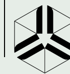

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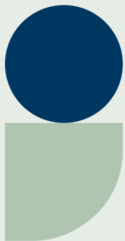


WHAT WORKS

IN GENDER AND HEALTH IN THE UNITED NATIONS

CASE STUDY 6:

GBV in humanitarian settings prioritised in the global agenda through UNFPA's leadership and advocacy

Gender & Health Hub
Knowledge. Policy. Action.

Project summary

The United Nations University International Institute for Global Health (UNU-IIGH) co-produced a practice-based study with five UN agencies working in global health (UNAIDS, UNDP, UNFPA, UNICEF and WHO). The project focused on analysing and understanding what worked, where, for whom, why and how, institutionally and programmatically, to successfully mainstream gender (click here for the consolidated project report).

The research involved in-depth analyses of 14 case studies that were considered examples of successful gender mainstreaming identified by respective UN agencies. Interview and published material relevant to each case study were analysed to ascertain the factors contributing to successful gender mainstreaming within the UN system. Key findings of the project included:

- Leaders can catalyse, accelerate and sustain success, by investing in gender architecture across the organisation with dedicated core funds.
- Organisational strategies that include gender equality with measurable outcome and output indicators, links between gender teams and budget planning teams, and strong performance and financial accountability mechanisms were gamechangers.
- Feminist civil society expertise and pressure can ensure alignment with local priorities, grounding in ethical frameworks, external accountability and sustainability.
- Joint interagency collaboration can have real impacts on the ground when comparative advantages of the agencies involved are leveraged.
- Evidence, data and programmatic learning that shows what works (and what the problem is) can drive action and change.

Overview of Case Study Series

This Case Study Series consists of briefs for each of the 14 successful cases of programmatic and institutional gender mainstreaming analysed as part of the 'What Works' project. Each brief presents further details about the particular case study, including the outcomes achieved, the pre-existing contextual factors that enabled the change, the factors that triggered change, and the mechanisms that sustained the change over time. Broadly, the case studies are categorised into three groups based on the types of successful outcomes achieved namely those that:

1. empowered women and girls to resist harmful gender norms and practices and advocate for their own health needs;
2. put gender and health issues on the global agenda; or
3. embedded gender equality issues in institutional processes and structures that supported gender equality in health programming.

These three types of outcomes reflect the different levels that UN agencies work on and illustrate the capabilities and strengths of the UN system.

Case study 6: Background

This case study, which relates to the second outcome group, focuses on UNFPA contributions and advocacy work, which strengthened health systems response to successfully prioritise and prevent gender-based violence (GBV) in humanitarian settings.

UNFPA has strengthened the health sector response to GBV since the International Conference on Population and Development (ICPD) in 1994 and works both in humanitarian and developmental settings[1]. The Agency was among the early advocates for setting up a separate GBV Area of Responsibility (AoR) under the Global Protection Cluster (GPC) of the Inter-Agency Standing Committee for Humanitarian Action, set up in 2007[2,3]. UNFPA supports interventions for the prevention of GBV and treatment and counselling services for GBV survivors, including clinical management of rape[4]. It works with UN and NGO partners across sectors with staff involved in protection, security and community and health services. Gender-transformative programming in humanitarian settings includes carrying out gender and power analysis for context-specific prevention planning, addressing the immediate needs of GBV survivors before tackling inequality and discrimination, and engaging men and boys to change unequal gender norms[4].

In collaboration with other agencies in the humanitarian space, UNFPA has played a critical role in gaining acknowledgement for GBV, a priority issue in humanitarian settings. The first-ever World Humanitarian Summit, held in 2016, led to a consensus among stakeholders on a New Ways of Working Agenda among humanitarian, development, peacekeeping and peace-building partners[5] . In the case of GBV, the emphasis was on addressing the root causes, namely gender inequality and discrimination[5]. A series of UN Security Council Resolutions have reaffirmed the UN's commitment to preventing GBV in armed conflicts, following the landmark UN Security Council Resolution 1325[6]. The latest, Resolution 2467, passed in 2019, stresses the importance of addressing structural gender inequality and discrimination as the root causes of GBV. Key informants described the Agency's GBV work in emergencies as UNFPA's hallmark[7,8].

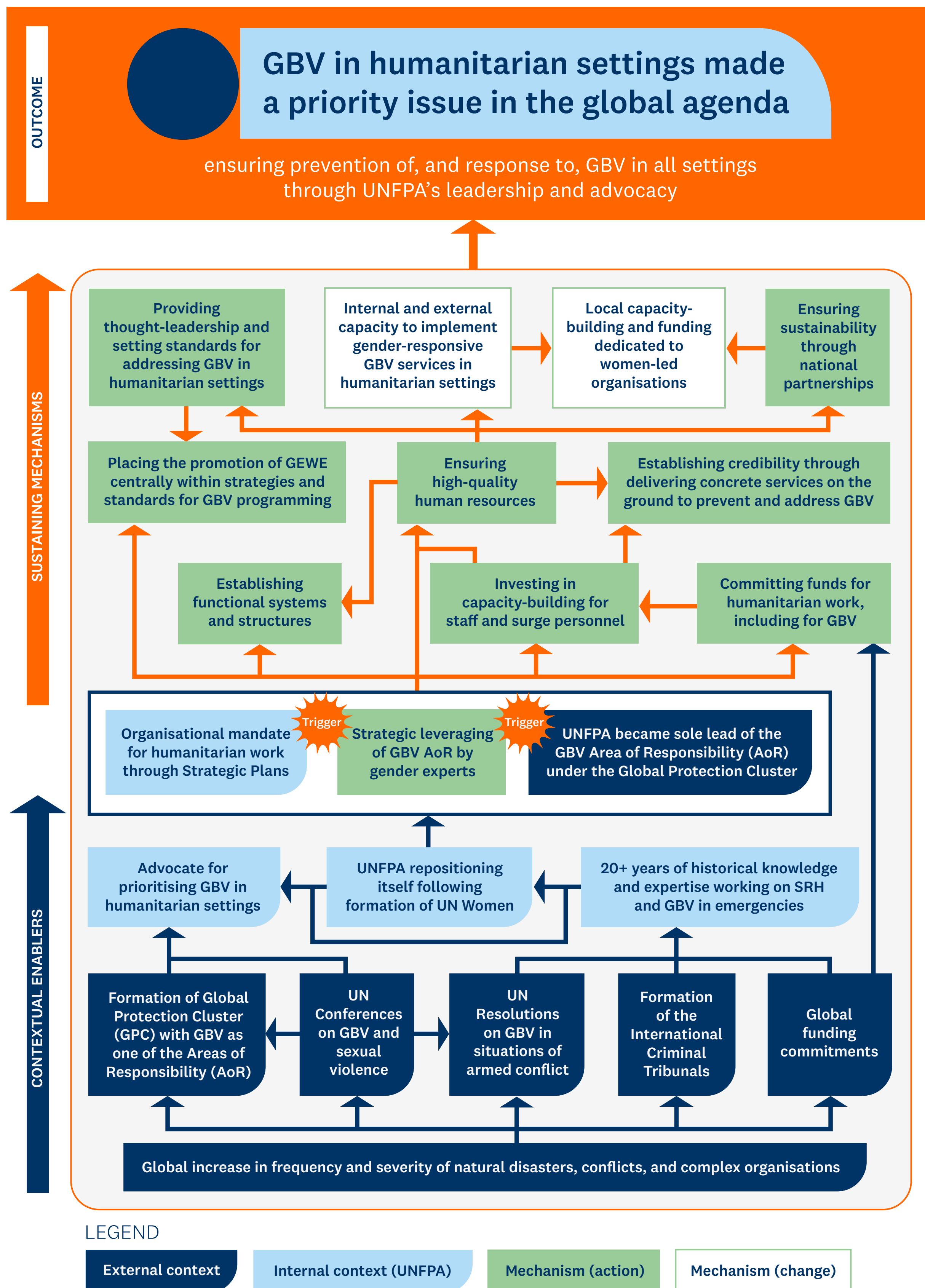
Figure 1 provides an overview of the mechanisms and contextual factors that triggered, enabled and sustained changes that led to the successful positioning of GBV as a priority issue in humanitarian settings.

What were the triggers that catalysed positioning GBV as a priority issue in humanitarian settings?

By triggers, we refer to catalytic moments, whereby a change in the internal or external context opened windows of opportunity, which were identified and seized by specific actors. In the context of this case, the triggers were:

UNFPA became the sole lead of the GBV AoR under the GPC. UNFPA had co-led the GBV AoR with UNICEF since the inception of the AoR in 2006. In 2016, UNFPA became the sole lead for the AoR[4]. The GBV AoR constituted of representatives from UN agencies and non-UN humanitarian partners, which included many gender champions with a long track record of advocacy for GBV. UNFPA successfully leveraged its leadership of GBV AoR to help enhance credibility and establish support for GBV work in humanitarian settings[9].

FIGURE 1. Overview of the triggers, contextual enablers and sustaining mechanisms for prioritising GBV in humanitarian settings through UNFPA's leadership and advocacy



UNFPA's organisational mandate for humanitarian work. UNFPA also created an organisational mandate for humanitarian work through its Strategic Plans. The latest two Strategic Plans (2014-17, 2018-21) have an outcome indicator on GBV in emergencies under outcome 1 (indicator 5.2 and indicator 3.4, respectively)[10,11].

Strategic leveraging of GBV AoR by gender experts. As the lead of GBV AoR, UNFPA has advocated with the resident coordinators and humanitarian coordinators to prioritise GBV prevention and services at the outset of an emergency. The Agency has also achieved buy-in from humanitarian actors across various sectors to prevent GBV as part of their sectoral responsibilities. For example, ensuring safety for women when procuring their food rations, fetching water or using toilets would be a shared responsibility of those carrying out food distribution and providing water and sanitation facilities[12].

What enabling contextual factors facilitated change?

The triggers occurred within a range of other broader enabling contextual factors at various levels—internationally, nationally, within the UN system and within UNFPA. These factors are described below.

Internationally, the enabling factors included:

- A global increase in the frequency and severity of natural disasters, conflicts and complex emergencies, with a concomitant increase in the number of people affected by humanitarian crises. In 2021, 235 million people, or 1 in every 33 people worldwide, were estimated to need humanitarian assistance and protection, with women and girls affected disproportionately[13].

At the UN system-wide level, the enabling contextual factors were:

- Rising attention on GBV and sexual violence in armed conflict in the early 1990s with the formation of International Criminal Tribunals for Rwanda and the former Yugoslavia. Around the same time, GBV in development settings gained global attention following the 1993 *World Conference on Human Rights*, ICPD in 1994 and the *Fourth World Conference on Women* in 1995. Violence against women in armed conflicts and other emergencies were included in the mandate of the UN Special Rapporteur on violence against women appointed in 1994[14]. Her work and other Special Rapporteurs appointed by the UN Human Rights Commission (on former Yugoslavia, Rwanda, Democratic Republic Congo) brought GBV in armed conflicts under the spotlight[15].

- Resolution 1325, adopted by the UN Security Council in 2000, which was a milestone in addressing GBV in situations of armed conflict[6]. Since then, a series of UN Security Council Resolutions reaffirmed the UNs commitment to preventing GBV in armed conflicts. The latest Resolution 2467 was passed in 2019 and stresses the importance of addressing structural gender inequalities and discrimination as the root causes of GBV[8].

- Changes in the global humanitarian architecture, with increased priority for prevention and intervention services for GBV in emergencies. This included forming the extant cluster system in 2005, with GBV as one of the AoRs[13]. The first-ever World Humanitarian Summit, held in 2016, led to a consensus among stakeholders on a *New*

Ways of Working Agenda among humanitarian, development, peacekeeping and peace-building partners. In the case of GBV, the emphasis was on addressing the root causes, namely gender inequality and discrimination[16].

- The strategic positioning of UNFPA as a key UN agency addressing GBV in humanitarian settings. For example, it's second-generation Humanitarian Response Strategy (2012) included an outcome indicator on GBV in humanitarian settings[17].

- The 2019 international conference *Ending Sexual and Gender-Based Violence in Humanitarian Crises* which brought together UN agencies and the International Committee of the Red Cross (ICRC), and governments and garnered unprecedented support and funding. A total of $366.6m was pledged for 2019 and beyond with close to 90% of the financial pledges for 2019 were confirmed as disbursed[18].

- Despite all the international commitments, GBV remains one of the least funded sectors of humanitarian response. Between 2016-2018, GBV-specific funding was 0.12% of all humanitarian funding, one-third of what was requested[19].

Within UNFPA, at organisational level, the critical enabling contextual factors were:

- UNFPA has been working on sexual and reproductive health and GBV in emergencies since 1994 and was among the early advocates for prioritising GBV in humanitarian settings. In 2006, the UNFPA collaborated with the European Commission and the Government of Belgium to convene the first *International Symposium on Sexual Violence in Conflict and Beyond*. The Symposium, attended by several nations, including 14 that were conflict-affected, adopted a declaration calling for zero tolerance for sexual violence in war-affected countries[20].

- UNFPA has a long track record of promoting health sector responses to GBV in development settings and expertise in gender, including GBV. There is likely to be synergy between its humanitarian work on GBV and its work on gender and GBV in development settings. This created an enabling environment to operationalise the New Ways of Working agenda of the World Humanitarian Summit 2016[9].

What actions sustained changes to successfully make GBV a priority in the global humanitarian response agenda?

Committing funds for humanitarian work, including for GBV. UNFPA committed increasing amounts to its humanitarian work, increasing from $82.4m in 2015 to $172.6 in 2018[4]. To access flexible, multi-year funding, the UNFPA launched the Humanitarian Thematic Fund in 2018[21]. The fund is a co-financing mechanism funded through voluntary contributions in response to the calls that the organisation puts out every year through its Humanitarian Action Overview. The growing priority of this area of work was evident from the fact that in 2019, UNFPA set up a Humanitarian Office in Geneva, in addition to its Humanitarian and Fragile Contexts Branch in the New York headquarters.

Although funding for the GBV AoR is far from ideal and below other AoRs, UNFPA has been allocating core funds to meet its responsibilities as the Cluster Lead Agency. The GBV AoR coordinator has been a core-funded post since 2018[12].

Establishing functional systems and structures. Functional systems and structures are in place within the Agency to support humanitarian response and coordination. These include the Humanitarian Steering Committee, which brings together senior management for fast-tracking decisions related to humanitarian issues and the Inter-Division Working Group, which includes all the business units of UNFPA[4].

Ensuring high-quality human resources. The GBV advisors in UNFPA's regional offices are available to help the country offices at the beginning of an emergency. The Inter-Agency Regional Emergency GBV Advisors (REGA) from the GBV AoR are responsible for technical assistance during an emergency. UNFPA's staff include an integrated sexual and reproductive health and rights (SRHR) and GBV roving teams of eight members with specific technical expertise. The bulk of the human resources come from its surge roster that consists of GBV experts who can be deployed at short notice and spend between three weeks to six months in the field[12].

UNFPA had a 67% increase in its roster of gender and GBV experts between 2016-2018, and a 50% increase in its deployment rate during the same period[4]. The availability at short notice of these experts early-on in an emergency who have essential skills and competencies counts as UNFPA's major strength[9].

Investing in capacity-building for staff and surge personnel. UNFPA, in partnership with GBV AoR, developed the free e-learning course *Managing Gender-Based Violence Programmes in Emergencies*, which is now a mandatory prerequisite for all UNFPA deployed GBV specialists and personnel from other agencies and NGOs working on GBV in emergencies. Also, regular training workshops on addressing GBV in humanitarian settings are conducted for surge personnel[12].

Providing thought-leadership and setting standards for addressing GBV in humanitarian settings. UNFPA has been able to provide thought leadership and set standards for addressing GBV in humanitarian settings. The Agency has contributed to various editions (1999, 2010 and 2018) of the *Inter-Agency Field Manual on Reproductive Health in humanitarian settings*, which includes a section on GBV[22]. It was also a contributor to the *Clinical Management of Rape Survivors, Developing protocols for use with refugees and internally displaced persons*, IASC *Guidelines, Integrating gender-based violence interventions in humanitarian action and the Inter-Agency GBV case management guidelines*, among others[23,24,25].

The Minimum Standards for the prevention and response to gender-based violence in emergencies is UNFPA's signature contribution to guide programming and coordination of GBV prevention and response in humanitarian settings[26]. This document became the basis on which the *Inter-Agency Minimum Standards* (2019) were developed[27].

The *GBV Accountability Framework*, which lays out the roles and responsibilities of various stakeholders in a humanitarian setting, is another seminal resource to which UNFPA has contributed. UNFPA is also a part of the Steering Committee of the GBV Management Information System Global Team, contributing to collecting, analysing, and sharing the information reported by GBV survivors in humanitarian settings[4].

Placing the promotion of gender equality and women's rights centrally within strategies and standards for GBV programming. Addressing gender inequality is one of the principles behind the GBV AoR's Global Strategy 2018-2020. The Strategy acknowledges that systemic gender inequality is at the root of GBV against women and girls and strives to promote gender equality in and through all its actions[28].

Standard 13 in the Inter-Agency Minimum Standards requires that GBV programming "...addresses harmful social norms and systemic gender inequality in a manner that is accountable to women and girls"[27]. Some of

the key actions to meet this standard include carrying out gender and power analysis for context-specific prevention planning, addressing the immediate needs of GBV survivors before tackling issues of inequality and discrimination, and engaging men and boys to change unequal gender norms[27].

Establishing credibility through delivering concrete services on the ground to prevent and address GBV. The presence of UNFPA GBV staff deployed early on in emergencies enables timely preventive action and service provision. For example, it enables safety audits to be conducted, creates safe spaces for women and girls, and provides clinical services for rape survivors, including prophylaxis for HIV/AIDS and pregnancy prevention. This, in turn, has established credibility for UNFPA as a humanitarian actor providing tangible services[9,12].

Ensuring sustainability through national partnerships. UNFPA seeks to build national systems for GBV prevention and response in humanitarian settings to ensure long-term sustainability. In addition to its partnerships with government agencies, UNFPA is committed to working with local, women-led organisations ensuring that services are accessible, timely, and acceptable to women survivors. Commitment to working with local women's organisations is part of the Minimum Standards[12]. Also, a significant proportion of UNFPA's resources for humanitarian programmes go to counterparts at the country level and investments in building local capacity are a regular feature[9].

Conclusion

This case study showcases how specific gender and health issues can be prioritised as part of global agendas when agencies successfully capitalised on their roles in global agenda-setting work, including convening, thought leadership, evidence generation, advocacy and technical support. This brief, alongside analyses of the other case studies within the What Works in Gender and Health Case Study Series, fills a major gap at a critical juncture in time by providing an evidence-base of what has worked, where, for whom, why and how, to promote gender equality in health in a multilateral system. For further details of consolidated findings across all 14 case studies and overall recommendations please click here for the full project report.

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