

# A Way Forward:

## Landscaping Report on Integrated Gender-Based Violence and Economic Recovery Programming



The **Women's Refugee Commission (WRC)** improves the lives and protects the rights of women, children, and youth displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice. To learn more, visit [www.womensrefugeecommission.org](http://www.womensrefugeecommission.org).

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# **Integrated Gender-Based Violence and Economic Recovery Programming**

with Gender-Transformative  
and Localized Approaches

**A Global Landscaping Report**

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# Abbreviations and Acronyms

<b>CBO</b>	Community-Based Organization
<b>CEPAM</b>	Centro Ecuatoriano Para La Promoción Y Acción De La Mujer
<b>CSO</b>	Civil Society Organization
<b>CVA</b>	Cash and Voucher Assistance
<b>DRC</b>	Danish Refugee Council
<b>GBV</b>	Gender-Based Violence
<b>GDG</b>	Gender Discussion Group
<b>FAO</b>	Food and Agriculture Organization of the United Nations
<b>IASC</b>	Inter-Agency Standing Committee
<b>IDP</b>	Internally Displaced Person
<b>IPV</b>	Intimate Partner Violence
<b>IRC</b>	International Rescue Committee
<b>INGO</b>	International Nongovernmental Organization
<b>KII</b>	Key Informant Interview
<b>LGBTQIA+</b>	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual
<b>MEL</b>	Measurement, Evaluation, and Learning
<b>MPCA</b>	Multipurpose Cash Assistance
<b>NGO</b>	Nongovernmental Organization
<b>SGBV</b>	Sexual and Gender-Based Violence
<b>SOGIESC</b>	Sexual Orientation, Gender Identity and Expression, or Sex Characteristics
<b>SRH</b>	Sexual and Reproductive Health
<b>UN</b>	United Nations
<b>UNHCR</b>	United Nation High Commissioner for Refugees
<b>UNTHA</b>	Unión Nacional De Trabajadoras Del Hogar Y Afines
<b>VSLA</b>	Village Savings and Loans Association
<b>WRC</b>	Women's Refugee Commission

# Executive Summary

## BACKGROUND

Across the globe, displaced women, girls, and individuals with diverse sexual orientations, gender identities and expressions, and sex characteristics (SOGIESC) disproportionately experience both economic marginalization and gender-based violence (GBV) due to gender norms and their displacement status. The increased risk of and exposure to GBV in humanitarian settings further complicates their economic capabilities, inhibiting their access to safe, sustainable employment and financial autonomy. The compounding combination of economic disempowerment, gender inequality, and GBV ultimately inhibits long-term recovery for displaced GBV survivors.

The 2016 New York Declaration for Refugees and Migrants called for the enhancement of refugee resilience and self-reliance, market opportunities for “women, persons with disabilities, and youth,” and the need for and benefit of taking on a whole-of-society and solutions-oriented approach. Though the humanitarian aid community has made strides to address these issues, with increased, improved consideration of gender in program design and implementation, more action is required to attend the needs of GBV survivors.

The Danish Refugee Council (DRC) and the Women’s Refugee Commission (WRC) have partnered to move forward this area of humanitarian practice in a joint program, “Advancing Economic Empowerment of GBV Survivors in Humanitarian Settings through Evidence and Localized Action for Gender-Transformative Change.” Over a three-year time frame, the program aims to generate evidence on programming that integrates economic recovery and GBV prevention, mitigation, and response to effectively advance the economic empowerment of GBV survivors in humanitarian practice.

WRC completed a global landscaping report to identify existing evidence and practices to serve as the foundation for the program and for the development of a Theory of Change guidance document. In turn, the guidance will inform the implementation of integrated GBV-economic recovery program models that include partnerships between international and local organizations and address gender inequality, adapted for four contexts—Jordan, Lebanon, Niger, and Uganda.



## FINDINGS

This global landscaping report collates the existing evidence for gender-transformative and localized integrated GBV and economic recovery programming, including cash and voucher assistance (CVA). In total, 62 publications and 11 key informant interviews with sector and local experts were analyzed to identify program models and interventions, barriers, good practices, guidance, and tools. The findings have been disaggregated for women and girls, as well as other marginalized and intersecting groups of GBV survivors, such as people with disabilities, individuals with diverse SOGIESC, and men and boys.

In the niche cross-section of economic recovery, GBV, gender transformation, and localization in humanitarian practice, this report demonstrates the ways in which each area contributes to advancing the economic empowerment of GBV survivors.

Economic recovery programming for GBV survivors should address barriers created or exacerbated by exposure to GBV risks, beyond market assessments and economic activities designed with GBV and gender in mind. This is where the integration of GBV and economic recovery programming works to respond to GBV and help survivors to overcome the financial, psychological, legal, and social challenges that surround GBV and inhibit their economic recovery.

Even with thoughtful and targeted program design, gender norms can limit program participation and outcomes for women, girls, and individuals with diverse SOGIESC. When programs do not address the drivers of gender inequality, there may be unintended negative consequences, such as limited mobility, increased time burden due to unshared domestic work, and backlash to shifting gender dynamics from family members. Incorporating program components that aim to alter gender norms at individual, community, and institutional levels can reduce the underlying gender inequality of these barriers and augment the outcomes of both GBV and economic recovery program components.

Lastly, for international humanitarian actors, collaborating with local actors can be a strength for this type of programming. Programming that is led by local organizations can provide access to targeted communities, enhance the design and delivery of program components with context-specific expertise, and augment local capacity for sustainable change.

Several fundamental aspects of this integrated programming were identified in the literature review and key informant interviews, recommending program designers and staff to:

- **Conduct context-specific and disaggregated assessments of market opportunities and GBV risks to guide program design and implementation, ensuring data disaggregation for diverse populations.** This is particularly important for marginalized survivors, such as those with diverse SOGIESC or disabilities.
- **Employ a survivor-centered approach** throughout the program cycle to ensure assessments, design and implementation and ensure survivors' safety, confidentiality and respect and prevention of discrimination.
- **Ensure coordination and train all program staff on the basics of each program component—gender equality, GBV, and economic recovery, including CVA.** The hallmark of integrated programming recognizes that area experts have different knowledge bases and significant knowledge sharing and capacity building among partners is a key to success.

Overall, the findings of this study provide a path ahead for gender-transformative and localized, integrated GBV and economic recovery programming for survivors in humanitarian settings and highlights areas that merit further research.

# Introduction

For forcibly displaced women around the world, access to and control over sustainable sources of income remain critically low. In approximately half of host countries, displaced persons are not allowed to work and may seek employment in the informal economy as a result, risking exploitation, discrimination, and other abuses.<sup>1</sup> In these settings, displaced women's employment is as high as 40 percent or as low as 6 percent, but is consistently lower than employment rates for both displaced men and non-displaced women.<sup>2</sup> Moreover, the economic marginalization of displaced women is exacerbated by restrictive gender norms, significant pay gaps, and regulatory and administrative barriers.<sup>3</sup>

At the same time, forced displacement increases risk of and exposure to gender-based violence (GBV), which also disproportionately impacts women and girls in these settings, and extends to other and intersecting marginalized groups, such as people with disabilities or individuals with diverse sexual orientations, gender identities and expressions, and sex characteristics (SOGIESC).<sup>4</sup> For survivors in these settings, GBV can further complicate economic self-reliance and resilience.<sup>5</sup> Psychological trauma, disability, stigma, gender norms, and legal status may inhibit GBV survivors from securing socioeconomic autonomy or accessing safe, decent work or entrepreneurship.<sup>6</sup> As a result, survivors often feel unsafe or are unable to pursue meaningful work or business opportunities, which can threaten survivors' safety, pushing them to remain in abusive or vulnerable situations, or engage in risky coping behaviors.<sup>7</sup>

Globally, the humanitarian aid community has made commitments to gender-transformative change and to address GBV at the root causes of gender discrimination and gender inequality.<sup>8</sup> While humanitarian sectors are increasingly mainstreaming gender equality, economic recovery, including CVA, has room for improvement, especially for GBV prevention and mitigation.<sup>9</sup> Though GBV is highly prevalent in humanitarian settings, there is a dearth of evidence-based integrated GBV in economic recovery programming to meet survivors' long-term recovery needs.<sup>10</sup>

To address these gaps, the Danish Refugee Council (DRC) and the Women's Refugee Commission (WRC) have partnered to implement the program "Advancing Economic Empowerment of GBV Survivors in Humanitarian Settings through Evidence and Localized Action for Gender-Transformative Change." Over a three-year time frame, the program aims to generate evidence on integrated GBV and economic recovery programming and support the humanitarian community with evidence-based program models that effectively advance the economic empowerment of GBV survivors.<sup>11</sup> To establish an evidential foundation for implementation, WRC completed a global landscaping report on integrated GBV and economic recovery with gender-transformative and localized approaches. In turn, the global landscaping report will inform guidance for a Theory of Change, and monitoring, evaluation, and learning (MEL) frameworks for this programming, adapted for four contexts: Jordan, Lebanon, Uganda, and Niger. The findings of the global landscaping report are presented here.

1 UNHCR, *Refugee Livelihoods and Economic Inclusion 2019-2023 Global Strategy Concept Note* (2019).

2 Jeni Klugman and Raiyan Kabir, *Unlocking Refugee Women's Potential* (2019). <https://giwps.georgetown.edu/resource/unlocking-refugee-womens-potential/>.

3 IASC, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (2015).

4 UN OCHA, *The Inter-Agency Humanitarian Evaluation on Gender Equality and the Empowerment of Women and Girls* (2020); Danielle Roth, Alexandra Blacawell, Mark Canavera and Kathryn Falb, *Cycles of Displacement: Understanding violence, discrimination, and exclusion of LGBTQI people in humanitarian contexts*, (2021).

5 IRC, *Scaling Economic Empowerment for Refugee Women: Understanding and Overcoming Obstacles to Women's Economic Empowerment in Germany, Niger & Kenya* (2019). <https://eu.rescue.org/report/scaling-economic-opportunities-refugee-women-understanding-and-overcoming-obstacles-womens>.

6 IRC, *Where is the money?: How the humanitarian system is failing in its commitments to end violence against women and girls* (2019). <https://www.rescue.org/sites/default/files/document/3854/whereisthemoneyfinalfinal.pdf>

7 UK Aid, *What works to prevent violence against women and girls?* (2020). <https://www.gov.uk/guidance/funding-for-what-works-to-prevent-violence-against-women-and-girls>.

8 IASC, *Policy for Gender Equality and Empowerment of Women and Girls in Humanitarian Action* (2017).

9 Interagency UN Women (for IASC), *IASC Gender Accountability Framework Report 2018* (2019); UN OCHA, *The Inter-Agency Humanitarian Evaluation on Gender Equality and the Empowerment of Women and Girls* (2020).

10 OCHA, *Inter-Agency Humanitarian Evaluation on Gender Equality and the Empowerment of Women and Girls* (2020).

11 The program has also created an inter-agency Global Reference Group, composed of economic recovery, gender equality, and GBV specialists, to provide strategic and technical expert guidance, direction and input on program management and implementation plans as well as outputs produced with a view to maximizing the potential of the program.





This global landscaping report is informed by a literature review and key informant interviews (KIIs) with stakeholders across the humanitarian-development nexus. This two-pronged approach is used to capture both the universe of published findings and working knowledge of integrated economic recovery and GBV program models for survivors through gender-transformative change and localized approaches. Based on organizational practices, preliminary research, and international guidance, the following terms were defined prior to the research to ensure specificity and relevance: economic recovery, gender-based violence, gender equality and gender transformation, and localization.

# 1

## Methodology

### ECONOMIC RECOVERY

In DRC's programming, economic recovery focuses on self-reliance and resilience. Economic recovery programming enables individuals and households affected by a humanitarian crisis to meet their essential needs independently and sustainably (**self-reliance**), and to restore their ability to mitigate, adapt to, and recover from future shocks and stresses in a way that reduces chronic vulnerability (**resilience**), with a special attention to achieving food security, restoring decent and sustainable livelihoods, and improving financial inclusion.<sup>12</sup> Guided by DRC's definition, the literature review aimed to include economic recovery programs and interventions, such as:

- **Cash and voucher assistance (CVA):** cash transfers and/or vouchers for goods or services directly provided to individual or household recipients. The review considered CVA design features, such as modalities (cash and/or vouchers); conditionality (unconditional, or conditional e.g. Cash for Work); restriction (unrestricted, or restricted e.g. cash transfers for specific food or health services); and complementary "cash plus" activities (e.g., cash transfers to cover the costs of vocational training within an employment support intervention in tandem with gender discussion groups).<sup>13</sup>
- **Employment support:** career counseling, skills development, job matching and/or placement, social capital, network development, decent work awareness.

<sup>12</sup> Danish Refugee Council, *The Transition Gap*. <https://emergency.drc.ngo/recover/the-transition-gap/>


<sup>13</sup> For CVA, delivery mechanism, transfer value, duration, and frequency were not included in the analysis of this review due to difficulties in assessing these components due to differential missing information and absence of evaluation information.

- **Business support:** business mentoring, skills development, financial support, market linkages.
- **Financial inclusion:** financial literacy, digital literacy, Village Savings and Loan Associations (VSLA), savings clubs, and other collective savings and credit activities, linkages with formal financial service providers, microfinance institutions, banks, insurance companies.
- **Agrarian interventions and inclusive land rights:** access to inputs, training in improved agricultural practices, set-up and development of cooperatives.
- **Labor rights and labor mobilization/organization:** worker unions and activist groups.
- **Gig/sharing/collaborative economy:** labor where workers are paid by task, service, or assignment and engage autonomously in short-term client relationships.<sup>14</sup>

## GENDER-BASED VIOLENCE (GBV)

For this global landscaping report, the definition of GBV was guided by the 2015 IASC GBV Guidelines which states GBV as:

*“an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e., gender) differences between males and females. The term ‘gender-based violence’ is primarily used to underscore the fact that structural, gender-based power differentials between males and females around the world place females at risk for multiple forms of violence. As agreed in the Declaration on the Elimination of Violence against Women (1993), this includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion, and other deprivations of liberty, whether occurring in public or in private life. The term is also used by some actors to describe some forms of sexual violence against males and /or targeted violence against LGBTI populations, in these cases when referencing violence related to gender-inequitable norms of masculinity and/or norms of gender identity.”<sup>15</sup>*



<sup>14</sup> James Manyika et al., *Independent Work: Choice, necessity, and the gig economy* (McKinsey Global Institute, 2016), <https://www.mckinsey.com/~media/mckinsey/featured%20insights/employment%20and%20growth/independent%20work%20choice%20necessity%20and%20the%20gig%20economy/independent-work-choice-necessity-and-the-gig-economy-executive-summary.ashx>.

<sup>15</sup> IASC, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (2015).

## GENDER EQUALITY AND GENDER-TRANSFORMATIVE APPROACHES

Following the 2015 IASC GBV Guidelines, gender equality is defined as the “equal rights, responsibilities and opportunities of women and men and girls and boys.”<sup>16</sup> In this program, gender equality was established as the basis for ending economic deprivation of women, and the downstream effects of violence against women and girls, as well as men, boys, and those of diverse sexual orientations, gender identities and expressions and sex characteristics (SOGIESC). To adequately promote this change, the global landscaping review prioritized identifying examples of gender-transformative approaches.

The term “gender-transformative,” first used by Dr. Geeta Rao Gupta in 2000, describes policies and interventions that promote gender equality. Gender transformative approaches have been operationalized in protection and violence prevention programs to engage men and boys to reflect critically on, challenge, and change attitudes and behaviors that drive gender inequality and resulting gender-based violence.<sup>17</sup> The WHO Gender Responsive Assessment Scale defines gender-transformative programs as those that:<sup>18</sup>

- consider gender norms, roles and relations for women and men and that these affect access to and control over resources;
- consider women’s and men’s specific needs;
- address the causes of gender-based [economic] inequities;<sup>19</sup>
- include ways to transform harmful gender norms, roles and relations;
- often have promoting gender equality as the objective; and
- include strategies to foster progressive changes in power relationships between women and men.

For this review, these features of a gender-transformative programming are considered. More recently, there have been calls for gender-transformative programs to move beyond the individual, household levels, through promotion of gender-inclusive policies at the community and institutional level and transforming local regimes of gender accountability.<sup>20,21</sup> This global landscaping review aims to identify gender-transformative approaches that extend in this capacity, as well.

## LOCALIZATION

As defined by the IASC, localization “enables the meaningful engagement and leadership of local and national actors (with a focus on women-led organizations and organizations representing vulnerable populations) in humanitarian

<sup>16</sup> Ibid.

<sup>17</sup> Michael Flood, “Gender equality: Engaging men in change,” *The Lancet* (2019) Jun 15;393(10189):2386.

<sup>18</sup> Gender mainstreaming for health managers: a practical approach. Participant’s notes. Geneva: World Health Organization (2011), [https://apps.who.int/iris/bitstream/handle/10665/44516/9789241501064\\_eng.pdf?sequence=2](https://apps.who.int/iris/bitstream/handle/10665/44516/9789241501064_eng.pdf?sequence=2).

<sup>19</sup> The original said “health inequities”; for the purpose of this review, we focus on economic inequities.

<sup>20</sup> Lisa D. Brush and Elizabeth Miller, Trouble in Paradigm: “Gender Transformative” Programming in Violence Prevention. *Violence Against Women* [Internet]. 2019 Nov [cited 2022 Feb 10];25(14):1635–56. Available from: <http://journals.sagepub.com/doi/10.1177/1077801219872551>.

<sup>21</sup> Sarah DeGue et al., “Looking Ahead Toward Community-Level Strategies to Prevent Sexual Violence,” *Journal of Women’s Health* [Internet] (2012 Jan) [cited 2022 Feb 10];21(1):1–3. Available from: <http://www.liebertpub.com/doi/10.1089/jwh.2011.3263>.

response, enhancing capacity exchange and increasing direct funding.”<sup>22</sup> The IASC also identified five principles of localization alongside its definition: equality, transparency, result-oriented approach, responsibility, and complementarity. Indicators to measure the extent of localization in a humanitarian response cluster were also designed by the IASC but do not assess the localization of a specific humanitarian project, partnership, or collaboration, although this has been suggested by those working in the space of humanitarian localization.<sup>23</sup>

In the context of this program, in pursuit of a localized action for gender-transformative change, DRC’s country and global project managers are adhering to the aforementioned principles and indicators as well as three additional principles. The DRC teams collaborated to identify three principles of localization to which the program would adhere to better capture and enhance the above definition of localization:

- Considerations for meaningful participation of local actors.
- Recognizing and complementing, and setting out to build on, and as necessary, strengthen, local capacities.
- Facilitating mutual learning and joint action with local actors for context-appropriate and sustainable change.

## LITERATURE REVIEW

The objectives of the literature review are to: identify existing integrated GBV-economic recovery gender-transformative program models, monitoring systems, and evidence related to humanitarian settings; and identify any such program models that use a localized approach. The literature review therefore aims to answer the following questions:

1. How do existing integrated GBV-EcRec program models/interventions for GBV survivors in humanitarian settings integrate principles of gender transformation?
  - » How are existing gender-transformative GBV-economic recovery program models/interventions in humanitarian settings localized?
2. How do existing resources (guidelines, theories of change, measurement frameworks, tools) support implementation of gender-transformative GBV-economic recovery programming for GBV survivors in humanitarian settings?
3. How do existing resources support gender-transformative integrated GBV-economic recovery programs that effectively help to reduce GBV and support survivors to recover, mitigate risks of future GBV and other protection risks, and achieve longer-term self-reliance, contributing to broader gender equality objectives?
  - » What are the gaps in existing resources to support gender-transformative integrated GBV-economic recovery programming in humanitarian settings?
4. What are the existing best practices and barriers to gender-transformative GBV-economic recovery for GBV survivors in humanitarian settings and in comparable development contexts and settings?

<sup>22</sup> Inter-Agency Standing Committee, *Pathways to Localization: A framework towards locally led humanitarian response in partnership-based action* [Internet] (2019). Available from: <https://interagencystandingcommittee.org/system/files/pathways-to-localisation-report-oct2019.pdf>.

<sup>23</sup> Inter-Agency Standing Committee, *Guidance Strengthening participation, representation and leadership of local and national actors in IASC humanitarian coordination mechanisms for HCS, HCTs, Cluster & Inter-agency groups & other related task forces & working groups* [Internet] (2021). Available from: <https://interagencystandingcommittee.org/operational-response/iasc-guidance-strengthening-participation-representation-and-leadership-local-and-national-actors>.

## APPROACH AND CONCEPTUAL MODEL

This review adopts a social norms framework.<sup>24,25,26</sup> A social norm is defined as shared beliefs about what is typical and appropriate behavior in a valued reference group. This review categorizes integrated GBV-economic recovery programs and interventions that aim for gender-transformative social norms change at three levels of social norms change:

- **Individual:** Gender norms change among individual men and women; as well as opinion leaders such as religious and traditional leaders, business people, and media personalities.
- **Community:** Gender norms change among public, community, markets, schools, religious institutions, and/or society at large.
- **Institutional:** Among informal and formal institutions, gender norms change through increased rights of women, girls, individuals with diverse SOGIESC, and individuals with disabilities, and repeal of gender-discriminatory laws, legislation, and policies at local, national, or international levels.

## PARAMETERS AND SEARCH STRATEGY

### INTERVENTION SETTING

The review includes publications describing interventions in humanitarian settings. For the purpose of this study, a humanitarian setting is defined as any acute or protracted crisis at local, national or regional level. The Global Humanitarian Overview 2020 was used as the starting point for listing the countries affected by humanitarian crises.<sup>27</sup>

### TYPES OF PUBLICATIONS

This review includes information found in a wide range of publicly available documents including peer-reviewed articles, reports and other types of grey literature such as case studies, program or project evaluations, among others.

### DELIMITERS

The search included articles published in the last ten years (from 2012 onwards) in order to retrieve a recent set of literature. Searches were limited to English for feasibility reasons.

<sup>24</sup> M. Alexander-Scott, E. Bell, and J. Holden, *DFID Guidance Note: Shifting Norms to Tackle Violence Against Women and Girls (VAWG)* (London: Department for International Development, 2016), <https://www.gov.uk/government/publications/shifting-social-norms-to-tackle-violence-against-women-and-girls>.

<sup>25</sup> Gerry Mackie, et al., *What are social norms? How are they measured?* (San Diego, CA, 2015 Jul 27).

<sup>26</sup> United Nations Development Programme, *Tackling Social Norms: A game changer for gender inequalities* [Internet] (2020) (Human Development Perspectives). Available from: [https://hdr.undp.org/sites/default/files/hd\\_perspectives\\_gsni.pdf](https://hdr.undp.org/sites/default/files/hd_perspectives_gsni.pdf).

<sup>27</sup> UN Office for the Coordination of Humanitarian Affairs (OCHA), *Global Humanitarian Overview 2020* [Internet]. 2020. Available from: [https://www.unocha.org/sites/unocha/files/GHO-2020\\_v9.1.pdf](https://www.unocha.org/sites/unocha/files/GHO-2020_v9.1.pdf).

## SEARCH STRATEGY

The literature review queried established search engines and databases, including:

- **General:** Google Search
- **Academic:** Google Scholar, PubMed, SCOPUS, JSTOR, Cochrane, EconLit
- **Practitioner:** CALP, ALNAP, GBV AOR, UNFPA, IRC, UNHCR, SVRI, Prevention Collaborative, WHO Library Information System, FSN Network

**Table 1. Keywords used for search**

Intervention characteristics	
Characteristic	Key words
<b>Phase 1:</b> <i>How are economic recovery activities integrated into GBV interventions in humanitarian settings for GBV survivors?</i>	
<b>Economic recovery</b>	"Economic recovery"; "livelihoods"; "economic empowerment"; "cash and voucher assistance"; "economic inclusion"; "financial inclusion"; "food security"; "employment"; "self-employment"; "jobs"; "labor market support"; "consumption support"; "business support"; "entrepreneurship support"; "agriculture"; "value chain development"; "market systems development / support"; "savings"; "credits"; "insurance"; "social capital"; "economic assets"; "decent work"
<b>GBV survivors</b>	"gender-based violence"; "GBV prevention and response"; "violence against women and girls"; "GBV survivors"; "women's protection"; "girl's protection"; "survivor-centered"; "rape"; "sexual assault"; "physical assault"; "forced marriage"; "child marriage"; "denial of resources opportunities or services"; "psychological abuse"; "emotional abuse"; "intimate partner violence"
<b>Setting</b>	"Humanitarian"; "crisis"; "emergency"; "fragile states"; "conflict"; "displacement"; "refugee"
<b>Phase 2:</b> <i>How do these integrated GBV-economic recovery programs employ and enact gender-transformation in humanitarian settings? How are these gender-transformative GBV-economic recovery programs localized in humanitarian settings?</i>	
<b>Gender-transformative</b>	"Gender-transformative"; "gender transformation"; "gender norms"; "gender theory"; "women and girls' empowerment"
<b>Localization</b>	"Localization"; "localisation"; "localised"; "localized"; "community-based"; "decoloniality"



## STUDY SELECTION

Two WRC researchers assessed titles and abstracts of the identified records to evaluate their potential eligibility. The full text of all the papers and other literature identified as potentially relevant were retrieved. These papers were reviewed by a WRC researcher based on the review's inclusion criteria.

## KEY INFORMANT INTERVIEWS

The literature review was complemented by key informant interviews (KIIs) with experts who have knowledge of gender equality, GBV response and prevention, and economic recovery in humanitarian settings. The purpose of KIIs was to identify any additional relevant evidence, learnings, and resources that were not in the published literature, and to validate the initial findings of the literature review. KIIs were conducted virtually, via Microsoft Teams. The WRC researcher used a semi-structured interview guide based on an interview guide used by WRC in a previous global landscaping study.<sup>28</sup>

## SAMPLING FRAME AND RESULTS

Key informants were selected for interviews using purposive sampling with maximum variation by sector expertise and organizational level initially, followed by snowball sampling. The criteria for the selection of participants were as follows:

- Must be 18 years or older.
- Must currently hold a role in gender equality, GBV protection, economic recovery or livelihoods programming, research, or monitoring, evaluation, and learning (MEL) in humanitarian settings.

To gain a range of perspectives from humanitarian actors at different organizational levels, the sample included individuals from the following:

- UN agencies (2)
- International NGOs (5)
- An academic institution (1)
- National NGOs operating in a humanitarian setting (4)
- Community-based or civil society organizations operating in a humanitarian setting (4)

The target number for the sample of key informants was 20 participants, or until the qualitative data collection reached saturation.

<sup>28</sup> Interview guide available upon request – please contact report author: [aditib@wrccommission.org](mailto:aditib@wrccommission.org).

## DATA ANALYSIS

### LITERATURE REVIEW ANALYSIS

The publications collected in this literature review were organized using a matrix based on the questions set forth in the methodology. The findings of the literature review were also validated by key informants in their interviews.

### QUALITATIVE ANALYSIS

Qualitative data was audio-recorded with consent of participants and transcribed by a WRC researcher using audio-transcription software on the video-conferencing service. Quality checks were conducted by the researcher, and audio recordings were deleted after review. A WRC researcher read the data, created analytic memos for each interview, and synthesized emergent themes, which were then shared with DRC global and country program managers and used to develop the codebook for analysis with Dedoose.<sup>29</sup>

## ETHICS

The ethical review for this global landscaping report was conducted by DRC's internal ethical review committee. Key informants were provided a consent form, which was signed and returned prior to their interview or after reviewing the study information with the researcher at the start of the interview, provided verbal consent to participate. Consent forms, transcripts and interview notes were stored securely on a password-protected computer and only accessible to the researcher.

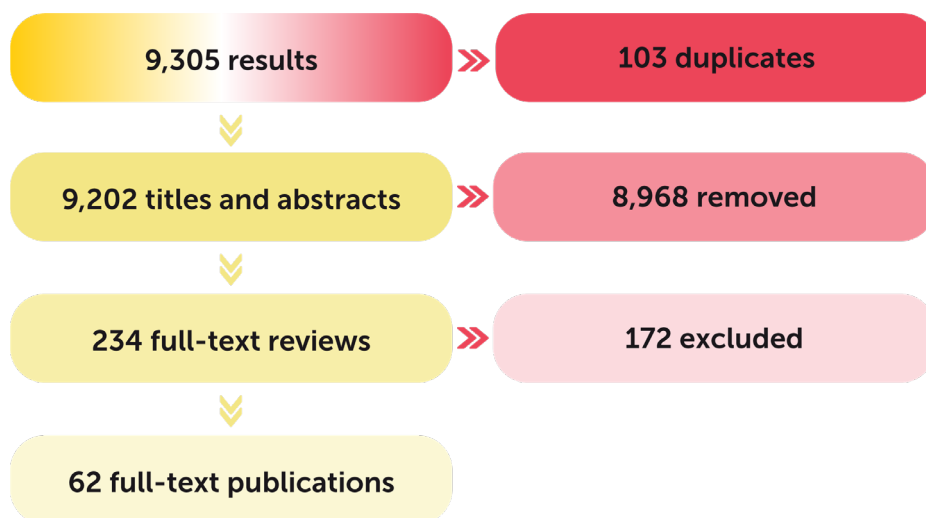
<sup>29</sup> Dedoose Version 9.0.17, web application for managing, analyzing, and presenting qualitative and mixed method research data (2021). Los Angeles, CA: SocioCultural Research Consultants, LLC, [www.dedoose.com](http://www.dedoose.com).

## Findings

### LITERATURE REVIEW

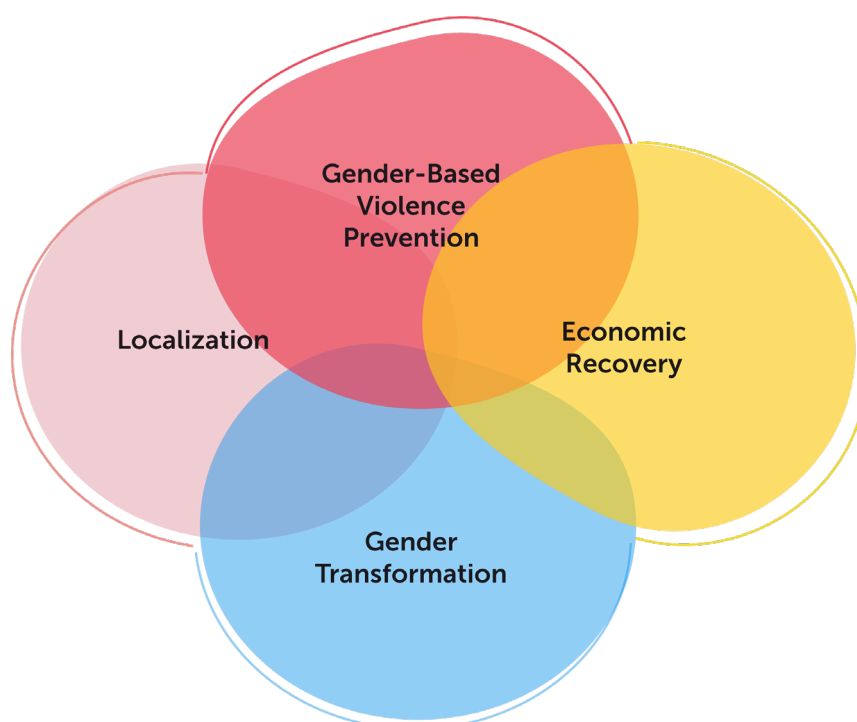
**Figure 1** describes the inclusion results of the literature review. Across all databases, 9,305 results populated with the given search terms, where 103 were duplicates. Screening by title and abstract, 234 publications were selected for full-text review. After initial review, 174 publications were excluded, primarily for incorrect outcomes (i.e., protection outcomes only), or incorrect populations (i.e., non-migrant or not conflict-affected); 62 publications were reviewed for this report—39 interventions or evidence-generating publications and 23 guidance documents, toolkits, and monitoring and evaluation frameworks (see Tables, page 31, 35, 37, and 39, References, page 42, and Annex 1 for full list).

**Figure 1: Selection of Literature Review Documents**



Within the 62 documents, publications that covered every area of focus were limited. Given the specificity of the literature review and its purpose as the foundation for a guidance for the broader program, documents on interventions and models had to include an integrated GBV and economic recovery program with at least one localized or gender-transformative approach in a humanitarian setting. Literature reviews and additional evidence were included if they focused on integrated GBV and economic recovery programming, gender transformation, or localization in either humanitarian or development settings. Guidance documents and tools were included in the review if they were aimed at one or more areas of focus in the context of the program. Relevant guidance and tools for further vulnerable populations within the gender-based violence context, such as individuals with disabilities or diverse SOGIESC, were also included based on the latter criterion.

**Figure 2: Areas of Focus in Humanitarian Settings, Global Landscaping Review**



## KEY INFORMANT INTERVIEWS

For the key informant interviews, 17 experts were contacted and 11 responded and completed a one-hour interview. The research team also prioritized the selection of experts at the local community-based organizations (CBOS), civil society organization (CSO) or national NGO level from sites of the program: Jordan, Lebanon, Niger, and Uganda. The breakdown of the key informants by expertise and organizational level is presented in Table 2:

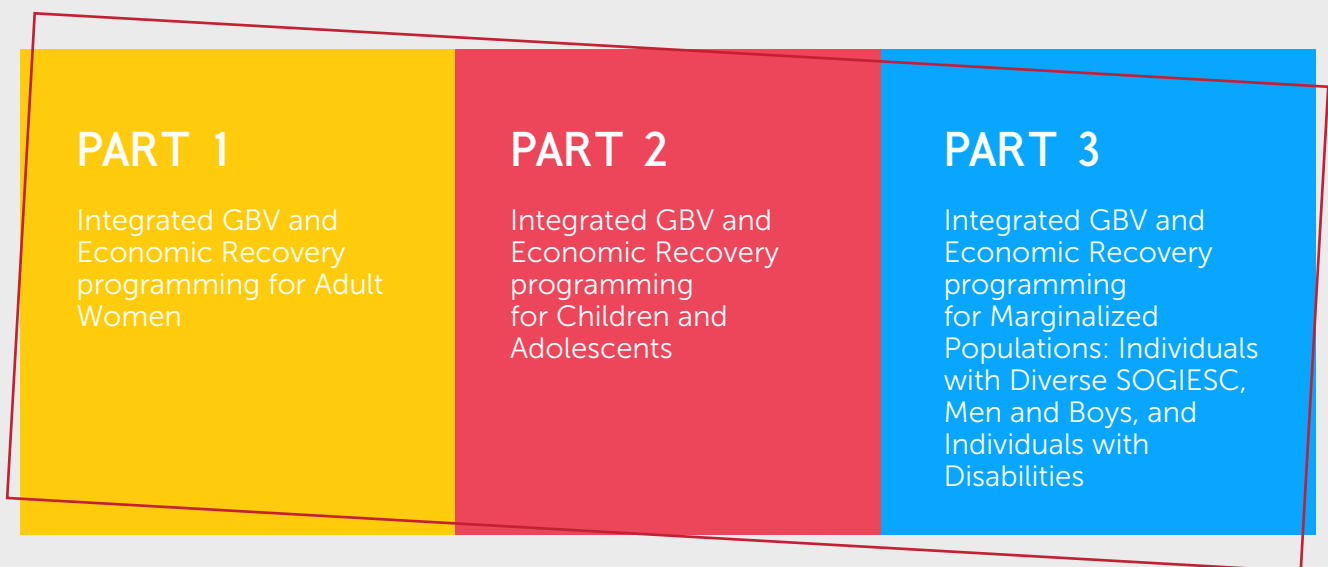
**Table 2. Summary of Key Informants by Organizational Level and Expertise**

Organizational Level	Number of Key Informants
Local CBOs or NGOs	4; 2 from Lebanon, 1 from Jordan, and 1 from Uganda
INGOs	4
UN Agencies	3
Expertise	
Gender-Based Violence and/or Gender Equality	9
Economic Recovery/Livelihoods	2

All key informants were women. Only one key informant was a member of the program's Global Reference Group. Of the local CBOs and NGOs represented, two, both from Lebanon, focused on women's empowerment and gender equality, and one, from Uganda, was a women-founded organization. The informants at every level were specialists, directors, heads of programs, or senior advisors and officers in their organization. Though many of the experts interviewed had expertise in GBV or gender equality programming, those at the local level reported some experience implementing economic strengthening activities.

During the interviews, key informants were asked to provide any relevant literature for the review. Per their recommendations and the selection criteria for the review, an additional four documents were included in addition to the prior document retrieval: two publications on interventions, one on reviews and evidence, and one guidance document with tools.

This review prioritizes findings that incorporate two or more areas of its focus and findings from the literature review and KIs are separated and discussed in the following order:



Each section describes the interventions and program models identified in the literature, followed by a summary analysis of the evidence. In the first section on adult women, evidence for gender-transformative and localized approaches are discussed separately. For the other sections, these areas of focus are addressed when relevant. Related guidance documents and tools are linked with descriptions at the end of each section. Throughout the findings section, citations from the literature review are referenced by number, for example (1), and listed at the end of the report under references on page 42.

# PART 1

## Integrated GBV and Economic Recovery Programming:

### Adult Women

#### INTERVENTIONS

In the context of integrated GBV and economic recovery programming, the literature review identified 12 publications on program models and interventions for adult women (**see Annex 1**). As some interventions emphasized GBV prevention and response, participation in a program was not limited to GBV survivors. Overall, only two interventions captured all four areas of focus:

- An intervention implemented in northern Uganda by Action Against Hunger from 2011–2014 (4) combined VSLA, livelihoods, and business skill training, an unconditional cash transfer of US\$170, GBV referral pathways to local actors, as well as participatory activities for men on GBV prevention, such as gender activists groups which ran in parallel to women's engagement in the program. Over the three-year implementation period, internally displaced (IDP) women in the program reported financial independence, increased decision-making, earnings and savings. Reports of sexual, physical, and emotional abuse from women in the program decreased by 19-23% (4).
- In 2016, UNHCR implemented a program in Malaysia that combined livelihoods programming (skills training, access to markets, and value chain integration and development via an artisan refugee program called Made 51<sup>30</sup>) with local partner-led shelter, GBV referral pathways, and GBV case management (16). In its gender-transformative approach, the program trained community influencers identified through CBOs on leading GBV awareness sessions for the community. At the time of publication, the intervention was ongoing, but showed promising evidence for increased self-reliance (increased income earned and self-employment) and protection from GBV (increased access to shelters and GBV support) among women in the program (16).

Livelihoods training, skill building, value chain development, microcredit, bank access, and VSLAs were key economic recovery interventions identified in the literature review. Across the humanitarian-development nexus, a variety of economic recovery and empowerment strategies have been outlined and implemented (7). However, some interventions, such as those involving agriculture and land rights, often take considerable implementation time (7). Several key informants addressed the humanitarian-development nexus that exists in some conflict-affected settings. One key informant remarked their organization's switch from operating short-term project cycles to multi-year programs with yearly renewals to implement programs in protracted humanitarian contexts. From this literature review, most interventions were implemented in less than two years.

Regarding GBV and gender equality outcomes, these interventions varied in their approaches. For GBV prevention, mitigation, or response, three programs included access to GBV referral pathways (4, 16, 20), seven integrated multi-sectorial GBV case management (15, 16, 19, 22, 31, 25, 38), and one included GBV safe spaces for individuals to disclose incidents of GBV as well as access to health services (11). Two interventions, both of which implemented GBV referral pathways, noted in their evaluations that these pathways needed to be stronger and safer to adequately address GBV concerns (4, 15).

<sup>30</sup> [www.made51.org](http://www.made51.org).



Two interventions addressed GBV indirectly, aiming to change gender norms and reduce inequality through gender-transformative approaches, such as gender dialogue groups, and workshop discussions on gender inequality in economic spaces (6, 26). The efficacy of these approaches will be assessed in the dedicated section on page 24.

## PROGRAM MODELS

A few integrated GBV-economic recovery program models were identified, many of which addressed economic and social empowerment. Each model identified is outlined below:

- IRC's Economic and Social Empowerment (EA\$E) model combines economic interventions, namely Village Savings and Loans Associations and business skills training, with gender discussion groups for female program recipients and their spouses (6). This IRC program, implemented in multiple settings, has been adapted for a variety of contexts, such as Jordan and Côte D'Ivoire (15, 19). In the evaluations of EA\$E, both economic empowerment and GBV mitigation improved for women experiencing intimate partner violence (IPV).
- A Women for Women International's program in Afghanistan incorporated trainings on savings and numeracy, health, human and legal rights, networking, basic business and vocational skills, cash transfers valuing \$120, conditional with participation each month, and a men's engagement program to change attitudes on gender among male family members and male opinion leaders (11). The study was implemented from 2018 to 2020 and included a comparison group to assess the efficacy of the model. Though the intervention improved livelihoods outcomes for women, including increased earnings, savings, household decision-making, as well as their mobility, there was no significant impact in reducing IPV when compared to the comparison group.
- Sammanit Jeevan, an intervention implemented in Nepal (adapted from another program, Zindagii Shoista in Tajikistan) from January 2017 to August 2018, sequentially implemented ten gender-transformative norms sessions, three economic empowerment sessions, and seven skills building sessions, along with an in-kind start-up funding, equivalent to \$150 value. The program participants were young married women and included their husbands and in-laws to ensure the development of and support for a woman-led income-generating activity in each household (26). In the evaluation of this model, significant improvements in economic outcomes with the proportion of women with earnings and savings doubling, while in terms of GBV mitigation outcomes, while physical IPV decreased, these changes were less pronounced.
- WRC and CARE's CVA-integrated GBV case management program, implemented from 2021–2022, was based on the [CVA-GBV Compendium and the WRC-IRC-Mercy Corps GVA-GBV toolkit](#). In Northwest Syria, Colombia, and Ecuador, WRC and CARE partnered with local service providers and contextualized the program model for GBV survivors in each site (22, 31, 35, 38). Across all sites, there were increases in participants reporting savings, earning income, and more decision-making control. Conversely, there were decreases in participants reporting IPV, but these changes were less pronounced than the economic impacts. The Colombia and Ecuador evaluations included a comparison group of survivors who received GBV case management only to assess the efficacy of the combined CVA-GBV program on GBV. One evaluation had mixed findings, whereas the other reported significant reductions in GBV.
- UNHCR's adaptation of Bangladesh Rural Advancement Committee's Graduation Approach, which was referenced in both the literature review and KIIs, implements the following approach and components: 1) identifying the poorest households within a community; 2) providing a regular and time-bound cash transfer to enable households to meet basic needs; 3) helping families plan their livelihoods and transferring productive assets to them; 4) developing households' ability to save money as a tool to build resilience; 5) enhancing the households' technical and entrepreneurial skills through livelihood training; and 6) ensuring the close mentorship of participants throughout the process in a way that develops their self-confidence (29). This program model has also included asset transfers, cash or in-kind, to participants as capital for a sustainable economic activity. Though it focuses on livelihoods and economic empowerment, the Graduation Approach has been paired with GBV case management and cash transfers, and successfully implemented for GBV survivors (31).

In total, nine interventions and program models had a CVA component, the majority of which provided cash transfers or multipurpose cash assistance. Two interventions offered multiple types of CVA based on need or safety. In an IRC intervention in Jordan, cash transfers informed by risk analysis were offered, but CVA could be augmented with restricted top-up cash transfers for safety and winterization (15). Similarly, an intervention in Northwest Syria provided in-kind assistance as an alternative to cash transfers for participants who perceived CVA as a risk (22). Another study also provided in-kind asset provision, though no CVA was integrated (26). Only one intervention used conditional cash transfers based on continued program participation (11). Overall, six interventions integrated CVA alone and three combined CVA with other economic recovery activities, such as livelihoods training, business skill building, value chain development, and financial inclusion through VSLAs, microcredit, and bank account offerings.

## SUMMARY ANALYSIS

Many of the integrated interventions in the literature reported positive economic outcomes among program participants, with increases in earnings, savings, and household decision-making. However, the impact on GBV was less consistent. These findings demonstrate some of the shared challenges of addressing GBV.

Integrating GBV and economic recovery programming proves to be difficult when programs and actors must address multiple needs across sectors that aim to achieve different outcomes and operate on different knowledge bases (30). Implementing economic recovery programming without sufficient GBV considerations can unintentionally increase exposure to GBV risk among participants (30). For women experiencing IPV, receiving CVA or improving their earning capabilities may shift gender roles at home, thereby threatening their partner's masculinity as the traditional "breadwinner" of the household and men as providers in their community (11, 19). In other instances, abusive partners may question the methods by which CVA and/or employment was received, implicating their partner in allegations of infidelity to achieve these outcomes (35). Both scenarios may cause partners to lash out and increase incidents of IPV for survivors (30). If partners are aware of CVA, they may extort survivors, taking control of the assistance (30). As a result, survivors may not be able to make decisions independently, thus hindering their self-reliance (35). For GBV threats outside of the household, access to CVA and income-generating activities may significantly reduce susceptibility to exploitation from employers or lenders, as well as reliance on risky coping strategies, such as selling or survival sex (35). In other instances, when GBV considerations are not appropriately considered, increased access and participation in certain markets may increase exposure to GBV risks if protection measures are not assessed and integrated into the program design (30).

Addressing GBV directly and intentionally in a program is crucial—if a program cannot include robust GBV case management, strong and safe referral pathways are necessary (30). The evidence suggests mapping and partnering with local GBV actors for better implementation (7). In addition, monitoring and evaluating GBV alongside economic recovery outcomes is paramount, disaggregating findings by age, disability, and SOGIESC (7,37). Doing so enables findings and recommendations that consider marginalized and underserved populations.

## What About Cash and Voucher Assistance (CVA)?

CVA is often used in humanitarian response to provide rapid assistance (7, 13). With regard to economic empowerment, CVA can allow women, especially GBV survivors, to make decisions independently and foster self-reliance when implemented appropriately (2, 7, 21). Though CVA is a useful tool in humanitarian response, evidence from literature demonstrates that CVA alone cannot adequately address economic recovery outcomes (2, 7, 21). Of the six “CVA only” interventions, four recommended expanding the program model to include livelihoods support to achieve more sustainable outcomes. These findings were corroborated by key informants, nearly all of whom regarded CVA as a tool that can enable recipients to make the best decisions for themselves, but ultimately does not lead to sustainable change on its own.

Much of the literature demonstrates that CVA, when complementary to livelihoods and protection programming, can improve outcomes (7, 13). Among the identified interventions and program models of this review, the inclusion of CVA served to establish or upgrade a business or income-generating activity and jumpstart VSLAs as well as other financial inclusion programs (4, 9, 26). CVA can also support economic recovery by enabling relocation for better work opportunities as well as shield against reliance on negative coping strategies (13). The literature shows that for women in particular, CVA can improve decision-making control, autonomy, and self-reliance when complementary to other programs (21, 35, 38).

When integrated within GBV programming with appropriate design and implementation, CVA has been shown to help reduce physical, emotional, and economic violence as well. CVA can reduce household tensions due to financial strain, allow for economic independence from abusive partners, or offer survivors opportunities to relocate, in turn mitigating exposure to GBV (13, 21, 35, 37, 38).

Systematically assessing whether CVA is appropriate to support GBV survivors in their individual recovery is essential. CVA will not be appropriate in all cases but may support survivors to overcome financial barriers in their recovery, for legal assistance, temporary shelter when fleeing an abusive relationship, transportation to access key services and more. The literature recommends the careful integration of CVA in GBV programming and inclusion of survivors in the design of the program to elucidate their needs; tailor CVA (modalities, delivery mechanisms, transfer value, frequency, and duration of transfers) to ensure access and safety; and inform consideration monitoring of gender-related risks and barriers (2, 37). Overall, the literature substantiates the systematic consideration of CVA in GBV programming and, in turn, integrated GBV and economic recovery programming.

From the literature, several good practices were identified for program design to mitigate exposure to GBV risks and to protect survivors:

- Humanitarian actors should complete protection analysis and market assessments across the populations and geographies they intend to aid for the intended type of programming to analyze potential avenues of sustainable economic empowerment and GBV risks therein (7, 37).
  - » In these preliminary steps, input from survivors should be collected and analyzed separately from other members of the community to ensure effective programming design (7). These analyses should adhere to ethical research standards and use a survivor-centered approach.
  - » Key informant interviews and focus group discussions with survivors provide a participatory approach and can capture understanding of GBV risks and opportunities for economic growth (30, 37).
- Include gender, GBV, and CVA and markets specialists to ensure key considerations and best practices inform programming and the program cycle, including delivery modalities and delivery mechanisms (30, 37). GBV, cash and markets, and economic recovery actors must be coordinated on all program activities and the goals of each. For non-GBV actors, it is paramount to understand how gender inequality and GBV could impact implementation to recognize and mitigate risks.
- For both GBV and economic recovery outcomes, program partners should be meaningfully engaged early in the program design process to mitigate GBV risks and exposure, as well as ineffective implementation (7, 35, 38).

## GENDER-TRANSFORMATIVE APPROACHES

### PROGRAM MODELS

Twelve publications identified in the review focused on adult women—seven implemented some element of gender-transformative programming. From these sources, three program models were identified.

Among them, the most common approach was the use of gender discussion groups (GDGs), an element of IRC's EA\$E program model (6, 15, 19). The GDGs targeted couples and facilitated discussions on financial planning, communication and negotiation skills, power dynamics, and decision-making. Couples met on a biweekly basis for 1½ to 2 hours over a four-month period. In an evaluation of a Côte D'Ivoire intervention, the combination of the VSLA and GDGs reduced physical, emotional, and economic IPV by 50–60% among participants, and improved financial cooperation and shared decision-making between spouses as compared to their counterparts who participated in only the VSLA (6).

Another, Sammanit Jeevan, included married women with both husband and in-laws in 13 sessions focusing on gender equality and the importance of economic empowerment (26). For participants, this intervention not only improved relationships with their husbands through reduced controlling behaviors but also with their mothers-in-law through less perceived cruelty (26).

Findings from both the literature review and KIIs identified two models that focused on men alone. The first was the men's engagement program within the economic and social empowerment intervention implemented by Women for Women International in Afghanistan. This program conducted 24 one-hour sessions with male religious leaders on gender equality in the context of Islam (11). This intervention did not radically restructure relationship dynamics for the women in the program but did improve their perceived sense of respect in the household. The absence of more gender-equitable improvements was attributed to the power of gender dynamics in Afghanistan among displaced

communities.<sup>31</sup> However, further qualitative analysis demonstrated the importance of this incremental change for women in the program in their empowerment and reduced economic stress.<sup>32</sup>

The second was the program on Engaging Men through Accountable Practice (EMAP), which was cited by a key informant. Along the lines of community-based programming for men, the EMAP is a series of group-based discussions between male allies and their male peers to promote gender equality and change perceptions of IPV (27, 33). In a randomized control trial study of the EMAP program implemented by IRC in Democratic Republic of Congo, men in the program reported more gender-equitable attitudes when compared to men who did not participate in the program, despite no differences in reductions of IPV in either study arm.<sup>33</sup>

## Across the Nexus: Examples from Development Literature

The literature review also included two publications on evidence on gender-transformative approaches that tackled economic recovery or GBV protections outcomes for women from the development community.

The first example was from Mercy Corps, which developed an additional layer of gender programming on their existing Building Resilience through the Integration of Gender and Empowerment (BRIDGE) model (23). This program facilitated a household dialogue curriculum aimed at shifting household gender norms to catalyze women's participation in household and community decision-making, improve their mobility and reduce their time burden, which resulted in allowing them to participate more regularly in economic and agricultural programming.

Another model, Living Peace, focused on enacting gender-transformative change for survivors of IPV and conflict-related rape and their partners in Democratic Republic of Congo (18). This intervention combined group therapy and community outreach and facilitated men's participation in selected sessions and through homework exercises undertaken with their partners in the program, who were also receiving psychosocial, legal, and medical support from other NGOs in the area. After participating in the program, a majority of men reduced alcohol consumption and abuse, shared domestic work with their wives and reported changes in their perceptions of rape and sexual violence (18).

<sup>31</sup> Andrew Gibbs et al., "Understanding how Afghan women utilise a gender transformative and economic empowerment intervention: a qualitative study," *Global public health* (2018) 13(11), 1702-1712, <https://pubmed.ncbi.nlm.nih.gov/29353530>.

<sup>32</sup> Ibid.

<sup>33</sup> Julia Vaillant et al., "Engaging men to transform inequitable gender attitudes and prevent intimate partner violence: a cluster randomised controlled trial in North and South Kivu, Democratic Republic of Congo," *BMJ global health* (2020) 5(5), e002223, <https://doi.org/10.1136/bmjgh-2019-002223>.

## INTERVENTIONS

Many of the gender-transformative program models sought to change individual perceptions and intra-household dynamics. However, the interventions identified in the literature review used a gender-transformative approach within their integrated GBV and economic recovery programming to implement change at community levels.

One intervention from UNHCR trained members from the refugee community who were identified as community influencers alongside program implementers on various training modules (16). Trainees also received additional training on how to disseminate information, raise awareness of GBV risks, and provide information on available support structures. The influencers went on to conduct informational sessions on GBV and reached 790 individuals in the community (16).

Similarly, for the intervention implemented by Action Against Hunger in northern Uganda, gender-transformative change was enacted through the facilitation of both IDP men and women's participation in "gender activist" groups alongside men's participation in GBV prevention trainings (4). These groups went on to raise awareness around GBV risks, prevention, and resources for members in the community (4).

The review identified two additional examples of community-based interventions that were not tied to integrated GBV and economic recovery programming—one from development literature, which focused on women's empowerment and livelihoods, and one from humanitarian practice, which focused on reducing violence against women and girls.

From the development literature, an agricultural livelihoods intervention in Burundi integrated Abantagamuco groups or "male champions." These men tasked themselves with challenging traditional gender roles and norms in their community by sharing their personal testimonies about gender-transformative changes and local community outreach activities (25, 33). As a result, women reported improved participation, empowerment, and wealth. Like the EMAP program, this intervention utilized male role models in a peer-to-peer approach.

Another NGO, Kvinna Till Kvinna, was working with refugee and migrant women in Lebanon when husbands of program participants assumed that "their wives were participating in project activities to 'plan a revolution against them'" (27). To address this, the NGO provided a series of awareness sessions with men and boys to discuss issues and ask questions, with additional help from CSOs, Kafa, and Association Najdeh (27).

## SUMMARY ANALYSIS

Incorporating gender-transformative approaches in integrated GBV and economic recovery programming can work towards dismantling the foundations of gender inequality that underly both GBV and women's economic marginalization. In the examples provided, the inclusion of a gender-transformative approach resulted in various positive outcomes—removing barriers to women's program participation, improving household dynamics, reducing GBV, increasing awareness and access to GBV support, and providing a path to more sustainable outcomes.

At the individual and household level, approaches that engaged men in peer-to-peer dialogue with male allies, or facilitated discussions and informational sessions with women, their spouses, and/or other family members, reported pronounced gender-transformative changes. Many of these approaches aimed to reduce GBV specifically and were able to do so. Two examples from the literature used gender-transformative programming only to address GBV protection outcomes (6, 26). While both reported reductions in IPV among women in the program, one evaluation also recommended that these program models include GBV components to augment GBV response to better support women.

The two program models and interventions that provided informational sessions to men without male role models had mixed results in terms of their effectiveness of implementing gender-transformative change (11, 27). The difference may be attributed to the community entry points (male religious leaders or male family members) of the program and the responsiveness of the approach to the needs of male participants. In the Women for Women International program, the entry point was male religious leaders, who agreed to program participation and went



on to positively impact other men in the community. In the intervention from Kvinna Till Kvinna, the entry point was participants' male family members, in response to their concerns about the program. It should be noted that the aims of these approaches varied as well—for the Women for Women International program, the goal was to reduce IPV among married women, while for the intervention from Kvinna Till Kvinna, the primary goals were to improve women's participation in the program and educate men on the program and gender equality.

At the community level, the interventions from the literature focused mostly on GBV awareness and prevention. Though few evaluations examined the incidence of GBV in the community before and after the intervention, they proved to be successful in outreach, information-sharing, and increased use of GBV services. This is not to say that this type of programming would have no bearing on economic outcomes. The example of the Abantagamuco groups in Burundi demonstrated successful men-led and community-level approaches in a livelihoods intervention.

When implementing gender-transformative approaches in integrated GBV and economic recovery programming, it is important to recognize and address key problems facing men and boys in the community. In humanitarian settings, the experience of conflict can influence violence as a result of trauma experienced, including notions of hyper-masculinity among men, and negative coping behaviors, such as alcohol abuse (18, 33). In addition, there is often an economic crisis that accompanies conflict settings, decreases employment for all, and significantly impacts men's identities as providers (19, 33).

However, engaging men in gender-transformative programming may generate resistance to change, resulting in decreased participation (18, 19, 27). It is important for programs to target groups of men and boys for specific outcomes, such as male authority figures to alter laws and policies that negatively impact women and survivors, or husbands to improve household dynamics (27). With that, the approach should use accessible entry points to hold discussions with men or leverage male participants who are open to change, such as male religious or community leaders, or male allies (27, 33). Offering incentives to participation, such as conditional cash transfers, may ensure more participation as exhibited in the Sammanit Jeevan program (26). However, CVA should be used as a supplementary tool and conditionality should be an intentional design choice when deployed and not default.

Similar to GBV protections and economic recovery, the literature demonstrates that CVA can impact gender-transformative outcomes in complementary programming. As mentioned earlier, CVA can lead to greater decision-making control for women as well as for GBV survivors when informed by gender and GBV analysis. When paired with GBV case management, the combination of CVA and psychosocial support has been shown to facilitate shifts in household dynamics and gender roles, and greater financial negotiation between women and their husbands, more so than CVA or GBV case management alone (13, 35, 38). Though more evidence is needed on the integration of CVA and gender-transformative programming specifically, evidence from programs, such as Sammanit Jeevan, shows promise and warrants more research (13, 26).

Addressing barriers to engaging men and boys is key to implementing a gender-transformative approach. The evidence from the literature identified several good or promising practices (4, 18, 25, 27, 28, 33):

- Developing an emergency response system to address GBV and ensure that it engages men as both active participants in the response and prevention components.
- Providing psycho-social and mental health support to men affected by conflict as victims and witnesses.
- Assisting men in personal transformation to construct healthy, nonviolent, and gender-equitable post-conflict identities.
- Engaging men in education for gender equality, sharing of caregiving and household tasks, GBV prevention, and economic cooperation in the household.
- Enlisting men as mentors and leaders in gender-transformative programming.
- Holding men accountable to women or women-led organizations in the program or community.

Many of these recommendations address individual, household, and community-level norms; recommendations for institutional change are rare. Two examples of institutional change were identified. In 2021, CARE published an evaluation and toolkit for an initiative titled “Women Lead in Emergencies,” which provided evidence and a framework for engaging women living in conflict settings as program partners in humanitarian response (39). The outcome of this was the implementation of gender-transformative programming that engaged men and boys in the community, improved women’s participation in community meetings and alleviated women’s domestic chores.

A case study included in FAO’s “Leaving No One Behind” demonstrated the only identified example of changing policy to reduce GBV risk and exposure (17). A nonprofit cooperative, Banana Link, built the capacity of trade unions in producer countries of bananas and pineapples to successfully advocate for policies that protect workers from sexual harassment and GBV, thereby increasing women’s protection against GBV risk and exposure.

Several expert key informants regarded the absence of gender-transformative programming in humanitarian response as the result of failure of or inadequate gender mainstreaming across humanitarian sectors. Similarly, some key informants were persistent in recommending that programming be driven by survivors, thereby centering their empowerment in implementation. The “Women Lead in Emergencies” initiative offers guidance addressing this specifically, but other approaches were also identified during the KIs. One key informant mentioned the use of a women-led community-based protection approach, where women in the program decided routes for their own safe economic empowerment, such as what livelihoods to engage in and what skills to build among themselves. A survivor-centered approach was often regarded as instrumental to achieving gender equality.

From both the literature review and key informant interviews, quantitative measurements for gender-transformative change varied across interventions, but good practice suggests using qualitative methods or mixed methods to assess these outcomes (33). In addition, measuring and implementing gender transformation in communities should occur over longer periods, as these changes may need more time to enact (27, 33). Overall, more evidence on how to facilitate and systematically measure institutional change in gender-transformative approaches is needed.

## LOCALIZATION APPROACHES

### PROGRAM MODELS AND INTERVENTION

Across the 14 interventions and program models that integrated GBV and economic recovery programming, six incorporated local organizations in their program design and/or implementation (4, 16, 22, 31, 35, 38). In each one, local actors primarily led the design and implementation of GBV components, though some local actors led implementation in other areas as well. The program models and interventions are as follows:

- In the 2014 Action Against Hunger VSLA intervention for IDPs in Uganda, the GBV referral pathways and services were implemented by local partners, the Community Rural Empowerment and Support Organization (CRESO) and AYINET (4).
- In UNHCR’s integrated livelihoods and GBV programming with [Made 51](#) in Malaysia, a variety of CBOs were included in the design of the intervention to reach refugee women for the livelihoods intervention and build capacity of the CBOs to provide GBV referral mechanisms for response, livelihoods support, and shelter for survivors in the community (16). The CBOs were as follows: the Alliance of Chin Refugees, the ELHAM Project (Middle Eastern, Central and West Asian, and African refugees), Ing Raw (which operates under the women’s group of the Kachin Refugee Committee), Kaoprise (Mon refugee women’s group), Mang Tha (Chin refugee women’s group), Paw Ghee (Karen refugee women’s group), Chin Women’s Organization, Rohingya Society Malaysia (RSM), Rohingya Women Development Network (RWDN), and a women’s support group in Ipoh, Perak.

- The remaining examples came from CARE and WRC's CVA-integrated GBV case management program model, which was implemented for refugees, IDPs, and migrants in four sites: one in Colombia partnering with Corporation of Professionals for Comprehensive Community Development (CORPRODINCO), one in Northwest Syria, first with Ihsan Relief and Development and then Syria Relief and Development, and two in Ecuador, one in El Oro with Fundación Quimera and The Latin American Platform of Sex Workers, and one in Guayaquil with Centro Ecuatoriano Para la Promoción y Acción de la Mujer (CEPAM), Fundación Mujer y Mujer, and the Unión Nacional de Trabajadoras del Hogar y Afines (UNTHA). In each site, the local partner supported the contextualization and led the implementation of the program model and provided GBV case management to GBV survivors (22, 31, 35, 38).

## From Disaster Humanitarian Practice: Local Partnerships in Vanuatu

One example in the literature review of localization in integrated GBV and economic recovery programming came from an Oxfam, CARE, and UNFPA intervention after Tropical Cyclone Harold struck Vanuatu (9). The intervention used blockchain technology to deliver cash assistance, foster digital financial inclusion, and provide business support to local businesswomen, alongside GBV referral pathways. Part of the program design and implementation was building a consortium of local NGOs to streamline the use of the blockchain technology which was then cascaded to other partners in tandem with capacity building sessions on GBV mitigation and local referral pathways.

### SUMMARY ANALYSIS

Collaborating with local partners often led to strong implementation of GBV components, as local CBOs and CSOs provided GBV and contextual expertise, and access to displaced and marginalized communities. For example, from the evaluation findings for the Action Against Hunger intervention in Uganda, it was noted that the inclusion of CRESO and AYINET as implementing partners was incredibly strategic since Action Against Hunger was not highly experienced in addressing GBV (4). In the implementation of CARE and WRC's integrated case management and cash transfer program in four sites, local partners were included early on and contextualized the program design to address the needs of GBV survivors in their communities (22, 31, 35, 38). Additionally, for CARE and WRC's program in Guayaquil, Ecuador, the partnership with Fundación Mujer y Mujer, a local LGBTQIA+ organization, allowed them safe access to survivors in this marginalized community, which increased the participation of individuals with diverse SOGIESC in the program (38). UNHCR employed a similar strategy with their intervention in Malaysia; partnering with several CBOs allowed UNHCR to reach refugees and migrants from various countries of origin.

With regard to programs with similar GBV components that did not work with local partners, the differences were mixed across programs and interventions that were evaluated. Only two interventions implementing GBV case management did so without a local partner. Both were led by IRC in Mafrq, Jordan—the first was implemented in 2015 with UNHCR as a referring partner, and the second was implemented in 2017, with WRC and Mercy Corps. In IRC's 2015 intervention, evaluation findings highlighted protection risks associated with cash assistance, which were attributed to the absence of a comprehensive gender analysis prior to implementation. In their second intervention in 2017, GBV risk assessments with receiving communities were included and guided program considerations for cash assistance, which reduced risk and exposure to GBV overall.

Regarding GBV referral pathways, only one publication referenced an intervention without a local partner—the Save the Children intervention evaluation in Niger (20). However, this document reported findings from the combined GBV risk assessment and monitoring evaluation, which later informed the program. The assessment demonstrated Save the Children’s lack of gender equality and GBV protection expertise in the program and recommended program design for gender mainstreaming and facilitation of local partnerships with GBV service providers to improve their delivery of comprehensive GBV programming.

However, not all local partnerships identified in the literature review were executed seamlessly during implementation. In Action Against Hunger’s Uganda intervention, the evaluation noted that CRESO stretched their capacity in order to deliver the GBV components of the program (4). Similarly, CARE and WRC’s program in Guayaquil, Ecuador, struggled to recruit program participants with diverse SOGIESC, despite having local partner CEPAM playing a role in the program design. To remedy this, Fundación Mujer y Mujer, an organization with SOGIESC expertise, joined as an additional partner after the start of program implementation. As such, the program was not effectively tailored to recruit participants with diverse SOGIESC from the start and pivoted mid-stream, making some progress, but partners still struggled to recruit a sufficient number of participants with diverse SOGIESC for disaggregated analyses (38).

For some local partners, these collaborations enhanced their existing capacities and knowledge as an organization. In UNHCR’s Malaysia intervention, the CBOs augmented their capacity to deliver GBV, livelihoods, and shelter programming (16). Likewise, in a CARE and WRC intervention in Ecuador, local organizations Fundación Quimera and The Latin American Platform of Sex Workers were able to step out of their siloes of expertise, and exchange knowledge on survivor-centered approaches, humanitarian principles, and working with Venezuelan migrants (31).

In the implementation of WRC and CARE’s CVA-integrated GBV case management program, local partners led the implementation of not only the GBV components, but also CVA components. The programmatic learning from these evaluations demonstrated strong localization of the program through the successful delivery of CVA by each local partner (22, 31, 35, 38).

While the other areas of focus in this study have moderate to substantial evidence bases to draw from, localization is significantly underdeveloped. The following good practices were identified from lessons learned and recommendations of programs or interventions that implemented a localized approach (4, 16, 22, 31, 35, 38):

- Identify and include local actors early program design and implementation.
  - » Leverage local partner knowledge to tailor interventions to be contextually appropriate and prioritize the inclusion of their input in program design.
  - » Collaborate with local partners to deliver components in which they have expertise.
  - » Benefit from local partners’ access marginalized or vulnerable communities.
- Assess capacities of all partners involved. Use the findings to inform ownership of program components, funding, assess opportunities to strengthen knowledge and skills, define strong lines of communication.
- Ensure all partners are aware of each component of the program and its goals for the overall implementation.
- For INGOs or UN organizations, map relevant local service providers and facilitate referral systems for program participants; this can also help identify local partners.

Most key informants regarded localization practices in humanitarian programming as limited, if not non-existent in some cases, and called for more partnership between international partners and CSOs and CBOs, specifically women-led organizations. For experts at the local level, localized partnership provided coordination across similar programs in the areas, exposure to donors and funding, and capacity building to meet those requirements. For experts working at the global level or within international organizations or INGOs, knowledge sharing, funding exposure, and capacity building were also cited. Similar to institutional gender-transformative change, more evidence on the practice of localization within and across these sectors is necessary.

## GUIDANCE, TOOLS, AND MONITORING AND EVALUATION FRAMEWORKS

Humanitarian practitioners have developed several guidance documents, tools, and monitoring and evaluation frameworks across the gender equality, GBV, and economic recovery sectors to assist in program design and implementation. The literature identified 20 documents, which are outlined below, separated by type of document and areas of focus with descriptions of the tools as well as their relevance to gender transformative integrated GBV and economic recovery programming.

Integrating GBV, Livelihoods, and Other Sectors	
Guidance*	<p><b><u>Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Aid:</u></b> The IASC, in conjunction with the Global Protection Cluster: GBV Protection and Response, published this guidance in 2015, which provides recommendations for program design, monitoring and evaluation for program implementors in Livelihoods and Food Security Agriculture sectors.</p>
Guidance*	<p><b><u>Integrating Livelihoods and Protection for Displaced Persons in Urban Humanitarian Response:</u></b> Written by IRC in 2017, as part of the Stronger Cities Initiative with the NRC, and World Vision International, this note provides guidance, indicators, best practices, principles, and resources on integrating protection outcomes, including GBV, livelihoods programming.</p>
Guidance*	<p><b><u>A Double-Edged Sword: Livelihoods in Emergencies:</u></b> WRC published this guidance document with version 1 of the Cohort Livelihoods and Risk Analysis Assessment Tool in 2014. This document outlines lessons, gaps, and opportunities for integrating GBV in livelihoods programming in humanitarian settings.</p>
Guidance*	<p><b><u>The Gender-Based Violence Prevention Framework:</u></b> Published by InterAction in 2021, this framework was created in collaboration with 15 organizations and serves as a set of guiding approaches aimed at helping practitioners with their analysis, program design, and measurement to robustly evaluate GBV prevention outcomes. <i>This guidance was not originally captured in the literature review or key informant interviews but included on the recommendation of reviewers.</i></p>
Tool	<p><b><u>Cohort Livelihoods and Risk Analysis Assessment Tool:</u></b> Published by WRC in 2016, this second version of the toolkit above outlines a method to capture GBV risks associated with livelihoods and informing monitoring systems for program design and implementation.</p>
Tool	<p><b><u>Integrating Protection and GBV Mitigation into Livelihoods Programs:</u></b> Developed by the WRC, this checklist of recommendations details how economic programmers can mitigate GBV risks and build protective elements in program design and implementation across multiple types of livelihoods programming, such as cash for work, vocational skills training, livestock, agriculture and crops, micro and small enterprise, and microfinance.</p>
Tool	<p><b><u>A Toolkit on Collecting Gender and Assets Data in Qualitative and Quantitative Program Evaluations:</u></b> Developed by the Gender, Agriculture and Assets Project from the International Food and Policy Research Institute and International Livestock Research Institute in 2012, this toolkit outlines a process for mixed methods monitoring and evaluation to capture gender and assets data in the agriculture sector. This guidance was generated from practices in the development world.</p>

## Integrating GBV and Cash Programming

Guidance*	<b><u>Cash &amp; Voucher Assistance and Gender-Based Violence Compendium: Practical Guidance for Humanitarian Practitioners</u></b> : This compendium was developed through the collaborative effort of 15 organizations that contributed expertise to its inception, design, and review. The process was led and funded by CARE USA. The compendium provides guidance for practitioners in their consideration and integration of CVA in GBV programming throughout the program cycle.
Guidance Tool	<b><u>Guide for Protection in Cash-Based Interventions</u></b> : Developed by UNHCR with inputs and review from the DRC, Oxfam, Save the Children, WRC, the Global Protection Cluster and the World Food Programme, this document identifies protection considerations, supports protection risk mitigation, and integrated protection risk mitigation in multi-sector programming using CVA. It also contains a protection risks and benefits analysis tool.
Tool	<b><u>Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence</u></b> : In 2018, WRC, IRC, and Mercy Corps, published a series of tools to help practitioners mainstream GBV considerations in CVA and integrate CVA into GBV case management. Designed for both field-level cash practitioners and GBV specialists, this toolkit also includes case studies and accompanying lessons learned.
Tool	<b><u>Gender Equality and Cash and Voucher Assistance</u></b> : Authored by Key-Aid Consulting and funded by CARE in 2020, this resource collated available Tools and Guidance, several of which are included in this table as a quick resource for the documents on GBV and CVA in humanitarian practice.

## Gender-Transformative Approaches

Guidance*	<b><u>Ending Violence Against Women and Girls</u></b> : Authored by UN Women in 2013, this document provides recommendations, lessons learned, and practices on monitoring and evaluation of gender equality and gender-transformative approaches.
Guidance	<b><u>Monitoring Shifts in Social Norms</u></b> : A guidance document authored by ALiGN and ODI and published by the Prevention Collaborative in 2021, this guidance provides recommendations, case studies, and tools on monitoring shifts in social norms, particularly gendered norms in programming.
Guidance Tools	<b><u>The RESPECT framework Implementation Package</u></b> : Developed by UN Women and the World Health Organization in 2019, the RESPECT Women framework to prevent Violence against Women (VAW) outlines steps in designing, implementing, monitoring, and evaluating the prevention of VAW.
Review Tools	<b><u>Tools for measuring gender equality and women's empowerment indicators in humanitarian settings</u></b> : A peer-reviewed literature review authored by Goulart et al. in 2021, this study provides 19 toolkits on measurement tools, methods, and indicators of gender equality and women's empowerment and summarizes the evidence base on this topic.

**Note:** \* indicates guidance that includes specifications for people with disabilities.

## PART 2

# Integrated GBV and Economic Recovery Programming:

## Children and Adolescent Girls

### PROGRAM MODELS AND INTERVENTIONS

In humanitarian settings, girls as young as 10 years are at risk of and may be exposed to GBV, which per the definition of this review, includes child marriage (1). Addressing GBV prevention, mitigation, and response in economic recovery programming for adolescent girls is not only crucial for their protection, but may also provide them the necessary support to avoid and recover from trauma during developmental ages (21, 36). In the literature review, three publications highlighted two models and three interventions for gender-transformative integrated economic recovery and GBV programming for adolescent girls ages 10–19.

Two program models identified in the review were **IRC's COMPASS** program and **Girl Empower** program:

- COMPASS combined life skills building with discussions on GBV and sexual and reproductive health (SRH) with young women as mentors and facilitators (1). COMPASS had been implemented in three sites at the time: Ethiopia, Democratic Republic of Congo, and Pakistan. In Democratic Republic of Congo, the COMPASS program was accompanied by CVA. In Ethiopia, this was replaced by business and vocational skill training. And in Pakistan, a vocational skills training alone was implemented. Each site reported demonstrably improved GBV protection outcomes, with improved awareness of risks and service providers and improved outlooks on the future. This program also included caregiver discussion groups that introduced gender-transformative approaches.
- The findings from COMPASS led to the creation of the Girl Empower program model. This program combined a 32-week life skills curriculum on staying safe from sexual violence, caregiver discussion groups, and referral pathways to local GBV service providers with a conditional cash assistance (12). In a cluster-randomized control trial evaluation of this program in Liberia, the program plus cash assistance reduced likelihood of marriage by 50 percent compared to the program alone. In comparison to the girls outside of the program, girls in the Girl Empower program also had improved financial literacy and related behaviors, such as saving money and applying financial planning skills.

The remaining interventions identified were implemented by WRC in Ethiopia, Tanzania, and Uganda (29). Each used an assets-based approach to develop key skills and provide access to resources that relate to four foundational assets: human, social, financial, and physical. These interventions combined girl safe spaces with life skills and financial education specific for the context alongside the mentorship of younger girls by older girls in the program; this provided social support for the former and developed leadership skills and empowerment for the latter. At the time of the publication, midline evaluation assessment had only been completed, but the results showed higher proportions of girls who reported tracking their spending and earnings and had a safety plan for moving around camp (29). In the intervention in Ethiopia, the program included in-kind assistance for school supplies and other basic materials to address certain barriers to education.



## SUMMARY ANALYSIS

Across the program models and interventions mentioned above, most used a skills-building curriculum in their economic recovery components to improve financial skills, such as literacy, numeracy, or money management, and livelihoods, such as trainings in sewing, hairdressing, soapmaking, or computer skills. Similar modes of curriculum-based programming were also used for GBV components, and focused on psychosocial skills and GBV risk mitigation and awareness. Each program model or intervention used girl safe spaces to deliver the program.

Unlike programming for adult women, program implementation for adolescent girls requires substantial buy-in from communities, parents, and caregivers. All programs and interventions raised awareness in the community about the program prior to implementation. This was augmented by gender-transformative approaches, which worked to included parents, caregivers, and communities into the program as well. The IRC program models used Caregiver Discussion Groups, which was a series of facilitated discussions between child program participants and their parents or caregivers (1, 12). The rest of the interventions addressed parents, teachers, community members, and religious leaders through educational programs on the needs and capacities of girls or participatory inclusion in every stage of the project. All the program models or interventions incorporated mentorship by older girls or women in the community of younger girls in the program, which fostered stronger social support for younger girls and leadership for older girls and women (1, 12, 29).

Only two programs included asset provision, either through a conditional cash transfer (12) or in-kind assistance (29). As noted earlier in this literature review, CVA can augment program activities but cannot serve as the only tool for economic recovery. However, unlike adult programming, conditional or restricted funds were found to be more effective than unconditional cash transfer or no cash when linked to other program elements for adolescent girls in humanitarian settings (36). In this way, CVA can remove economic barriers to program participation and contribute to improved outcomes, as demonstrated by IRC's Girl Empower evaluation in Liberia (12, 36).

Each of these program models demonstrated impacts for economic recovery and GBV prevention and mitigation, specifically child marriage and sexual violence risks, and are reflective of good practices identified in this literature (1, 2, 12, 21 29, 36):

- Use girl safe spaces for program delivery to ensure girls' physical and emotional safety and allow them to discuss issues freely.
- Include mentorship by older adolescent girls of younger girls, or training of young women in the community to implement the curriculum to adolescent girls to improve leadership skills, ensure cultural competency, and social support in the community beyond parents and caregivers.
- Implementation should be designed to include hard-to-reach girls, in particular younger adolescents and girls with disabilities. Needs assessments conducted before implementation should reflect this and guide the design.
- Adolescent programs require significant community approval to be successful—include awareness-raising campaigns for the program, as well as participatory approaches to allow communities to take part in program design and implementation. Gender-transformative approaches can include educational campaigns for the broader community about the issues facing adolescent girls as well as ways to mitigate risks.



## GUIDANCE, TOOLS, AND MONITORING AND EVALUATION FRAMEWORKS

The literature review identified three documents, outlined below, on guidance, curriculum, and monitoring for children and adolescents for gender-transformative integrated GBV and economic recovery programming.

To mitigate associated child protection risks, some practitioners suggest that programming addressing violence against children can be added to that of violence against women, as the underlying sources are often the same within the same household (2). Using this framework, humanitarian program implementors could adapt the monitoring and evaluation frameworks for addressing violence against women identified earlier to include child protection outcomes.

### For Children and Adolescents

Guidance Curriculum	<b><u>My Safety, My Wellbeing:</u></b> This guidance document from IRC is a collection of learning sessions designed to empower adolescent girls and address key issues around GBV, early marriage, reproductive health, and relationships with family, friends, and partners. This intervention was implemented for adolescent girls from Syrian refugee and vulnerable Lebanese communities and includes tools and guides for implementation.
Guidance Tool	<b><u>Lessons Learnt from Latin American and Practical Guidance for Multipurpose Cash Assistance Integration:</u></b> From USAID and Save the Children, this guidance document provides guidance on needs assessments and response analysis, program design and monitoring through case study examples, good practices, and recommendations for multipurpose cash assistance (MPCA) plus sectoral programming for child protection and livelihoods.
Evidence Guidance	<b><u>Monitoring Child Protection within Humanitarian Cash Programmes:</u></b> Developed by the Alliance for Child Protection in Humanitarian Action, this publication collates a Theory of Change Model, indicators, challenges, and existing evidence from Jordan, Lebanon, Turkey, and Somalia on monitoring child protection outcomes, including GBV and child marriage for children in humanitarian settings.

## PART 3

# Integrated GBV and Economic Recovery Programming:

## Marginalized Populations

(Individuals with Diverse SOGIESC, Individuals with Disabilities, and Men and Boys)

### INDIVIDUALS WITH DIVERSE SOGIESC

The inclusion of and assistance to individuals with diverse SOGIESC in humanitarian aid response have been non-specific and indirect. This has contributed to the dearth of evidence around GBV, economic recovery, and gender-transformative programming for individuals with diverse SOGIESC (24, 35). Despite this, the literature review and key informant interviews identified five publications that provided evidence, recommendations, and frameworks to address GBV against individuals with diverse SOGIESC, within economic recovery programming, primarily cash assistance, in humanitarian settings.

Assessing outcomes and impacts for individuals with diverse SOGIESC is often muddled from the start of program design (24, 35). Several organizations recommend the disaggregation of findings by SOGIESC to capture the experience of these individuals in program evaluations and evidence generation but do so nominally, disaggregating only by binary sex, that is, male or female (35). At the same time, individuals with diverse SOGIESC may be dissuaded from disclosing orientations and identities out of fear of discrimination and stigmatization (24, 35). To address this, humanitarian actors are urged to use the [ASPIRE Guidelines](#), a framework for both government and nongovernment actors alike. Developed by UNOHCHR's Independent Expert on Sexual Orientation and Gender Identity in the context of COVID, ASPIRE identifies six fundamental actions as good practice to design, implement, and evaluate measures and outcomes for LGBTQIA+ populations (35). Regarding program design data collection and disaggregation, good practice includes input from and inclusion of local LGBTQIA+ CSOs to inform the local context. One framework was identified on transformative approaches to norms that marginalize people with diverse SOGIESC, which provided definitions and examples of hostile to transformative approaches in addressing discrimination (35).

Efforts to serve and empower individuals with diverse SOGIESC within GBV and economic recovery programming need to be outlined and address specific needs separately from considerations for cis-heteronormative counterparts in the same program (34, 35, 38); this was stressed in both the literature and KIIs. Evidence from two CARE and WRC integrated GBV case management with cash transfers program evaluations that aimed to include GBV survivors with diverse SOGIESC in their programming elucidate just that (35, 38). Each program provided case management, which included psychosocial support, educational workshops, legal aid, and cash transfers. An Ecuador evaluation of this program provided recommendations on early inclusion of local partners for LGBTQIA+ populations early in the project cycle; gaps early on led to gaps in capturing this population in the analysis (38). A similar evaluation in Colombia was able to identify and capture program outcomes and recommendations from transwomen who were included in the project, which highlighted a necessity for workshops specifically designed for transwomen (35). These findings again reflect the need to include CSOs with LGBTQIA+ expertise.

## GUIDANCE, TOOLS AND MONITORING AND EVALUATION FRAMEWORKS

Due to the limited number of documents on GBV considerations for individuals with diverse SOGIESC, all of the literature collected in the review is outlined below.

For Individuals with Diverse SOGIESC	
Guidance Review	<b><u>We Don't Do a Lot for Them Specifically:</u></b> A comprehensive report from Edge Effect in 2021 that provides guidance on the ASPIRE Guidelines framework, a transformative approach framework for norms-based marginalization of individuals with diverse SOGIESC, case studies, and recommendations for cash programming for individuals with diverse SOGIESC.
Review	<b><u>Cycles of Displacement:</u></b> Published by IRC and USAID in 2021, this document provides a review of existing evidence on family and non-family violence for individuals with diverse SOGIESC in humanitarian contexts.
Program Evaluation	<b><u>"With Money, I'm the Queen" - Integrated Cash and Gender-Based Violence Programming for IPV Survivors in Guayaquil, Ecuador:</u></b> An intervention implemented by WRC, CARE, CEAPM, UNTHA, and Mujer y Mujer, an LGBTQIA+ expert organization, this evaluation provides lessons learned on program implementation for individuals with diverse SOGIESC in cash-integrated GBV programming.
Program Evaluation	<b><u>"We have a way to start out on our own" - The Effectiveness of Cash Assistance Integrated into Gender-Based Violence Case Management for Forced Migrants, Refugees, and Host Nationals in Norte de Santander, Colombia:</u></b> An intervention implemented by WRC, CARE, and local partner CORPRODINCO, this intervention evaluation provides some programmatic recommendations in cash-integrated GBV programming for transgender women alongside cisgender women in the same program.
Guidance Tool	<b><u>Diverse SOGIESC Rapid Assessment Tool to Assess Diverse SOGIESC Inclusion Results in Humanitarian Contexts:</u></b> This tool, published in 2021 from Edge Effect, UN Women, Sweden Sverige and EmPower, provides specific guidance to improve monitoring and evaluation with the inclusion of people with diverse SOGIESC in programs, contributing to more inclusive programs and understanding of which measure are contributing to gender equality and empowerment.

## INDIVIDUALS WITH DISABILITIES

In humanitarian practice, individuals with disabilities may be targeted to varying degrees of efficacy in program models addressing broader populations, with program design and recommendations disaggregated by disability status and reported on separately. Much of the guidance identified in the literature review offers recommendations in line with this practice (**see starred documents in Table 2**).

In light of these considerations, the literature review identified only one document that specifically addressed programmatic recommendations for individuals with disabilities in economic recovery programming, specifically CVA. However, this intervention did not target GBV survivors or integrate GBV programming. In this 2021 evaluation, the Syria joint response partners, ZOA, Oxfam Cordaid, Dorcas, and Terre des Hommes, compared the effects of different CVA interventions, including cash for work, multipurpose cash, and vouchers, on gender dynamics for women and people with disabilities to inform CVA efforts (5). The study found that vouchers improved food security outcomes, whereas cash for work and multi-purpose cash provided positive outcomes evidenced by greater reductions in stress and emergency-related coping strategies. For households with people with disabilities, the study found that cash transfers were preferred over vouchers and posited that this was likely due to the ability of households to address special needs, both financially and in accessibility of assistance, in relation to disability (5).

The summary also provided recommendations for improving the design, implementation, and monitoring and evaluation of CVA for people with disabilities. Many of these recommendations reflect practices employed for other vulnerable populations identified in this report, such as disaggregating analyses by disability status to address the needs of different groups and continuing disaggregation across the program cycle (5). In addition, programs should integrate equal access considerations when identifying service providers and consider barriers for people with disabilities in participating in livelihoods and CVA, such as physical labor involved in livelihoods activities for those with physical disabilities or accessible distribution sites for delivery of CVA (5).

People with disabilities may be more vulnerable to GBV than counterparts without disabilities, especially to multiple forms of violence, due to discrimination and socioeconomic exclusion. Similar to other vulnerable or marginalized groups identified in this report, it is recommended that programs implement specific considerations to address the needs of people with disabilities to ensure their protection and recovery from GBV.

## MEN AND BOYS

While much of the literature on GBV focuses on men as perpetrators of violence, men and boys in humanitarian settings may also be subject to sexual and gender-based violence (SGBV). In conflict settings, men and boys become targets of traumatic indoctrination and militarization, which increases their exposure to sexual violence as they may be forced to witness, commit, or be subjected to acts of sexual violence by combatant leaders (32). In some cases, combatants may also commit acts of SGBV against civilian men, forcing them to rape female family members, other men, or engage in other sexually violent activities.<sup>34</sup> Though GBV primarily affects women and girls, it is important to address the sexual violence committed against men and boys to not only ensure their well-being, but also reduce the propagation of violence (32).

Some of the literature on engaging men and boys in gender-transformative change can be applicable to addressing the needs of male survivors in humanitarian settings, such as offering mental and psychosocial support, developing peaceful post-conflict identities (18, 32) and livelihoods. However, it should be recognized that without a gender-transformative approach, economic recovery activities may reinforce gender norms that only men should be providers in the household (32).

Of the 11 key informants, two directly addressed the inclusion of men and boys in GBV programming, with the strong recommendation that considerations for these populations be distinct from programming for women and girls, as well as individuals with diverse SOGIESC. The needs and barriers of survivors who are cisgendered heterosexual men are uniquely different from other groups of survivors and should be treated as such.

<sup>34</sup> Christopher Dolan, *War is Not Yet Over: Community Perceptions of sexual violence and its Underpinnings in eastern DRC* (2010), [www.researchgate.net/publication/343106482\\_War\\_is\\_Not\\_Yet\\_Over\\_Community\\_Perceptions\\_of\\_sexual\\_violence\\_and\\_its\\_Underpinnings\\_in\\_eastern\\_DRC](http://www.researchgate.net/publication/343106482_War_is_Not_Yet_Over_Community_Perceptions_of_sexual_violence_and_its_Underpinnings_in_eastern_DRC).

The literature review identified one publication specific to men and boys in this context, which is listed and described below:

For Men and Boys	
Guidance	<p><b><u>Working with Men and Boy Survivors of Sexual and Gender-Based Violence in Forced Displacement:</u></b> Published by UNHCR in 2013, this guidance note provides recommendations for accessing survivors, facilitating reporting, and providing protection and other essential services to men and boys who are survivors of GBV in humanitarian settings.</p>
Guidance	<p><b><u>Mean Streets: Identifying and Responding to Urban Refugees' Risks of Gender-Based Violence, Men and Boys, Including Male Survivors:</u></b> Developed as part of larger project examining GBV risk across several urban refugee populations, this 2016 WRC publication provides good practices and programmatic recommendations for mitigating GBV risks faced by male survivors of SGBV. <i>This guidance was not originally captured in the literature review or key informant interviews but included on the recommendation of reviewers.</i></p>

# 3

## Limitations



Though this global landscaping report collates substantial findings across four areas of focus and specific populations, there are a few limitations to address.

For the literature review, due to feasibility, only resources published in English were selected, which limits the inclusion of findings on these topics that were published in other languages. Only publications that were publicly available or available with free access were selected, which may create a systematic bias that excluded publications on these topics that required payment. Some documents describing interventions were published without evaluation data, which limited the analysis of the efficacy of some program designs.

Regarding the KIIs, the sample generated was below the target number established in the methodology and was disproportionately representative of GBV or gender equality experts. At the time of qualitative data collection, many experts were unavailable for interviews as they were responding to the crisis in Ukraine. As for the division of expertise, key informants at the local level reported experience implementing economic activities in their work. However, this does not limit the bias in oversampling experts on GBV and gender equality. Lastly, these KIIs were conducted via internet and in English, which excluded perspectives from key informants who had limited internet access or were non-English speakers.

## Conclusions

Integrating findings from the literature review and the KIs, this global landscaping report identifies several barriers, facilitators, good practices, and resources for gender-transformative and localized integrated GBV and economic recovery programming for survivors in humanitarian settings. Moreover, these findings have been disaggregated for specific populations in addition to women and girls, such as individuals with diverse SOGIESC or disabilities, and men and boys.

Though the overlap of the four areas of focus is niche in humanitarian practice, the findings presented here demonstrate the ways in which they each contribute to advancing the economic empowerment of GBV survivors in these settings. Economic recovery for GBV survivors needs to address certain barriers created by GBV risks and exposure that gender-specific market assessments and gender mainstreaming cannot do alone. This is where the integration of GBV and economic recovery works to respond to GBV, helping survivors to overcome the financial, psychological, legal, and social challenges that surround GBV and inhibit economic recovery.

Gender inequality endangers both economic recovery and protection from GBV. Gender norms can create barriers to program participation and when programs do not consider gender analysis, there may be unintended negative consequences for women, girls, and other marginalized groups. The literature points to several examples of such barriers and unintended consequences: limited mobility due to lack of independence, increased time burden due to unshared domestic work, and poor responses to shifting gender dynamics from family members. Incorporating gender-transformative approaches can reduce the underlying gender inequality of these barriers and augment the outcomes of each of these components.

Having the capacity to address each of these areas of focus while also tailoring programs for specific populations and contexts is rare in practice, which is where localization becomes a strength. Including, collaborating with, and being led by local organizations can provide access to targeted communities, and enhance the design and delivery of program components with context-specific expertise.

Among the reviewed interventions and program models, while certain strategies may have differed across populations, a few fundamental aspects of this integrated programming remained consistent. The first was the necessity of **context-specific and disaggregated assessment of market opportunities and GBV risks** to guide program design and implementation. This was particularly important for marginalized survivors, such as those with diverse SOGIESC or disabilities. Pre-empting program design and implementation with market and GBV risk assessments contributed to the second fundamental aspect: employing a **survivor-centered approach**. Finally, the hallmark of integrated programming recognizes that experts across these sectors have different knowledge bases, and as a result, **all program staff should understand the basics of each program component—gender equality, GBV, economic recovery, and CVA**. This requires significant knowledge sharing and capacity building among partners.

While the evidence base for this niche programming is limited, the findings of this study create a substantial foundation to inform the DRC and WRC program on advancing economic empowerment of GBV survivors in humanitarian settings and others like it. As the overarching program becomes implemented, the evidence and learning generated from it will add to the good practices and recommendations collated here and will continue to forge the path for evidence-based gender-transformative, localized, integrated GBV and economic recovery programming.

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# Annex 1

## Interventions from the Literature

	TITLE	SOURCE (AUTHOR, DATE)	TYPE OF DOCUMENT	ECONOMIC RECOVERY PROGRAMMING	GBV PREVENTION, RESPONSE AND MITIGATION	GENDER TRANSFORMATIVE APPROACH	LOCALIZATION
1	<p><b>"We have a way to start out on our own"</b> – The Effectiveness of Cash Assistance Integrated into Gender-Based Violence Case Management for Forced Migrants, Refugees, and Host Nationals in Norte de Santander, Colombia</p>	WRC, CARE 2022	Program Model, Evaluation	Cash Transfer	GBV Case Management		Localization of Service Providers to implement GBV Components
2	<p><b>"With Money, I'm the Queen"</b> – Integrated Cash and Gender-Based Violence Programming for IPV Survivors in Guayaquil, Ecuador</p>	WRC, CARE 2022	Program Model, Evaluation	Cash Transfer	GBV Case Management	Localization of Service Providers to Implement GBV Components	
3	<p><b>"I got courage from knowing that even a daughter-in-law can earn her living"</b> – Mixed methods evaluation of a family-centered intervention to prevent violence against women and girls in Nepal</p>	Shai et al., 2020	Program Model, Evaluation	In-kind Asset Provision, Skill Building for Income-Generating Activity		13 sessions on gender equality, the importance of economic recovery and gender transformation	

	TITLE	SOURCE (AUTHOR, DATE)	TYPE OF DOCUMENT	ECONOMIC RECOVERY PROGRAMMING	GBV PREVENTION, RESPONSE AND MITIGATION	GENDER TRANSFORMATIVE APPROACH	LOCALIZATION
4	An individually randomized controlled trial to determine the effectiveness of the Women for Women International Programme in reducing intimate partner violence and strengthening livelihoods amongst women in Afghanistan: trial design, methods and baseline findings	Gibbs et al., 2020	Program Model, Evaluation	Conditional Cash Transfer, Skill Building, Resource Provision	GBV Safe Spaces and Health Services	MEP – 24-hour session intervention on the women's rights in the context of Islam	
5	Combating gender-based violence and enhancing economic empowerment of women in Northern Uganda through cash transfers	ACF, 2014	Intervention, Evaluation	Cash Transfer, Village Savings and Loan Associations; Livelihoods and Business Skills	GBV Referral Pathways	Men's Participation in GBV Prevention Trainings, Men and Women's Participation in Gender Activists Groups	Local Implementing Partner for GBV Component
6	Economic and Social Empowerment to Reduce Violence against Women	IRC, 2014	Intervention, Research Brief	Village Savings and Loan Associations	Gender Dialogue Groups, EAŞE Model		Integrating Cash Transfers into Gender-based Violence Programs in Jordan: Benefits, Risks and Challenges
7	Integrating Cash Transfers into Gender-based Violence Programs in Jordan: Benefits, Risks and Challenges	IRC, 2015	Intervention, Evaluation	Cash Transfer Economic Development Activities	GBV Case Management	Gender Discussion Groups, EAŞE Model	

	TITLE	SOURCE (AUTHOR, DATE)	TYPE OF DOCUMENT	ECONOMIC RECOVERY PROGRAMMING	GBV PREVENTION, RESPONSE AND MITIGATION	GENDER TRANSFORMATIVE APPROACH	LOCALIZATION
8	Mainstreaming Gender-based Violence Considerations in Cash-based interventions: a case study from Niger	WRC, Save the Children, 2019	Intervention, Case Study	Cash Transfer	Access to GBV Referrals		
9	No One Has Power over Me: The Impact of Integrating Cash Assistance into Gender-Based Violence Response in Northwest Syria	WRC, CARE 2022	Program Model, Evaluation	Cash Transfer	GBV Case Management		Localization of Service Providers to Implement GBV Components
10	Mainstreaming Gender-based Violence Considerations in Cash-based Interventions: Case Studies from Irbid and Mafrq, Jordan	WRC, IRC, and Mercy Corps, 2018	Intervention, Case Study	Cash Transfer	GBV Case Management	Gendered Discussion Groups, EAŞE Model	
11	Promising Practices from Asia: Livelihoods in Malaysia	UNHCR, 2017	Intervention, Case Study	Livelihoods - Skills Training, Access to Markets, Value Chain Development	GBV Referral Pathways, Case Management and Shelter	SGBV Community Influencer Training, leading awareness sessions in various locations	Implementing Partners Tackled SGBV and Shelter
12	Utilizing Cash and Voucher Assistance within Gender-based Violence Case Management to Support Crisis-Affected Populations in Ecuador	WRC, CARE 2019	Program Model, Evaluation	Cash Transfer	GBV Case Management		Localization of Service Providers to Implement Both Components

TITLE	SOURCE (AUTHOR, DATE)	TYPE OF DOCUMENT	ECONOMIC RECOVERY PROGRAMMING	GBV PREVENTION, RESPONSE AND MITIGATION	GENDER TRANSFORMATIVE APPROACH	LOCALIZATION
13 A Safe Place to Shine	IRC, 2017	Program Model, Evaluation	Like Skills Building	GBV and SRH Discussions with Young Female Mentors; Service provider support	Caregiver Discussion Group	
14 Girl Empower Impact Evaluation	IRC, 2018	Program Model, Evaluation	Conditional Cash Transfer	32-week life skills curriculum aimed to equip girls with skills and experiences necessary to stay safe from sexual violence; psychosocial and health service providers	Caregiver Discussion Group	Local GBV Pathway and Health Service Actors
15 Strong Girls, Powerful Women: Ethiopia	WRC, 2014	Intervention, Evaluation	Ethiopia: Life Skills, Computer Skills, School Supplies  Tanzania: Life Skills, Financial Education; Older Girls— Livelihoods Trainings  Uganda: Basic Literary and Numeracy, Livelihoods Skills Building	Girls Safe Spaces  Sense of Safety Activities, Girls Safe Spaces  Girls Safe Spaces and Discussions	Educating parents, teachers, and community members on the needs and capacities of girls  Inclusion of community leaders, parents, caregivers, teachers, and religious leaders at every stage of the project, Mentorship with older girls  Mentorship from older girls, who are community advocates	

