



GBV Task Forces in Delhi, India

January – August 2016

Case Study: Strengthening GBV Prevention & Response in Urban Contexts

Background

As part of a series of urban gender-based violence (GBV) pilot interventions that the Women's Refugee Commission (WRC) undertook throughout 2016,¹ the WRC partnered with Don Bosco, a UNHCR implementing partner in Delhi, 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 that would facilitate community-led GBV prevention and response efforts.**

Bosco staff conducted on-site consultations with members of different refugee communities in Delhi to discuss the proposed Task Force idea and solicit their input. In response to feedback, the Task Forces were ultimately:

- Grouped according to countries of national origin (e.g. Rohingya Muslims; Rohingya Christians; Afghans; Burmese Chin; Somalis) and neighborhood locations since refugees live dispersed across the city;
- Focused solely on GBV-related activities;
- Comprised of eight members each: four women and four men. This was strategic, since having a balanced Task Force would simultaneously promote women's participation while neutralizing potential controversy in traditionally male dominated structures;
- Consisted of members who self-identified as being committed to combatting GBV in their communities and who were elected through participatory processes; and
- Recipients of small grants the Task Forces could use for activities they decided upon, including to reimburse transportation costs for community members who attended GBV meetings or workshops.

"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

¹ These interventions were part of a multi-year project focused on strengthening GBV prevention and response in urban humanitarian contexts, undertaken with the support of the U.S. State Department's Bureau of Population, Refugees and Migration. For more information about underlying research findings and additional case studies, visit WRC's [GBV & Urban Settings](#) homepage.

GBV Task Force Activities

Task Forces engaged in a number of GBV risk mitigation and response activities, each adapted and modified to reflect 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. Key Task Force activities are highlighted below.

(1) Workshops on GBV Violence

Task Force members' understanding of various types of GBV and appropriate responses was enhanced through workshops on various GBV topics, including taboo topics the task forces themselves requested in response to issues facing their communities.

Sessions covered:

- Domestic violence and child protection (emphasizing child marriage, child labor, and adolescent girls' rights to schooling)
- Gender identity, sexual orientation, and GBV risks facing lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals. This session was led by a prominent LGBTI human rights organization based in Delhi.
- Sexual and reproductive health
- The GBV risks, service gaps, & rights of refugees engaged in sex work. This session, which was the first time members' had received information about appropriate referrals for this population, was facilitated by a local sex worker-led NGO with specialized knowledge on relevant safety issues and sensitive service providers.



Somali Task Force meeting

Bosco staff reported that the Task Forces provided a unique opportunity to start conversations about topics that are so stigmatized and taboo, they are traditionally not discussed within refugee communities. As a result, related GBV risks and incidence go unaddressed and unreported.

(2) Bringing Learning to Their Communities

Each Task Force took responsibility for disseminating information learned in these workshops throughout their respective communities. The Task Forces derived their own strategies for sharing information as widely as possible and/or to target audiences. Examples of dissemination techniques:

- Working with church leaders to carve out time for sharing information every Sunday at church after prayer time (especially useful where church attendance rates within a community are high)
- Inviting Delhi-based NGOs with specialized knowledge and expertise to conduct workshops on GBV-related topics, e.g. domestic violence, for interested community members

- Designing creative strategies like quizzes and videos to disseminate information to different community members

The Task Force model is a community-based approach that holds promise for:

- Expanding safe identification and referral mechanisms;
- Improving relationships between refugees and local police and other local urban actors;
- Raising awareness about discreet gender equality topics within communities; and
- Promoting ownership over protection strategies and risk mitigation in a way that is separate and apart from existing community power structures.

For some of the women Task Force members, belonging to the Task Force was their first opportunity to speak at a community gathering and/or take on a leadership role within their community. Having women on the Task Forces also proved to be an entry point for survivors to come forward and report GBV and seek response services. Another advantage of the Task Force model proved to be the flexibility it afforded each Task Force to shape the content and structure of their community workshops. This enabled the Task Forces to tackle critical yet sensitive issues, and to do so in ways that resonated with community members and generated open discussion.

(3) Building Rapport with Local Police Precincts

Although staff from a legal service provider occasionally meet with local police on behalf of refugees in Delhi, to discuss issues affecting refugee communities, prior to the pilot activity refugees had never met directly with local police to establish community ties. To bridge this gap and build trust in both directions, each Task Force, with the assistance of Bosco staff, reached out to its local police department to attempt to “build rapport and clear apprehensions.” This involved:

- Task Force members meeting with local officers to discuss recent experiences of refugees living in their communities, and appropriate steps for filing complaints or calling for assistance;
- Designating individual police officers & Task Force members to serve as liaisons & points of first contact; and
- Police and Task Force members jointly developing plans to address sites of GBV risks, for example by strengthening patrols on certain streets at certain times.

“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.”

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.

(4) Targeted Assistance to At-Risk Community Members

- Somali Task Force member

Task Forces took various steps to provide targeted assistance to especially vulnerable persons in their communities, including:

- Designating individual Task Force members to serve as community focal points for GBV survivors; these task force members received training on core competencies like providing

appropriate referrals, liaising with official GBV service providers, and safeguarding survivors' privacy and confidentiality

- Allocating a portion of Task Force resources to support individual GBV survivors within their community, such as setting aside funds to cover emergency shelter or medical costs for survivors.

Conclusion

A main challenge in getting the Task Forces off the ground was resistance from existing power structures within certain refugee communities in Delhi. In these contexts, it was politically delicate to create a GBV Task Force, since the Task Force would presumably be imbued with new authority or capital (social and financial), including the ability to convene workshops in community spaces. Nonetheless, once the Task Forces took form they were able to reach over 1500 refugees through their activities.

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