



# GBV Task Forces in Delhi, India

January - August 2016

**Case Study: Strengthening GBV Prevention & Response in Urban Contexts<sup>1</sup>**



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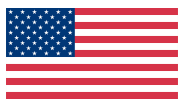
The Women's Refugee Commission (WRC) improves the lives and protects the rights of women, children and youth displaced by conflict and crisis. We research their needs, identify solutions and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

## Acknowledgments

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Gift of the United  
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## Background

Throughout 2016, the Women's Refugee Commission (WRC) partnered with local organizations in urban humanitarian settings, for the purpose of piloting gender-based violence (GBV) activities that would be at once innovative, community-driven, and responsive to research findings on local GBV risks and effective risk mitigation strategies. A total of four pilots were undertaken, in Delhi, India; Beirut, Lebanon; Santo Domingo, Ecuador; and Kampala, Uganda. This initiative, supported by the U.S. State Department's Bureau of Population, Refugees, and Migration, was part of a multi-year effort undertaken by WRC to build up the much-needed evidence base around best practices for strengthening GBV prevention and response in urban contexts.

Previous research conducted by WRC underscored the importance of empowering urban refugee communities and individuals to take a leading role in not only designing GBV prevention efforts, but also tailoring them to the particular complexities (social, political, financial, infrastructural) of the city environment in which they live. That research also emphasized the particular challenges and opportunities that exist for GBV prevention and response in urban settings, as well as the need for significant structural changes to how humanitarian GBV programming is developed, financed, and implemented in order to be effective in this new "beyond camps" era. As a result, pilot activities were highly localized. Yet they also adhered to three key tenets of a successful urban GBV response model: (1) proactively working with diverse local actors, governmental and nongovernmental; (2) mitigating GBV risks prioritized by communities themselves; and (3) targeted outreach and tailored programming for at-risk populations.

Each Urban GBV Case Study presents a different example of what an urban-specific GBV risk prevention can look like. Each illustrates, in a slightly different way, the untapped potential that exists within refugee communities and host-communities, for mitigating urban refugees' GBV risks and enhancing their protection overall.

## GBV Task Forces in Delhi

In Delhi, WRC partnered with Don Bosco, a UNHCR implementing partner, to launch a series of pilot activities that would be responsive to the particular GBV risks and service gaps facing refugees living in Delhi. One of the cornerstone activities was the creation of Urban GBV Task Forces. These Task Forces were a new initiative, conceived by Don Bosco as a way of instituting community-led GBV prevention and response efforts. These Task Forces focus solely on GBV-related activities; each has eight members, four women and four men. Instituting this balance was a product of much consultation and deliberation; it was ultimately deemed strategic as a way of promoting women's active participation in a community-led GBV initiative, while also neutralizing potential controversy or the questioning of Task Force credibility in places where community leadership structures are traditionally male dominated. Moreover, having male Task Force members who are committed to addressing GBV in their community proved to be a strong asset for certain Task Forces. "Men listen to the men," one Bosco staff acknowledged, "so when a male Task Force member goes and talks to the men, it is more effective."

*"For us, to have the four men and four women in one room, making decisions, is a big deal."*

The Task Forces were designed to exist separate and apart from existing community representative structures, including those that currently serve as UNHCR's community interlocutors. This was strategically important because the makeup of these structures can be politicized, and participants may or may not be personally invested in addressing sites of GBV within their respective communities.

*"The way we selected members was quite awesome. We came together as a group, all the members of the community, and we talked about the proposal and this fund... The community itself elected us."*

*- Somali Task Force member*

Wherever possible, Task Force members were elected through participatory processes that involved a wide, representative cross-section of refugee communities. Ultimately, all individual members of the Task Forces self-identified as being committed to addressing GBV as agents of change in their respective communities. “These are individuals who have volunteered,” one Bosco staff explained: “they are self-selected, dedicated members.”



Somali Task Force meeting.

Another Bosco staff shared the idea behind the Task Forces: “We looked at our current program, and what were our gaps from a GBV perspective, and that’s how we came up with this idea...This was something we thought could be innovative, and very specific, and the communities could take ownership.”

Eleven Task Forces were started overall, grouped according to the different refugee communities living in Delhi, which more or less cohere around two factors: (i) countries of national origin (e.g. Rohingya Muslims; Rohingya Christians; Afghans; Burmese Chin; Somali refugees) and (ii) neighborhood locations, since refugees live dispersed across the city. Bosco staff conducted on-site consultations with members of each community to discuss the proposed Task Force idea and solicit input on possible components of the project and focus areas. Each Task Force received a small grant to conduct activities and reimburse transportation costs for members’ attending meetings and workshops.

## Activities

Task Forces engaged in a number of activities chosen through the consultation process; although these activities were generally the same across Task Forces, each was adapted and modified in response to the different realities, challenges and preferences of each refugee community. Bosco staff worked to build the program management capacities of the Task Forces throughout the project, meeting with them regularly to discuss how funds would be spent, logistical concerns, and creative strategies for implementing activities in the face of practical or conceptual challenges.

Workshops on GBV Topics. Task Force members attended workshops on various GBV topics, including domestic violence and child protection (emphasizing child marriage, child labor, and adolescent girls’ rights to schooling.) Members of Somali, Afghan, and Burmese Chin Task Forces also expressed interest in, and received, awareness raising sessions on gender identity and sexual orientation and GBV risks facing LGBTI individuals; these sessions were led by a prominent LGBTI human rights organization based in Delhi.

*“Girls who are below 18 years old are not to be married. It is not good, it is illegal. Also children are vulnerable in the community to “bad touch”, we must protect them. [And] it is our job to explain that men and women are to solve problems by counseling, not by beatings; we can go there. These are three things I learned at the training, they are the duty of the Task Force.”*  
– Rohingya Task Force member

Several Task Forces also participated in sessions related to sexual and reproductive health, and/or the GBV risks, service gaps, and rights of refugees engaged in sex work. The latter sessions were facilitated by a local sex worker-led NGO with experience doing capacity-building sessions on the topic; they discussed how stigma exacerbates GBV risks, and provided information about the rights of and resources for individuals engaged in sex work in Delhi. Examples of topics included: how local laws are enforced; options for friendly, knowledgeable service providers in Delhi

(including for sexual and reproductive health care); and various types of peer networks, peer supports, and peer education trainings that are available.

One Somali participant expressed: “a responsibility of a Task Force like this is to talk about things that are taboo, that are difficult to talk about, like LGBTI status,



Burmese Chin Task Force holds a community session on GBV identification and response.

which has a lot of GBV.” Similarly, Bosco staff talked about the Task Forces as a vehicle for raising issues that had been challenging to start conversations around. For instance, in one refugee community in Delhi, where all family planning decisions are typically made by men—including what types of menstrual products women receive from UNHCR’s partner—the Task Force served as an entry point for starting a new communication pathway where women can now voice their preferences in such procurement decisions.

Workshops were participatory and interactive, and subtopics like “how domestic violence is aggravated when couples cannot meet their basic survival needs

*“We held four sessions for the whole community, on different categories of GBV. We explained their rights, if something happens. We explain what happens, if GBV happens inside or outside the home. For children, we explain what is “good touch” and “bad touch.”*

*– Somali Task Force member*

in Delhi” emerged through discussions. Workshops were facilitated jointly by Don Bosco staff and local experts with specialized knowledge of these issues in the Indian context. They addressed the nature of these GBV harms, as well as safe identification and referral mechanisms.

### *Bringing Learnings to their Communities.*

Each Task Force shared learnings from these workshops throughout their respective communities. Task Forces derived their own strategies for disseminating information more widely, to target audiences. For instance, one of the Christian Rohingya Task Forces shares information Sundays at church, after prayer time, since most of the community is gathered together there.

One Somali Task Forces in South Delhi invited a local NGO to conduct a training on domestic violence for their broader community; they also designed creative strategies like quizzes and videos to disseminate learnings, and ultimately engaged over 400 Somali refugees through their awareness raising and training sessions.

*“In our community, girls below 18 are getting married, are not allowed to go to school. If she is not educated, she cannot help her family. This will be a priority of the Task Force, to prevent this type of activity.”*

*– Rohingya Task Force member*

For other Task Forces, given how pervasive gender inequality and GBV are their communities, their very act of organizing a community session on, say, domestic violence was itself a bold achievement, sending a message that domestic violence is a harm and a rights violation. In these settings, the very existence of the Task Force serves as an entry point for survivors to come forward, since individual members have self-identified as confidential focal points for referrals. It also plants a seed for follow-up conversations as well as for normalizing anti-GBV discourse and interventions that could potentially lead to positive intergenerational change. Along similar lines, the Task Force served,



for some communities, as an inaugural opportunity for women to speak at community gatherings and/or take on a leadership role. One Task Force, on its own initiative, committed to first asking women for their opinion at community gatherings, as a basic step towards encouraging and prioritizing women's participation.

One advantage of the Task Force model proved to be the flexibility it afforded individual Task Forces to shape the content and structure of their community workshops. One Task Force, for instance, prioritized organizing a peer counseling/peer education training for members of their community engaged in sex work. Building Rapport with Local Police Precincts. Previous field research emphasized how refugees' fear of local police exacerbates refugees' risks of GBV from various actors, including police, as well as survivors' decisions to not report incidence of GBV to legal or other service providers. In Delhi, although staff from one of UNHCR's partners, a legal service provider, occasionally meet with local police to discuss refugee issues, prior to the pilot activity refugees had never collectively met with local police to establish community ties.

*"In the beginning, we did not understand why this Task Force. But after a long discussion, we know why it is needed... We have kids, we have a lot of work to do at home, but we know we have also to do this work. It is important."*

*– Somali Task Force member*

### ***Building Rapport with Local Police Precincts.***

Previous field research emphasized how refugees' fear of local police exacerbates refugees' risks of GBV from various actors, including police, as well as survivors' decisions to not report incidence of GBV to legal or other service providers. In Delhi, although staff from one of UNHCR's partners, a legal service provider, occasionally meet with local police to discuss refugee issues, prior to the pilot activity refugees had never collectively met with local police to establish community ties.



Somali Task Forces meet in South Delhi.

To bridge this gap and build trust, each Task Force, with the assistance of Bosco staff, reached out to its local police department to "build rapport and clear apprehensions." Task Force members met with local "beat" officers and station constables to discuss the experiences of refugees living in their community, refugees' rights, and appropriate steps for filing complaints or calling for assistance. The sensitive topic of refugees being asked to pay "special fees" by individual police officers in order to file official complaints was also broached during these sessions, with precinct leadership taking the opportunity to clarify to Task Force members directly that such "fees" were not actually required should never be paid.

Individual police officers and Task Force members were designated to serve as liaisons and points of first contact. Task Force members also raised with police particular sites of GBV risk for members of their community and, in some cases, police and Task Force members jointly developed plans to address them, for example by strengthening patrols on certain streets at certain times.

The benefits of building rapport with local police precincts in this way quickly became apparent. Several Task Forces reported, soon after having these sessions, having engaged police to respond to and/or diffuse violent situations in a way they never would have before. One Task Force remarked that this was the first time their refugee community had had a positive interaction with police, where police came to their protection and were not perceived to be a threat; members described

that their earlier face-to-face meetings at the police precinct had been instrumental in creating that space. Some Task Forces were able to coordinate follow-up sessions within their communities, so local beat police officers could meet with a broader array of community members, including youth.

### *Targeted Assistance to At-Risk Community Members.*

Task Forces have designated members to serve as community liaisons for GBV survivors, making themselves available to serve as confidential focal points who can be contacted anytime, and who can offer guidance or referrals to individuals who may face any number of barriers (fear, language barrier, lack of knowledge, etc.) to approaching police or a formal GBV service provider in the first instance. Whereas previously, community members relied solely upon trying to call a Bosco staff person in the event of an imminent GBV threat, including those occurring in the middle of the night, communities now have an internal “hotline” as well: a mechanism for putting individuals in touch with a designated community member who has been trained to offer referrals, reach out to formal service providers, and preserve confidentiality—all while adhering to core principles of ‘do no harm’ and a survivor-centered approach.

Some Task Forces designated a portion of their time and funds to supporting individual GBV survivors within their community. One of the Somali Task Forces, for instance, supported three women in securing emergency shelter, since a lack of access to local shelters for GBV survivors continues to be a gap in GBV response for many refugees living amongst host-communities, including in Delhi.

## Challenges

Bosco staff and Task Force members encountered a series of challenges in getting the Task Forces off the ground. To start, existing power structures within some of the refugee communities made it difficult to constitute a new entity that would presumably have some authority or capital (social and financial), including the ability to convene workshops in community spaces. Yet Bosco staff noted that even where creating the Task Force took “a lot of upfront investment and effort, thoughtfulness [and] a lot of time” it was worth it, because “once the task forces form, there is much more they can take up on their own. There is ownership.”

Some Task Forces also met with challenges related to a lack of awareness around what GBV is, how different forms of GBV manifest, and what constitute rights-based responses and referrals for survivors. One Task Force, for instance, noted that members of their community expressed resistance to learning about Indian laws governing GBV, stating that they instead wanted to follow what they described as “religious customs.” The fact that there were eleven different Task Forces, spread across diverse refugee communities, allowed for a comparative assessment of respective barriers and facilitators to the Task Forces gaining traction. Where one community was “so positive, and so open...coming with an open mind...others didn’t originally have that same attitude, so it was more challenging. But it’s worth it, and we’re emphasizing community-based interventions.”

Similarly, Bosco’s early commitment to forming Task Forces that had both women and men members encountered resistance in communities where women traditionally do not participate in civic life.

*“We talk in the [community] sessions about how to respect genders and the meaning of GBV. To raise awareness about that. It also helps us, the [Task Force] members. So we learn how to solve our own problems...Even now we are learning how to respect other people, like lesbian and gay people.”*  
– Somali Task Force member



## Conclusion

Through keeping headcounts at their GBV sessions and tracking participants in outreach activities, the Task Forces were able to report having reached, altogether, over 1500 refugees living in Delhi through their activities.

While sustainability of the Task Forces was a concern at the onset of the project, as Task Force activities got underway and their reception by communities documented and shared, a sustainability model emerged in cooperation with UNHCR India. As a result, the Task Forces are ongoing throughout Delhi, and will be further supported with additional capacity building for members on both GBV and program management-related topics (e.g., confidentiality, record keeping, managing funds).

Bosco staff emphasized the importance of ongoing, consistent consultation and feedback with Task Force members throughout the design and implementation of this pilot activity. This was especially critical given distinctions in GBV risks and risk mitigation strategies prioritized by communities and, even more significantly, differences in Task Force members' skills and capacities to address those risks within their broader communities.

This is also, certainly, a limitation of the Task Force model: since Task Force activities and focus areas are decided upon by members (in consultation with Bosco staff), they will inevitably leave much ground uncovered. For instance, some Task Forces may never elect to meaningfully address certain GBV risks, or have the capacity to do so. This includes GBV against highly stigmatized or hidden members of communities, such as LGBTI individuals. Making sure GBV programming is effective and meaningfully accessible to all urban refugees—including high-risk subpopulations who are entitled to tailored GBV prevention and response, as well as targeted outreach—remains the responsibility of humanitarian actors. Yet Task Forces are one innovative approach that holds promise on several levels—from expanding safe identification and referral mechanisms, to improving relationships between refugees and local

police and other local urban actors. Task Forces can also serve as platforms for raising awareness about discreet gender equality topics within communities, while promoting ownership over protection strategies and risk mitigation in a way that is separate and apart from existing community power structures.

## Endnotes

1. This part of a series of case studies arising from urban GBV pilot interventions conducted throughout 2016. Additional case studies focus on topics ranging from strengthening peer support for Syrian transwomen refugees (Beirut, Lebanon); community-based 'GBV Task Forces' (Delhi, India); to mobile clinics being deployed to hard-to-reach refugee neighborhoods in a sprawling city (Kampala, Uganda). These case studies can be accessed online at: <http://wrc.ms/urban-gbv-case-studies>
2. See WRC. 2016. Mean Streets: Preventing and Responding to Urban Refugees' Risks of Gender-Based Violence. <https://www.womensrefugeecommission.org/gbv/resources/1272-mean-streets>
3. In addition to launching the Task Forces, Bosco staff piloted other GBV activities during the project cycle. One involved supporting urban refugee youth in running "youth clubs" that engaged in a variety of initiatives related to GBV, including (i) organizing various interactive sessions with refugee and host-community youth, where they discussed topics ranging from the importance of mitigating GBV risks at jobs commonly held by refugee youth, to child marriage in their communities, to the need to include LGBTI youth in discussions of GBV; and (ii) leading GBV/refugee sensitization workshops at local schools to bring together parents, teachers, humanitarian actors, and municipal officials.

As a separate initiative, Don Bosco also reached out to nearly 20 local NGOs with diverse areas of expertise and service offerings, for the purpose of building new relationships that could strengthen Don Bosco's capacity to support particular at-risk urban refugee populations (e.g. male GBV survivors, refugees engaged in sex work) by, for example, providing them with specialized information, referral pathways, access to peer networks, and/or more culturally competent care.

4. Throughout the pilot, Bosco staff held regular consultations with Task Force members to solicit their inputs and perspectives on the project; these consultations were done separately with women and men Task Force members.
5. See Mean Streets, *supra* note 2 at 22-23 (discussing refugees' fear of local police and its consequences for GBV reporting).
6. See Mean Streets, *supra* note 2 at 20-31 (discussing a lack of access to emergency shelters for urban refugees who are GBV survivors and/or who face imminent harm).





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