

GBV AoR HELPDESK

Gender-Based Violence in Emergencies

Evidence Digest: Why Partnering with Local Women's Organizations for GBViE Programming is Crucial

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Introduction

This evidence digest **provides a summary of the existing evidence¹ for partnering with local women's organizations (LWOs) for GBV programming in humanitarian settings.** It gathers and synthesizes the evidence related to LWOs as GBV service providers and considers how partnering with them links to effective use of resources and efforts, community buy-in and sustainability. This report presents examples of LWOs leading GBV advocacy efforts and participating in humanitarian coordination structures. It also looks at the perspective and experience of LWO members, and the effect of their roles on their own social status and empowerment. This report builds upon a 2019 GBV AoR Helpdesk evidence review of promising practices for partnerships that support LWOs in undertaking GBV prevention and response programming in emergencies.²

For consistency, **this report uses the term local women's organizations or LWOs**, but the evidence also draws women-led civil society organizations (CSOs), local girl's organizations (LGOs), women-led organizations (WLOs), girl-led organizations (GLOs), women's rights organizations (WROs), girl's rights organizations (GROs) and women-led community-based organizations (CBOs). These organizations range from women-led national-level non-governmental organizations (NGOs) that may already have external funding and larger staffing structures, to less formal community-level grassroots groups of women that gather regularly but may not have paid staff or regular funding. However, the common thread is that they are run by women and for women and are neither international NGOs (INGOs) nor part of the UN system. This report also draws on evidence from women and girls' safe spaces, women-led social support structures and community-level solidarity groups which may not be identified as LWOs but may fill that role at the community level.

Why work with LWOs? Global Commitments, frameworks, standards, guidelines and reports

The crucial role of national and local women's organizations in humanitarian response is increasingly recognized by global humanitarian policy frameworks and guidelines such as the [World](#)

¹ Published evidence in English that was found online within the limited search timeframe for the development of this digest report.

² Murray, S. (2019) "Promising practices for partnerships supporting national and local women's organizations and groups undertaking GBV prevention and response programming in emergencies." GBV AoR Helpdesk.

<https://www.sddirect.org.uk/resource/promising-practices-partnerships-supporting-national-and-local-womens-organizations-and>

[Humanitarian Summit's \(WHS\) five core commitments to women and girls](#)³, the [Grand Bargain](#), a number of Inter-Agency Standing Committee sponsored guidelines⁴, the [Call to Action on Protection from Gender-based Violence in Emergencies](#)⁵, the [Sustainable Development Goals \(SDGs\)](#), and the [Women, Peace and Security \(WPS\) agenda](#)⁶. The [Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming](#) also highlight the vital role of local partners in humanitarian contexts, including in measures to prevent, mitigate and respond to GBV. It calls for partnering with local and national actors and reinforcing existing national and local capacities.⁷

"Local actors and women's organizations are uniquely positioned to respond to crises. They are the first to respond, putting their lives at risk. They have greater access to communities, based on the trust that they already have with them."⁸

Working with local women's organizations in humanitarian crises is also stated within many UN agency and INGO strategic documents and plans.⁹

The Coalition of Feminists for Social Change (COFEM) notes that **women's organizations bring priceless local knowledge, skills, resources, and experience to GBV response.**¹⁰ **Not only are they already active in areas that may be otherwise inaccessible, LWOs can often reach communities quickly, and have access to marginalized populations that international agencies do not.** LWOs can often mobilize before INGOs can marshal their resources and international staff to act. Where security is poor, LWOs can ensure access and services after INGO staff are evacuated. Women responders, including volunteers, activists and leaders from groups, organizations and networks, can be transformational agents of change. Local women's organizations may also enjoy a deep level of trust that external aid agencies would require years of sustained engagement to gain. LWOs, with their history of collaborating with local government officials, community leaders and other organizations, have a unique, personal, and first-hand understanding of the needs of women and girls affected by GBV before, during and after a crisis.¹¹

Indeed, there is evidence¹² to indicate that in settings where gender-based violence programming is considered by community leaders as violating local social norms there can be risk of backlash (UNFPA & UNICEF 2020). However, **partnering with local women and girl-led organizations can help reduce this**

³ Outcomes from the WHS included a strong core commitment around women and girls, and a sub-commitment specifically on GBV in humanitarian action. For more information, see <https://www.agendaforhumanity.org/resources/world-humanitarian-summit>

⁴ See for example, IASC's Gender for Humanitarian Action Handbook (2018). <https://interagencystandingcommittee.org/iasc-reference-group-gender-and-humanitarian-action/iasc-gender-handbook-humanitarian-action-2018>

⁵ The Call to Action on Protection from GBVIE (Call to Action) is a multi-stakeholder initiative launched in 2013 to transform the way GBV is addressed in humanitarian emergencies. The aim is to drive change and foster accountability so that every humanitarian effort, from the earliest stage of a crisis, includes the policies, systems and mechanisms to mitigate gender-based violence risks, especially violence against women and girls, and to provide safe and comprehensive services to those affected by gender-based violence. For more information on Call to Action, see <https://www.calltoactiongbv.com/>

⁶ International Rescue Committee (IRC) (2017). "Localising response to gender-based violence in emergencies." <https://gbvresponders.org/wp-content/uploads/2015/11/Localising-Response-to-Gender-Based-Violence-in-Emergencies-WEB.pdf>

⁷ GBV AoR. *Interagency Minimum Standards for GBV in Emergencies Programming*. Norm #2 - Women's And Girls' Participation And Empowerment: Women and girls are engaged as active partners and leaders in influencing the humanitarian sector to prevent GBV and support survivors' access to quality services. <https://gbvaor.net/gbviems>

⁸ Refers to remarks made by Flemming Moller Mortensen, Minister for Development Cooperation and Minister for Nordic Cooperation, at the UN General Assembly side event "Localizing GBV Prevention and Response in the Context of Forced Displacement in Humanitarian Crises". September 23, 2021.

⁹ Some examples of these types of strategy and other types of documentation are provided throughout this paper and in, for example, the coordination focused section of this evidence digest.

¹⁰ Coalition of Feminists for Social Change (COFEM) (2018). "Feminist movement building: Taking the long-term view. Feminist Pocketbook Tip Sheet 10." <https://cofemsocialchange.org/wp-content/uploads/2018/11/TS10-Feminist-movement-building-Taking-a-long-term-view.pdf>

¹¹ IRC (2017). "Localising response to gender-based violence in emergencies."

¹² UNICEF (2020). Fact Sheet: Civil Society Engagement in the UNFPA-UNICEF Global Programme To End Child Marriage.

risk, as they usually have greater insight into what is contextually appropriate and safe.¹³

The Global Protection Cluster (GPC) indicates that ‘localization is a key pillar of Cluster transition processes¹⁴ **The GBV Area of Responsibility (AoR) Strategy 2021–2025¹⁵ commits AoR members to partnering with local organizations – particularly women’s organizations – and facilitating their active participation in coordination.** To this end, the GBV AoR Localization Task Team, currently co-chaired by CARE and Action Aid, develops guidance and shares good practices for building such partnerships¹⁶. Another programmatic benefit of effective and equal partnering with LWOs is the alignment of activities with the five evaluation criteria defined by the OECD Development Assistance Committee (DAC)¹⁷: relevance, effectiveness efficiency, sustainability, and impact. This would be a win-win for both global humanitarian actors, national and local partners, and help LWOs mount a coherent, harmonized response on the ground in emergency responses.

LWOs’ advantages and challenges in GBViE programming: An example from the initial months of the Ukraine humanitarian response in 2022

By May 2022, barely three months into Russia’s war against Ukraine, the number of internally displaced persons (IDPs) was 7.7 million, with 5.7 million more refugees and asylum-seekers in surrounding countries. Women and children comprise approximately 90 percent of Ukrainian refugees, and women and girls make up approximately 65 percent of IDPs. As in most conflicts, violence against women and girls surged.

In the initial stages of the humanitarian response, INGOs were largely unable to access the most in-need areas because of the extreme threats of active warfare which impeded the provision of gender-based violence prevention and response measures. Stepping up and taking the lead as first responders to deliver lifesaving support to women and children were LWOs, bringing their extensive experience, insights, and localized knowledge to the work. A UN Women rapid assessment¹⁸ on the impact of the war on women’s CSOs found that 88 percent of 67 surveyed CSOs were working closely with volunteer groups; 64 percent were partnering with local CSOs; and 58 percent were collaborating with national authorities. Yet few Ukrainian LWOs were working with international donors, INGOs or UN agencies at that time, partly because some of these institutions weren’t present in the affected areas.¹⁹ LWOs were also either unaware of UN coordination or didn’t have the staff availability to attend meetings. By August 24, a report from CARE International noted:

“Their [local and national women’s organizations] expertise, leadership and unique contributions to humanitarian action in Ukraine and neighboring countries continue to be largely disregarded by humanitarian actors coordinating and managing the response.”²⁰

¹³ See UNICEF and Ladysmith (n.d.) Action Learning Brief: [Partnering with Women and Girl-Hed Organizations](https://www.unicef.org/media/129046/file/UNICEF%20-%20Action%20Brief%20-%20Engaging%20Local%20WGLOs.pdf) <https://www.unicef.org/media/129046/file/UNICEF%20-%20Action%20Brief%20-%20Engaging%20Local%20WGLOs.pdf>

¹⁴ See the GPC website localization section for further detail. <https://www.globalprotectioncluster.org/node/1037> Accessed 04/12/2023

¹⁵ Global Protection Cluster. GBV Area of Responsibility Strategy 2021-2025. https://gbvaor.net/sites/default/files/2021-09/SPS%20J17956%20-%20Gender-Based%20Violence%20Area%20of%20Responsibility%20GBV%20AoR%205%20Year%20Strategy%202021-2025_SINGLES_LR6.pdf

¹⁶ See for example GBV AoR, CARE, Action Aid and USAID (2019) Gender-Based Violence Area of Responsibility (GBV AoR) Localization Task Team Appendix of Tools and Guidance on GBV Localization.

¹⁷ OECD/DAC Network on Development Evaluation (2019). “Better criteria for better evaluation.” <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>

¹⁸ UN Women (2022). “Rapid assessment: Impact of the war in Ukraine on women’s civil society organizations.” <https://eca.unwomen.org/sites/default/files/2022-03/Rapid%20Assessment%20-%20Womens%20CSOs.pdf>

¹⁹ VOICE (2022). “Waiting for the sky to close: The unprecedented crisis facing women and girls fleeing Ukraine.” https://voiceamplified.org/wp-content/uploads/2022/05/UKRAINE_REPORT.pdf

²⁰ CARE (2022). “Six months on in Ukraine: Local and national women’s organizations are leading the response to the conflict

Challenges faced by Local Women's Organizations

Despite the assertive commitments and stated intentions, there is a documented gap (CARE 2019, VOICE 2021, IRC 2021) between word and deed in the advancement of localization during humanitarian responses, and progress has been glacially slow. For instance, the UN Office for the Coordination of Humanitarian Affairs (OCHA) reported²¹ that it allocated 3.5 percent (\$35.8 million) of Country-Based Pooled Funds (CBPFs) to LWOs in 2021. In contrast, OCHA successfully distributed 27 percent of its US\$1.01 billion CBPF allocation directly to national and sub-national organizations in the same year, suggesting that LWOs face barriers different and more persistent than those faced by national and sub-national organizations.

LWOs helping women and girls in emergencies have been hampered by problems in accessing the limited funds allocated to them, lack of recognition, contractual and other obstacles in partnering with INGOs. A summary of lessons from a review²² of literature around barriers to localization in GBV humanitarian coordination noted a lack of global good practice standards to guide localization efforts; exploitative and unequal partnerships; and language and cultural barriers to local and national NGOs engaging in coordination mechanisms. Inconsistent, short-term and minimal funding leads to higher staff turnover and affects both the overall capacity of LWOs to respond to GBV or transfer their knowledge and skills.²³ The Women's Peace and Humanitarian Fund (WPHF) found that **89 percent of LWOs participating in their annual survey conducted in 2021 consider that their organization's existence is jeopardized by lack of institutional funding or programmatic funding.**²⁴

Prioritizing LWOs needs more than just increased funding. It calls for deep changes in the power dynamic and an acknowledgement that it currently favors international actors. A 2017 IRC report²⁵ concluded that the international community struggles to prioritize building equal partnerships with them, often due to INGOs' under-appreciation of local and women's organizations' expertise and capacity, as well as strong disincentives to share precious financial, technical, and human resources with local partners. Many LWOs perceived existing humanitarian coordination structures to be exclusionary, and using neo-colonial language and methods that made it challenging for local groups to work with them or access funds. Typically, a top-down, unequal relationship develops between capable local LWOs and international humanitarian agencies. It does not benefit women and girls, even by these agencies' own standards (VOICE 2022).

Even where local partnerships are prioritized, INGOs may not support the local organization with the skills, tools and resources needed to respond to GBV during crises, nor to develop and evolve their own contextualized programs, asking them instead to implement pre-designed programs. Local women and girls are not routinely consulted in the design of aid projects being developed for them. LWOs are often inadequately oriented, and not accepted into humanitarian coordination structures in ways that recognize their expertise as being on par with international humanitarian actors. **They are all too commonly excluded from decision-making and critical agenda-setting spaces in humanitarian responses,**

but are side-lined by humanitarian actors." https://www.care-international.org/sites/default/files/2022-08/Localisation_Women%20Organizations%20in%20Ukraine.pdf

²¹ See IRC (2023). "Why wait?: How the humanitarian system can better fund women-led and women's rights organisations" <https://www.rescue.org/sites/default/files/2023-03/Why%20Wait%20-%20Full%20Report%20-%20English.pdf> and UN OCHA (2022). *Community Based Pooled Funds 2021 Year in Review* https://www.unocha.org/sites/unocha/files/CBPF_2021_inReview_masterlayout_20220607.pdf

²² Raftery, P. et al (2022). "Gender-based violence (GBV) coordination in humanitarian and public health emergencies: A scoping review". <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-022-00471-z#Fig3>

²³ As documented in IRC (2017) "Localising response to gender-based violence in emergencies." <https://gbvresponders.org/wp-content/uploads/2015/11/Localising-Response-to-Gender-Based-Violence-in-Emergencies-WEB.pdf>

²⁴ Women's Peace and Humanitarian Fund (2022) CSO Annual Survey on Women, Peace and Security and Humanitarian Action. https://wphfund.org/wp-content/uploads/2022/10/WPHF-CSO-Survey-on-WPSHA-Aug2022_FINAL.pdf The 89% per cent figure is a marginal improvement of 2% compared to the previous year's data.

²⁵ IRC (2017) "Localising response to gender-based violence in emergencies." <https://gbvresponders.org/wp-content/uploads/2015/11/Localising-Response-to-Gender-Based-Violence-in-Emergencies-WEB.pdf>

though they are expected to do more than ever with little or no extra funding (Murray 2019, CARE 2019).

LWOs' advantages and challenges in GBVIE programming: an example from Tonga

Testimonies and direct experiences of LWOs working on GBV help to capture the frustration of navigating the power imbalances and inequities of operating within the humanitarian system and architecture. In January 2022, the explosion of the Hunga Tonga-Hunga Ha'apai underwater volcano stranded the island of Tonga for five weeks, cutting it off from all communication from the world in the thick of a humanitarian crisis. One of the first responders to come to the aid of women and children there was an 18-years established LWO called the Women and Children Crisis Center (WCCC). Within the first 72 hours, they had conducted a rapid safety assessment with women and children in the most affected communities on Tongatapu, followed by daily psychosocial support in high-risk areas.

"We approached women and children from high-risk areas with care, compassion and respect," says 'Ofakilevuka ('Ofa) Guttenbeil-Likiliki, the organization's founder.²⁶ "We knew exactly what to do, how to do it and executed it like professionals, even with limited resources. We had their trust and respect." However, everything changed when the power grid was restored, and communication lines became active. Suddenly, Tonga was swamped with 'humanitarian experts' on GBV. WCCC was being emailed pre-designed approaches on how to roll out psychosocial support to communities.

WCCC cooperated, though reluctantly. "If we didn't, we would not have access to all the areas they could reach because they could pay for chartered flights and boats, and we couldn't," said 'Ofa. She discussed her frustrations with the external agencies, expressing her concerns. "I wanted to understand their colonial approaches and break the pattern," she said. "I wanted them to just stop and hand over the resources to the NGOs on the ground. I wanted them to acknowledge their 'power-over' and stop bullying."

However, they told her that although they understood her concerns, it was the Tonga government who had requested their help. WCCC argued that it was the responsibility of external GBV agencies to use their access to national government to increase the visibility and support to local experts. "That is how you can start contributing to decolonization."

In 2020, 'Ofa led research with the International Women's Development Agency²⁷ on the experiences of 35 Pacific Island women who had been active in women's rights over the earlier three decades. Sharing perspectives from their interactions with global north organizations, the women shared their strong feelings that the international agencies, especially donors, have started to be more aggressive and forceful in dictating actions to be taken on the ground rather than consulting LWOs who had been working there far longer than them.

"The root of the problem is this — those with 'power-over' and access to resources, refuse to listen. When you have a team of experts sitting in an air-conditioned office oceans and oceans away from your lived reality, there is no room for real and meaningful shoulder-to-shoulder partnerships."

'Ofakilevuka ('Ofa) Guttenbeil-Likiliki

²⁶ Ofakilevuka ('Ofa) Guttenbeil-Likiliki (2022). "Enough is enough: Audaciously decolonizing the development and humanitarian nexus." <https://devpolicy.org/decolonising-the-development-and-humanitarian-nexus-20221215/>

²⁷ Guttenbeil-Likiliki, O. (2020). "Creating equitable South-North partnerships: Nurturing the Vā and voyaging the audacious ocean together. Melbourne: IWDA.

GBV service provision in emergencies: Experiences in localization and LWOs as service providers

A small but growing body of evidence shows that various metrics of GBV service delivery such as accessibility, quality of services, outcomes for survivors and client satisfaction can improve when LWOs are kept front and center of interventions. Evidence suggests that localization improves humanitarian response through improved access, stronger community acceptance, reduced costs, increased accountability, and improved links with development (IRC 2017; Wall and Hedlund 2016; Ayobi et al 2017). Supporting this, CARE's 2019 report highlights local GBV actors' about how insufficient localization drives poor GBV programming and undermines accountability to survivors and communities. Short-term funding brings services to survivors and then takes them away before they can make a real lasting difference. Local actors, embedded in the community, are more accountable than external actors in GBViE response.

When external agencies work with local women's organizations to improve emergency preparedness, the impacts on the lives of women, girls, and survivors of GBV are tangible (IRC, 2017). In Iraq, a real-time evaluation showed an improvement in the local partners' capacity to assess and design timely psychosocial activities for women and girls who still feared attacks by militia.

A UNICEF action learning brief focused on gender equality in humanitarian action and partnering with women and girl-led organizations²⁸ recognized that **women and girl-led organizations are also optimally positioned to provide rapid feedback on the contextual changes that may have occurred due to the emergency and consider how such changes may necessitate programmatic adjustment. The brief explains that "this is especially key in humanitarian situations with overlapping crises and chain effects on essential services"**.²⁹

Evidence from a literature review³⁰ around facilitation and barriers to localization in humanitarian GBV coordination supports sustained, long-term capacity building and mentoring of local and national NGOs rather than one-off trainings. Local and women's organizations given practice-based knowledge and field-based technical support and mentoring over time were better able to apply their learnings within their work (IRC 2017). Case studies³¹ from different national contexts offer lessons and guidelines for supporting local actors and localization efforts.

However, case studies and practice-based examples show that external agencies' decisions to work with LWOs are driven more by contextual restrictions and pressure from program evaluations than formal, structured research or strategic shifts. Some notable examples of this come from the Whole of Syria-Turkey Hub and South Sudan (CARE 2019), where promising practices in localization were driven by programmatic necessity rather than intention or design. An international respondent explained, *"The Turkey hub is a great example of GBV Sub-Cluster localization caused by environmental imperatives. Many INGOs were forced to leave due to Turkish government restrictions two to three years ago. So, they closed down and the GBV Sub-Cluster onward has been predominately made up of Syrian NGOs with a minor presence of INGOs mainly based in Amman. We are close to 100 percent local NGOs. This shift caused big changes in how the GBV Sub-Cluster was run and what was prioritized and changed its strategy and workplan. The main two focuses became 1) ensuring quality services and 2) capacity building to ensure number one."*

Other factors that have led to deeper engagement with LWOs based on contextual needs have been the absence of professional expertise, limited resources, and cultural, linguistic and outreach barriers to direct

²⁸ UNICEF and Ladysmith (n.d.) Action Learning Brief: Partnering with Women and Girl-Led Organizations <https://www.unicef.org/media/129046/file/UNICEF%20-%20Action%20Brief%20-%20Engaging%20Local%20WGLOs.pdf>

²⁹ Ibid. p.2.

³⁰ Raftery, P. et al (2022). "Gender-based violence (GBV) coordination in humanitarian and public health emergencies: A scoping review". <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-022-00471-z#Fig3>

³¹ From CARE 2019: These case studies come from such varied contexts as: Bangladesh, Pakistan, Democratic Republic of the Congo, Ethiopia, Kenya, Gaza, Myanmar, the Philippines, Sudan, South Sudan, and Zimbabwe (see <https://startnetwork.org/start-engage/shifting-the-power> and <https://www.local2global.info/research>). Other authors have written on experiences from the Pacific region (Ayobi et al, 2016) and the Ebola response (Wall and Hedlund, 2016).

engagement with survivors.

Such evidence is often presented in the form of case studies or short anecdotes. Although partnership efforts may have been growing over the past decades, the learnings and evidence from these may not have been documented or published externally and may exist instead as informally shared learning between LWOs and their partners, or in internal agency documents or donor reports i.e., grey literature. A few outstanding examples in the literature, noted below, come from interventions in the Democratic Republic of Congo (DRC), northwest Syria and South Sudan, and the Dadaab refugee complex in Kenya. They offer more structured, academic research with insights on evidence for the positive outcomes of LWOs as GBV service providers.

Task-sharing between GBV service Providers with Community Workers in Kenya's Dadaab refugee complex

Refugee camps present unique challenges, with their shifting populations and cultural, linguistic and outreach barriers that may prove daunting for national staff who may be viewed as 'foreigners' or outsiders and not easily trusted. To meet the needs of GBV survivors in such settings, IRC and CARE tested a promising approach in Kenya's Dadaab refugee complex based on task-sharing with selected refugees known as refugee community workers (RCWs).³²

IRC and CARE trained RCWs to help national humanitarian staff in specific aspects of outreach, service delivery and referrals. However, since providing GBV services to survivors is sensitive, confidential and calls for specific skills, there was interest in finding out whether RCWs could rise to the occasion, and effectively work with humanitarian staff. Would their involvement positively influence the wellbeing, health and safety outcomes of female survivors of GBV? Could it be replicated in humanitarian settings beyond refugee camps?

The effectiveness and implications of the task-sharing approach were evaluated in a study by the London School of Hygiene and Tropical Medicine (LSHTM) and the African Population and Health Research Center (APHRC), using data gathered at the Dadaab refugee complex between 2014 and 2017. The study also examined the dual role played by RCWs as community members and GBV activists living with both survivors and perpetrators of violence, and the threat of violence they faced in day-to-day life. While not formally a part of LWOs, RCWs take on similar roles within their communities.

Despite the many challenges they faced, including heavy workloads, sometimes violent community resistance, logistical problems of transportation within the camp, and slow and sometimes ineffective referral systems, 93 percent of them described their work as rewarding or extremely rewarding. Of survivors, 82 percent described their interactions with RCWs as having a positive effect, while 66 percent described them as helpful.

In Dadaab, RCWs have emerged as an increasingly critical part in GBV prevention and care, key to the effectiveness of the existing GBV response in the refugee camps and performing tasks such as linking and retaining GBV survivors in care, community outreach and education, as well as GBV survivor referral and follow-up.

The study recommended —

- further development of GBV case management models in humanitarian settings, particularly around task sharing and the use of refugee community workers;
- Generation of research to understand how this model could be adapted to work in other humanitarian settings;
- transition to a complete task-sharing model with RCWs trained on the Interagency GBV Case

³² Chimaraoke, I. et al (2020). "'They say our work is not halal': Experiences and challenges of refugee community workers involved in gender-based violence prevention and care in Dadaab, Kenya". *Journal of Refugee Studies*, Volume 33, Issue 3, September 2020, pp 521-536. <https://doi.org/10.1093/jrs/fey055>

Management Guidelines, and female RCWs leading case management and psychosocial support for survivors.

The significant value a grassroots CBO added to GBV response in DRC

Important lessons in the differences that local organizations, especially those led by women, can make in the reporting of GBV come from IRC's experience of over 10 years in the Democratic Republic of the Congo (DRC)³³. In 2013, the IRC made a strategic and intentional programmatic shift away from partnering with local NGOs that were based in larger cities and had to travel into communities to deliver GBV services, to working with women's grassroots CBOs that were directly in touch with the needs of women and girls in their own communities. They had already been running a small grants program with existing women's groups that had formed organically in the rural communities within their project areas. Each one typically had an elected management committee and between 50 and 70 members. In addition to the ongoing small grants program, IRC expanded the collaboration by training 3-5 volunteer focal points from each CBO on psychosocial support and case management for GBV survivors. They also increased trainings for the CBOs on supporting survivors, building organizational capacity, sharpening business skills and local advocacy.

It was perceived as a risky programmatic shift at the time. Unlike case managers from the local NGOs, who had at least passed high school and had several years of experience as counsellors, the CBOs staff had lower levels of education and no experience as counsellors. In addition, they were volunteers, unlike the NGO staff. Would the CBOs prove to be less motivated? It was clear, however, that CBOs had been in these communities well before IRC and had strong bonds and trust-based relationships. Would more survivors access services if CBOs managed them? Would CBOs be better adapted to the needs of women and girls?

Within one year, analysis of programmatic monitoring and evaluation data from over 12,000 survivors who had received GBV services since 2009 showed that they were **more likely to report a wider range of types of GBV, and in a shorter time following the incident, if they could talk to someone they trusted in a local CBO rather than a distant NGO**. The percentage of cases of intimate partner violence reported to IRC partners doubled; the percentage of reported cases of GBV perpetrated by a family member increased by 50 percent; and the percentage of non-sexual GBV cases increased by 75 percent. **This meant that more survivors were accessing services and accessing them faster after the incident, with LWOs as service providers**. These insights dramatically changed IRC's approach to its work with women and girls in the DRC.

Survivors who accessed the new, CBO-provided services said they felt more at ease, that their confidentiality was respected, that the focal points were welcoming, empathetic and treated them well. Nearly all the survivors who accessed services through CBOs showed improvements in psychosocial well-being by the end of the case management process.

Survivors benefit when LWOs deliver specialized mental health interventions, and those trained retain skills to support women in the long term

Community-based LWOs have often developed a mutual trust and familiarity from their years of interactions with their communities. In a landmark evaluation³⁴ in DRC, IRC and Johns Hopkins University worked with the same CBOs mentioned above to study the impact of a specialized mental health intervention (Cognitive Processing Therapy or CPT). When implemented by local women trained within community based LWOs there were improvements in mental health among GBV survivors who had shown symptoms of depression,

³³ Guimond, M. and Robinette, K. (2014). "A survivor behind every number: using programme data on violence against women and girls in the Democratic Republic of Congo to influence policy and practice". *Gender & Development*, 22:2, 311-326. <https://doi.org/10.1080/13552074.2014.920979>

³⁴ Bass, J. et al (2013). *Addressing sexual violence related trauma in Eastern DRC with cognitive processing therapy*. World Bank, Washington, DC. World Bank. <https://documents1.worldbank.org/curated/en/602661492426041363/pdf/114287-WP-PUBLIC-add-series-LOGICA-StudySeries-EasternDRC.pdf>

anxiety, and post-traumatic stress disorder (PTSD). **Interviews³⁵ seven years later with LWO members who had administered CPT revealed that still remembered what they had been taught and, in some cases, they were able to practice core CPT skills. They felt valued in their communities and continued providing services even without support from INGOs, a strong indicator of sustainability.**

A similar project offered Narrative Exposure Therapy (NET)³⁶ with one group receiving the therapy exclusively from local counsellors from community based LWOs who had been trained in the process and another group being treated by health care professionals at the health center. **An evaluation of this approach made an unexpected preliminary finding: preliminary results show that NET only worked when administered by local counsellors at the community level.** When it was administered at the health center, there was no difference between receiving NET and regular case management.

Social support links women to GBV services and to each other

Even where LWOs do not provide direct or formal GBV services (for example, mental health interventions or legal advice), their presence within an activity has the potential to build welcoming connections and social support for GBV survivors and women. A meta-analysis³⁷ highlights the value of informal social support at the neighborhood and community level, as well as within targeted groups such as peer networks of GBV survivors. The findings show that social support, in the right form and under the right conditions, can enable positive outcomes in GBV prevention.

Women and Girls' Safe Spaces (WGSS) are among the most widely implemented GBV prevention and response interventions globally. In 2021, CARE conducted a study to examine the effectiveness of WGSS in the lives of women and girls in two conflict-affected settings, Northwest Syria and South Sudan. Findings showed that women and girls who took part in WGSS programming were more likely to know where to go to access GBV services if they felt unsafe. They also reported a greater number and quality of female friendships outside the family, pointing to the essential role WGSS plays in helping women and girls broaden their social networks and form supportive relationships outside their households. Although the WGSS in this case described as being implemented by "CARE and local partners" without mentioning LWOs specifically, LWOs often play a similar role in humanitarian settings by bringing women and girls together at the community level in safe spaces meant only for them.

LWOs as contextual and intersectional experts trusted by their communities

A 2016 literature review on localization and locally led crisis response (Wall and Hedlund 2016) explored the relationship between local strategies (of affected populations responding to crises) and those offered by international agencies, finding that communities often have different ideas of what constitutes protection compared to international actors. Failure to consider cultural, social, and political contexts could result in INGOs actually doing harm with their interventions.

"Women-focused CSOs are powerful agents of change to address GBV in humanitarian settings because they are trusted community partners having support mechanisms and experience in dealing with survivors of GBV and sexual violence. They carry knowledge on the

³⁵ Lakin, D. et al (2021). "The end of the trial: Perspectives on cognitive processing therapy from community-based providers in the Democratic Republic of Congo". <https://onlinelibrary.wiley.com/doi/10.1002/jts.22734>

³⁶ Rouanet, L. and Vaillant, J. (2020). "Evaluating the impact of Narrative Exposure Therapy (NET) on the mental health and socioeconomic empowerment of survivors of sexual violence in Eastern DRC." AEA RCT Registry. April 08. <https://doi.org/10.1257/rct.2328-2.0>

³⁷ Meinhart, M. et al (2022). "Examining the linkage between social support and gender-based violence among women and girls in humanitarian settings: A systematic review of the evidence". <https://link.springer.com/article/10.1007/s40471-022-00310-y>

sociocultural situation, structures and resources available, and are capable of coordination in disaster preparedness, management and emergency response following gender-sensitive approaches.” - Women’s Rehabilitation Center (WOREC, Nepal) ³⁸

While international agencies may be welcomed in many communities³⁹ they are also often criticized for not listening, not engaging with affected communities, and not treating them as equals in the design, provision and delivery of assistance. **For affected people, the way help is delivered is as important as the help itself. Local actors understand this and build this principle into their interactions with women and girls affected by GBV during conflict and disasters. Partnering with LWOs can lead to an improved empathetic approach in service delivery, as well as an intersectional lens for working with and for all women and girls.**⁴⁰

Empowering local and women’s organizations can also improve community-based resilience and protection, particularly for marginalized groups. LWOs, through representation of women and the community, can be essential in supporting an effective intersectional response for GBV survivors⁴¹, such as women leaders with disabilities or of ethnic minorities, or LWOs that focus on both lesbian rights and GBV to bring positive change (COFEM 2018). For example, in Iraq the Sewan organization works in Christian and Yazidi communities torn apart by ISIS⁴². Their psychosocial activities are building networks between women so that they can continue to support each other, whether facing crisis or rebuilding their community.

Evidence supporting this emerged from a synthesis review⁴³ of lessons learned by ten civil society practitioners in different parts of the world who applied intersectional approaches to preventing GBV in projects funded by the United Nations Trust Fund to End Violence against Women. The countries from the selected CSOs worked included Guatemala, Colombia, Serbia, Jamaica, Chile, Moldova, Jordan, Zimbabwe, China and Thailand.

Each selected project planned its interventions in response to the specific intersectional vulnerabilities and unique identities of the women they had chosen to work with. For example, the Rainbow Sky Association of Thailand worked with women with diverse sexual and gender identities, and focused on the violence that lesbian, bisexual and trans women faced in the stigmatizing settings they worked in. Colombia’s Fundación Mundubat looked at how ethnicity, rurality and gender could compound vulnerabilities to violence among indigenous and Afro-Colombian women. Leonard Cheshire Disability Zimbabwe (LCDZ) and Mental Disability Rights Initiative of Serbia (MDRI-S) both addressed the increased vulnerability to violence of girls and women with disabilities, though their intervention designs were distinct from each other.

Available studies and literature show that programs which recognize and engage women who have experienced specific forms of vulnerability and oppression as experts then they turn out to be strong partners for GBV programming with an intersectional approach. When women in all their diversity are recognized as experts and inducted into positions of leadership and power within a program,

³⁸ Women Deliver (2018). Women-focused CSOs: the front lines of the global gender-based violence response. <https://womendeliver.medium.com/women-focused-csos-the-front-lines-of-the-global-gender-based-violence-response-acb121c55170>

³⁹ Though this is not always the case, as humanitarian response in Syria was characterized by a lack of trust and wariness of international and external actors (Wall and Hedlund 2016).

⁴⁰ Building Local Thinking Global (BLTG) Project. (2021). Successes and Opportunities for Feminist Partnerships with Women's Rights Organizations and Networks in Gender-Based Violence Emergency Preparedness and Response. https://gbvresponders.org/wp-content/uploads/2021/01/BLTG-Learning-Brief_English.pdf

⁴¹ Rosenberg, J. (2016). “This group is essential to our survival”: Urban refugees and community-based protection”. <https://www.fmreview.org/sites/fmr/files/FMRdownloads/en/community-protection/rosenberg.pdf>

⁴² Documented in IRC (2017) “Localising response to gender-based violence in emergencies.” <https://gbvresponders.org/wp-content/uploads/2015/11/Localising-Response-to-Gender-Based-Violence-in-Emergencies-WEB.pdf> and also see SEWAN’s website for further information <http://www.sewan-women.org/>

⁴³ Palm, S. and Le Roux, E. (2021). “Learning from practice: Exploring intersectional approaches to preventing violence against women and girls. New York: United Nations Trust Fund to End Violence against Women. https://www.cloudhq.net/s/257aad4562378f_0

involved in all levels of intervention rollout whether as salaried staff or board members, their intersectional perspectives play a key role in framing and activities for the organization and the project.

LWOs role in transformational women’s leadership and movement building

Women’s leadership is one of the driving forces behind local feminist movements, and local women’s organizations can be the foundation that supports this momentum. Civil societies are highlighted as one of the key allies in supporting the success of human rights defenders, for example. Women human rights defender networks in particular are noted to have a role in helping to create secure spaces for women, creating an environment of trust and confidence that allows for quicker responses to emergency situations with mobilization of pooled resources.⁴⁴

One challenging area to study, however, is the transformational impact of women’s leadership in areas rocked by evolving crises. A major reason for this is that in the immediate aftermath of conflict or disaster, interventions tend to focus and prioritize support to survivors and GBV risk mitigation rather than building women’s leadership. A study⁴⁵ that looked at indicators for measuring gender equality and women’s empowerment specifically in humanitarian settings found that leadership was the domain with the lowest number of identified indicators, showing an important gap in the measurement of community-level leadership. **“The lived experiences of women are crucial to governance in humanitarian settings. Indicators of women’s involvement in leadership are necessary.”**

A shift is needed so that humanitarian actors recognize that focusing on women’s leadership can happen integrally and in parallel with other parts of a GBV emergency response. Initial findings from a multi-year process evaluation of **a large-scale expansion of support to LWOs in conflict-affected communities in DRC⁴⁶ show that being part of an active LWO may improve women’s status in a community.** The project elevated grassroots women’s organizations to become GBV service providers in their communities, providing continuous technical support over several years. Being part of the LWOs, members were supported in rising to leadership positions within the LWO and their communities. Community members reported that they respected women in local LWOs and accepted them in the community, and that the social status of women in LWOs had improved. Women LWO members corroborated this, reporting that their families and their communities’ opinions about them had improved and that they felt accepted by them.

LWOs – including robust women’s movements, viable WLO/CSO consortia and feminist networks and organizations – play a crucial role in women’s movements for change, movement building, coalitions, and alliances with other social justice movements to progress social justice and equality, which is a strong driver for partnering with LWOs (CARE 2019). In addition, a UNICEF action learning brief⁴⁷ spotlights a growing evidence base which indicates possibilities for leveraging moments of instability to advance gender equality—this depends, in part, however, on how women’s movements emerge and are engaging in the humanitarian response (for example, see Pincha 2010; Moreno & Shaw 2018).

⁴⁴ UN General Assembly. (2022). Success through perseverance and solidarity: 25 years of achievements by human rights defenders, Report of the Special Rapporteur on the situation of human rights defender. Human Rights Council Fifty-second session 27 February–31 March 2023. <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G22/610/60/PDF/G2261060.pdf?OpenElement>

⁴⁵ Goulart et al (2021). “Conflict and Health”. <https://doi.org/10.1186/s13031-021-00373-6>

⁴⁶ Robinette, K. et al (2022). “Scaling up support to grassroots women’s organisations as GBV service providers”. <https://www.svriforum2022.org/wp-content/uploads/2022/10/SESSION-8.6-MASTER-SLIDE-DECK.pdf>

⁴⁷ See UNICEF and Ladysmith (n.d.) Action Learning Brief: Partnering with Women and Girl-Hed Organizations <https://www.unicef.org/media/129046/file/UNICEF%20-%20Action%20Brief%20-%20Engaging%20Local%20WGLOs.pdf>

“Women’s movements drive progressive policy and social change around women’s rights. The presence of a strong and autonomous feminist movement was the single most important factor in catalyzing action to recognize and address GBV in a country.”⁴⁸

While international actors may be recognized as having technical expertise and closer connections with international decision-makers (such as international donors, the humanitarian coordination system and leadership structures), local and national actors often have more access to, and greater contextual knowledge of, affected communities and local decision-makers. Local and national organizations also have the advantage of being able to build alliances with other national actors not necessarily in the humanitarian sector, such as lawyers or social workers. They may have greater credibility in framing issues and advocacy positions. **Local actors also have greater access and relationships with country-level systems (CARE 2019), including the media and police, which bolsters their ability to improve GBV service provision and prevention, though this might vary depending on the level of accountability and trust in government.**

A 2022 HPG Briefing Note⁴⁹ highlights examples from a survey of humanitarian stakeholders from GBV programming in Myanmar. Here, one INGO’s work with WROs and women human rights defenders had resulted in the development of a collaborative advocacy approach in which the INGO leveraged its status to ‘open up space’ for WROs with decision-makers. Other examples show evidence of the effectiveness of LWOs in advocating for prevention or improvement of state policies⁵⁰ on human trafficking, as well as pushing for reforms to enhance gender equality in the DRC.⁵¹ In these examples, the continuous presence and engagement of LWOs, even during politically unstable periods with high turnover among government officials and international actors, was instrumental in successfully pushing for policy changes. **The prevailing opinion of survey respondents in the HPG Briefing Note was that international humanitarian organizations can and should play a bridging role in convening direct dialogue with decision-makers to amplify the voices of local and national actors and to provide platforms for LWOs to directly represent themselves at international forums.**

Supporting women’s transformative leadership: An example from MENA region

Practice-based learning evidence showing the impact of women’s leadership in humanitarian situations comes from Oxfam International’s three-year project in the Middle East/North Africa region, called ‘AMAL: Supporting women’s transformative leadership in changing times’.⁵² AMAL aimed to promote the active participation and leadership of women in local, national and regional governance structures, and decision-making and change processes of Morocco, Tunisia, the Occupied Palestinian Territory (OPT) and Yemen. Although support to survivors of GBV and the prevention of GBV were not the direct focus of the project, its learnings about women’s transformational leadership have broad relevance to women’s leadership in other sectors.

AMAL was implemented during a turbulent period for the Middle East. The name, which means ‘hope’ in Arabic, reflects the spirit of those times in the immediate wake of the Arab Spring, when the Arab Uprisings

⁴⁸ COFEM (2018). Coalition of Feminists for Social Change (COFEM) (2018). “Feminist movement building: Taking the long-term view. Feminist Pocketbook Tip Sheet 10.” <https://cofemsocialchange.org/wp-content/uploads/2018/11/TS10-Feminist-movement-building-Taking-a-long-term-view.pdf>

⁴⁹ Spencer, A. and Davies, G. (2022). “Advocating together to strengthen protection: Collective efforts of international and national organisations” .https://cdn.odi.org/media/documents/ECHO_protection_briefing_YNigrba.pdf

⁵⁰ Bells, S. and Banks, V. (2017). “Women’s rights organizations and human trafficking.” <https://onlinelibrary.wiley.com/doi/abs/10.1111/ssqu.12396>

⁵¹ World Bank Group (2022). “Reforms to Enhance Gender Equality in the Democratic Republic of Congo: From Advocacy to Implementation.” <https://documents1.worldbank.org/curated/en/857041647271462384/pdf/Reforms-to-Enhance-Gender-Equality-in-the-Democratic-Republic-of-Congo-From-Advocacy-to-Implementation.pdf>

⁵² OXFAM (2016). “Final Evaluation of the AMAL Programme: Supporting Women’s Transformative Leadership at Changing Times in the MENA Region.” <https://cdn2.hubspot.net/hubfs/426027/Oxfam-Website/oi-informes/Resumen%20EF-%20Marruecos%20abr16.pdf>

had rekindled hope in the possibility of women's advancement in the region. Women were visible in the forefront of campaigns for democracy, asserting their voices and views in how their countries' futures were shaped and redefining women's traditional roles in public life. But during the three years of AMAL project, the hopeful outlook shifted and began to dissipate, with a large-scale war and humanitarian crisis in Syria, escalating conflict in Iraq and a war in Yemen. Hanging over everyone was the threat of control by extreme terrorist groups and the impact of their actions on women and girls.

One of the most complex questions discussed within the AMAL project was: what does it take to encourage poor and marginalized women in humanitarian settings to become more effective leaders within their homes and communities? The project adopted an approach linked with economic benefit arising from a focus on civil and political rights. An example of this would be gaining access to free or subsidized services that were denied to them but to which they were already entitled, such as health cards in Tunisia, or the right to organize to advance their labor rights to receive minimum wages and to unionize, as in the OPT.

Moving to leadership roles through activism that resulted in economic benefits helped not only involve poor and marginalized women but also empowered them over time, generating a ripple of deeper transformations. Several women launched initiatives that have begun to include larger numbers of women, who are emerging as respected champions within their communities.

AMAL's work in promoting women's transformational leadership (WTL) had three direct outcomes —

1. An increase in the number of women elected to roles of political leadership for the first time, particularly in Morocco and Tunisia.
2. The strengthening of partner organizations as WTL capacity builders who have explored several innovative methods.
3. The growing, significant role of collective advocacy efforts at country and regional levels in securing policy changes and arguing the justice of promoting women's leadership within the Arab world.

The AMAL experience does not point to easy pathways for developing women's transformational leadership, especially in dealing with GBV in crisis settings. What it does show is that change is possible even if it is a gradual process; and that it is exponential, starting slow and small and rippling out to scale.

LWOs involvement in GBV coordination structures

GBV coordination is defined as an essential part of the humanitarian response which ensures that from the earliest phases of a crisis, accessible and safe services are available to survivors and that prevention and mitigation measures are put in place to reduce incidents of GBV.⁵³ In many countries up to 75 per cent of coordination group members are local actors.⁵⁴

At the global level The GPC Localisation of Protection initiative produced a learning paper⁵⁵ which sets out key trends and lessons across five dimensions of localization in coordination: governance, participation and influence, partnerships, funding and capacity strengthening. It also shares a conceptual framework for localization in coordination that was originally developed by the Child Protection AoR. (See Box 1). Whilst this GPC learning paper does not delve into specific targeted evidence focused on why it is crucial to work with LWOs it does state that **'Having a diverse cluster membership, which includes local partners and women-led organizations, but also diaspora, academia, private sector, ultimately results in a diversification of technical expertise, greater information collection and analysis skills, coverage capacities and quality of services; which leads to better overall coordination outcomes'**.⁵⁶ The paper

⁵³ GBV AoR. *Handbook for Coordinating Gender-based Violence Interventions in Emergencies*.

https://gbvaor.net/sites/default/files/2019-07/Handbook%20for%20Coordinating%20GBV%20in%20Emergencies_fin.pdf

⁵⁴ Global Protection Cluster (2019). *Advancing the Localisation Agenda in Protection Coordination Groups Learning Paper*.

https://www.globalprotectioncluster.org/sites/default/files/2022-02/learning_paper-on-localisatoin-screen.pdf

⁵⁵ Ibid.

⁵⁶ Ibid. p.11.

also summarizes some relevant approaches and tools that have been developed with a view to advancing and tracking localization in relation to coordination. Examples, include a localization training curriculum for local and national actors which covers the humanitarian architecture and a tip-sheet with recommendations on how to engage women-led organizations in humanitarian coordination mechanisms⁵⁷

Box 1: Localization in Coordination Conceptual Framework

LOCALISATION IN COORDINATION CONCEPTUAL FRAMEWORK	
Dimension	What this means for coordination
Governance and Decision-Making	Local actors should have equitable opportunities to play leadership and co-leadership roles at national and sub-national levels; and have a seat at the table when strategic decisions are made (for example, in Strategic Advisory Groups or Steering Committees).
Participation and Influence	Local actors should also have the opportunity to influence the AoR/Sector's decisions. To do this, they need equitable access to information and analysis on coverage, results etc; and the opportunity and skills to effectively and credibly convey their thoughts and ideas.
Partnerships	Coordinators should be promoting a culture of principled partnership both in the way it interacts with its members; and the way in which members interact with each other. In some cases, this requires transitions from sub-contracting to more equitable and transparent partnerships, including recognising the value of non-monetary contributions by local actors (networks, knowledge).
Funding	Where they have the institutional capacity to manage their own funds, local actors should be able to access funds directly. Local actors should receive a greater share of the humanitarian resources, including pooled funds, where applicable.
Institutional Capacity	Whilst technical capacity strengthening is important, coordination groups should also actively encourage more systematic and coordinated opportunities to receive support to strengthen operational functions, as part of the overall sector strategy to scale up services.

Source: Global Protection Cluster (2019). Advancing the Localisation Agenda in Protection Coordination Groups Learning Paper. https://www.globalprotectioncluster.org/sites/default/files/2022-02/learning_paper-on-localisatoin-screen.pdf

When local women’s rights organizations take part on an equal footing with larger INGOs in GBV emergency response, they can become key stakeholders in the wider response and recovery. For example, following Hurricane Mitch, a women-led grassroots organization, the Comité de Emergencia Garifuna de Honduras, was able to use its community response to advocate and influence reconstruction plans that benefitted rural populations and women in particular (IRC 2017).

Despite the challenges faced by LWOs as noted earlier in this report, **there are promising practices in leadership, decision-making and visibility of LWOs within GBV coordination systems (CARE 2019), such as including LWOs in humanitarian leadership trainings (Iraq) or providing global and national platforms for female activists/ LWOs (Nigeria). When LWOs are included in leadership and decision-making through the Strategic Advisory Group (such as in Iraq, Nigeria and South Sudan), thematic groups and sub-national Sub-Clusters, the gains are striking. Not only do the LWOs gain knowledge from leadership training and experience but they also better understand engagement with national and international humanitarian platforms to encourage buy-in for local GBV activities as well as potentially gain increased profile and the trust of the larger system.** Local respondents and GBV Sub-Cluster respondents saw representation for local actors as a critical driver of localization and described ways in which the GBV Sub-Cluster can increase the voice and visibility of local actors.

⁵⁷ Ibid. and see Care, CP AoR et. al. (2022) Placing women responders at the centre of humanitarian protection programming: Opportunities for Coordination Groups. <https://www.globalprotectioncluster.org/publications/759/training-materials/tip-sheet-fact-sheet/tip-sheet-engaging-women-led-organisations>

What the existing evidence does and does not tell us about partnering with LWOs for GBV in emergencies programming

There is strong anecdotal, theoretical and practice-based learning and evidence on how working with LWOs can have a significant impact on GBV programming in emergency settings. The evidence comes from a range of case studies, surveys and consultations with humanitarian actors including LWOs, as well as from GBV programming data. However, much of the structured, academic research on GBV programming in emergency settings focuses on service provision within the health system or through one-stop centers, and prevention and response programming via international NGOs as part of the humanitarian response, rather than on programming structures that partner with LWOs. **There are few formal research studies that provide research-based evidence on the importance of partnering with LWOs for positive outcomes on GBV in emergencies.**

The strongest, though still limited, research-based evidence is around LWOs as direct providers of GBV services, showing that **LWOs can supply high-quality GBV services tailored to the specific needs of survivors and that have the potential to continue beyond the end of humanitarian support. There is a small, yet growing evidence base around the positive impact on status and decision-making power for women who are involved in LWOs and their efforts on GBV programming, showing that the benefits are broader than a focus on improving survivors' access to services.**

There is even less published research-based evidence on the cost and effective use of resources related to working with LWOs compared to international actors or when the two work in partnership compared to an INGO leading alone, nor on LWOs as part of humanitarian coordination mechanisms. It is possible that many INGOs and donors measure this internally as part of their cost effectiveness and efficiency assessments, but there may not be any incentive to share the data.

The gaps in evidence related to working with LWOs in GBV programming provide an opportunity for deeper immersion into understanding how this shift can affect GBV survivors, LWO members and communities as well as GBV programming in emergencies. Investing in research-based evidence is certainly one way to fill these gaps, but GBV and humanitarian actors and donors can go further by exploring how to use promising practices or financial assessments of the cost efficiencies of partnership to advance localization and effective, fair partnerships with LWOs. New evidence should reflect what LWOs' consider as 'success' for their organizations, and whether or how they are reaching it.

The evidence supporting the efficiencies and benefits of partnering closely with LWOs will likely grow in the years ahead, given the level of advocacy and global commitments that are already pushing for it. Yet it is equally clear that we are not short of evidence that demonstrates that the most sustainable and profound solutions to GBV in humanitarian settings come by working closely with those most affected by it and that the present pace of localization is insufficient compared to the scale of humanitarian crises and the opportunities available to engage with LWOs. Working with LWOs is not an act of compassion or goodwill. Rather it is a necessity and imperative for any donor, INGO or other agency concerned about impact, efficiency, sustainability and durable change in mitigating GBV in humanitarian settings.

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The GBV AoR Help Desk

The GBV AoR Helpdesk is a unique research and technical advice service which aims to inspire and support humanitarian actors to help prevent, mitigate and respond to violence against women and girls in emergencies. Managed by Social Development Direct, the GBV AoR Helpdesk is staffed by a global roster of senior Gender and GBV Experts who are on standby to help guide frontline humanitarian actors on GBV prevention, risk mitigation and response measures in line with international standards, guidelines and best practice. Views or opinions expressed in GBV AoR Helpdesk Products do not necessarily reflect those of all members of the GBV AoR, nor of all the experts of SDDirect's Helpdesk roster.

The GBV AoR Helpdesk

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enquiries@gbviehelpdesk.org.uk*

The Helpdesk is available 09.00 to 17.30 GMT Monday to Friday.

Our services are free and confidential.