Technical Note" UNFPA).

While IDP camps are considered as temporary living conditions for displaced persons, the reality is that they are often longer term. Studies disagree on the average lifespan of refugee camps (the statistic is not available for IDP camps). With the UNHCR previously reporting that the average camp lasted 20 years ("Settlement Layout Optimization: Appropriate Communal Open Spaces" UNHCR), and another source claiming the average is closer to five years (World Bank Blogs). Nonetheless, even the minimum available estimate of five years presents an opportunity to employ long-term methods to GBV prevention, such as GTA.

Despite it being widely known that humanitarian settlements ultimately exist for years, long-term strategic planning is lacking and the focus is meeting urgent needs (Smith 2004; Interviewees 1, 6, 7).

While short-term planning is critical at the onset of the crisis, "this approach has been criticized for limiting displaced people's autonomy and capabilities and impeding their ability to establish independent lives through education, employment, and other opportunities" (Calabria et al. 2022; Smith 2004).

Yet, there is no established assessment which attempts to map out the likely timeframe that an IDP camp will be in place. The closest equivalent is the Scenario Planning assessment which analyzes different future scenarios of the camp. An assessment on the likely duration of the camp would be instrumental in gaining funding for longer-term programs such as GTA and be a tool to adjust the mindset towards long-term strategic thinking. Assessing the longevity of the camp is just one of many assessments that must take place at the earliest opportunity (interviewee 1, 8).

Baseline Assessments Include:
- Prevalence assessment
- Protection risk assessment
- Knowledge, Attitude, Practices (KAP) Assessments
- Needs Assessment
- Health and Psychosocial Assessments
- Stakeholder Analysis
- Cultural Assessment
- Service Capacity Assessments
- Post-Intervention Assessments

This begs the question — why are longevity assessments, which would allow for more long-term strategic planning, not widely conducted? Again, the colonial root of the humanitarian system devalues people from the Global Majority and leads to a lack of long-term investment in addressing systemic issues that perpetuate not only GBV, but also displacement. The Global North is not interested in long-term solutions, but in protecting their own interests, where IDP camps serve to control migration. Furthermore, the colonial mindset in a humanitarian setting translates to paternalistic attitudes towards the displaced population, denying them agency and positioning IDPs as passive beneficiaries of aid and not capable of rebuilding their lives if provided with the proper support.

Furthermore, to employ GTA, **data must be, at a minimum, disaggregated by age and gender**. Gender-disaggregated data is essential for gender analysis ("Gender Data" UN Women), which must take place in a GTA. Disaggregated data plays a key role in exposing vulnerabilities faced by women and girls and measuring the impact of any GBV prevention program.

However, in 2018, IDMC found that only 15% of the countries from which it collects data provided sex and age disaggregated information, and 10 countries with the highest number of IDPs are totally absent from the Sustainable Development Goal Gender Index "due to unavailability of data" ("The Female Face of Displacement" IDMC). More recently in 2023, IDMC similarly reported that most available data on IDPs is not disaggregated by sex ("Gender dynamics in internal displacement" IDMC, p. 9). The risks of not collecting disaggregated data is that IDPs are treated as a homogenous group, and the different experiences faced by women and children is not recognized ("Gender dynamics in internal displacement" IDMC, p. 9).

Disaggregating data by other factors including, for example, sexual orientation, gender identity, and disability, allows for programming to be more effective and inclusive. However, there are often cultural barriers to consider. For example, in many cultures, it is still not accepted to be open about sexual orientation and gender identity (unless it is straight and cis). Therefore, beneficiaries may not feel comfortable to disclose this information to anyone. Ultimately, data collection must be conducted in a culturally sensitive manner.

Data must also be community-driven. To transform unequal power relations and promote equality, it is essential to first understand community held views surrounding gender and GBV. No entity is better placed to provide this data than the community itself. Community engagement and empowerment in the context of GTA to GBV prevention is discussed further in #4 and #5 on the checklist.

> *Community-driven data is an approach to data collection that not only informs decision-making about interventions for women and girls, but can also increase communities' agency. Without data that represents women's experiences, policies cannot meet their needs - Fionna Smyth, Development Intiatives*

Prioritizing women and girls in GBV prevention methods can involve several different techniques including but not limited to:

- Involve women in decision-making and leadership within the community;
- Provide access to income: through cash transfers, microloans, creation of village savings and loans associations, etc;
- Provide access to education; promote girls' education and life skills training as well as education surrounding GBV;
- Create women and girl safe spaces;
- Enhance dignity through dignity kits/menstrual hygiene management (MHM) kits;
- Provide psychosocial support;
- Ensure availability of culturally sensitive reporting mechanisms; and
- Provide access to women's health services.

However, in implementing any of the above initiatives, it is critical to understand that woman and girl IDPs are a diverse group, not homogenous. An intersectional approach requires assessing diverse vulnerabilities that women and girls face in the context of GBV, shaped by intersecting factors such as race, ethnicity, disability, age, SOGEISC, economic status, social status, etc. Furthermore, an intersectional approach requires understanding and addressing barriers that various women and girls face in GBV prevention strategies and bridging those gaps. An empowerment program can only be called as such if it empowers the most disempowered within a community, which can only be achieved through an intersectional approach.

For instance, a critical component of GBV prevention that prioritizes women and girls is the creation of women and girl safe spaces (Interviewees 1, 4). However, it is not sufficient to merely establish these spaces; they must also be physically and culturally accessible to women and girls with disabilities and culturally inclusive for those from diverse backgrounds.

The same is true for economic empowerment initiatives which are also central to GBV prevention (Interviewees 1, 4). Such measures can include cash transfers, microloans, providing farming land, and vocational training. For example, the International Food Policy Research Institute found that cash transfers provided to poor, rural women in Bangladesh resulted in a 26% decrease in IPV, 6-10 months post program (International Food Policy Research Institute, p. 1).

While these programs have shown great capacity to prevent GBV, they must be tailored with an intersectional lens. For example, since carrying cash may expose women to a greater risk of violence, money transfers are increasingly conducted online through mobile applications. However, women without digital literacy or access to the internet, a mobile phone or bank account may be excluded from this opportunity for economic empowerment.

To overcome this, programs must first strategize on how to ensure money is accessible to participants and devise tailored solutions so that the most marginalized women are not ignored. It is also important to note that prioritizing women and girls with an intersectional lens must be done in combination with other elements of the GTA checklist. For example, women who are employed had a higher risk of GBV (Dahie et al. 2023, p. 4),), and women who received cash via economic empowerment programs have been particularly targeted for GBV (Interviewees 6, 3). Similarly, IRC found in Tigray that though food rations and MHM kits were being provided specifically for women, they were being wrongly claimed by male IDPs and refugees claiming to be their husbands ("It's the Darkness that Scared Us" IRC, p. 7).

As soon as women have access to some form of empowerment or perceived advantage over men, this may fuel a negative, opportunistic and in some cases violent reaction from men seeking to uphold the status quo. It also demonstrates the need for a systemic shift surrounding gender that can only be addressed by a holistic GTA and not through a piecemeal approach.

Empowerment must also be decolonized. and defined by the community, or in this case, by women and girls in the community, and not by humanitarian or human rights actors. A decolonized approach to empowerment does not reinforce and reproduce colonial domination. Imposing the Global Minority's ideas of what empowerment looks like does not ultimately serve the population, it subjugates them. For example, classes that teach a Western approach to entrepreneurship, English or skills like sewing and cooking can all be colonial approaches to empowerment if they are not driven, designed or initiated by the affected community. This aspect is also relevant for the next section.

Case Study: Economic Empowerment in Ugandan Refugee Camps

Background

Northern Uganda hosts several IDP camps due to conflicts in neighboring countries including South Sudan, DRC, and Burundi. These conflicts have resulted in a significant influx of refugees seeking safety and stability in Uganda. Economic vulnerability is a key factor contributing to GBV in these settings, as financial dependency often exacerbates the risk of violence.

Intervention

The Association of Refugee Women in Uganda (AORW-U) implemented a comprehensive microfinance and skills training program targeting women in these camps. This initiative aimed to enhance economic opportunities and reduce financial dependency, which are known risk factors for GBV. The program included training in tailoring, agriculture, handicrafts and small business management. Additionally, participants received microloans to start or expand their businesses, promoting financial independence and economic resilience. What is key is that these empowerment initiatives are driven by and for women refugees from the DRC, Burundi, Rwanda, and Somalia.

Outcomes

This program yielded significant improvements in the economic independence of women, reducing their vulnerability to GBV. Participants reported increased control over their finances and a greater ability to support their families. The skills training and microloans facilitated sustainable livelihoods, leading to positive ripple effects across the community. For instance, women engaged in tailoring and handicrafts were able to generate consistent income, which improved their living conditions and reduced economic stress, a known contributor to GBV. AORW-U's programs have empowered women like Aline Kamutere, a Congolese refugee, who utilized microfinance loans to develop new skills in handcrafting, helping her overcome financial challenges and support her family. The organization also provided educational support for her daughter and assistance through projects like the Goats and Birds project, which further enhanced her economic stability

Challenges

Sustaining businesses in the challenging environment of IDP camps required ongoing support and adaptation of strategies. Access to markets and resources remained a significant hurdle, necessitating continuous collaboration with local and international partners to provide the necessary infrastructure and support. Additionally, the lack of formal employment opportunities and financial services posed ongoing challenges, highlighting the need for more comprehensive and inclusive economic policies.

Case Study: Safe Spaces for Women and Girls in Syrian Refugee Camps in Lebanon

Background

Lebanon hosts a significant number of Syrian refugees due to the conflict and ongoing security risks in Syria, with many women and girls facing heightened risks of GBV. The displacement has led to economic instability, social isolation, and increased vulnerability, making integrated protective measures essential.

Intervention

The United Nations Population Fund (UNFPA) established "Women and Girls Safe Spaces" (WGSS) in Lebanon, focusing on providing comprehensive support to female Syrian refugees. As of 2021, UNFPA supports 11 WGSS across five regions of Lebanon. These safe spaces offer psychosocial support, medical and legal referrals, sexual and reproductive health care, including pre and post-natal services, and recreational and skills-training activities to empower women and girls and expand their life choices.

Outcomes

The WGSS has significantly impacted the lives of many Syrian refugee women and girls. They provide a safe and supportive environment where participants can receive critical services and support. The centers have reported reductions in GBV incidents, improved mental health, and increased empowerment among women and girls. For instance, the centers offer training in various skills, enhancing economic opportunities and reducing dependency. Additionally, these spaces facilitate community engagement and raise awareness about GBV, contributing to positive changes in community attitudes towards women and girls.

Challenges

Maintaining continuous funding and resources to sustain and expand these safe spaces is a significant challenge. The cultural sensitivities and the ongoing political and economic instability in Lebanon also require careful navigation to ensure community acceptance and participation.

Source: https://www.unfpa.org/resources/women-girls-safe-spaces-guidance-note-based-lessons-learned-syrian-crisis

3. Engage Men and Boys

Men and boys play a critical role in GBV prevention as they are the primary perpetrators, and also witnesses to and victims of GBV. During interviews, experts agreed that engaging men and boys is one of the most effective tools for GBV prevention (Interviewees 1, 2, 4, 6, 9). Engaging men and boys in the strategy to prevent GBV has been adopted in several IDP camps already, for example programs including SASA! and Engaging Men through Accountable Practice (EMAP). These programs are shown to have a significant impact men and boys' perceptions and behaviours related to GBV.

Various strategies for engaging men and boys in GBV prevention have been developed and implemented across contexts. For example, there are participatory learning approaches, exposing men and boys to messaging regarding GBV via multi-media and community dialogue workshops. Whatever the chosen method, it is important to tailor it to the culture and context and make use of technology (i.e. social media, phone applications) (Interview 2, 8). For the best results, men should be engaged both in separate activities and joint activities with women (UNFPA, p. 21).

One study out of North and South Kivu, DRC, found that EMAP had a positive impact on men's gender attitudes, however ultimately, women did not report a different experience with IPV (Vaillant et al. 2019). This demonstrates that while engaging men is a critical piece to GTA to GBV, it does not represent the ultimate solution.

Overemphasizing the role of engaging men and boys in a GTA is problematic for numerous reasons. It positions men and boys as the gatekeepers and granters of equality for women and girls while also sidelining the importance of women's leadership and agency in driving change. Furthermore, solely focusing on changing men's attitudes does not incorporate an intersectional approach as the diverse experiences of women and girls is not considered. Essentially, the voices of women and girls should be at the forefront of GBV prevention strategies and while engaging men and boy is important, a more holistic and integrated approach is necessary to effect change.

Case Study: Transforming Gender Norms in North and South Kivu, DRC

Background

The DRC has experienced prolonged conflict and ongoing genocide leading to significant displacement and high rates of GBV, particularly in IDP camps. In response to these challenges, various organisations have implemented the "Engaging Men through Accountable Practice" (EMAP) approach to transform gender norms and reduce GBV in these settings.

Intervention

The EMAP program is a structured, group-based discussion series that engages men in critically examining and challenging harmful notions of masculinity, gender, and power. Over 16 weeks, male participants attended weekly sessions led by trained facilitators, focusing on topics such as the types, causes, and consequences of violence against women and girls, and exploring opportunities for positive role modelling. The facilitators recruited participants through community networks, with the involvement of local secular and religious leaders, to identify men who could serve as role models. This systematic approach aimed to create a cadre of male allies who practice and promote gender equity and do not use violence, including intimate partner violence (IPV).

Outcomes

The program led to significant changes in attitudes and behaviours among men, with increased awareness about GBV and a shift towards more equitable gender norms. Participants reported adopting more supportive attitudes towards women's rights and actively opposing GBV. The involvement of community leaders and religious figures helped reinforce the message and facilitated broader community acceptance. The program's effectiveness was further demonstrated by the reduction in reported instances of IPV and improved intra-household dynamics, indicating a positive impact on both individual and community levels.

Challenges

Initial resistance from some community members posed a challenge, but sustained engagement and dialogue helped overcome these barriers to ensure approaches were community informed and driven. The security situation in conflict-affected areas also presented logistical challenges for program implementation, requiring adaptations to ensure the safety of participants and facilitators.

Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7259847/

4. Engage the Community

For communities to be mobilized to prevent GBV, they must be engaged. Engaging the community is key to deconstructing harmful stereotypes which reinforce GBV (Interviewees 1, 8, 7), an approach adopted by UNHCR in its "Community-based protection" (CBP) model. The CBP model is described as putting the "capacities, agency, rights and dignity of forcibly displaced and stateless persons at the centre of programming" ("Community Based Protection" UNHCR).

Under this model, the community should be involved throughout all stages of programming. From the beginning, community engagement is needed in the data collection and design phase of the program as referenced in the first item on the checklist on data collection. Their consultation is key for understanding, for example, gender dynamics, indicators, capacities, key actors, and community organizations that can be instrumental in GBV prevention. In the implementation phase, the community provides indispensable feedback regarding the efficacy and relevance of the program and the need for improvements. Finally, community involvement in the monitoring and follow-up phase is vital to identify impact, lessons learned and ways to improve future interventions. Safe, inclusive spaced for community engagement should be tailored to the specific setting ("Raise the Ambition" Wo=men, p. 30).

Credit:: UN Women/Ryan Brown

Community leaders play an important role in GBV prevention and must also be engaged in GTA to GBV (Interviewees 1, 6, 7). They are often sought for advice and counsel including regarding interpersonal relationships where GBV may be present (Traditions and Opportunities: A Toolkit for GBV Programs to Engage Community Leaders in Humanitarian Settings, p. 17). They are also often the individuals within the community to respond to complaints of GBV, and this is especially true in situations of displacement where formal systems have broken down and are not accessible (Traditions and Opportunities: A Toolkit for GBV Programs to Engage Community Leaders in Humanitarian Settings, p. 17).

Engaging the community may also entail providing training and/or sensitization to key community actors and service providers regarding gender/gender norms and GBV (Interviewee 7). Furthermore, the creation or involvement of community-based committees is considered to provide immense benefit to preventing GBV (Oladosu et al. 2019). The most impactful outcomes arise while working within existing community structures, as humanitarian actors can duplicate efforts without understanding local contexts (Interviewee 8). It is important to first check what community structures exist before creating new ones ("Transforming Community Structures Into Community Protection Structures" UNHCR, p. 10). An important piece of community engagement is recognizing that it is not homogenous. Needs will vary across the community but so too will capacities and assets the community offers ("Transforming Community Structures Into Community Protection Structures" UNHCR, p. 9).

A complete guide to engaging the community in GBV prevention is provided by the IOM.

Case Study: Community-Based Protection Mechanisms in Somalia

Background

Somalia has been impacted by ongoing conflict, leading to significant displacement and high levels of GBV in IDP camps. The lack of security and protective measures exacerbates the vulnerability of women and girls in these settings.

Intervention

Oxfam introduced community-based protection mechanisms, establishing community protection committees (CPCs) and training local volunteers to monitor and report GBV incidents. These committees work closely with community members to raise awareness about GBV and provide a first line of defence against violence.

Outcomes

The establishment of CPCs has led to increased reporting of GBV incidents as community members feel more comfortable approaching trusted local volunteers. The presence of these committees has enhanced vigilance and proactive measures to prevent GBV. The program has empowered community members to take ownership of GBV prevention and response, leading to sustainable and culturally appropriate solutions.

Challenges

Ensuring the safety and neutrality of CPC members in a volatile security environment remains a significant concern. Ongoing training and support are necessary to maintain the effectiveness and integrity of the committees.

Source: https://policy-practice.oxfam.org/resources/identifying-and-supporting-self-protection-mechanisms-in-somaliasomaliland-621241/

5. Empower the Community

Community empowerment is an important tool for GBV prevention (Interviewee 2). The agency of communities in IDP camps has undergone a drastic shift because of displacement. In addition to losing family and community members, livelihoods, homes, possessions and stability, camps often impose restrictions on movement, economic opportunities, living conditions and much more. The agency of IDPs is often drastically curtailed, including the ability to engage in regular day to day activities such preparing meals as a family, farming and trading. In some cases, families are even separated within the camp, whereby men and boys are placed in one section of the camp and women and girls in another (Interviewees 3, 4). The stress of living in such conditions combined with lack of security or home protection exacerbates GBV rates (Dahie et al. 2023, p. 4; "It's the Darkness that Scares us" IRC, p. 10).

While prioritizing the empowerment of women and girls is critical, it does not mean that the remainder of the community should be excluded from empowerment initiatives. Community empowerment initiatives which can build community cohesion and resilience can take many forms. Some examples of such initiatives include the establishment and maintenance of community leadership mechanisms, self-help groups, parent groups, farmer groups, youth groups, and sports and play activities and providing access to employment and education.

Community empowerment can help reduce the underlying risk factors that contribute to higher rates of GBV, such as poverty, substance abuse, social fragmentation, and lack of education. Although the impact of community empowerment on GBV is not extensively studied, it stands to reason that by addressing these risk factors, the incidence of GBV would be significantly diminished.

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Credit: UNICEF Ethiopia/Martha T.

6. Strengthen Services

GBV is a pervasive issue that intersects with multiple facets of daily life, from accessing WASH systems, to food and non-food item distribution, to more obviously connected services like security, psychosocial support, medical services, childcare, and GBV reporting and accountability structures. A key way to strengthen services in humanitarian settings is through gender-mainstreaming. Services provided by all sectors (i.e. education, health, nutrition, WASH, etc.) should be designed with a gendered lens (Interviewee 6).

Strengthening services also means implementing inclusive, intersectional approaches towards victims/survivors that are often invisible. This includes the elderly, persons living with disabilities, LGBTQI, and other intersecting identities that remain underserved. Regarding GBV, men and boys, in particular adolescent boys are often overlooked in the context of GBV and GBV prevention.

Ensuring that services are appropriately staffed in IDP camps is another key way to strengthen services. Services can be designed with the best of intentions, but if they are not staffed by people who have the requisite awareness and sensitivity, the services will still fail.

For example, the IRC found that negative/uninformed attitudes about GBV led healthcare staff to dismiss GBV survivors and not prioritize these individuals ("It's the Darkness that Scares Us" IRC, p. 8). Furthermore, Ojengbede et al. found that improved capacity of both health team and security personnel is urgently required to better combat GBV (Ojengbede et al. 2019). As states by the UNHCR, "The first step in rectifying gender inequality in the humanitarian system is to augment the presence of female staff at all levels of agencies" (Tearing Down the Walls: Confronting the Barriers to Internally Displaced Women and Girls Participation in Humanitarian Settings, UNHCR, p. 50).

Finally, services should be proactive in reaching out to community members, particularly women and girls, making themselves known and building trust within the community. Impactful services may be available but if their presence is not widely known or trusted within the community, their support goes to waste.

Credit: UN Women/James Ochweri

Case Study: Integrating GBV Services in Health Clinics in DRC

Background

The DRC has experienced decades of conflict and genocide, resulting in large IDP populations with high rates of GBV. Women and girls in IDP camps are particularly vulnerable due to the lack of security and protective services.

Intervention

The International Medical Corps (IMC) integrated GBV prevention and response services into existing health clinics in IDP camps. This included training healthcare providers, establishing referral systems, and providing comprehensive care for GBV survivors.

Outcomes

The integration of GBV services into health clinics ensured that survivors received holistic care, including medical, psychological, and legal support. Healthcare providers reported increased capacity to handle GBV cases, and survivors had improved access to essential services. The referral systems facilitated coordinated care, enhancing the overall effectiveness of GBV response efforts.

Challenges

Maintaining the quality of services amidst ongoing conflict and resource limitations required continuous training and support for healthcare providers. Ensuring confidentiality and safety for survivors accessing services was also a critical concern.

Source: https://evaluation.msf.org/evaluation-report/improving-availability-and-use-sgbv-services-central-kasai-drc

7. Secure Sustainable and Integrated Funding

Despite widespread global recognition of the alarming rates of GBV in IDP camps GBV is "consistently under-prioritized and under-resourced" (Raftery 2022). In the context of GBV, humanitarian organizations prioritize immediate response services like medical assistance and psychosocial support and less emphasis on GBV prevention (Interviewee 8). However, given that GBV is an imminent threat to health, safety and human rights, coordinating prevention and mitigation is essential in every humanitarian response (Raftery 2022).

To effectively address underlying causes of GBV over time, sustainable and dedicated funding is essential. Recently, Refugees International published a series of recommendations on "Ensuring Women's Protection Amid Rising Conflict in Eastern DRC" with a heavy focus on funding. It recommends DRC authorities allocate an increased portion of the national budget to GBV mitigation and response, and recommends donors increase and prioritize funding to both respond to GBV and to address root causes of GBV for example, funding food security programs, livelihood trainings and strengthening women's access to land (Refugees International 2024).

As previously mentioned, IDP camps often remain in place for extended periods meaning that programming must respond to immediate needs and address underlying vulnerabilities. However, humanitarian and development funding end up in competition, leading to disjointed efforts. The Humanitarian-Development Nexus (HDN) is a newer approach where humanitarian and development efforts connect to "achieve collective outcomes and reduce need, risk and vulnerability over multiple years" (UNICEF).

Short-term funding cycles create fragmented interventions that hinder sustainable GTA. Instead, multi-year, flexible funding allows for greater community engagement, consistent implementation, and ongoing evaluation—all necessary for transforming gender norms and reducing GBV over time. Pooled funds, which combine humanitarian and development resources into a single funding base are promising in this regard.

Additionally, funding for local organizations should be prioritized, since they are best placed to provide culturally and contextually appropriate responses.

Source: Oritz 2024
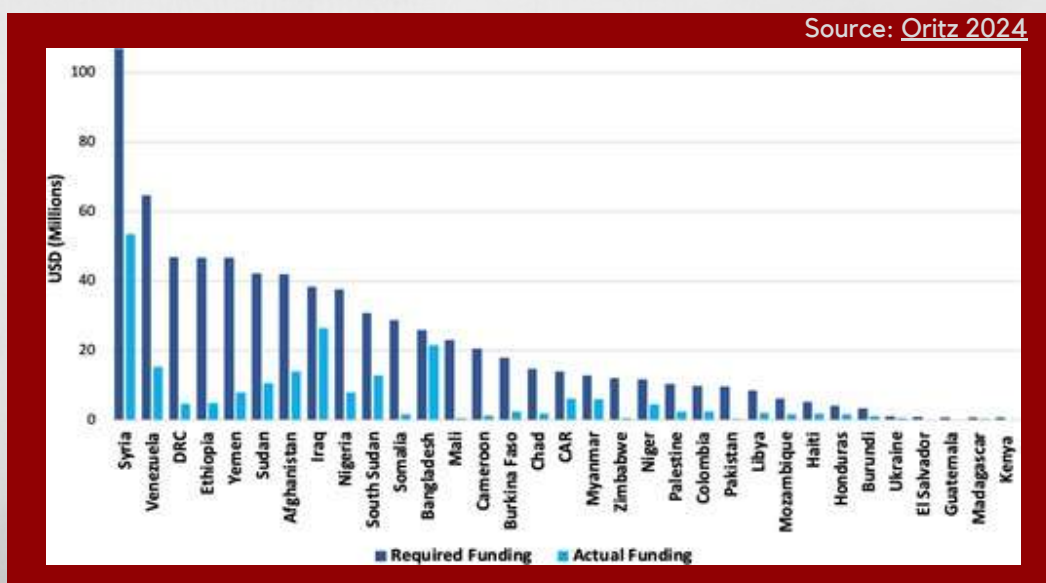
POLICY RECOMMENDATIONS

1 **Mandate standardized longevity assessments:** Require comprehensive, regularly updated assessments that account for evolving circumstances in IDP camps. Use these assessments to develop long-term strategic policies, prioritizing GBV prevention through GTA.

2 **Institutionalize community-driven data collection and disaggregation:** Establish protocols for collecting disaggregated data by age and gender as a baseline, expanding to include other relevant demographic factors where culturally appropriate. Ensure this data informs policy development and resource allocation.

3 **Adjust resource allocation for gender transformative programming:** Develop policies that evaluate and balance investments in engaging men and boys with funding for other elements of GTA listed in the checklist.

4 **Enhance competence of staff through targeted training:** Conduct regular, mandatory trainings on GBV, intersectionality, neo-colonial legacies, cultural competence and unconscious bias. Embed these training requirements in institutional policies to prevent the reinforcement of harmful practices.

5 **Adopt decolonized empowerment and engagement policies:** Ensure that empowerment and engagement strategies are driven by the community. Build partnerships within the community, respecting traditional knowledge and cultural contexts.

6 **Prioritize targeted financing for GBV prevention:** Develop funding policies that allocate resources explicitly for long-term GBV prevention. Ensure financial planning adapts to the extended timelines required for sustainable intervention

CONCLUSION

In the midst of addressing urgent concerns such as the provision of food, water and shelter, GBV is an issue in IDP camps that is not often placed at the forefront. Yet, GBV represents a critical concern to the health of individuals and communities. The impact of GBV expands beyond the immediate survivors to the community as a whole — with negative impacts on the healthcare systems, economy, education, interpersonal interactions, social cohesiveness, gender equality, and human rights (Pandey 2024). Therefore, "investing in displaced women's and girls' safety and welfare would also have wider positive repercussions for their families and communities, and contribute to progress towards sustainable development in affected countries" (IDMC p.24).

GTA do not only prevent GBV, but they also strengthen and empower communities and address persisting inequalities. It is not necessarily envisioned that the above checklist informs the elements of a single GBV prevention program. Instead, it seeks to inform and advocate for integrated programming, which satisfies the elements of a GTA.

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